Contents lists available at www.innovativejournal.in

INTERNATIONAL JOURNAL OF NURSING DIDACTICS

Homepage: http://innovativejournal.in/index.php/ijnd

ISSN: 2231-5454

Impact of socio-demographic factors on different aspects of violence against women in Upper Egypt

Amany A. Ahmed, phD.[1]* and Evon S. Shokre, phD.[2]

[*1] Obstetric and Gynecological Nursing, Faculty of Nursing, Sohag University
[2]Psychiatric Nursing, Faculty of Nursing, Fayoum University

DOI: https://doi.org/10.15520/ijnd.v8i08.2264

Abstract: Violence against women is social violence though practiced on individual level because the society accepts this violence and in many cases encourages it. Condemnation of any kind of violence is a basic assumption in our current research. **The aim** of this study was to explore impact of various socio-demographic factors on different aspects of violence against women. **Descriptive design** was used to conduct this research .This study was carried out in faculty of Nursing at Sohag University. The sample consisted of 194 clients. **Tools** used in this study, included patient assessment sheet (tool I), the Socio-Economic statues (Tool II), and the aspects of violence against women questionnaire (Tool III). ***Results:*** The current study showed predominance of various aspects of domestic gender based violence, as the majority of our clients opinion preference of having male children (69%), and favoring female circumcision (51%). A considerable proportion of the study participants encouraged early mirage of girls (24%), polygamy (15.5%), support negligence of female opinion (27%), believe in his right of wife beating (14%) or rape (12%), and wouldn't mind of controlling his wife's income (9%). ***Conclusion & Recommendation:*** Considerable proportions of our clients showed negative attitude towards female gender in terms of preferring male than female children, early marriage of female children, polygamy and spousal violence that may take the following forms; wife batting, wife rape, control of wife income or stingy behavior toward wife. So it is prudent to highlight the purpose and essence of marriage in religion. It is also judicious to maximize the role of health care providers, as nurses in identifying women at high risk of domestic violence (through screening programs in prenatal clinics) and backing and teaching them how to manage an illness tacking into consideration WHO recommendations.

Key word: Violence against women, Socioeconomic status, Upper Egypt.

INTRODUCTION

Violence against women (VAW) is widely known as a universal problem of great importance. It has dangerous effects on the health and wellbeing of women affected, and imposes significant social and economic prices on societies and countries. Specific procedures were accomplished by United Nations (UN) to finish all aspects of discrimination and violence against all women and girls throughout the world**[United Nations, Sustainable development goals, 2015]**.VAW is defined by the UN as any act of gender-based violence that results in, physical, sexual or psychological harm or suffering to women, including threats of such acts, compulsion or deprivation of freedom, whether occurring in public or private life **[UN 1993].**VAW is widely recognized as an important public health problem, due to its dangerous outcomes for women's physical, psychological and reproductive health **[Garcia-Moreno C.et al,2005].**VAW can take many aspects, as gender-based violence **[United Nations, General Assembly Resolution, 2015; WHO, Violence Against Women, 2015;and Our Watch, 2014],** male spousal violence; **(United Nations, General Assembly Resolution, 2015, and WHO, Violence Against Women 2015).**

Gender-based violence (GBV)is defined as violence imposed on a person because of his or her gender, but it is usually used to represent VAW, as women and girls are more liable (than men and boys) to face violation or insults**[United Nations, General Assembly Resolution, 2015, and WHO, Violence Against Women 2015].** GBV includes preferring of having male children **[Qadir et al, 2011]**, female circumcision **[WHO 2002, cited in WHO 2013]**, honor killing **[Gill et al., 2015]**, child marriage, harassment, and trafficking of women and girls **[UNFPA and WAVE, 2014].**Male gender preference is rooted in the culture of developing countries [**Fikree and Pasha, 2004**]. This may be due to the fact that, in contrast to girls, boys carry the family name, and are expected to help their parents in their senility. Honor killing is done against females by males due to suspicion of affection of family or community honor in order to "get back honor" **[Gill et al., 2015].**Early marriage, a problem faced usually by girls, results in disparity and segregation in the lives as women **[Hervish& Feldman-Jacobs, 2011**]. Child marriage, that can be known as marriage below the age of eighteen years and is a form of violation of children's and human rights. **[İlknur and Banu, 2014].**

