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A Comparative Analysis of Intimate Partner Abuse Among Ever-Married Women in Egypt and India

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A Comparative Analysis of Intimate Partner Abuse Among Ever-Married

Women in Egypt and India

By

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ABSTRACT

This honors thesis is a comparative analysis of intimate partner abuse (IPA) among ever-married women in India and Egypt. I gained access to two highly detailed data sets from the Demographic Health Surveys. A global feminist theoretical framework guides the study. In addition to the individual countries and their comparative rates of the types of intimate partner abuse, the individual and comparative rates of potential IPA risk factors and IPA help-seeking behaviors are also reported for India and Egypt. Finally, multivariate analyses (binary logistic regressions) were conducted to examine the factors related to the likely hood of physical, sexual, and emotional IPA, and among IPA survivors, whether they used help-seeking behaviors in response to the IPA. Comparing the two countries I look at the similarities and differences in the trends of intimate partner abuse, such as beliefs justifying IPA and help-seeking behavior. I also analyze HIV/other sexually transmitted diseases (STIs) data provided for both countries to compare beliefs and knowledge of HIV/AIDS and rates of STIs. This information may be helpful in understanding the factors in intimate partner abuse that may be unique to developing countries.

INTRODUCTION

Statement of the Problem

Intimate partner abuse (IPA)¹ has been the subject of a considerable amount of research conducted within the last few decades, and particularly the last decade, with increasing awareness of the recognition of IPA as a global problem and human rights issue (e.g., Farooq Naeem 2008; Faruk Kocacık 2007; Diop-Sidibe 2006; Ackerson 2008; Lawoko 2008; Kaya 2010; Michalski 2004; Alhabib 2010; Simister 2010; Ammar 2000; Kimuna 2013; Potter 2006). Previous research has revealed that nearly half of all ever-married women (women who have ever been married, separated, divorced, or widowed) in Egypt between the ages of 15-49 have on any occasion experienced physical domestic violence (EDHS 2005). Women in India are also suffering from a high rate of domestic violence, with thirty-four percent of all women between the ages of 15 to 49 having experienced violence (NFHS 2005). Even though developing countries are commonly correlated with high rates of intimate partner abuse (Simister 2010), the problem is still not being addressed there to the level at which it is addressed in western countries.

This thesis will focus on these two specific developing countries: India and Egypt. It will comparatively analyze the type of IPA experienced by ever-married women between the two countries. It will also analyze the beliefs that justify intimate partner abuse, as well as the knowledge and perceptions of sexual health including information regarding HIV/AIDS. Finally, it will also explore the resulting health effects, including physical, sexual, and risk of HIV/STI's resulting from intimate partner abuse. For the

¹ Consistent with Belknap and Potter (2006), I use the term intimate partner abuse (IPA) instead of “domestic violence” and “intimate partner violence” to address that abuse by current and former partners is often not violent per se.

discussion of my specific findings in this thesis, the term domestic violence when used will be interchangeable with intimate partner abuse to describe physical, sexual, or emotional violence perpetrated by the male partner against the female victim.

When beginning this research, the hypothesis was that Egypt would have a higher rate of IPA than India. This supposition was made based on past research that presented the causal relationship of religious and societal ideology and violence against women (Farooq Naeem 2008; Kimuna 2013; Simister 2010). It is commonly known that a majority of the population in Egypt is Muslim compared to the majority of India's population, which is Hindu. Since the Muslim religion is generally associated with more violence tolerating beliefs and values, it is theoretically assumed to have a higher rate of IPA. The attempt of this thesis will be to analyze the rate and experience of IPA in developing countries. Egypt and India were chosen specifically for their ideological characteristics and level of modernization. India was chosen first because of the current debate over women's rights and subsequent events occurring in the country. India is still a developing country, but it is advancing rapidly towards modernity. Egypt was chosen because it is less modern and further behind India in regard to values and ideologies as a developing country. These characteristics were used to choose countries on opposite ends of the continuum in regards to developing countries in an attempt to give a broader scope of the experiences of IPA.

Thesis Overview

First, I will review the relevant literature and common themes or trends already conducted on intimate partner abuse, developing countries, and health effects. Then, I will discuss the theoretical framework of feminism, and even further global feminism,

that I will be using to structure my findings. Next, I will describe the methods with which the data sets for this study were originally created and then obtained as well as how they were structured to fit the interests of this study. Then, I will present the key findings from my data analysis. Finally, I will discuss my results, connecting them back to the theoretical framework already presented, and conclude with the following implications.

LITERATURE REVIEW

Intimate Partner Abuse

Intimate partner abuse, also referred to as domestic violence, can result in different kinds of violence: physical, sexual, and non-physical. There have been many studies on intimate partner abuse in western countries (e.g., Ellsberg 2001; Friedman 1995; Gelles 1993; Potter, 2007, 2008; Stets 1991) as well as non-western cultures (Abd el-Wahhab 1994; Ackerson 2008; Alhabib 2010; Ammar 2000; Gangoli 2001; Lawoko 2008; Tohidi 2002). Many studies conducted on developing countries have also focused on the health effects of violence against women, including physical, sexual, and mental health effects (Diop-Sidibe 2006; Farooq 2002; Kimuna 2013; Kishor 2012).

The most commonly researched type of gender-based violence is physical (e.g. Alhabib 2012; Ellsberg 2001). Disclosing an experience of intimate partner abuse may put a respondent at risk for further violence. According to Ellsberg, “disclosing her experience of violence may expose a respondent to the risk of retaliation by an abusive partner or by family members” (2001:3). Since this may be the case for many women, some respondents may choose not to disclose a history of IPA. This may lead to an incomplete sample since “surveys may not measure the actual number of women who have been abused, but rather, the number of women who are willing to disclose abuse” (Alhabib 2012:373).

While most focus has been put on the physical abuse resulting from intimate partner abuse, the non-physical abuse is an important aspect. Studies have acknowledged non-physical violence as a significant dimension of IPA (Lanier 2009; Michalski 2004; Outlaw 2009). Miller identified four types of non-physical intimate partner abuse: social,

economic, psychological, and emotional (1995). Outlaw describes each type of non-physical abuse (2009). Social abuse refers to when the victim is completely isolated from the outside world, including other family or friends. Economic abuse refers to when the abuser has complete control over the victim monetarily so the victim is completely dependent. Psychological abuse weakens the victim's reasoning and sensibleness. Emotional abuse consists of actions like insults or public embarrassment to lower the victim's sense of self-worth.

Emotional abuse has been the focus of most attention when it comes to non-physical abuse (Outlaw 2009). Emotional abuse and psychological abuse are commonly analyzed as similar variables. For example, Kimuna found that "women who experience violent acts in their households, the environment that is supposed to be the safest place, not only suffer from health-related issues, but also carry emotional and psychological burden" (2013:774). This emotional abuse can be even more harmful than physical abuse. McCaw states that past research shows that emotional abuse is related to poorer health even when physical or sexual abuse is not present (2007). McCaw supported this by finding that "survivors of IPV have reported that emotional abuse is even more damaging than the physical injuries associated with physical violence" (2007:3). One main aspect that makes emotional abuse so detrimental is that "even in the absence of physical or sexual abuse, [emotional abuse] is strongly associated with limitations in social functioning (McCaw 2007:16). Emotional abuse affects a victim's ability to function in society, leading to social isolation, which has been considered an individual form of abuse.

The other forms of abuse, social and economic, have received little focus. Scholars (Michalski 2004; Nosek et al. 2006; Stets 1993) have studied social isolation, but it is commonly researched as simply a risk factor contributing to physical violence instead as its own distinct form of abuse. According to Outlaw, “non-physical abuse other than emotional abuse has received little or no attention” (2009:264). Emotional abuse has been the main focus of non-physical abuse and has been linked to social abuse like social isolation, which has a significant effect on a victim’s well being.

Health Effects

Intimate partner abuse has been linked to multiple types of long and short-term health effects. These include physical, sexual, emotional injuries as well as increased risk of sexually transmitted infections (STIs). According to the World Health Organization, “intimate partner violence is associated with many health consequences, but the most direct effects are fatal and non-fatal physical injuries” (2013:25).

An incidence present between intimate partner abuse and the risk of HIV/AIDS and other STIs has been established. Wingood found in a study of women in a domestic violence shelter that “33% of women reported acquiring an STI during their abusive relationship” (2000:24). Nearly one third of women who experienced intimate partner abuse had a STI. Wingood suggested this relationship could be attributed to “partner’s infidelity, the partners’ failure to use condoms and women’s reluctance to negotiate safer sex fearing retaliation of her partner, or, a combination of these factors” (2000:24). The STI risk factors of the abusive partner contributed to the risk and rate of STI for women. Additionally, according to the World Health Organization,

“there is behavioural evidence that men who use violence against their female partners are more likely than non-violent men to have a number of HIV risk behaviours, including having multiple sexual partners (52), frequent alcohol use (53), visiting sex workers (54), and having an STI (55, 56), all of which can increase women’s risk of HIV” (World Health Organization 2013:22). The relationship between intimate partner violence and HIV/STI is slightly unclear though. The World Health Organization conducted a study of HIV risk and intimate partner abuse involving Africa and India and found that “of the studies of incident HIV/STI, the three large studies (58–60) (> 1000 participants) (two on HIV from sub-Saharan Africa and one on STI from India) found an increased risk of HIV/STI among those reporting partner violence” (World Health Organization 2013:22).

While part of the study supported the connection between intimate partner abuse and increased HIV risk, another part was not so clear since, “the two studies looking at incident intimate partner violence (61, 62) (after HIV or STI diagnosis) found inconsistent results” (World Health Organization 2013:22). After analyzing the results, the researchers even concluded, “the review findings highlight the need for further Research” (World Health Organization 2013:22). While the direct relationship is still unclear, an incidence is present.

