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Research Article

Intimate Partner Violence and the Sex of the Firstborn Child among Egyptian Women

Tharwat Taha O[1]*, Abdelhamid M[2] and Mohamed Ghoneim H[1]

[1]Department of Obstetrics and Gynecology, Suez Canal University, Egypt

[2]Department of Community Medicine, Suez Canal University, Egypt

***Corresponding author:** Omima Tharwat Taha, Department of Obstetrics and Gynecology, Faculty of Medicine, Suez Canal University, Ring road, kilo 4.5, Ismailia, Egypt

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Abstract

Objective: To determine the relationship between the gender of the firstborn child and intimate partner violence towards Egyptian women.

Patients and Methods: A cross-sectional study conducted at the outpatient clinics of Suez Canal university hospitals from January 2017- January 2019. We recruited patients aged 18- 45 years with a firstborn child of 1 year or older in a stable marital relationship. Patients were asked about intimate partner violence using Arabic validated NorVold Domestic Abuse Questionnaire.

Results: A male firstborn child was reported by 48% of the recruited women. Most of the couples had a middle socioeconomic level (79.1%). Nearly half of the patients were exposed to domestic violence (497, 49.7%). Emotional abuse was the most common form of violence reported by the participants. Participants with a female firstborn child were exposed to domestic violence more than those with a male firstborn child [253(50.91%) and 244 (49.09%), respectively] yet were not statistically significant (p-value 0.491). The gender of the firstborn child was not a co-factor incorporated in domestic violence.

Conclusion: Egyptian women are exposed to domestic violence in a considerable proportion. Son preference is a major social problem in Egypt, yet not considered as a contributing risk factor for violence against women.

Keywords: Intimate partner violence; Son preference; Egypt

Key message:

- Egyptian women are exposed to domestic violence in a considerable proportion.
- Many factors contributing to domestic violence exist.
- Son preference is a major social problem in Egypt, yet not considered as a contributing risk factor for violence against women in Egypt.

Introduction

Domestic violence against women is a global public health problem and human rights crime [1]. Globally, 1 in 3 (35%) worldwide experienced abuse (physical/sexual) according to WHO estimates. Most of this violence is intimated partner violence. Violence is a leading cause of death in women where up to 38% of women were murdered by their intimate partner [2]. The actual prevalence of domestic violence can't be estimated accurately. Some countries consider it as normal behavior, while others consider it an embarrassing event to declare which results in underestimation of the true prevalence [3,4].

Intimate Partner Violence (IPV) refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors, as defined by the WHO 2018 [2]. Intimate partner violence is one of the most sensitive issues among the Egyptian women. They commonly feel shame to talk about this event or even report it. Different risk factors to increase the chance of a woman to be exposed to IPV exist; however, these were not appropriately evaluated in Egypt. One of the significantly reported risk factors was infertility [5].

An important risk factor for domestic violence is son preference; which is an attitude of preference of boys other than girls who are considered to be of a lesser value than boys. They are regarded as being transiently available and will leave home with her future husband. On the contrary, the boy is regarded as the social and financial support for the family and the guarantee for the continuation of the family line [6]. In Egypt, there is evidence of sex differentiation according to data collected on health, nutrition, education and socialization with overt discrimination against girl children and even women [7]. This problem was not evaluated before in Egypt. As an eastern community with a strong attitude of son preference, it was suggested that the sex of the firstborn child would be a risk factor for IPV. This study aimed at evaluation of the relation between IPV and the sex of the firstborn child.

Patients and Methods

This was a cross-sectional study conducted in the outpatient clinics in Suez Canal University hospitals from January 2017- January 2019. We recruited women attending the obstetrics and gynecology

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outpatient clinic for any concerns according to the following inclusion criteria: a) women aged 18-45 years, b) married women, c) delivery of the first baby while married, d) continuous marital relationship. Women who refused to participate in our research or divorced were excluded.

Patients were evaluated regarding their demographic parameters, including age, level of education, occupation, parity, age at delivery of the first child, and residency. Partners' data included age, level of education, occupation, socioeconomic level, smoking or addiction and history of multiple wives.