Intimate partner violence, which also refers to domestic violence or male spousal violence **[State of Victoria 2016]**. It takes many aspects such as physical, sexual, psychological or economic harm **[Committee on the Elimination of Discrimination Against Women, General Recommendation 19, 2013].** Physical spousal violence involves the use of physical force against wife as beating, slapping, grabbing, biting, shaking, burning, and assault with a weapon, etc. Sexual violence involves wife rape, and any unwelcome sexual behavior. Psychological abuse may be in the form of intimidation, and threats of harm.

Economic abuse involves controlling the financial resources, and withholding access to economic resources. In Australia, male spousal violence participates more to the disease encumbrance for women in reproductive age than any other recognized risk factor like smoking or alcohol intake **[Webster 2016].**

SIGNIFICANCE OF THE STUDY

The vast majority of Egyptian girls undergo female genital cutting and many are married before age 18, even though both practices are prohibited under the law. Whatever form the violence takes, it is both a health and a human rights concern, inflicting physical and emotional harm. Violence prevents women and societies from achieving their full potential ***(Mosleh H. et al, 2015)***. So, it is prudent to spotlight this problem and emphasize methods to minimize it.

Aim of the study:

The aim of this study was to explore impact of various socio-demographic factors on different aspects of violence against women.

SUBJECTS AND METHOD

Setting:

This study was carried out in faculty of Nursing, Sohag University, on employees, students, and staffs.

Sample:

The study sample was calculated according to the following formula: N=Z2xP(1-P)/d2 ***(Danial,1999).*** At 14% prevalence of Physical and/or Sexual Intimate Partner Violence ***(El-Zanaty et al.. 2015[2])***, confidence level of 95%, and 5% precision, the calculated minimum sample size was 185 clients. The study authors collected 194 clients as sample size of the current study.

Design:

Descriptive designs

Inclusion criteria:

Male and female clients who are working in faculty of Nursing, Sohag university and their age between 18 and 50 years

Study Tools:

Three tools were utilized to collect data in this study. It was developed by the investigator based on literature review.

Tool I: - Patient assessment sheet:

This tool was developed by the investigator used to assess the studied clients regarding the socio-demographic data, namely name, age, gender, residence, and occupation.

Tool II:-The Socio-Economic statues (SES assessment):

Kuppuswamy's SES scale **(*Aggarwal OP, et al.2005* *and* Guru Raj MS,et al.2015)** was used to measure SES of study client's families, based on household income (12 scores), education (7 scores) and occupation (10 scores) of the head of the family. It was clarified that due to the steady inflation and consequent fall in the currency value, the changes in the income scale are proportional to the change in the Consumer Price Index for Industrial Workers (CPI-IW). The income groups for the year 2015 were revised to update Kuppuswamy's SES scale. The CPI-IW in 2001(considered as base income) was 100 and in 2015 was 254. So the income scale of 2001 is multiplied by 2.54 to update the scale for 2015. The family income in Rupees for each group was then transformed into Egyptian pounds. The SES classes were then identified as high (total score of 26-29), intermediate (total score of 11-25), and low (total score <10).

Tool III: -the aspects of violence against women questionnaire:

This tool was used by the investigators after reviewing the relevant literature to evaluate **aspects of violence against women** includes 9 items (opinion of clients regarding male child preference, female circumcision, early mirage of girls, polygamy, negligence of female opinion, wife beating, wife rape, stingy husband and husband controlling income of his wife). This questionnaire was formulated with two response options for each client;1="Yes" if the client had agreed on each aspect of violence against women, and 2="No" if the client hadn't agreed on each aspect of violence against women.