The study conducted by the World Health Organization confirms “the fact that intimate partner violence and non-partner sexual violence are widespread and affect women throughout the world” (2013:31). World Health Organization found that “more than one in three women (35.6%) globally report having experienced physical and/or

sexual partner violence, or sexual violence by a non-partner, the evidence is incontrovertible – violence against women is a public health problem of epidemic proportions” (World Health Organization 2013:35). Even with evidence provided by global studies like this one, the public discussion about IPA as an international phenomenon has not been widespread. There are still many people who “choose to view the violent experiences of women as disconnected events, taking place in the private sphere of relationship conflict and beyond the realm of policy-makers and health-care providers” (World Health Organization 2013:31). A few nations are beginning to see intimate partner abuse as a worldwide dilemma and are focusing on preventive strategies to address the problem. According to Nayak, “with the recognition of violence against women as a public health and human rights issue worldwide, international conventions, such as the Vienna Accord of 1993 and the Beijing Platform of 1995 (United Nations, 1993,1996), urged all governments to prioritize the elimination of violence against women” (Nayak 2003:1). Developing global preventive strategies is difficult, and in order for them to be successful, “it is essential to have systematic information on factors that cut across national boundaries as well as on nation-specific factors that increase risk for violence against women” (Nayak 2003:1). A comparative approach thus is necessary to gather similar factors and information that span countries to better focus on the problem of violence against women.

The most serious effect of intimate partner abuse is death of the victim. According to the World Bank, in regards to cause of death among women, IPA is just as serious as cancer causes more health problems than traffic accidents (1993). Yet this extreme health

threat to women is less discussed or addressed by professionals and society as a whole. While IPA has physical and emotional effects, the most serious is death of the victim.

The Ecological Model to Explain Intimate Partner Abuse

The ecological model has been used to describe the many different factors that contribute to violence. This model was first introduced in the 1970s and used to explain child abuse and youth violence, but more recently it is being used to describe intimate partner abuse (WHO 2002). According to WHO, “the model explores the relationship between individual and contextual factors and considers violence as the product of multiple levels of influence on behavior” (2002:12). The model consists of four concentric circles: individual, relationship, community, and societal (See Figure 1).

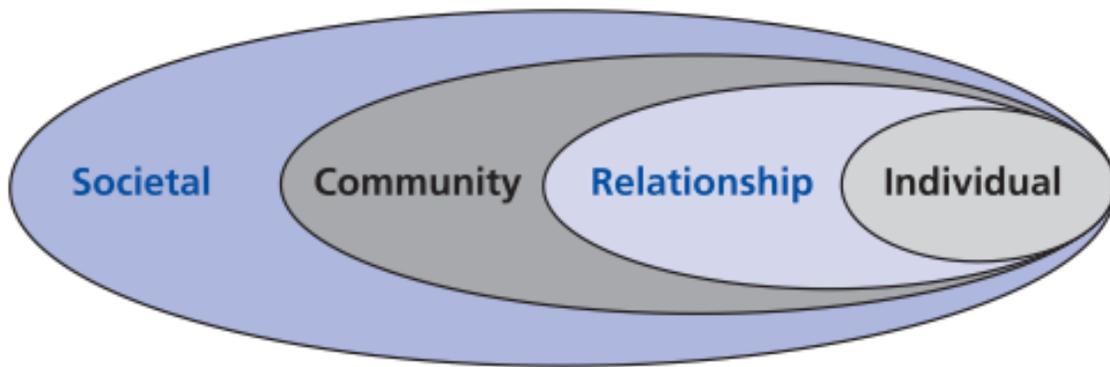


Figure 1. WHO. 2002. *World report on violence and health*. Geneva: World Health Organization.

The first circle, the individual, focuses on the individual’s characteristics, such as psychological or demographic factors, that may contribute to violence. According to WHO, the first level of the ecological model includes not only “biological and demographic factors, [but] factors such as impulsivity, low educational attainment, substance abuse, and prior history of aggression and abuse are considered” (2002:13).

The second circle, relationship, focuses on the relationship of the victim to others, such as the abusive partner. According to Faruk, “the variable which relates to this circle is the distribution of decision making power inside the family though it also has interrelations with the last circle [societal] when it comes to reflect the extent of male dominance (patriarchy) as a cultural factor” (2007:702). This factor attributes the power in the relationship to the abuser.

The third circle, community, focuses on interactions with others and the social factors involved, such as the structure of the family including wealth and number of children. In addition to family, this third level “examines the community contexts in which social relationships are embedded – such as schools, workplaces and neighbourhoods – and seeks to identify the characteristics of these settings that are associated with being victims or perpetrators of violence” (WHO 2002:13). The last circle, societal, connects with the second circle and focuses on cultural views, such as patriarchy. According to WHO, “included here are those factors that create an acceptable climate for violence, those that reduce inhibitions against violence, and those that create and sustain gaps between different segments of society – or tensions between different groups or countries” (2002:13). This level of the model is the broadest. Looking at the culture of a particular society offers insight into “larger societal factors [that] also include the health, educational, economic and social policies that maintain high levels of economic or social inequality between groups in society” (WHO 2002:13).

The ecological model is used to attempt to understand and explain the many possible factors and causes of violence. WHO claims, “the ecological framework highlights the multiple causes of violence and the interaction of risk factors operating

within the family and broader community, social, cultural and economic contexts” (2002:13). This model examines individual characteristics, relationships, social factors, and cultural views to provide a framework for intimate partner violence.

Demographics

An important aspect of studying the rate of IPA is to look at trends around demographic data. According to Alhabib, “violence against women has reached epidemic proportions in many societies and suggests that no racial, ethnic, or socio-economic group is immune” (2010:373). This violence is a global problem that affects women in all four corners of the world, yet it is still being addressed as a personal matter. There are trends of who is likely to be at risk of IPA victimization. According to Abdel-Wahhab, wives are most often the victims of IPA, followed by other positions held by women in the family: fiancées, divorcees, mothers, daughters, and sisters (1994). Ammar’s study in Egypt found that “similar to findings in the U.S. and elsewhere (*e.g.*, Brisson, 1981; Flynn, 1977; Thompson and Erez, 1994), IPA in Egypt is 'classless.’” (Ammar 2000:33). Every group in society included women that had been victim to IPA.

One demographic factor that affects intimate partner abuse is age. Older women report increased levels of IPA simply because they have had more time to be victimized compared to younger women (Kimuna 2013). However, the relationship is different when looking at just a specific time period. Older women are less likely to experience violence than younger women because of increased social status and economic resources (Kimuna 2013). Specific age groups experience more IPA. Women in the age groups of 20 to 24 and 25 to 29, as well as women who married under the age of 18 years old, were more likely to experience physical violence (Kimuna 2013).

Education also affects the levels of violence. Many studies focusing on developing countries have found that lower education and socioeconomic status are associated with intimate partner abuse (Martin, Tsui, Maitra, & Marinshaw, 1999; Kimuna 2013). Martin, Tsui, Maitra, & Marinshaw found that “greater proportions of abusive men than nonabusive men had low levels of education” (1991:421). They concluded that stress-related factors including low educational levels increase the probability of intimate partner abuse (1991). While this study reported lower levels of education for men increase intimate partner abuse, Kimuna found a different relationship. She found that “it is surprising to note that only ever married women whose husbands had a primary education were more likely to experience sexual violence than those whose husbands had no education” (2013:799). This opposite finding thus makes the relationship unclear. Education of the wife seems to affect the levels of intimate partner abuse differently. Kimuna also found that “women with a secondary education or higher were statistically significantly less likely to experience physical violence” (2013:797). An increased level of education for the woman thus reduces the rate of intimate partner abuse. While increased education for women results in lower rates of violence, increased education for men results in higher rates of intimate partner abuse.

Wealth has also been found to be a major factor influencing intimate partner abuse. According to Kimuna, the ever-married women classified in the poorest category reported a higher rate of physical IPA compared to their counterparts in the middle to richest categories and a higher rate of sexual violence than those in the richer to richest categories (2013). Women in the lowest socioeconomic class are at increased risk for IPA (Kimuna 2013).

Intimate partner abuse also affects reproduction, although the relationship is often cyclical. Kimuna found that women in India who had more children experienced a higher rate of violence; however, the fact that they were subjected to violence could mean they had less control over their reproductive health (2013). While women with more children reported experiencing more violence, the causal relationship is unclear. Women with more children may experience higher rates of intimate partner abuse, or intimate partner abuse may lead to victim's having more children. Which causal relationship has the greater significance has not been established.

Ideology

The ideology or “the meaning of violence varies from culture to culture, and sometimes within the same culture” (Krauss 2006:373). Developing countries view intimate partner abuse differently than western countries. Kimuna notes that “the patriarchal notions of male superiority and power and their socialization to accept the husband as head of the household seem to condition women to accept violence in their lives and relationships” (2013:802). Some researchers claim that countries’ evolution to modernity may cause an increase in violence. Simister concludes, “it is often claimed that adjusting to ‘modern’ values is associated with a period of increased violence” (2010:1603). This has been explained by changes in power and confronting authority. Women are exposed to less violence when they have a lower status because they do not challenge male authority, while on the opposite end, in a society where women have a higher status, that status shields women from violence (Farooq 2008). It is when this power relationship is disturbed that violence results. Farooq explains, “it is in societies where women’s status is in transition from low to high that the risk of domestic violence

is high” (2008:454). Thus violence can occur when control begins to be questioned and opposed. For example, Khanna and Varghese (1978) wrote, “the independent outlook fostered by better education, improved status and greater opportunities brings about a change in women, and leads to conflicts with family members” (Simister 2010:99). A developing country like India has slowly been advancing to a more modernized country; however, India, in some ways, can already be considered a modern country. For example, “Indira Gandhi was one of the first female prime ministers in the world, and in 2007, India chose a woman president” (Simister 2010:1603). While certain aspects of India are quite modern, like a female president, many aspects are still not up to date. Ideologies in most of the general population of developing countries still reflect traditional values, which place women below men in the gender hierarchy. These common “pre-modern” beliefs foster and even sometimes encourage violence against women.

Gender-based violence has been part of the culture of third world countries for a long period of history. In India, along with most other developing countries, “violence against wives...is deeply rooted in cultural norms of patriarchy, hierarchy, and multigenerational families, where female obedience and modesty is controlled through abusive behavior and accepted not only by men, but also by women;” (Kimuna 2013:774-775). These traditional values lasting throughout history are taken as fact and accepted, and not even women think to oppose them. Similarly in Egypt, “crimes of honor” are legitimized. According to Ammar, “such a classification [crime of honor] is a particular kind of patriarchal 'victim blaming' which implies that women are responsible for male violence toward them” (Ammar 2000:32). These “crimes of honor” are justified by the excuse that the victim had it coming or the offender had to victimize in order to keep a

certain level of honor. This again relates back to control and Kimuna acknowledges, “fundamental to the existence of violence against women is the notion of power” (2013:774-775).