Women were asked to complete the Arabic validated NorVold Domestic Abuse Questionnaire (NORAQ). The NORAQ measures four types of abuse: emotional, physical, sexual, and violence in the health care system, the last one being excluded. The NORAQ-Arabic version evaluated measurements of the three kinds of lifetime abuse – emotional (12 items), physical (11 items), and sexual abuse (12 items). The content of the questions ranged from mild to severe lifetime abuse. Women who reported more than one degree of a specific kind of abuse were categorized according to the most severe abusive act. Emotional, physical, and sexual abuses were defined by an affirmative answer to one or several of the three or four questions about each kind of violence in NORAQ. If a woman had experienced abuse, she was instructed to go on answering more detailed questions, e.g., who the perpetrator was, and if she ever had told anyone about what happened. She was also asked to estimate how much she currently suffers from abusive experiences. Current suffering is measured on a 10-point scale: "0 = no suffering, 10 = suffering terribly". The questionnaire closes with specific questions about abuse, such as having reported abuse to the police or fearing that one will become a victim of abuse in future [8].

Statistical analysis

Data were statistically described in terms of mean and standard deviation, frequencies (number of cases) and percentages when appropriate. P values less than 0.05 were considered statistically significant. All statistical calculations were done using computer program SPSS (Statistical Package for the Social Science; SPSS Inc., Chicago, IL, USA) release 22 for Microsoft Windows. Parametric tests were used for variables with a normal distribution. Non-normally distributed data were tested using non- parametric tests. Multiple logistic regressions were used to evaluate risk factors for DV. A p-value ≤ 0.05 was considered statistically significant.

Results

The mean age of the participants was 31.85 ± 5.80, and the husbands' age was 38.84 ± 6.30 with an age difference of 6.98 ± 2.24. The majority of the participating women had middle education, 533 (53.30%) as well as the male partner 617 (61.7%). A male firstborn child was reported by 48% of the recruited women. Most of the couples had a middle socioeconomic level (79.1%) (Table 1).

Nearly half of the patients were exposed to domestic violence (497. 49.7%). Emotional abuse was the most common form of violence reported by the participants, with the perpetrator was commonly the husband or the mother in law. Physical and sexual violations were reported by the husband only. All the participants used to keep these events as secrets. No one reported any incident of physical abuse (Table 2).

Table 1: Sociodemographic characteristics of the participating women.

Wife's age (mean± sd)		31.85 ± 5.80
Husband's age (mean± sd)		38.84 ± 6.30
Age difference (mean± sd)		6.98 ± 2.24
Wife's education N (%)	**Illiterate**	132 (13.2%)
	Middle education	533 (53.30%)
	High education	335 (33.50%)
Husband's education N (%)	**Illiterate**	42 (4.2%)
	Middle education	617 (61.7%)
	High education	341 (34.1%)
Residency N (%)	**Urban**	796 (79.6%)
	Rural	204 (20.4%)
Socioeconomic level	**Low**	162 (16.2%)
	Middle	791 (79.1%)
	High	83 (8.3%)
Duration of marriage (mean± sd)		9.16 ± 5.90
Gender of the firstborn child	**Male**	480 (48%)
	Female	520 (52%)
BMI		30.02 ± 4.02
Wife's job	**Housewife**	592 (59.2%)
	Employee	372 (37.2%)
	Worker	36 (3.6%)
Husband's job	**Employee**	934 (93.4%)
	Worker	66 (6.6%)

Participants with a female firstborn child were exposed to domestic violence than those with a male firstborn child [253(50.91%) and 244 (49.09%), respectively] yet were not statistically significant (p-value 0.491) (Table 3).

Multivariable linear regression analysis revealed that participants' level of education and socioeconomic status were highly significant factors associated with domestic violence. The gender of the firstborn child was not a co-factor incorporated in domestic violence (Table 4).

Discussion

Principle findings

About half of the participating women were subjected to some form of domestic violence. The most commonly practiced way was emotional abuse. The level of education and the socioeconomic level were the significant factors associated with domestic violence. Women with a female firstborn child were exposed to violence more than those with a male child, yet not statistically significant.

Research implications

Our participants' mean age was 31.85 ± 5.80, and their partners' age was 38.84 ± 6.30 with a reported age difference of 6.98 ± 2.24. The mean duration of marriage was 9.16 ± 5.90. The majority of the females were housewives (59.2%), while the male partners were employed (93.4%). The male partners were educated at a higher percentage than the females (95.8% and 86.8% respectively). This

Table 2: Overall violence against women.