The Validity of the used questionnaire was tasted for contents by jury of five experts in the field of Obstetrics/Gynecological and psychiatric nursing specialty to ascertain relevance and completeness, and to review the questionnaire and the intervention for contents and face validity (r = 0. 89). Their comments were reviewed and the necessary modifications were done.

METHODS:

Ethical considerations:

An official permission was obtained to carry out the study from Dean of Faculty of Nursing, Sohag University. Written consent was obtained from each client shared in this study.

Research proposal was approved from Ethical Committee of the Faculty of Nursing, Sohag University. Written consent was obtained from clients that were willing to participate in the study and had the right to refuse. Confidentiality and anonymity was assured.

Intervention:

- The present study was conducted by two researchers, with doctoral degrees in obstetrics - gynecology Nursing and psychiatric Nursing.
- This study attempts to explore and explain the problem of violence against women. The violent practices have their impact and leave their imprint on women and consequently affect their long term and short term productivity. Hence, the psychological impact will be tackled implicitly along with its hindering effect on the productivity of women.
- Assessments for all clients (n=194) were done through interview all participants to assess impact of various socio-demographic factors on their opinions regarding different aspects of violence against women.
- Each client was assessed alone, concerning his opinion on aspects of violence against women by using questionnaire and a simple explanation to this

questionnaire if the client need without any interference by the investigator on the opinion of participants.

Statistical analysis:

Descriptive data including means and percentages were used for socio-demographic data and clients' opinions regarding various aspects of violence against women. Comparisons of proportions of clients in different socio-demographic status concerning their opinions of all aspects of violence against women were done using Fischer's exact test [univariate analysis]. The data of the study were analyzed with personal computer using graph prism statistical program. The significance level was considered as a p value < 0.05.

RESULT

The mean age for the study sample is (29.2 ±10.67). Most of our clients were ≤ 20 years of age (n=78; 40.21 %), followed by those aged> 40 years (n=46; 23.71%) (Figure1). About two-third of participants were female (n=128; 65.98%).Regarding distribution in socio-economic status (SES), most of our clients (n=91; 46.90%) had low SES, 83 clients (42.78%) had intermediate SES whereas only 20 clients (10.30%) had high SES. The majority of participants live in rural areas (n=124; 63.91%), while only 70 (36.08%) live in urban areas (Table1).

Opinions of clients concerning different aspects of violence against women were analyzed (Table 2). The majority of our clients preferred to have male than female children (69%), and favored female circumcision (51%). Aconsiderable proportions of the study participants encouraged early mirage of girls (24%), polygamy (15.5%), support negligence of female opinion (27%), believe in his right of wife beating (14%) or rape (12%), and wouldn't mind of controlling his wife's income (9%).

Univariate analyses evaluating relations between clients according to their socio-demographic characteristics [gender, age group, SES, and residence] and their opinions regarding all aspects of violence against women were done [Tables 3-6].

The belief of husband's right of raping his wife was significantly affected by gender, where 20% of males, versus 8% of females (p=0.0196), assumed this allegation. The support of early mirage of girls and negligence of female opinion were significantly higher in clients in older age groups (p=0.018, and p=0.014 respectively) than those in younger age groups. The preference of having male children and the support of female circumcision were significantly shown by participants of low SES (p=0.015, and p=0.008 respectively) than those in intermediate and higher SES and those living in rural areas (p=0.0035, and p=0.044 respectively) than those living in urban areas. The favoring of husband's right to beat his wife or to control her income and polygamy were not affected by any of socio-demographic factors (p>0.05).

Table I: Socio- demographic characteristics of study clients.