Religion

Religion plays an important part in norms and values pertaining to gender, patriarchy, and violence. Alhabib notes, “selective excerpts from religious tracts have been inappropriately used to endorse violence against women” (2012:374). An example would be an excerpt from The Holy Qur’an:

Therefore the righteous women are devoutly obedient, and guard in (the husband's) absence what Allah would have them guard. As to those women on whose part ye fear disloyalty and ill conduct, admonish them (first), (next) refuse to share their beds, (and last) beat them (lightly) (*The Holy Qur'an, al-Nisa 34* as cited by Alhabib 2012).

The Qu’ran is the major religious text for Muslims, which is the religion commonly associated with the majority of the population in Egypt. This religious text places women in a place of obedience to men and in need of discipline if they disobey their husband. Hajjar explains, “by imagining and referring to beatings, confinement, intimidation, and insults as ‘discipline’ or ‘punishment’ rather than ‘battery’ or ‘abuse,’ the nature of harm is obfuscated” (2004:3). Religious philosophy thus provides justification for intimate partner abuse because violence is justified as discipline. According to Hajjar, “a wife's refusal to have sex with her husband can be construed as ‘disobedience,’ thereby triggering legalistic justification for beating” (2004:12). While not all individuals who subscribe to a violence-tolerating religion will resort to violence, the ideology presents a

viable excuse for those who choose to engage in abuse.

Social Relationships

An individual's social relationships, including family structure and community ties, are also associated with intimate partner abuse. Michalski claims that abusers do not commit violence any time at any situation, and thus contributes the likelihood of violence occurring to the structure of interpersonal relationships (2004). Intimate partner abuse is a strategy used by abusers for dealing with conflicts, especially when there is a lack of outside help. Rose explains that women who lack social ties or support have a lower capacity to cope with violence, which leads to hampered affects to seek support because of feelings of isolation (2002). When a victim feels isolated from any outside source, the option to seek help feels limited or nonexistent.

Several studies have found that victims who reveal their abuse are more likely to turn to informal sources, like family or friends, rather than formal sources (IIPS and Macro International, 2007; Naved et al., 2006; Raj & Silverman, 2007). Women are more likely to reach out to those close to them and whom they can trust. However, this research is unclear when addressing contexts, such as specific countries. According to Decker, "little is known about the nuances of help-seeking patterns, including the nature and usefulness of help received, or experiences with formal sources of support within the Indian context" (2013:1926). Stets argued that weak social support and control are results of social isolation which can lead to deviant behavior (1991). Van Wyk agreed with Stets and found that women are less likely to be victims of IPA when they have increased social support (2003). Women with few or no social ties will be less likely to reach out not only to formal sources, like the police, but also to informal sources like family.

THEORY

This chapter will discuss the theoretical framework that will be used to structure my findings later in the discussion chapter. Feminist theory, and even further global feminist theory, will be explained and connected to IPA. I will also discuss the approach of comparative criminology and its usefulness to global research.

Feminism

Studies involving violence against women and intimate partner abuse often look towards the theory of feminism to explain, understand, and analyze current trends. Gelles considered feminist theory as “becoming the dominant model for explaining violence toward women” (1993:41). Feminism offers the most direct understanding and causation of gender-based violence. According to feminist theory, “violence against women results from gender inequality on the societal level” (Bograd 1988). Societies with gender hierarchies may have increased violence against the subordinate gender. Gender inequality encompasses women’s social status compared to men. This social status affects women’s educational access, sexual objectification, and reproductive rights (Yodanis 2004). If women’s social status is below men in the gender hierarchy, rights like education obtainment become limited, and women are subjected to oppression.

Feminists have pointed out a common trend about the relationship between IPA and relative fear. Pain calls this trend the “fear-victimization paradox” which refers to the enigma that women are more fearful than men of being victims of violent crime, even though men are more likely than women to actually be victimized (1997). Fear is very important when it comes to gender inequality and the status hierarchy. Feminist theory implies “it is through fear that men are able to control women’s behavior, keep women

out or confine their participation, and thereby maintain control of social institutions” (Yodanis 2004:657-658). This phenomenon is more evident in developing countries where gender inequality is more pronounced. Yodanis explains that the following patterns are expected to be found across countries: “(a) the higher the educational, occupational, and political status of women, the lower the rates of physical and sexual violence and (b) the lower the rates of violence, the lower women’s fear will be relative to men’s” (Yodanis 2004:667). Applying these ideas more directly to developing countries would infer that since developing countries have higher rates of violence, women’s status will be lower and their fear will be higher. While the relationship between violence and fear is apparent, there is an even broader relationship. Even women who are not personally victimized will feel more fearful if the rates of sexual violence in their country increase (Yodanis 2004). Simply hearing or being witness to violence is enough to instill increased fear in the female population. This means that not every woman has to be individually victimized in order for men to remain atop the status hierarchy.

Feminism has been used to establish a theory of violence, which is tested using survey data and classifying the unit of analysis as the individual (Yodanis 2004). Yodanis examined European and North American countries, specifically the correlation between gender inequalities, gender based violence, and rates of fear among women (2004). One of her main findings was that “on the institutional level, when women represent nearly or more than half of those participating in institutions of higher education or workplace settings, men may accept women as equal and competent peers and colleagues that belong in those institutions beside them” (Yodanis 2004:670). Basically, in order for

many men to view women as equal in the gender hierarchy, women have to be equal in number and participation in traditionally male dominated roles in society. Women have to prove themselves as competent by forcing men to view them as numbered and contributing substantially to society.

Feminism is beginning to address global perspectives. Feminists have learned to operate with difference as well as status disparities across cultures (Friedman 1995). Feminists have adapted to the increased globalization and have learned to address the differences in culture, religion, race, and more. This has led to the development of global feminism.

Global Feminism

Global feminism developed in response to the shortcomings of prominent western feminism. One aspect prominent feminism, like the theory Yodanis applied to her research, falls short is the fact that it is primarily focused and produced from western, developed countries. Western feminism, while insightful for countries like England or the United States, lacks understanding of third world countries, and therefore, the women from those countries. This is why countries like Egypt are not being dominated or changed by feminism from the west. Ammar explains that in Egypt, “neither can reform necessarily proceed in the direction that Western feminists like or know in their societies, nor will the solutions fashioned by Egyptian society necessarily replicate the kinds of approaches that have been more or less successful in Western societies” (2000:40). Western feminism will not affect developing countries in the same ways as western countries. This is why global feminism is becoming more prominent in sociological research, apparent by the “beginnings of global feminism...visible in official and

semiofficial venues, such as the regional and world conferences on women sponsored by the UN since 1975” (Tohidi 2002:855). Researchers wanting to apply feminism more broadly and internationally are using the theory of global feminism. According to Sedghi, “an understanding of global feminism can be constructed on the basis of an understanding of power struggle” (2005:157). Global feminism focuses on the hierarchy that constructs power struggle and gender relations in all countries. For example, “whether in technologically advanced countries or in developing states, secular or religious, gender relations provide the arena for the most basic form of hierarchy, in particular within the family and society” (Sedghi 2005:157). This theory makes gender the main aspect since it is one factor that is comparable internationally.

Sedghi used her own term “Third World Feminism” to describe the perspective of global feminism directed toward developing countries (2005). Third world countries are known to have a greater stratification between genders, leading to a specific power struggle. Sedghi claims, “the central struggle is for control over life, for the ability to make life choices, or to have the ‘power’ to make those choices” (2005:157). It is commonly understood that developing countries are incredibly patriarchal and that men hold a much higher status in society’s hierarchy. Global feminism and researchers “see the resolution to power struggles as requiring the elimination of hierarchy and inequalities” (Sedghi 2005:157). Countries with the most extreme gender hierarchies are the ones in desperate need of education and policy changes in order to even begin leveling the playing field for women and men.

Comparative Criminology

Researching and comparing countries’ IPA in regards to global feminism uses the

approach of comparative criminology, which “attends mainly to understanding criminal and deviant behavior as it is manifested globally” (Howard et al. 2000:145). The deviant behavior of abusers is compared across countries, like Egypt and India. The comparative outlook “employs basic unifying concepts of human groups and seeks to compare cultures and nation-states to highlight the similarities and differences between each class with respect to these universal concepts” (Howard et al. 2000:144). These basic unifying concepts are categories of society that can be compared regardless of differences. Fundamental social and cultural categories, such as family and community, may vary by structure and organization, but they are still universal and may be used as base categories for comparing across cultures (Howard et al.2000). Even further, comparing reveals the difference in the structures of basic human universals leading to further understanding of cultural differences and resulting effects.

Comparative criminology is important when attempting to understand global issues such as IPA because it can reveal information about social relationships and causal factors. Studying rates of intimate partner abuse “cross-nationally could yield valuable insight into the status of women and children around the world as well as help unearth the etiological factors responsible for this type of violence” (Howard et al. 2000:163). A comparative analysis can use similarities in research to expose the contributing elements of IPA. Even further, “when only two countries are examined, more meaningful comparisons can be drawn and explanations for similarities and differences in crime rates convincingly made” (Howard et al. 2000:168). A detailed examination of two countries can lead to a better understanding of factors surrounding IPA.

There is difficulty facing comparative research however. For example, “one

endemic problem confronting comparative criminology is the enormous diversity in the way different cultures and nation-states define crime, justice, and other relevant concepts” (Howard et al. 2000:143). For comparative criminology to be significant, the data or definitions being compared across countries or nations have to be understood the same. It is a significant difficulty that “the data sources are, virtually by definition, influenced by the cultures and nation-states from which the information is extracted and by the cultural commitments of investigators themselves” (Howard et al. 2000:144). A particular understanding of what the definitions are of abstract concepts, such as what constitutes emotional abuse, can lead to confusion and disparities when comparing different cultures.

