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Domestic Violence against Women in Jordan: Evidence from Health Clinics

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Abstract To explore women's attitudes toward intimate partner violence (IPV) and their determinants, as well as to document the prevalence of various types of violence among women attending public health centers in the Balka region, Jordan. A cross-sectional study among ever-married women aged 18–49 who visited the public health clinics in the governorate of Balka, Jordan, was carried out in August 2006. A total of 356 women was successfully interviewed. Descriptive statistics and adjusted odds ratios from logistic regression were used to assess associations between attitudes towards IPV and selected background variables. The vast majority (87%) of women reported different types of IPV against them in the last 12 months. The most common types of reported violence were emotional abuse (47.5%), followed by wife beating (19.6%). Almost one-third of women justified wife beating by husbands. Older age, younger age at marriage, rural residence, and non-working status were significantly associated with supportive attitudes towards wife beating. The study shows a high

prevalence of IPV against women during the past year, and a high rate of justifications for wife beating. Increasing women's empowerment, particularly economic security through work outside the home, may protect women from violent behavior in this context.

Keywords Intimate partner violence · Domestic violence · Attitudes · Women's health · Jordan

Introduction

Intimate partner violence (IPV), where women are the victims in most cases, has become an important issue for public health in the last few decades (Schuler et al. 1996). Violence against women is known as a major risk factor for a range of adverse physical, mental, and reproductive health outcomes (Heise et al. 1994; Krug et al. 2002). The World Health Organization defined violence against women as any coercive physical, psychological, or sexual act used against adult or adolescent woman (WHO 1996). Among various types of violence, domestic violence was ranked first (Faramarzi et al. 2005). Globally, and according to the results of 28 national household surveys, the median prevalence of IPV against woman was 21% (Parish et al. 2004). However, the prevalence of IPV varied among developed and developing countries. The prevalence of women reporting abuse in developed countries was estimated at 28% (Straus and Gelles 1990; Hegarthy and Roberts 1998), whereas in developing countries the prevalence of battered women ranged between 18–67% (Martin et al. 1999; Coker and Richter 1998; UNICEF, 1996).

There has been little research on IPV in the Middle East (Boy and Kulczycki 2008). Recent studies conducted in Egypt, Jordan, Palestine, Tunisia and Israel on Arab women

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indicated that at least one out of three women is beaten by her husband (Clark et al. 2009; Douki et al. 2003). Prevalence of wife-beating during lifetime in Palestinian refugee camps in Jordan was higher at 44.7% (Khawaja and Barazi 2005). A recent study based on family planning clinics in Jordan found that nearly 1 out of 3 women were subjected to IPV during their marital life, but a lower prevalence (15.4%) of physical abuse during pregnancy (Clark et al. 2009). Available studies in the region investigated mainly physical violence, and focused on special populations, such as refugees or pregnant women. Although awareness of IPV has increased recently in the region, violence against women is not yet considered a major public health problem in many countries of the region (Ahmed and Elmardi 2005; Ghazizadeh 2005; El-Zanaty et al. 1996; Haj-Yahia and Edleson 1994).

According to WHO, “violence is the result of the complex interplay of individual, relationship, social, cultural and environmental factors” (Krug et al. 2002, p. 12). There has been little attention however to the societal norms, particularly justifications or acceptance of abuse, that may help perpetuate violence. Studies in developing countries documented high rates of acceptance of wife-beating among men and women. In Africa, acceptance of wife-beating ranged from 70% of men and 90% of women in Rural Uganda (Koenig et al. 2003), 53% of women in Zimbabwe (Hindin 2003), to 66.4% of women in Nigeria (Oyedirin and Isiugo-Abanihe 2005). Studies conducted in Asia showed that 56% of women in India (Koenig et al. 2006), up to 69% of Jordanian women (Clark et al. 2009), and 60% of Palestinian men and 61% of Palestinian refugee women living in Jordan (Khawaja et al. 2008) justified wife-beating.