Variable	No	%
Gender		
Female	128	65.98
male	66	34.02
SES		
Low	91	46.90
Intermediate	83	42.78
high	20	10.30
Residence		
Urban	70	36.08
Rural	124	63.91
total	194	100

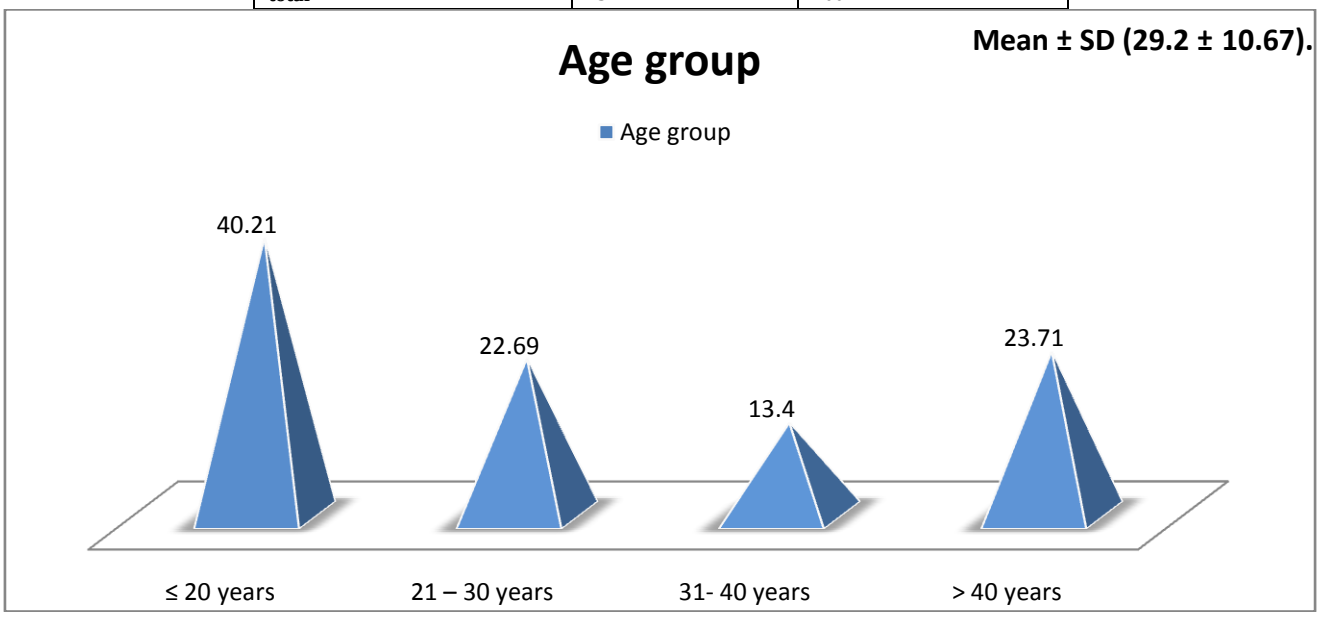

Figure I: Characteristics of clients in the study according to age.

Table 2: Opinion of clients concerning various aspects of violence against women.

Variable	No	%
Male preference		
Yes	134	69.07
No	60	30.92
Female circumcision		
Yes	99	51.03
No	95	48.97
Early marriage of female		
Yes	47	24.23
No	147	65.77
Polygamy		
Yes	30	15.46
No	164	74.54
Negligence of female opinion		
Yes	52	26.80
No	142	73.19
Wife beating		
Yes	27	13.98
No	167	86.08
Wife rape		
Yes	23	11.86
No	171	88.14
Stingy husband		
Yes	24	12.37
No	170	87.63
Husband take wife income		
Yes	17	8.76
No	177	91.24
Total	194	100

Table 3: Relation between clients according their gender, and their opinions regarding all aspects of violence against women.