METHODS

This thesis analyzed two separate data sets: one from India and one from Egypt using data that asked almost identical questions. This chapter will discuss how the data sets were originally created, how I obtained them, and then the process of how I adjusted them to include only the data analyzed for this thesis. Both data sets were acquired from Measuredhs.com, a website operated by The Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys (MEASURE DHS) project. According to measuredhs.com, the project began in 1984 and has since assisted in conducting over 260 surveys in more than 90 countries. Three different tools are used to conduct DHS surveys: questionnaires, biomarkers, and geographic information. Each country was responsible for having a national implementing agency while MEASURE DHS provided technical assistance. The two sections below list the individual information about the surveys conducted by each country.

India

MEASURE DHS provided the National Family Health Surveys (NFHS-3) conducted by The Ministry of Health and Family Welfare (MOHFW) and the Government of India (GOI). NFHS-3 was conducted from 2005 to 2006. It interviewed ever-married as well as never-married women between the ages of 15-49 years old. It also included both ever-married and never-married men between the ages of 15-54 years old. There were a total of 124,385 women and 74,369 men interviewed from across all 29 states in India. There were 102,946 total men and women chosen and tested for HIV. Three questionnaires were used to gather all of the data in NFHS-3: The Household questionnaire, the Women's questionnaire, and the Men's questionnaire. The Household

questionnaire collected information like age, sex, marital status, relationship to head of the household, and education of all residents in the household. The Household questionnaire also included a biomarker measurement. HIV testing was conducted through blood spots from a finger prick collected on filter paper cards. The Women's questionnaire interviewed all the women 15-49 in the household. The survey consisted of topics including background characteristics, marriage, general health, status of women and spousal violence, sexual life, and HIV/AIDS and other sexually transmitted infections. The Men's questionnaire interviewed men 15-54 who were in the household. The survey included topics like background characteristics, sexual life, attitude toward gender roles, and HIV/AIDS and other sexually transmitted infections.

The target sample size for NFHS-3 was 4,000 interviews with ever-married women in the reproductive ages of 15-49 in states with a 2001 population of more than 30 million, 3000 interviews in states between 5 and 30 million, and 1,500 interviews in states with a population less than 5 million. A total of 109, 041 households were interviewed. Individual interviews were conducted with 124,385 women for an individual response rate of 95%. Interviewing teams consisted of one field supervisor, one female field editor, four interviewers, and two health investigators. Interviewers were assigned respondents of the same gender to ensure respondents felt safe and comfortable when discussing sensitive topics. For a more detailed description of data collection or inquiries for any additional information see NFHS-3 India Final Report.

Egypt

The Egyptian Demographic and Health Survey (EDHS) data collection was conducted only in 2005. The Ministry of Health and Population (MOHP) and National

Population Council (NPC) supported the survey and El-Zanaty & Associates implemented it. MEASURE DHS, which is sponsored by the U.S. Agency for International Development (USAID), provided technical support and assisted the country with the survey. The survey's goal was to provide information on estimates about many indicators including fertility, nutrition, as well as topics like female circumcision and IPA.

A sample of 22,807 households was chosen and interviewed for the 2005 EDHS. Urban area sampling came from a list of shiakhas/towns and rural area sampling came from a list of villages. The total number of women successfully interviewed was 19,474 for a response rate of 99.5%. The 2005 EDHS contained two questionnaires: the household questionnaire and the individual questionnaire. The household questionnaire contained three parts. The first part was a household schedule to list all those present in the household the night before the interview. The second part contained information on the physical and social environment of the household. The third part was height and weight measurement. The individual questionnaire interviewed all ever-married women between the ages of 15-49 years old who were in the household the night before the interview. It gathered information on topics like respondent's background, reproduction, pregnancy, husband's background, female circumcision, and knowledge of HIV/AIDS. HIV testing was not conducted as part of EDHS. One woman from each household was randomly selected for a subsample to be administered an IPA section. The field staff that conducted all the fieldwork consisted of 14 teams each with 1 supervisor, 1 field editor, 3-4 interviewers, and 2 staff members. All the interviewers were females. After the

interviews were conducted, the data were entered using Census and Survey Processing System (CSPro).

Variables

The data sets were very large. The India data set had 4347 variables and the Egypt data set had 5810 variables. Both data sets were reduced to the same 66 variables that were determined to be relevant for my research questions and to be analyzed for this thesis. (The two data sets then had these same 66 variables.) This thesis focused on comparing the data from the two countries. In order to do this, the data sets had to be merged. The India data set was limited to just the ever-married sample to match the Egypt data set. The final N for the ever-married sample from India was 94,194 while the final N for the data set from Egypt was 19,474. The total number of valid cases produced an N of 113,668. The questionnaires used in both countries surveys were very similar. They asked basic demographic questions as well as many IPA related questions while using similar vocabulary and structure that the data sets could be reasonably compared.

The IPA variables focused mostly on the different types of abuse. An example of how the questionnaire was designed is that there would be a beginning of a question, like “Does/did your (last) husband ever:” and then there would be a list of different variables, like “push you, shake you, or throw something at you?” with yes/no answer choices. If the respondent chose yes, she would be directed to indicate the frequency in which the behavior occurred within the last 12 months. The question would be listed offering the choice of frequencies. For example, “how often did this happen during the last 12 months: often, only sometimes, or not at all?” There was also the answer choice NA listed with the frequencies. The main adjustment made to the data set involved recoding

India's IPA variables into incidence variables with yes/no responses instead of prevalence variables with frequencies to match Egypt's incidence variables. To explain further, the three answer choices of the frequency responses were recoded into yes, and the not at all answer was recoded into no so all the types of IPA became dichotomous variables.

Combining and computing variables for my thesis from the existing variables in the data set was also done. For example, five "wife-beating justified" variables were summarized to create a total "IPA behavior justifiable" variable that ranged from zero to five. Another variable, spouse age difference, was computed by subtracting the wife's age from the husband's age. Similarly, another new variable, spouse educational difference was computed by subtracting the wife's highest education level from the husband's highest education level.

Limitations

There were multiple limitations of this study. The Egypt survey was only given to ever-married women while the India data set was conducted with women regardless of whether they had ever married sample. Thus, for my analysis India's data set was adjusted to exclude the never-married responses and make them comparable to the Egyptian data. This limited the scope of analysis to only ever-married women resulting in the lack of consideration of never-married women. Another limitation of the study was that while these questionnaires used similar wording and questions, individuals from different organizations in different cultures conducted the surveys. This may lead to a different understanding or conceptualization of certain topics by interviewers as well as respondents; for example, what constitutes emotional abuse or the level of violence worth

reporting. Also, HIV testing was only completed as part of NFHS-3 in India. Data was not collected from Egypt, thus a comparative analysis of the prevalence of HIV cannot be conducted. Instead, questions asked respondents whether they had a STI in the last 12 months or if they had a genital sore/ulcer within the last 12 months. This was done mainly because according to the NFHS-3 “genital sores or ulcers have been shown to be useful in identifying STIs” (2005:354). However, the EDHS points out that it is important to acknowledge that while genital sores/ulcers were considered possible infections or STI symptoms, their reporting does not absolutely identify an STI infection (2005). Thus, the knowledge of HIV/AIDS and prevalence of STIs and genital sores/ulcers are used as risk factors for HIV and other STIs.

RESULTS

Table 1 shows the comparative demographic information for all ever-married women in India and Egypt. All comparisons were significant at the $p \leq .001$ level. The first demographic variable was age in five-year groups from 15-49 years of age. For both countries, the five-year age group with the highest percentage of respondents was 25-29 years old with Egypt at 19.4% and India at 19.5% for a total percentage of 19.5. The age group with the lowest percentage of respondents was 15-19 years old with Egypt reporting 4.4% and India reporting 5.6%. The next variable is residence with both countries having a larger percentage living in a rural environment. Egypt reported 58.4% and India reported 56.4% of respondents living in rural residences. For highest educational level, both countries reported a very high rate of about one-third of the population having no education. Egypt reported the highest rate of 39.4% for having a secondary education and 35.6% for no education. India reported the highest rate of 39.5% for the highest educational level being no education, with the second highest percentage of 36.4 for secondary.

For religion, India reported having mostly Hindu respondents (74.3%) and Egypt reported mostly Muslim (94.7%) as to be expected. India reported 13% of respondents were Muslim, however, Egypt had 0.0% of respondents report being Hindu. Both countries reported a small amount of Christians for a total 7.2%. For the variable total children ever born, Egypt had the most respondents report ever having five or more children at 23.3% while India had the highest percentage reported only 2 children ever born at 26.1%. For both countries, the lowest rate was 0 children ever born with Egypt at 9.9% and India at 10.3% For the variable of the number of children under six years old,

both countries majority reported a number of 0 children under six with Egypt at 41.3% and India at 51.6%. The percentage decreased for both countries as the number of children increased. Thus, the lowest rate reported was 1.5% for Egypt and 0.5% for India for five or more children under six years old. The literacy for both countries was very similar with both countries reporting over 50% of respondents being able to read whole sentence with Egypt at 52.1% and India at 51.0%. However, over 40% of respondents in each country reported with cannot read at all, specifically with Egypt at 41.5% and India at 43.1%.

Table 2 details the comparative differences in the respondents' beliefs of which situations intimate partner abuse is justified. All comparisons between countries were significant at the $p \leq .001$ level. Overall, Egypt had the higher percentage of respondents reporting that intimate partner abuse would be justified in each situation. Most significantly, the highest rate of 42.5% of respondents from Egypt reported yes violence from the husband would be justified if the wife goes out without telling him, compared to only 29% from India. The highest rate reported by India was 35.9% for neglects the children compared to 42.0% from Egypt. Also, 35.8% of respondents from Egypt reported violence would be justified if the wife refuses to have sex with the husband compared to only 13.7% of respondents from India.