In summary, previous studies showed that IPV against women is not uniform across countries or continents; but it is rather common in developing countries, and its lifetime prevalence can exceed 40% among women in the Middle East. Furthermore, available evidence showed that the majority of women in the region accept or otherwise justify wife-beating for a variety of reasons. However, few studies examined factors associated with the acceptance of wife beating. Recent evidence revealed that younger age, rural residence, lower household wealth or income, previous history of IPV victimization, divorced or separated, patriarchal values, disempowerment or lower decision making power, employment in the agricultural sector, lower job status and low level of education were all associated with justifying wife-beating (Bhanot and Senn 2007; Boy and Kulczycki 2008; Coker and Richter 1998; Hindin 2003; Khawaja et al. 2008; Koenig et al. 2003; Lawoko 2006; Simon et al. 2001).

This study explored the prevalence of various types of domestic violence and examined women’s attitudes toward

violence, as well as some of their predictors. Prevalence of violence against women was expected to be high in this context, with emotional violence having the highest rate among the forms reported. Similar to previous studies in the region, we also expected the majority of women in our sample to accept the use of violence against them as a means of discipline or punishment by husbands. We hypothesized that women’s disempowerment, and lack of economic security in particular, make them more accepting of domestic violence adjusting for other risk factors. In line with previous studies, we also expected younger women and those residing in rural areas to be more accepting of abuse compared to other women. Finally, similar to findings pertaining to abuse, we expected consanguinity to be negatively associated with supportive attitudes of IPV. To the best of our knowledge, this is one of a few studies to examine issues of IPV in Jordan and Arab region using data from health clinics. Health centers provide healthy and sick women with health care services in an acceptable atmosphere of both privacy and confidentiality. Such an environment is ideal to conduct a study about violence against women, in terms of prevalence, types, attitudes, and possible risk factors.

Materials and Methods

Participants

This cross-sectional study was conducted in the Balka governorate, which lies about 25 kms north of the capital city of Amman, Jordan. Systemic random selection technique was used to choose health centers in which the study took place. Using a list of 28 health centers run by the Ministry of Health in the governorate, every third center was selected, yielding a total of nine health centers. The number of participants from each center was determined according to the total number of the health center users. The target group from each center was ever married women aged 18–49 years. Total number of women selected was 364, of whom only eight refused to participate. The final sample was 356 women, with a response rate of 98%.

A structured questionnaire was specifically designed to collect data on prevalence, and attitudes toward domestic violence. Nurses and midwives working in the health centers were specifically trained for this study to administer the questionnaire. The questionnaire was completed by face-to-face interviews with the selected women in private during the month of August 2006. Upon arriving at the center, a nurse registered each case for the purpose of health care, and then asked for her consent to participate in the study. The nurse accompanied those who consented to a separate room for the interview before seeking care. To

insure privacy and confidentiality, the interview took place in a private room at the health clinic where only the interviewer and respondent were present. The interviewers explained to each respondent the purpose of the study and asked for her consent to participate in the study. Only a verbal consent was obtained because asking for a written consent would be threatening to the women in this context. Also, some women could not read or write for signing a written consent form. Respondents were free to refuse answering specific questions or to withdraw from the interview at any time. Prior to this stage of data collection, a pilot study was conducted on a number of women from health centers not included in the study, and all ambiguous questions in the questionnaire were modified before data collection.

Measures

IPV was defined as any physical, psychological, or moral (neglect) coercive act by the husband. Women were first asked about their attitude toward wife beating by the question, “sometimes a husband is annoyed by things his wife does; in your opinion does this justify the use of beating?” The answers of this question were “yes, no.” Women were also asked if they had been abused by their husbands during the last 12 months. If women answered in the affirmative, then they were asked to identify the most severe form of abuse they were subjected to during this time period. This was an open-ended question with no pre-prepared checklist.