Variable	Gender			
	female (N=128)		**male (N=66)**	
	N	**%**	**N**	**%**
Male preference Yes No	86 42	**67%** **33%**	47 19	**71.2** **28.8**
P value	**0.64**			
Female circumcision Yes No	69 59	**53.9** **74.2**	30 36	**45.4** **54.5**
P value	**0.291**			
Early mirage of female Yes No	30 98	**23.4** **76.6**	17 49	**25.7** **74.2**
P value	**0.73**			
Polygamy Yes No	16 112	**12.5** **87.5**	14 52	**21.2** **78.8**
P value	**0.14**			
Negligence of female opinion Yes No	31 97	**24.2** **75.8**	21 45	**31.8** **68.2**
P value	**0.31**			
Wife beating Yes No	20 108	**15.6** **84.4**	7 59	**10.6** **89.4**
P value	**0.39**			
Wife rape Yes No	10 118	**7.8** **92.2**	13 53	**19.7** **80.3**
P value	**0.0196***			
Stingy husband Yes No	14 114	**10.9** **89.6**	10 56	**15.2** **84.8**
P value	**0.49**			
Husband take wife income Yes No	10 118	**7.8** **92.2**	7 59	**10.6** **89.4**
P value	**0.59**			

Table 4: Relation between clients in different age groups and their opinions concerning different aspects of violence against women.

Variable	Age group							
	≤ 20yrs (N=78)		21–30yrs (N= 44)		31-40yrs (N=26)		> 40yrs (N=46)	
	N	%	N	%	N	%	N	%
Male preference								
Yes	56	**71.8**	34	**77.2**	14	**53.9**	30	**65.2**
No	22	**28.2**	10	**22.7**	12	**46.1**	16	**34.8**
P value	**0.187**							
Female circumcision								
Yes	46	**59.0**	19	**43.2**	13	**50**	22	**47.8**
No	32	**41.0**	25	**56.8**	13	**50**	24	**52.2**
P value	**0.26**							
Early mirage of female								
Yes	15	**19.2**	7	**15.9**	6	**23.1**	19	**41.3**
No	63	**80.8**	37	**48.1**	20	**76.9**	27	**58.7**
P value	**0.018***							
Polygamy								
Yes	12	**15.4**	6	**13.6**	2	**7.7**	10	**21.7**
No	66	**84.6**	38	**86.4**	24	**92.3**	36	**78.3**
P value	**0.44**							
Negligence of female opinion								
Yes	12	**15.4**	12	**27.3**	10	**38.5**	18	**39.1**
No	66	**84.6**	32	**72.7**	16	**61.5**	28	**60.9**
P value	**0.014***							
Wife beating								
Yes	13	**16.7**	6	**13.6**	6	**23.1**	2	**4.3**
No	65	**83.3**	38	**86.4**	20	**76.9**	44	**95.7**
P value	**0.12**							
Wife rape								
Yes	10	**12.8**	5	**11.4**	1	**3.8**	7	**15.2**
No	68	**87.2**	39	**88.6**	25	**96.2**	39	**48.8**
P value	**0.54**							
Stingy husband								
Yes	12	**15.4**	4	**9.1**	2	**7.7**	6	**13.0**
No	66	**84.6**	40	**90.9**	24	**92.3**	40	**87.0**
P value	**0.65**							
Husband take wife income								
Yes	10	**12.8**	3	**6.8**	1	**3.8**	3	**6.5**
No	68	**87.2**	41	**93.2**	25	**96.2**	43	**93.5**
P value	**0.41**							

Table 5: **Relation between clients in different SES and their opinions relating aspects of violence against women.**

Variable	SES					
	Low (N=91)		Intermediate (N=83)		High (N=20)	
	N	%	N	%	N	%
Male preference						
Yes	70	**76.9**	50	**60.2**	10	**50.0**
No	21	**23.1**	33	**39.8**	10	**50.0**
P value	**0.015***					
Female circumcision						
Yes	57	**62.6**	35	**42.2**	7	**35.0**
No	34	**37.4**	48	**57.8**	13	**65.0**
P value	**0.0084****					
Early mirage of female						
Yes	27	**29.7**	14	**16.9**	6	**30.0**
No	64	**70.3**	69	**83.1**	14	**70.0**
P value	**0.118**					
Polygamy						
Yes	15	**16.5**	12	**14.5**	3	**15.0**
No	76	**83.5**	71	**85.5**	17	**85.0**
P value	**0.93**					
Negligence of female opinion						
Yes	29	**31.9**	20	**24.1**	3	**15.0**
No	62	**68.1**	63	**75.9**	17	**85.0**
P value	**0.23**					
Wife beating						
Yes	9	**9.9**	16	**19.3**	2	**10.0**
No	82	**90.1**	67	**80.7**	18	**90.0**