Table 3 reveals the comparative rates of the different types of intimate partner abuse suffered by ever-married women from each country. For both countries, the highest rate of violence was reported for the type of intimate partner abuse "spouse ever slapped or twisted her arm" with Egypt reporting 25.2% and India reporting 29.9% had ever experienced this form of violence ($p \leq .001$). The variable "spouse ever pushed, shook or

threw something” was reported as the type of violence with the biggest difference in rate between the two countries. India reported 11.8% of the respondents had ever experienced this type while Egypt reported experiencing this violence with a rate over twice as high at 23.4% ($p \leq .001$). On the other hand, 9.6% of respondents from India reported “spouse ever kicked or dragged” compared to almost only half that reporting from Egypt at 5.2%. There were two categories used to evaluate violence overall, which were experienced any less severe violence and experienced any severe violence. The variable experienced any less severe violence was a combination of four of the other variables: spouse ever pushed, shook, or threw something, spouse ever slapped or twisted her arm, spouse ever punched with fist or something harmful, and spouse ever kicked or dragged. Experienced any severe violence was a combination of the variables spouse ever tried to strangle or burn and spouse ever threatened with knife/gun or other weapon. The respondents from India reported experiencing any severe violence at 10%, over six times the rate of Egypt respondents who reported at only 1.5% ($p \leq .001$). Additionally, just over 30% of respondents from each country reported ever having bruises because of husband’s act, but the percentages were not significantly comparable ($X^2 = 0.437$).

Table 4 shows the correlation of the types of intimate partner abuse experienced by ever-married women. The strongest correlation occurred between experienced any less severe violence and spouse ever slapped or twisted arm with a correlation of 0.971. This was followed closely by a correlation of .970 between experienced any sexual violence and spouse ever physically forced sex when not wanted. Also, the correlation between experiences any severe violence and spouse ever kicked or dragged resulted in .958. The weakest correlation was 0.118 between ever had bruises because of husband’s act and

experienced any sexual violence followed by .122 between ever had bruises because of husband's act and spouse ever physically forced sex when not wanted respectively.

Table 5 displays a comparative analysis of the types of people that ever-married women experiencing intimate partner abuse sought help from. Both countries reported the majority of respondents that sought help at all, went to their own family, which included a mother, father, brother, or sister. Egypt reported 19% and India reported 16.8% of respondents described seeking help from own family ($X^2 = 2.972$, $p \leq 0.1$). More Egyptian women reported seeking help from family members, but women from India reported a higher rate of seeking help from friends. A friend, the second type of person respondents sought help from, was significantly lower though with only 1.0% from Egypt and 2.6% from India reporting this type ($X^2 = 8.809$, $p \leq 0.01$). The type of person respondents sought help from the least was a doctor with both countries reporting 0.1% ($X^2 = 0.026$, $p = 0.871$). When all of the variables of types of people victims were asked if they sought help from were combined to create a new variable, it was revealed that a total rate of 18.8% of victims reported ever seeking help, meaning almost 80% of all victims never sought help. Egyptian women had a rate of 20.2% while India had a lower rate of 18.8%, however this finding was not significant ($X^2 = 1.213$, $p = 0.271$) most likely because the rate of respondents reporting ever seeking help was so low.

Table 6 illustrates a comparative analysis of the knowledge and perception of AIDS between Egypt and India. It is interesting to acknowledge that 83.7% of respondents from Egypt reported yes that they had ever heard of AIDS compared to 66.9% in India, but only 31.3% from Egypt reported that they believed that always using condoms during sex reduces the chance of getting AIDS compared to 64.1% in India. Yet

the countries were almost equal to the respondents reporting that having one sex partner and no other reduces the chance of AIDS with Egypt at 74.9% and India at 75.9%. Also significant is that only 26.4% of respondents from Egypt reported being willing to care for a relative with AIDS compared to 73.5% of respondents from India. Even further along this line, only 11.6% from Egypt reported that it would be acceptable that a person with AIDS is allowed to continue teaching compared to 71.9% from India.

Table 7 is a comparative analysis of the sexual health of ever-married women. Only 0.4% of respondents from Egypt reported having any STI (sexually transmitted infection) in the last twelve months while there was only 1.1% from India ($p \leq .001$). However, 14.0% from Egypt reported having a genital sore/ulcer within the last 12 months compared to only 2.0% from India.

Table 8 provides a comparative analysis of the partner characteristics. The first characteristic is age in five-year groups. The significant age group with the highest rate for both countries was 35-39 years of age with Egypt reporting 17.2% and India reporting 18.7%. Egypt did have a rate of 20.0% for partner's age 50-95. The second characteristic is highest education level. Both countries reported the majority as having a secondary education with Egypt at 42.7% and India at 47.5%. In expanding on education, the next characteristic is highest year of education. Egypt reports the most of 43.6% of partners' highest year of education at 6 while India reports the highest rate of 22.9% at 5 followed closely by 22.3% at 0. The last characteristic is occupation. Egypt and India both reported the highest rate in skilled manual with Egypt at 24.0% and India at 36.6%. The next highest reported occupation was Professional, Technical, or Management for Egypt at 22.7% and Agricultural employee for India at 25.6%. The lowest reported occupation

besides “I don’t know” for Egypt was Sales while India’s was Agricultural self-employed and unskilled manual both at 0.0%.

Tables 9-11 show the statistical analysis of the data. Logistic binary regressions were run with the type of intimate partner abuse as the dependent variable. A logistic binary regression for each type of intimate partner abuse was run with the country variable (Egypt or India) as a predicting variable and then run individually for each country. Besides country, each table contained predicting variables for spouse age difference, spouse education difference, victim’s age, being Muslim, literacy, total number of children ever born, age at first marriage, and partner’s education.

Table 9 details the logistic binary regression model predicting severe intimate partner abuse. When the country was entered into the model as a predicting variable, women from India have over three times higher odds of experiencing severe intimate partner abuse (IPA) (OR = 3.44; $p \leq .001$). The spousal educational difference and victim’s age were not significant. The spouse age difference revealed that with every one year increase in the age difference between husband and wife there is about 1% lower odds of women experiencing severe intimate partner abuse (OR = 0.99; $p \leq .01$). Being Muslim provided about 29% lower odds of experiencing severe IPA (OR = 0.71; $p \leq .001$). Women who are literate have 23% lower odds of experiencing severe IPA (OR=0.77; $p \leq .001$). For total number of children born, with every additional child a woman has, there is 13% increase in the odds of severe IPA (OR=1.13; $p \leq .001$). For every year older the woman is at her first marriage, she has 7% lower odds of severe IPA (OR = 0.93; $p \leq .001$). Women whose partners’ have a higher educational level have 36% lower odds of experiencing severe IPA (OR = 0.64; $p \leq .001$).

When Egypt was selected alone for the logistic binary regression, only two variables were significant. For spouse educational difference, women who have a greater difference in education from their partners have 19% lower odds of experiencing severe intimate partner abuse (OR = 0.81; $p \leq .01$). Women whose partner has a higher educational level have 45% lower odds of experiencing severe IPA.

When India was selected alone for the logistic binary regression, only two variables were not significant: spouse educational difference and victim's age, the same as when both countries were entered as a predicting variable. For the variables spouse age difference, Muslim, age at first marriage, and partner's education, India reported the same odds ratio as when the countries were entered as a predicting variable. Literacy and number of children were different by 1%. Thus, women who are literate have 24% lower odds of experiencing severe IPA (OR = 0.76 $p \leq .001$). For each additional child born there is a 14% increase in the odds of experiencing severe intimate partner abuse (OR = 1.14; $p \leq .001$).

Table 10 shows the logistic binary regression model predicting sexual intimate partner abuse among ever-married women. When the country was entered as a predicting variable, women from India have 36% higher odds of experiencing sexual intimate partner abuse (OR = 1.36; $p \leq .01$). The variables spouse age difference and spouse educational difference were not significant. Women who are Muslim have 21% higher odds of experiencing sexual intimate partner abuse (OR = 1.21; $p \leq .01$). In regards to victim's age, for every year older a victim is, she has about 2% lower odds of experiencing sexual intimate partner abuse (OR = 0.98; $p \leq .001$). Women who are literate have 10% lower odds (OR = 0.90; $p \leq .001$). Women with more children have a

higher chance of experiencing violence with each child increasing the odds by 11% (OR = 1.11; $p \leq .001$). For each year older a woman is when she first gets married, she has about 5% lower odds of sexual IPA (OR = 0.95; $p \leq .001$). Women whose partners have a higher educational level have a 26% lower odds of experiencing sexual intimate partner abuse.

When a logistic binary regression was run for each country alone, the odds changed. For Egypt, the two significant variables were spouse educational difference and partner's education. The spouse educational difference showed that the greater the difference between the partner and wife's education, there is 10% lower odds of sexual intimate partner abuse (OR=0.90; $p \leq .01$). Women whose partner has a higher educational level have 39% lower odds of sexual intimate partner abuse (OR = 0.61; $p \leq .001$).

For India, spouse age difference and spouse educational difference were not significant. Women who are Muslim have 20% higher odds of sexual intimate partner abuse (OR = 1.20; $p \leq .01$). The variables victim's age, number of children, and age at first marriage were the same odds for just India as both countries. The odds for the other variables, literacy and partner's education, for India were within 1% of the results reporting from both countries. Women who are literate have 11% lower odds of sexual IPA (OR=0.89; $p \leq .001$). Women whose partner has a higher educational level have 25% lower odds of experiencing sexual intimate partner abuse (OR = 0.75; $p \leq .001$).

Table 11 shows the logistic binary regression model predicting emotional intimate partner abuse among ever-married women. When the country was entered as a predicting variable, women from India have 66% lower odds of experiencing emotional intimate

partner abuse (OR = 0.66; $p \leq .001$). The variables spouse age difference, spouse educational difference, victim's age, and Muslim were not significant. Women who are literate have 17% lower odds of emotional IPA (OR = 0.83; $p \leq .001$). For every additional child born, a woman has 10% higher odds of experiencing emotional IPA (OR = 1.10; $p \leq .001$). For every year older a woman is when she first gets married, there are 4% lower odds of emotional IPA (OR = 0.96; $p \leq .001$). Women whose partner has a higher educational level have 24% lower odds of experiencing emotional IPA (OR=0.76; $p \leq .001$).

When the logistic binary regression was run for Egypt alone, only three variables were significant. Literate women have 16% lower odds of emotional IPA (OR = 0.84; $p \leq .05$). For every additional child born, a woman has 8% higher odds of emotional IPA (OR = 1.08; $p \leq .05$). Women whose partners have a higher educational level have 30% lower odds of experiencing emotional intimate partner abuse (OR = 0.70; $p \leq .001$).