The questionnaire also included questions relating to socio-demographic characteristics of the respondents, including age, education, current marital status, place of residence, family size, age at marriage, working status, husbands having another wife, and consanguineous marriage. Following literature review on attitudes towards IPV, several predictors were identified and used in this study, age, age at first marriage, level of education, place of residence, employment status, husband having other wives, and consanguinity. Our main hypothesis concerns disempowerment, and this variable was captured by employment outside the home and education. The variables were categorized after exploratory analysis of the univariate and bivariate distributions, preserving enough cases in each cell while minimizing a loss of information. Age was categorized into less than 25 years, 25–35 years, and 35 years and above. Age at first marriage was grouped into women who married before reaching 25 years, and those who married later. Level of education was also measured by a binary variable: less than secondary, and secondary or more. Employment status distinguished women who were working from those not working, primarily homemakers. Place of residence refers to rural versus urban for the usual place

of residence. Given the low level of polygamy in Jordan, we distinguished between monogamous and polygamous marriages, rather than the number of wives. Finally, consanguinity was also measured by a binary variable, indicating if the woman was married to a relative (kin, including her cousin) or not.

Analysis

The data were analyzed using SPSS for Windows, Version 14. Descriptive statistics in the form of frequencies and percentages were first calculated. Adjusted odds ratios were then calculated using logistic regression analysis to determine the net effect of selected variables on the outcome variable, namely supportive attitudes toward wife beating.

Results

Table 1 presents descriptive statistics for all variables used in the analysis. Half of the women interviewed were less than 35 years old, and the vast majority of them (77.4%) were married before age 25 years. Mean age at marriage was 22.9 (± 4.5) years. Only 14 (4.0%) women were illiterate, and 42.2% reported completing more than secondary education. Only 18 (6.1%) were unmarried. Eighty-four percent came from urban areas, and over a third (35.8%) of them were employed. Consanguinity, i.e., marriage between relatives, was reported by 130 cases (37.1%).

IPV was a prevalent behavior in our sample, and 87% of women reported abuse in one form or another during the past year. This rate of abuse was rather high mainly because it includes ‘emotional abuse.’ Figure 1 shows that the most prevalent type of domestic violence was emotional abuse (e.g., shouting, insult), at 47.5%. Wife-beating was reported in 19.6% of women, while ‘neglect’ was reported by 12.3%. Furthermore, about a third of the respondents justified wife beating as a means to discipline women.

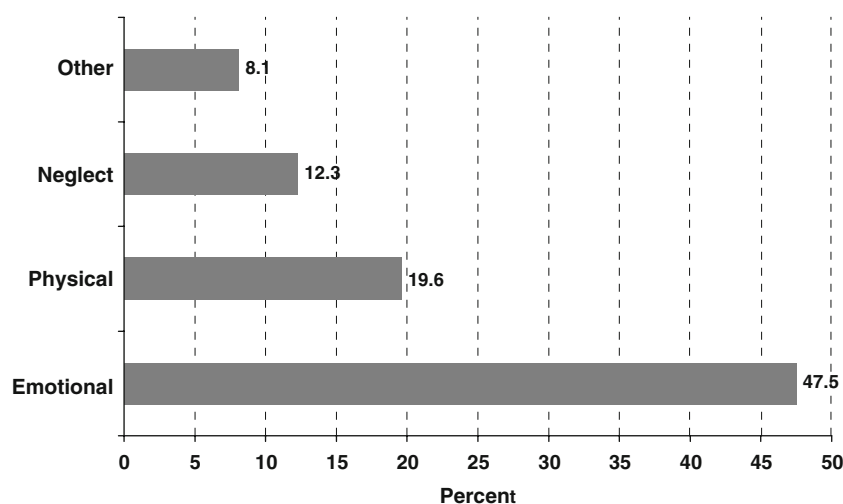
Table 2 shows associations between attitudes toward wife beating and selected predictors. As the table indicates, women over 35 years of age were 1.73 times more likely to believe that wife beating was justified (OR = 1.73, $p < 0.03$), compared with younger women. Also, women who married at a younger age (less than 25 years) were more likely to believe that wife beating was justified (OR = 2.3, $p < 0.01$), compared to women who married later. Women residing in urban areas were more likely to justify wife beating compared to rural women (OR = 2.2, $p < 0.05$). Finally, unemployed women (OR = 1.94, $p < 0.02$) were more likely to justify wife beating compared to women in the labor force. Education, polygamy, and consanguinity were not significantly associated with attitudes towards wife beating.