P value	**0.176**					
Wife rape						
Yes	12	**13.2**	9	**10.8**	2	**10.0**
No	79	**86.8**	74	**89.2**	18	**90.0**
P value	**0.86**					
Stingy husband						
Yes	10	**11.0**	12	**14.5**	2	**10.0**
No	81	**89.0**	71	**85.5**	18	**90.0**
P value	**0.47**					
Husband take wife income						
Yes	6	**6.6**	10	**12.1**	1	**5.0**
No	85	**93.4**	73	**87.9**	19	**95.0**
P value	**0.37**					

Table 6: **Relation between clients in urban and rural areas and their opinions regarding aspects of violence against women.**

Variable	**Residence**			
	Urban (N=70)		**Rural (N=124)**	
	N	**%**	**N**	**%**
Male preference				
Yes	39	**55.7**	95	**76.6**
No	31	**44.3**	29	**23.4**
P value	**0.0035****			
Female circumcision				
Yes	29	**41.4**	70	**56.5**
No	41	**58.6**	54	**43.5**
P value	**0.044***			
Early mirage of female				
Yes	15	**21.4**	32	**25.8**
No	55	**78.6**	92	**74.2**
P value	**0.60**			
Polygamy				
Yes	8	**11.4**	22	**17.7**
No	62	**88.6**	102	**82.3**
P value	**0.30**			
Negligence of female opinion				
Yes	14	**20.0**	38	**30.6**
No	56	**80.0**	86	**69.4**
P value	**0.13**			
Wife beating				
Yes	13	**18.6**	14	**11.3**
No	57	**81.4**	110	**88.7**
P value	**0.195**			
Wife rape				
Yes	8	**11.4**	15	**12.1**
No	62	**88.6**	109	**87.9**
P value	**1**			
Stingy husband				
Yes	9	**12.9**	15	**12.1**
No	61	**87.1**	109	**87.9**
P value	**1**			
Husband take wife income				
Yes	6	**8.6**	11	8.9
No	64	**91.4**	113	91.1
P value	**1**			

DISCUSSION

Domestic or family based violence is an essential form of VAW and is committed within the family and includes gender based violence and male spousal violence. **(Committee on the Elimination of Discrimination Against Women, General Recommendation 19, 2013, and UNFPA and WAVE, 2014).** The current study showed predominance of various aspects of domestic gender based violence, as preference of having male children (69%), and favoring female circumcision (51%). Our results are in agreement with reports in some developing countries. In a survey carried out among 100 selected Yoruba (people of southwestern Nigeria and Benin), 74% of the respondents said they prefer male children **[Olanrewaju, et al., 2015].** This is common attitude in most African societies. It was also stated that, the expression and celebration of the news of a new born baby seems to be more hilarious, fulfilling and complete with the male child than the female child **[Mulins, 2010].**In Pakistan, preference for boys over girls is culturally rooted. From birth, many women face gender based discriminations, less health care, lower degrees of education, and rare employment outside of the home **[Qadir et al., 2011].**The predominance of female genital mutilation (FGM) practice in most of African countries **[UNICEF, 2011],** as Somalia (98 %), Guinea (97 %), Djibouti (93 %), Egypt (91 %) and Sierra Leone (90 %) confirm our results.

The preference of early marriage of girls and male spousal violence exists in our study in spite of awareness programs in the media and religious teachings done by the society. It is very important to discover the real driving force behind

child marriage in the Arab World and what could be done to eradicate this practice, which is modern day slavery **[Alsaidi and Akram, 2015]**. Moreover Egypt which is the most populous and the most influential country in the Arab World **[UN, 2014],** showed that 17% of girls married before reaching the age of eighteen in 2013 **[Plan International, Egypt, 2014].** To combat this faulty concept, it may be useful to confirm equality in all religious and community outreach programs done and spotlight that male gender preference may be a risk factor for psychological morbidity of girls and women, and this in turn may lead to improper child health and development **[Qadir et al, 2011]**.