When the logistic binary regression was run for India alone, the three variables that were not significant were the same as when the country was entered as a predicting variable: spouse age difference, spouse educational difference, and victim's age. It also reported the same odds for all but one of the significant variables. The only variable with different odds was whether a woman was Muslim with a 1% difference in odds. Women who are Muslim have 10% lower odds of experiencing emotional intimate partner abuse (OR = 0.90; $p \leq .05$).

Table 12 shows the logistic binary regression model predicting help-seeking behavior among ever-married women. When the country was entered as a predicting variable, women from India have 44% lower odds of seeking help (OR = 0.66; $p \leq .01$).

The only variable that was significant was partner's educational level. Women whose partner has a higher educational level have 16% lower odds of seeking help (OR = 0.84; $p \leq .001$).

When the logistic binary regression was run for Egypt alone, four variables were significant. For every year increase in the spouse age difference, there is a 4% increase in odds that a woman will seek help (OR = 1.04; $p \leq .05$). For every single year increase in the victim's age, there is a 5% increase in odds that a woman will seek help (OR = 1.05; $p \leq .05$). For every additional child born, there is 21% decrease in odds of a woman seeking help (OR = 0.79; $p \leq .05$). A woman whose partner has a higher educational level has 34% lower odds of seeking help (OR = 0.66; $p \leq .05$).

When the logistic binary regression was run for India alone, only two variables were significant. When the spouse educational difference increases, there is a 2% decrease in the odds a woman will seek help (OR = 0.98; $p \leq .05$). A woman whose partner has a higher education has 15% lower odds of seeking help (OR = 0.85; $p \leq .001$).

DISCUSSION

Summary of Findings

This thesis is the first to comparatively analyze Egypt and India in regards to intimate partner abuse experienced by ever-married women, as well as, beliefs justifying IPA, IPA help-seeking behavior, and other variables that affect the likelihood of experiencing IPA. It also examines the possible health effects of intimate partner abuse as well as knowledge and risk of HIV/AIDS. This chapter will discuss the most significant findings and lead into the concluding chapter on recommendations for policy implications and suggestions for future research.

In regards to beliefs justifying intimate partner abuse, ever-married women from Egypt reported significantly increased beliefs in justifiable intimate partner abuse than India. Egypt reported a higher percentage that intimate partner abuse was justified for the various acts provided in the survey, such as neglecting children or refusing to have sex. This finding is consistent with the literature that societies with deep-rooted traditions of gender stratification lead to increased acceptance of violence by women as well as men (Kimuna 2013). This could mean that the overall culture in Egypt consents to violence more than the culture and ideology in India. Even further, violence against women is justified in response to non-violent actions. Since respondents in Egypt increasingly justify intimate partner abuse, a natural conclusion might be that the actual rate of violence is higher than in India as well. When looking at the data however, this does not seem to be the case.

For the overall variable “ever experienced any less severe violence,” the two countries reported identical rates of 30% (Egypt at 30.2% and India at 30.8%). However,

for the overall variable “ever experienced any severe violence,” India had a rate over six times the amount of Egypt. Thus, ever-married women in India experience severe violence at a much higher degree than ever-married women in Egypt although India had a lower rate of justifying intimate partner abuse. In addition, the variable “ever experienced any sexual violence” followed the same trend with India reporting a higher rate of sexual violence of just over 8% compared to Egypt reporting just over 5%. While the ideology in Egypt seems to be more supportive of violence against women, India is actually the country reporting intimate partner abuse at a higher level.

One explanation for this phenomenon is that since Egypt justifies intimate partner abuse at a higher level, according to Farooq (2008), women are less likely to question, threaten, or oppose male authority for fear of violence as retaliation. If women fear violence, they will be less likely to act out against men with acts that justify violent responses. This explanation falls in line with feminist theory that considers women’s fear a main tool used by men to perpetuate their control of social institutions by keeping women subordinate (Yodanis 2004). A further explanation for this finding could be that women in India are facing a society advancing to modernity. This transformation causes changes in gender structure and balance leading to increased violence (Farooq 2008). India’s women are beginning to stand up for their rights causing increased conflict between the genders that is leading to violence.

The variable “ever experienced any emotional violence” did not follow the same comparative trend. Rather, Egyptian women reported a higher rate of experiencing emotional IPA, 17%, compared to India’s rate of about 14%. This finding could be explained under the same ideology as the others. Egyptian women have a higher rate of

belief in justified intimate partner abuse meaning they may expect it. This may cause women to be more fearful, leading men to believe they only need to resort to emotional violence during conflict leading to a lower use of “severe violence.” As noted previously, the main religious text, the Qu’ran, instructs men to discipline their wives by first admonishing them, or severely scolding, before resorting to beating. Similarly, Women from India who do not justify intimate partner abuse may challenge the man’s authority, who may thus feel the need to resort to more “severe violence” instead of emotional violence to regain control.

In addition, women from both countries reported almost identical rates of suffering physical effects of intimate partner abuse. Nearly one-third of respondents that were victims of intimate partner abuse from both countries reported ever having bruises because of their husbands’ violence against them.

The data analysis revealed an extremely low rate of victims seeking help from formal sources such as police or doctors as well as informal sources such as family and friends. Less than a fifth (18.8%) of all the IPA victims reported seeking help. According to past research, the percentage of respondents that ever seek help is so low because respondents lack social ties and adequate relationships leading to victims developing a sense of isolation (Belknap et al. 2009; Rose 2002). Since most women responded seeking help from family or friends, it can be concluded that women who do not seek help may lack those social relationships. Egypt reported a higher rate of seeking help from own family, while India reported a higher rate of seeking help from a friend. Further, what is interesting to consider is that India reported a lower rate of justifying intimate partner abuse leading to the conclusion that IPA is less accepted in society

compared to Egypt, yet a lower rate of victims from India reported seeking help. A natural assumption would conclude the opposite. Given that Egypt reported a higher rate of tolerating intimate partner violence, it could be assumed fewer women would seek out help against abuse. However, the data reveal this is not the case. This could be explained by the literature supporting the idea that with fewer social ties, women have less capability to cope with violence (Belknap et al. 2009; Rose 2002). Since there is a lower rate of tolerating intimate partner abuse in India, women are not seeking help because they feel secluded and that the option to seek help from social relationships is nonexistent. The results revealing a remarkably low rate of IPA victims seeking help from professionals, such as police or doctors, explain why there is such little research known about help-seeking behaviors, particularly in developing countries such as Egypt and India. Remarkably, not many women actually reach out to professionals for help, thus limiting information available to study. Policies need to be tailored to this information to encourage victims to seek help. Professionals may need training on how to handle intimate partner abuse related situations. Further discussion on suggestions will take place in the recommendations section of this chapter.

The logistic binary regressions were run to analyze the odds ratio of variables impacting the different types of intimate partner abuse, and then the likelihood among IPA survivors, of seeking help. When controlling for all the other variables, the findings disproved my original hypothesis that women from Egypt would experience more intimate partner abuse. When the country was entered as a predicting variable and the model was controlling for the other variables, I found that women in India are about 3 times more likely to experience severe physical and sexual IPA (36% higher odds).

Notably, However, the Indian women were 66% less likely than the Egyptian women to report experiencing emotional IPA (66% lower odds) and seek help (44% lower odds) compared to women from Egypt. This finding supports the past research that women suffering from intimate partner abuse may experience limitations to social functioning (McCaw 2007). If abuse is so severe for Indian women and creates a sense of social isolation, victims will be less likely to seek help from others. The logistic regression also revealed that when controlling for all the variables, Muslim women are less likely to experience severe IPA (29% lower odds) and emotional IPA (9% lower odds), but more likely to experience sexual IPA (21% higher odds) when the country is a predicting factor. This finding seems to oppose the former. However, when the regression was run independently for each country, the Muslim variable was not significant for Egypt, most likely because the majority of the population subscribe to the Muslim religion so there is little variance. Thus, the other controlling variables influenced the odds of religion affecting the odds of intimate partner abuse, but how or which ones are unclear.

Literacy was indicated as a strong protective factor against IPA victimization:

Literate women who are less likely to experience all three types of intimate partner abuse than illiterate women. Similarly, partners' education is a strong protective factor for women: Women whose partner has a higher educational level have lower odds of experiencing all three types of intimate partner abuse as well. This finding contradicts previous research, which found that women whose partner had a primary education were more likely to experience sexual violence than women whose partner had no education (Kimuna 2013). Instead, this finding supports the idea that stress-related factors like low educational attainment increase the probability of intimate partner abuse (Martin, Tsui,

Maitra, & Marinshaw, 1999). However, women who have partners with higher educational levels are less likely (16%) to seek help. Perhaps educated men are less likely to commit IPA, but when they do, their victims feel less empowered to seek help.

The more children women have the higher the odds will be for experiencing all three types of intimate partner abuse. This is consistent with past research where Kimuna (2013) found the same relationship. The data did not specify when a woman experienced intimate partner abuse in relation to when she had her children, so it is still unclear from my findings whether having more children is a risk factor for experiencing intimate partner abuse or whether intimate partner abuse leads to having more children, or both. More research is needed to investigate the temporal ordering of the number of children and the risk of IPA.

The findings of the knowledge/perception of HIV/AIDS reveal interesting insights into sexual health in India and Egypt. More respondents from Egypt reported ever hearing of AIDS compared to India. However, the percentage of women from Egypt who reported believing that always using condoms during sex reduces the chance of contracting AIDS was almost half that of India. This indicates that while a higher percentage of women have heard of AIDS in Egypt, they are less knowledgeable about the disease than women in India who know about it. Indian women reported having an STI at twice the rate of Egyptian women. Given that Indian women have higher odds of experiencing severe and sexual intimate partner abuse as well as having an STI, this finding supports past research that shows that intimate partner abuse, and the risk factors associated with it, are associated with women having STIs (Wingood 2002). However, Egyptian women reported having a genital sore/ulcer within the last 12 months with a

percentage seven times that of women from India. When considering a genital sore/ulcer as a sign of a possible infection or STI, or in other words a risk factor, this finding seems to question the relationship since Egyptian women have higher odds of only experiencing emotional abuse. However, since this thesis only looked at the prevalence of STIs and not correlations with intimate partner abuse in the data, a distinguished claim cannot be made about the relationship.