Table 1 Distribution of ever married women interviewed, by selected characteristics, Balka governorate, Jordan, 2006

Variable	Frequency	Percent
Age (years)		
18–34	174	49.2
35–49	180	50.8
Age at marriage (years)		
< 24	274	77.4
25+	80	22.6
Education		
Illiterate	14	4.0
Primary	58	17.2
Secondary	128	36.6
More than Secondary	150	42.2
Current Marital status		
Married	334	94.9
Unmarried	18	5.1
Residence		
Urban	296	84.6
Rural	54	15.4
Working status		
Working	126	35.8
Not working (housewife)	226	64.2
Having other wife		
Yes	28	8.0
No	324	92.0
Consanguinity		
Yes	130	37.1
No	220	62.9

Discussion

This study showed a high proportion (19.6%) of women who were exposed to physical IPV in the last 12 months.

Fig. 1 Prevalence of domestic violence by type, Balka governorate, Jordan, 2006

This finding is consistent with the prevalence of physical violence in the past 12 months in rural Uganda (Koenig et al. 2003). Similar results were obtained in Lebanon, where the prevalence of IPV in the last 12 months reached 12.8% (Khawaja and Tewtel-Salem 2003). Evidence from Iran showed that 15% of respondent women had been physically abused by their husbands at least once during the past year (Ghazizadeh 2005). A higher prevalence was reported in Bangladesh, where slightly more than one-third of women were subjected to violent acts during the prior year; 17.3% of them reported that they had experienced major violence such as burning or using a weapon against women (Schuler et al. 1996). On the other hand, prevalence of wife beating in the last 12 months in Menya, Egypt was relatively low at 9% (Yount 2005). This discrepancy could be due to reporting issues, or variations in research design and data collection methodologies in the different studies, or both.

This study also showed that one-third of our respondents justified violence against married women. This is in line with findings from Latin America, showing a range of 8%–32% in the prevalence of justifying wife beating (Heise et al. 1999). In Zimbabwe, women who believed in using physical violence against married women totaled almost 50% (Hindin 2003). The WHO multi-country study reported a range from 6% in Belgrade to 90% in Buajira, Ethiopia (Garcia-Moreno et al. 2005). The WHO study did not, however, include any country from the Middle East region. Regionally, a study from Palestine reported that 10–69% of Palestinian women either agreed or strongly agreed with the use of violence as a kind of discipline in certain occasions (Haj-Yahia 1998). Other studies in the region showed higher rates of justifications, including 61.8% among Palestinian refugee women (Khawaja et al., 2008) and 79% among all women in Jordan (Clark et al. 2009). It is known that abuse against women is socially accepted in the region (Boy and Kulczycki 2008). Nevertheless, the

Table 2 Bivariate associations and adjusted odds ratios for believing that intimate partner violence is justified, Balka governorate, Jordan, 2006

Variables	Supportive of violence		OR	P-value	95.0% C.I.
	Yes (%)	No (%)			
Age (years)					
<35	45 (26.2)	127 (73.8)	1.00		
35+	62 (34.8)	116 (65.2)	1.73	0.031	1.05–2.84
Age at marriage (years)					
<25	88 (32.6)	182 (67.4)	2.30	0.014	1.18–4.44
25 +	17 (21.3)	63 (78.7)	1.00		
Education					
Less than secondary	26 (36.1)	46 (63.9)	1.10	0.769	0.57–2.13
Secondary or more	79 (28.4)	199 (71.6)	1.00		
Residence					
Rural	10 (18.5)	44 (81.5)	1.00		
Urban	95 (32.1)	201 (67.9)	2.20	0.045	1.03–4.60
Working status					
Working	76 (60.3)	50 (39.7)	1.00		
Not working (housewife)	164 (72.6)	62 (27.4)	1.94	0.017	1.13–3.38
Having other wife					
Yes	11 (39.3)	17 (60.7)	1.00		
No	123 (38.1)	201 (61.9)	0.53	0.159	0.22–1.28
Consanguinity					
Yes	38 (29.2)	92 (70.8)	1.00		
No	69 (31.4)	151 (68.6)	1.42	0.186	0.84–2.40

relatively high approval of wife beating among women reported here is alarming, and may reflect prevailing norms and cultural habits concerning this type of violence. It is likely that religious dogma, patriarchy or both have some bearing on this phenomenon (Douki et al. 2003). A possible mechanism for transmitting such ideologies and beliefs is through family socialization of girls and women. Another plausible mechanism in a context of gender inequity is through marriage, and the behaviors towards, and power of husbands over, their wives (Bhanot and Senn 2007; Choi and Ting 2008; Gage and Hutchinson 2006; Khawaja et al. 2008).