Our results showed also that some of participants favor aspects of male spousal violence. In order to encounter male spousal violence, it is prudent to decrease the incidence of child marriage **[İlknur and Banu, 2014]** and to limit the use of polygamy **[Fucon, 2014].** Child marriage makes girls to leave their education and consequently, decreasing their ability of sharing in the labor power, with higher risk of facing spousal violence **[İlknur and Banu 2014]**.The program for decreasing child marriage should spotlight the purpose of marriage in Islam that is to form and favor the Muslim family, and to domesticate and qualify the world with God believers **[Holy Qur'an 30:21].** Many Muslim scholars discuss using the Qur'an that God allows polygamy to ensure that the Muslim community cares for its widows and orphans [**Khan Noor Ephroz, 2003].** The Qur'an adopted polygamy, but limited its use to the condition that the husband considers fair treatment [**Holy Qur'an 4:3].** Furthermore, it is judicious to consider programs and policies to combat domestic violence including the role of health care providers, as nurses in identifying women at high risk of domestic violence and backing abused women **[Mosleh et al, 2015],**by teaching them how to manage an illness and by providing resources and documenting abuse in a chart, **[Hewins et al., 2013]**with highlighting on the WHO recommendations **[WHO, 2013]**as offering support for women disclosing violence, maintaining a nonjudgmental attitude, ensuring women's privacy and confidentiality and assessing medical conditions that require care with referring women to other support systems. It is well known from literature that screening programs in prenatal clinics generally increase the chance of recognizing women suffering of spousal violence resulting in improved maternal and child health **[Ann Coker et al., 2012]**.

The aim of that study was to explore impact of various socio-demographic factors on different aspects of both gender based and male spousal forms of VAW to identify women of high risk of suffering of domestic violence. In upper Egypt according to Ministry of Health,**[El-Zanaty et al.. 2015[1]]**, the prevalence of different forms of violence against women was 14 % **[El-Zanaty et al. 2015[2]]**. The univariate analysis of the socio-demographic factors that might affect domestic violence against women (either gender based violence and male spousal violence) showed that gender did not affect the forms or aspects of VAW except for the concept of the husbands' right of raping their wives "Marital Rape" (p= 0.0196), regardless the wives' well. As a matter of law, rape could not occur within a marital relationship **[Bergen, 2013]**. In recent years; there has been marked progress in removing such marital exemptions from rape statutes. According to a 2006 report from the UN Secretary-General, at least 104 countries criminalize marital rape**[UN General Assembly, 2013]**. Research indicates that men who both batter and rape are more likely to severely injure or kill their wives. One study found that forty percent of the women questioned had experienced "force-only rape," in which their husbands used only the amount of force that was necessary to coerce sexual contact, but did not otherwise batter their wives**[Bergen, 2013]**.

Regarding the clients in different age groups, our study showed that clients >40 years of age believe in early marriage of female children (p= 0.018) and negligence of female opinion (p= 0.014) than clients in younger age groups. Moreover, it has significant economic costs in terms of expenditures on service provision, loss of income for women and their families, decreased productivity, and negative impacts on future human capital formation, also rape and domestic violence threatens the health of women of 15 to 44 years old, more so than diseases such as breast and uterus cancer **[Duvvury, et al. 2013].** This could be explained on the ground that most of older clients in our study have limited degrees of education and live in rural areas where protecting "family honor" is listed as one of the reasons for child marriages **[Lane, 2011]**. People especially those of older age and in rural areas with limited degrees of education were not aware of negative health outcomes of child marriages **[Naved and Persson, 2005;** and **Nasrullah et al., 2014**]. Therefore, most people of low SES (with low education, low income and with manual work especially in rural areas) are expected to favor child marriage. This explains our findings that the preference of having male children and the support of female circumcision were significantly shown by participants of low SES and those living in rural areas than those of higher SES and living in urban areas, as people of these socio-demographic characteristics believe in faulty concept that boys are more beneficial than girls and may not aware of negative health outcomes of FGM. This is in agreement with what was stated that, unemployment, poverty and poor housing conditions are established risk factors for VAW **[Chen, et al., 2016, and McMahon et al., 2013].**