CONCLUSION

The results from this study found that ever-married women from Egypt are more likely to experience emotional intimate partner abuse and to seek help. However, ever-married women from India are more likely to experience severe and sexual intimate partner abuse. Based on these findings, there are some recommendations to policies and further research that could be made to begin addressing the problem of intimate partner abuse in developing countries.

Recommendations – Policy implications

The findings in my thesis from these impressive national data sets from India and Egypt suggest some recommendations for policy implications and legislative changes. This connection is made because “the study of criminology will naturally intersect with the field of criminal justice if criminological observations are taken to their logical policy conclusions” (Howard et al. 2000:145). Third world countries need to start seriously reconsidering how gender roles are produced and enforced, especially by those in power like the police. Public policy changes that could be taken include “reforming public institutions by making police officers more receptive to the needs of victimized women and enforcing existing legislation” (Kimuna 2013:803). (Of course, this is true in first world countries, as well, but it appears that these gender inequalities are far more stringent in third world countries.) Laws have been passed in developing countries, like India, addressing intimate partner abuse, but action enforcing those laws has been slow. To encourage more widespread action, “sensitization of the problem of domestic violence should be incorporated...into governmental, legal, and judicial organizations” (Alhabib 2010:375). The IPA problem needs to be addressed in the important institutions in

society, such as in the government or the law, to expect to start seeing any recognition or discussion of the problem, and enhancing education and literacy.

Education is an important aspect to look at when considering policy implications or legislative changes because “education has been shown to empower women” (Kimuna 2013:779). Education may lead to women beginning to feel a shift from a subordinate position to gaining control and are more likely to speak out and confront intimate partner abuse. More awareness and recognition may lead to increased feminist action and societal changes.

Future Research

More research is needed in global studies of IPA. Current data show that, “inconsistencies in methodology identified in the study emphasize the importance of developing clearer definitions so that findings can be compared across settings, to allow more accurate comparisons of prevalence rates over time, and between different population groups” (Alhabib 2010:375). A systematic view of intimate partner abuse needs to be developed and standardized across countries and cultures to allow for the development of more precise trends in intimate partner abuse. In addition, once standardized definitions are developed, they can be used across disciplines. A better way of understanding IPA would be “by a collaboration between researchers in many different disciplines—including, among others, economists, sociologists, psychologists, and behavioral scientists” (Simister 2010:1609). Combining research and theories from across disciplines may allow for a clearer, more accurate view of intimate partner abuse. The professions responsible for responding to intimate partner abuse should also be more educated. The high levels of intimate partner abuse affecting women “suggests that

doctors practicing in all areas of medicine need to recognize and explore the potential relevance of violence issues when considering women's reasons for presenting with ill health" (Alhabib 2010:375). If professionals begin to be trained and encourage victims to disclose their experiences, more women may become increasingly likely to seek help and start addressing intimate partner abuse.

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TABLES

Table 1. Comparative Demographics of all Ever-Married Women

Variable	Total Sample		Egypt		India		X ²
	%	N	%	(n)	%	(n)	
<u>Age</u>							237.020***
15-19	5.4	(6,155)	4.4	(858)	5.6	(5,297)	
20-24	15.7	(17,888)	15.4	(3,008)	15.8	(14,880)	
25-29	19.5	(22,148)	19.4	(3,780)	19.5	(18,368)	
30-34	17.9	(20,347)	16.4	(3,189)	18.2	(17,158)	
35-39	16.7	(19,038)	16.4	(3,186)	16.8	(15,852)	
40-44	13.9	(15,773)	14.5	(2,827)	13.7	(12,946)	
45-49	10.8	(12,319)	13.5	(2,626)	10.3	(9,693)	
<u>Residence</u>							26.118***
Urban	43.2	(49,127)	41.6	(8,095)	43.6	(41,032)	
Rural	56.8	(64,541)	58.4	(11,379)	56.4	(53,162)	
<u>Highest Education Level</u>							112.006***
No Education	38.8	(44,109)	35.6	(6,934)	39.5	(37,175)	
Primary	15.6	(17,776)	15.7	(3,064)	15.6	(14,712)	
Secondary	36.9	(41,961)	39.4	(7,674)	36.4	(34,287)	
Higher	8.6	(9,815)	9.3	(1,802)	8.5	(8,013)	
<u>Religion</u>							55339.444***
Hindu	61.6	(69,920)	0.0	(0)	74.3	(69,920)	
Muslim	27.0	(30,713)	94.7	(18,446)	13.0	(12,267)	
Christian	7.2	(8,198)	5.2	(1,011)	7.6	(7,187)	
Other	4.2	(4,715)	0.1	(17)	5.0	(4,698)	
<u>Number of Children Ever Born</u>							842.929***
0	10.2	(11,579)	9.9	(1,922)	10.3	(9,657)	
1	15.7	(17,870)	14.3	(2,786)	16.0	(15,084)	
2	25.0	(28,437)	20.0	(3,889)	26.1	(24,548)	
3	19.7	(22,371)	19.3	(3,766)	19.8	(18,605)	
4	12.4	(14,106)	13.2	(2,566)	12.3	(11,540)	
5 or more	17.0	(19,305)	23.3	(4,545)	15.7	(14,760)	
<u>Number of Children Under 6</u>							930.797***
0	49.9	(56,665)	41.3	(8,036)	51.6	(48,629)	
1	27.4	(31,201)	30.8	(5,998)	26.8	(25,203)	
2	16.2	(18,372)	19.1	(3,716)	15.6	(14,656)	
3	4.7	(5,301)	5.4	(1,054)	4.5	(4,247)	
4	1.2	(1,333)	1.9	(376)	1.0	(957)	
5 or more	0.7	(796)	1.5	(294)	0.5	(502)	
<u>Literacy</u>							87.450
Cannot read at all	42.9	(48,619)	41.5	(8,074)	43.1	(40,545)	
Able to read only parts of sentence	5.6	(6,320)	6.3	(1,220)	5.4	(5,100)	
Able to read whole sentence	51.2	(58,032)	52.1	(10,130)	51.0	(47,902)	

***p ≤ 0.001

Table 2. Comparative Differences in Beliefs of Ever-Married Women When Intimate Partner Abuse is Justified

Type of Behavior ^a	Egypt			India			χ^2
	N	%	(n)	N	%	(n)	
Goes out without telling him	19,449	42.5	(8,275)	94177	29.0	(27,349)	1,367.878***
Neglects the Children	19,448	42.0	(8,163)	94171	35.9	(33,841)	253.990***
Argues with him	19,442	38.4	(7,472)	94167	29.0	(27,312)	694.054***
Refuses to have sex with him	19,439	35.8	(6,958)	94153	13.7	(12,909)	5,445.637***
Burns the food	19,426	20.1	(3,909)	94159	18.8	(17,673)	21.327***

^aThe five behaviors were summarized to create a Total Behavior Justifiable Variable that ranged from 0 to 5. The mean number of justifiable behaviors among Egyptian ever-married women was 1.8 and among Indian ever-married women was 1.3 ($p \leq .001$).

*** $p \leq .001$.

Table 3. Comparative Analysis of Types of Intimate Partner Abuse among Ever-Married Women

Type of IPA	Total Sample		Egypt		India		X ²
	%	N	%	(n)	%	(n)	
Spouse ever humiliated her	11.8	(8,889)	16.6	(931)	11.5	(7,958)	131.009***
Spouse ever threatened her with harm	5.0	(3,768)	5.6	(316)	5.0	(3,452)	4.907**
Ever any emotional violence	14.3	(10,766)	17.0	(952)	14.1	(9,814)	34.149***
Spouse ever pushed, shook or threw something	12.7	(9,522)	23.4	(1,313)	11.8	(8,209)	627.407***
Spouse ever slapped or twisted her arm	29.5	(22,164)	25.2	(1,415)	29.9	(20,749)	54.147***
Spouse ever punched with fist or something harmful	9.4	(7,028)	11.4	(640)	9.2	(6,388)	29.758***
Spouse ever kicked or dragged	9.3	(6,988)	5.2	(291)	9.6	(6,697)	122.310***
Spouse ever tried to strangle or burn	1.9	(1,430)	1.0	(57)	2.0	(1,373)	25.688***
Spouse ever threatened with knife/gun or other weapon	1.2	(899)	0.7	(42)	1.2	(857)	10.335**
Spouse ever physically forced sex when not wanted	7.7	(5,758)	5.6	(316)	7.8	(5,442)	35.662***
Experienced any less severe violence	30.8	(23,098)	30.2	(1,694)	30.8	(21,404)	0.980
Experienced any severe violence	9.4	(7,056)	1.5	(84)	10.0	(6,972)	444.443***
Experienced any sexual violence	8.1	(6,094)	5.6	(316)	8.3	(5,778)	50.349***
Ever had bruises because of husband's IPA	33.6	(8,138)	34.3	(580)	33.5	(7,558)	0.437
Sum of Severe, Sexual, and Emotional IPA	21.7	(16,252)	19.6	(1,099)	21.8	(15,153)	14.819***

p ≤ .05, **p ≤ .01, ***p ≤ .001

Table 4. Correlations between the Types of Intimate Partner Abuse among Ever-Married Women^a

Type of IPA	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Spouse ever humiliated her	1.000													
2. Spouse ever threatened to harm	.457	1.000												
3. Any emotional IPA	.896	.562	1.000											
4. Spouse ever pushed/shook/threw at	.419	.339	.429	1.000										
5. Spouse ever slapped or twisted arm	.397	.271	.423	.529	1.000									
6. Spouse ever hit with fist or something else	.377	.347	.393	.622	.470	1.000								
7. Spouse ever kicked or dragged	.382	.338	.396	.552	.471	.615	1.000							
8. Spouse ever tried to strangle or burn	.221	.275	.227	.321	.211	.356	.384	1.000						
9. Spouse ever threatened with knife/gun or other weapon	.180	.233	.187	.230	.158	.270	.273	.401	1.000					
10. Spouse ever physically forced any unwanted sex	.257	.208	.280	.305	.308	.307	.304	.239	.200	1.000				
11. Experienced any less severe IPA violence	.405	.278	.435	.572	.971	.482	.470	.207	.159	.312	1.000			
12. Experienced any severe IPA violence	.376	.337	.395	.542	.471	.600	.958	.433	.342	.312	.470	1.000		
13. Experienced Sexual IPA	.260	.213	.285	.307	.317	.309	.308	.241	.202	.970	.320	.316	1.000	
14. Ever had IPA bruises	.271	.234	.283	.363	.146	.423	.419	.238	.174	.122	.133	.411	.118	1.000

^aAll correlations in the matrix were significant at the $p \leq .01$ level.