Similar to other studies, but contrary to our expectations, this study showed that acceptance of wife beating was associated with older age (Haj-Yahia 2002; Worden and Carlson 2005) and younger age at marriage or duration of marriage (El-Zanaty et al. 1996; Haj-Yahia and de Zoysa 2007; Khawaja and Hammoury 2008). However, some studies from the region found younger women reporting more abuse (Yount 2005; Maziak and Asfar 2003; Eisikovits et al. 2004) or support for IPV (Khawaja et al. 2008). Also consistent with other studies, employment was associated with attitudes towards IPV, although several other women autonomy indices were not (Jejeebhoy 1998; Levinson 1989; Profamilia 1995). In terms of urban/rural

residence, some studies have indicated that violence is related to being a resident in rural areas (Famarzi et al. 2005; Hindin 2003; Maziak and Asfar 2003), whereas other studies have showed that place of residence is not a risk factor for domestic violence (Parish et al. 2004; Ellsberg et al. 1999). Our results indicated that urban residence was a risk factor, which can be explained by the fact that many urban families are of rural origin, although we lacked information on the length of their stay in urban areas. Another plausible explanation is that urban living, especially for migrants, is stressful as compared to rural environments and the move from rural areas might have triggered poor coping mechanisms for migrant families.

Unlike many other studies from the developing countries (Schuler et al. 1996; Ghazizadeh 2005; El-Zanaty et al. 1996; Jejeebhoy and Cook 1997), our study showed that women's education was not a predictor for attitudes toward domestic violence. However, other studies from the region found no association between education of women and abuse (Anson and Sagy 1995) or attitudes towards IPV (Khawaja et al. 2008). It is unclear why this is so. One would expect that the higher the level of women's education the lower the degree of justifying violence against women. A plausible explanation for our finding is that cultural factors or norms condoning an inferior status

of women in the Jordanian context may neutralize any effect of education on acceptance of beating. Another reason may have to do with the content of education vis-à-vis quantity. In other words, quantity of education may not be a 'liberating' force in this context. It has been reported for example that highly education men and women specialized in technical/professional fields such as engineering tend to be socially conservative and/or traditional with regard to gender issues.

This study suffers from several limitations. First, our sample (ever married women utilizing health clinics) might be biased because it was drawn only from public health centers, and the findings may not be generalizable to the wider population in Jordan or elsewhere. Second, because of the sensitivity of the topic, prevalence of IPV could be underestimated. Some respondents might be reluctant to report various types of violence, especially physical ones. Third, an open-ended question was used to identify forms of IPV instead of a pre-prepared checklist. Although free-recall approach has its strengths, it might have resulted in different results than the usual closed ended questions asked in the Demographic and Health Surveys or similar studies. For one thing, our approach allowing respondents to fully express themselves without feeling pressure or the urge to choose between closed options. Fourth, our study excluded sexual coercion, including forced intercourse, as a form of IPV owing to the sensitivity of the topic in our context. Finally, several important risk factors were not part of this study, including son preference (Yount 2005), infertility, income or wealth, decision-making power, and husband's behavioral characteristics such as drug use or alcohol (Clark et al. 2009).

The findings reported here suggest the need for not only combating social norms and beliefs that encourage intimate partner violence, but also by empowering women through improving access to employment outside the home if we are to eliminate this abusive behavior and advance the quality of women's lives. Further research using in-depth qualitative research from various parts of the Middle East region is needed to add richness to the quantitative findings and to better understand the mechanisms behind the associations reported in this study. More research is also needed to understand the health consequences of abuse and health seeking behavior among abused women. Studies on men in this context are also needed if we are to better understand the behaviors and motivations of perpetrators. Finally, intervention studies using rigorous design must be undertaken to identify evidence-based prevention measure against IPV.

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