Overall violence N (%)			497 (49.7%)
Emotional abuse N (%)	**Mild abuse**		383 (38.3%)
	Moderate abuse		239 (23.9%)
	Severe abuse		102 (10.2%)
	Perpetrator	**Husband**	467 (46.7%)
		Mother in law	6 (0.6%)
	Degree of suffering		2.64 ± 3.02
Physical abuse N (%)	**Mild abuse**		252 (25.2%)
	Moderate abuse		186 (18.6%)
	Severe abuse		42 (4.2%)
	Perpetrator	**Husband**	294 (29.4%)
		Mother in law	0 (0%)
	Degree of suffering		2.38 ± 3.72
Sexual abuse N (%)	**Mild abuse, no genital Contact**		89 (8.9%)
	Mild abuse, emotional/ sexual humiliation		18 (1.8%)
	Moderate abuse, genital Contact		30 (3.0%)
	Severe abuse, penetration		36 (3.6%)
	Perpetrator*		119 (11.9%)
	Degree of suffering		0.90 ± 2.52

*All cases were married with the husband being the perpetrator

Table 3: Exposure to violence according to the sex of the firstborn child.

		N (%)	p-value
First baby sex	**Female**	253(50.91%)	0.491
	Male	244 (49.09%)	

Table 4: Multivariable linear regression analysis for factors leading to domestic violence.

	B	p-value	OR	95% CI
Education	-1.179-	***<0.001***	0.308	0.234 - 0.405
Socioeconomic status	0.755	***<0.001***	2.127	1.464 - 3.091
First baby gender	0.054	0.684	1.056	0.813 - 1.37

reflects the effect of son preference on women as well. The majority of them lived in an urban region (79.6%), with a middle socioeconomic level (79.1%). More than half of the couples had a female firstborn child (52%). These demographics were similar to a previously reported research about IPV and infertility among Egyptian women[5] with some differences that might be attributed to the larger sample size of the current research.

In a study previously conducted in Egypt revealed that a male son preference was documented by 57% and 67.4% of participants [7,9]. Different causes exist including psychological (when all the children are of the other sex), social (help in household duties, old-age support, and settled marital relationship), economic (inheritance of family business and properties and contribution to family income) [7].

Upon addressing the problem of violence against women because of the gender of the firstborn child, the current study demonstrated that 49.7% of women were exposed to domestic violence, representing higher rates than those reported by the WHO as a worldwide percentage [2]. The highest type was emotional abuse reported by almost all of the participants exposed to violence. The perpetrator was their intimate partner. Few cases reported psychological violence encountered by their mother in law (0.6%). Physical abuse was reported by 29.4% of patients, practiced by their intimate partner. All the participants documented that they refused to report such events to avoid being a cause of harm to their partners. Besides, they refused to declare this to anyone but for a small number of them (5 cases). This was also reported by a previous study [5]. Sexual abuse was reported by 11.9% of participants. Varying degrees of suffering were reported with the least one was reported for the sexual abuse 0.90 ± 2.52.

The current study demonstrated that 253 (50.91%) participants with a female firstborn child were exposed to domestic violence versus 244 (49.09%) with a male firstborn child. Although they were more exposed to violence than those with a male child, yet it was not statistically significant (P-value 0.491). Also, multivariable logistic regression analysis revealed that the gender of the firstborn child was not encountered as a risk factor for IPV (p-value 0.684). A study conducted in India reported similar results, where the prevalence of IPV did not differ by the sex of the firstborn child in states where the sex ratio of firstborn child is balanced. In the states with unbalanced sex ratios, women with a female firstborn child were more exposed to IPV than those with a male firstborn child. This would be explained by the fact that daughters can't earn living and increase the financial effort on the father, leading to violence against women [10].

Factors contributing to IPV were the level of education, and the socioeconomic status with a p-value of <0.001, with the same results, reported previously with different aims of the studies [5]. The lower the level of education, the greater the chance of women exposed to violence. Besides, the current study demonstrated that a higher socioeconomic level was associated with a greater chance of exposure to violence. This could be explained by the social fact of male son preference to inherit family business and properties, and to maintain the family line [7].

To date, the available researches evaluated the effect of son preference on women's fertility and birth spacing [11]. Also, they evaluated the social causes of son preferences [12]. This is the first study to assess the impact of having a female firstborn child on women's exposure to domestic violence.

Strengths and limitations of the study

The study was the first one to report domestic violence against women with a female firstborn child, addressing a significant problem of son preference in Egyptian society. Additionally, we recruited a large number of participants (1000). However; this is a hospital-based study that limits the extrapolation of the results. Accordingly, community-based research is recommended. Besides, the conservative nature of our community prevents women from reporting every exposure to violence clearly because of feeling shame or refusing to be the cause of harm for her husband.

Conclusion

The current study demonstrated that women with female firstborn children were exposed to IPV more than those with male firstborn children; however, not statistically significant. The level of education and socioeconomic status were significant contributing

factors for IPV.

Ethical Approval

All procedures performed in in the study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. This article does not contain any studies with animals performed by any of the authors.

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