Table 5. Bivariate Comparison of India and Egypt in the People from which Ever-Married Women Experiencing IPA Sought Help

<u>Identity of Potential Helper</u>	<u>Total Sample</u>		<u>Egypt</u>		<u>India</u>		<u>X²</u>
	<u>%</u>	<u>N</u>	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>	
Own family	16.90	(4,275)	19.00	(171)	16.80	(4,104)	2.972
Friend	2.50	(639)	1.00	(9)	2.60	(630)	8.809**
Police	0.07	(177)	0.07	(6)	0.07	(171)	0.014
Religious Leader	0.02	(61)	0.03	(3)	0.02	(58)	0.331
Lawyer	0.02	(49)	0.02	(2)	0.02	(47)	0.040
Doctor	0.10	(24)	0.10	(1)	0.10	(23)	0.026
Sum: Ever Sought Help ^a	18.80	(4,763)	20.20	(182)	18.80	(4,581)	1.213

**p ≤ .01

^aThis variable was computed as a dichotomous yes/no variable if the woman ever sought help from any (1 or more) individuals

Table 6. Comparative Analysis of the knowledge/perception of AIDS of Ever-Married Women

<u>AIDS Topic</u>	<u>Total Sample</u>		<u>Egypt</u>		<u>India</u>		<u>X²</u>
	<u>%</u>	<u>N</u>	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>	
Ever Heard of AIDS	69.8	(79,296)	83.7	(16,299)	66.9	(62,997)	2,164.623***
Reduce chances of AIDs by always using condoms	57.4	(45,457)	31.3	(5,079)	64.1	(40,378)	6,317.097***
Reduce chance of AIDS: have 1 sex partner	75.7	(59,979)	74.9	(12,197)	75.9	(47,782)	15.354***
Can a healthy person have AIDS	63.0	(49,969)	56.1	(9,123)	64.8	(40,846)	985.795***
Willing to care for relative with AIDS	63.8	(50,551)	26.4	(4,293)	73.5	(46,258)	13,336.455***
Person with AIDS allowed to continue teaching	59.5	(47,137)	11.6	(1,884)	71.9	(45,253)	2,2562.684***

***p ≤ .001

Table 7. Bivariate Comparison of Sexual Health of Ever-Married Women Women

	<u>Total Sample</u>		<u>Egypt</u>		<u>India</u>		
<u>Sexual Health</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>(n)</u>	<u>%</u>	<u>(n)</u>	<u>X²</u>
Had any STI in last 12 months	1.0	(1,141)	0.4	(69)	1.1	(1,072)	99.868***
Had genital sore/ulcer in last 12 months	4.1	(4,609)	14.0	(2711)	2.0	(1,898)	6,122.071***

***p ≤ 0.001

Table 8. Bivariate Comparison of IPA Partner Characteristics among Ever-Married

Variable	Total %	N	Egypt %	(n)	India %	(n)	X ²
<u>Age</u>							761.697***
10-14	0.0	(24)	0.0	(0)	0.0	(24)	
15-19	0.6	(608)	0.4	(72)	0.6	(536)	
20-24	5.7	(6,172)	3.7	(718)	6.2	(5,454)	
25-29	14.0	(15,032)	12.0	(2,329)	14.4	(12,703)	
30-34	17.1	(18,391)	16.2	(3,151)	17.3	(15,240)	
35-39	18.4	(19,821)	17.2	(3,348)	18.7	(16,473)	
40-44	15.9	(17,057)	16.8	(3,269)	15.7	(13,788)	
45-49	13.6	(14,615)	13.8	(2,691)	13.5	(11,924)	
50-95	14.7	(15,832)	20.0	(3,896)	13.6	(11,936)	
<u>Highest Education Level</u>							459.049***
No Education	22.5	(25,522)	23.7	(4,603)	22.3	(20,919)	
Primary	16.0	(18,133)	19.7	(3,829)	15.2	(14,304)	
Secondary	46.7	(52,977)	42.7	(8,303)	47.5	(44,674)	
Higher	14.1	(16,014)	13.9	(2,705)	14.2	(13,309)	
<u>Occupation</u>							26,794.328***
Did not work	2.5	(2,805)	4.2	(823)	2.1	(1,982)	
Prof., Tech., Manag.	11.6	(13,184)	22.7	(4,427)	9.3	(8,757)	
Clerical	5.6	(6,381)	5.5	(1,071)	5.7	(5,310)	
Sales	12.2	(13,781)	3.2	(626)	14.0	(13,155)	
Agric-self employeeed	1.7	(1,882)	9.7	(1,882)	0.0	(0)	
Agric- employee	22.5	(25,545)	7.9	(1,540)	25.6	(24,005)	
Services	7.6	(8,563)	11.8	(2,305)	6.7	(6,258)	
Skilled manual	34.5	(39,066)	24.0	(4,681)	36.6	(34,385)	
Unskilled manual	1.7	(1,912)	9.8	(1,912)	0.0	(0)	
Don't Know	0.2	(272)	1.0	(201)	0.1	(71)	

***p ≤ 0.001

Table 9. Logistic Regression Models Predicting Severe Intimate Partner Abuse among Ever-Married Women^a

Variable	Both Countries			Egypt			India		
	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $
Country (India)	1.23	3.44	***	n/a	n/a		n/a	n/a	
Spouse Age Difference	-0.01	0.99	**	0.02	1.02		-0.02	0.99	**
Spouse Educational Difference	-0.01	0.99		-0.21	0.81	**	-0.00	1.00	
Victim's Age	-0.00	1.00		0.03	1.03		-0.00	1.00	
Muslim (Yes)	-0.34	0.71	***	0.39	1.48		-0.35	0.71	***
Literacy	-0.27	0.77	***	0.44	1.55		-0.28	0.76	***
Number of Children	0.12	1.13	***	-0.17	0.85		0.13	1.14	***
Age at first Marriage	-0.07	0.93	***	-0.02	0.98		-0.08	0.93	***
Partner's Education	-0.45	0.64	***	-0.61	0.55	*	-0.45	0.64	***

^aModeled outcome is odds of experiencing sexual intimate partner abuse. All numbers rounded to two decimal places.

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

Table 10. Binary Logistic Regression Models Predicting Sexual Intimate Partner Abuse Among Ever-Married Women^a

Variable	Both Countries			Egypt			India		
	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $
Country (India)	0.31	1.36	**						
Spouse Age Difference	-0.00	1.00		0.02	1.02		-0.01	1.00	
Spouse Educational Difference	-0.01	0.99		-0.11	0.90	**	-0.00	1.00	
Victim's Age	-0.02	0.98	***	-0.01	0.99		-0.02	0.98	***
Muslim (Yes)	0.19	1.21	**	0.47	1.60		0.18	1.20	**
Literacy	-0.11	0.90	***	-0.02	1.02		-0.12	0.89	***
Number of Children	0.10	1.11	***	0.09	1.09		0.11	1.11	***
Age at first Marriage	-0.05	0.95	***	-0.02	0.99		-0.06	0.95	***
Partner's Education	-0.30	0.74	***	-0.50	0.61	***	-0.29	0.75	***

^aModeled outcome is odds of experiencing sexual intimate partner abuse. All numbers rounded to two decimal places.

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

Table 11. Binary Logistic Regression Models Predicting Emotional Intimate Partner Abuse Among Ever-Married Women^a

Variable	Both Countries			Egypt			India		
	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $
Country (India)	-0.42	0.66	***	n/a	n/a		n/a	n/a	
Spouse Age Difference	-0.00	1.00		0.00	1.00		-0.00	1.00	
Spouse Educational Difference	-0.00	1.00		-0.04	0.96		-0.00	1.00	
Victim's Age	0.00	1.00		-0.00	1.00		0.00	1.00	
Muslim (Yes)	-0.10	0.91		0.08	1.09		-0.11	0.90	*
Literacy	-0.18	0.83	***	-0.17	0.84	*	-0.19	0.83	***
Number of Children	0.09	1.10	***	0.08	1.08	*	0.10	1.10	***
Age at first Marriage	-0.04	0.96	***	-0.02	0.98		-0.04	0.96	***
Partner's Education	-0.27	0.76	***	-0.36	0.70	***	-0.27	0.76	***

^aModeled outcome is odds of experiencing emotional intimate partner abuse. All numbers rounded to two decimal places.

* $p \leq 0.05$, ** $p \leq 0.01$, *** $p \leq 0.001$

Table 12. Binary Logistic Regression Models Predicting Help-Seeking Behavior among Ever-Married Women^a

Variable	Both Countries			Egypt			India		
	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $	Coefficient	O.R.	$p < Z $
Country (India)	-0.42	0.66	**	n/a	n/a	n/a	n/a	n/a	n/a
Spouse Age Difference	0.00	1.00		0.04	1.04	*	-0.00	1.00	
Spouse Educational Difference	-0.02	0.98		0.05	1.05		-0.02	0.98	*
Victim's Age	0.00	1.00		0.05	1.05	*	0.00	1.00	
Muslim (Yes)	-0.12	0.89		0.03	1.04		-0.13	0.88	
Literacy	0.03	1.03		0.16	1.17		0.03	1.03	
Number of Children	0.01	1.01		-0.24	0.79	*	0.02	1.02	
Age at first Marriage	0.00	1.00		-0.02	0.98		0.00	1.00	
Partner's Education	-0.18	0.84	***	-0.42	0.66	*	-0.17	0.85	***

^aModeled outcome is odds of seeking help. All numbers rounded to two decimal places.

* $p \leq 0.05$ ** $p \leq 0.01$, *** $p \leq 0.001$