CONCLUSIONS AND RECOMMENDATIONS:

Considerable proportions of our clients showed negative attitude towards female gender in terms of preferring male than female children, favoring female circumcision, child marriage, and the husband's right of wife beating and marital rape. Child marriage is a pivotal risk factor for VAW. So it is prudent to highlight the purpose and essence of marriage in Islam. It is also judicious to maximize the role of health care providers, as nurses in identifying women at high risk of domestic violence as those living with family members with limited degrees of education, in lower SES backgrounds, poor housing conditions especially in rural areas (through screening programs in prenatal clinics) and backing and teaching them how to manage an illness tacking into consideration WHO recommendations.

REFERENCES

[1]. Ann Coker et al. (2012): "Universal Psychosocial Screening and Adverse Pregnancy Outcomes in an Academic Obstetric Clinic," Obstetrics and Gynecology 119, no. 6 (2012): 1180-89.

[2]. Alsaidiand Akram, (2015). "What Drives Child Marriage in the Arab World and How the World is Combating the Problem" Law School Student Scholarship. Paper 775.http://scholarship.shu.edu/student_scholarship/775.

[3]. Aggarwal OP, Bhasin SK, Sharma AK, Chhabra P, Agarwal K, Rajoura OP. A, (2005): new instrument (scale) for measuring the socioeconomic status of a family: Preliminary study. Indian J Community Med;30:111-4.

[4]. Bergen RK: "Marital Rape" (1999), accessed July 25, 2013. http://www. taasa.org /library/ pdfs /TAASALibrary104.pdf.

[5]. Cappa, Claudia, et al. (2013): Female Genital Mutilation/Cutting: A Statistical Overview and Exploration of the Dynamics of Change, New York: United Nations Children's Fund, July.

[6]. Chen, P., Voisin, D. R., & Jacobson, K. C. (2016). Community violence exposure and adolescent delinquency: Examining a spectrum of promotive factors. Youth & Society, 48, 33-57. doi:10.1177/0044118X13475827

[7]. Committee on the Elimination of Discrimination Against Women, General Recommendation 19 (11th Sess., 1992), accessed August 14, 2013, http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm#recom19.

[8]. Danial WW.(1999): Biostatistics: A foundation for analysis in the health sciences. 7th edition. New York: John Wiley & Sons.

[9]. Duvvury N, Callan A, Carney P, Raghavendra S.(2013): Intimate Partner Violence: Economic Costs and Implications for Growth and Development Women's Voice, Agency & Participation Research Series. Washington D.C: The World Bank; p. 3.

[10]. El-Zanaty and Associates, and ICF International,(2015[1]): Proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence at least once in their lifetime. Source: Ministry of Health and Population, Egypt Demographic and Health Survey 2014. Cairo, Egypt and Rockville, Maryland, USA: Ministry of Health and Population and ICF International.

[11]. El-Zanaty and Associates, and ICF International; (2015[2]): Proportion of ever-partnered women aged 15-49 years experiencing intimate partner physical and/or sexual violence in the last 12 months. Source: Ministry of Health and Population, Egypt Demographic and Health Survey 2014. Cairo, Egypt and Rockville, Maryland, USA: Ministry of Health and Population and ICF International.

[12]. Fikree FF, Pasha O: Role of gender in health disparity: the South Asian context. BMJ 2004, 328:823-826.

[13]. Fucon CE, 2014: Marriage Outlaws: Regulating Polygamy in America. DUKE JOURNAL OF GENDER LAW & POLICY; 22(1):1-54.

[14]. Garcia-Moreno C, Heise L, Jansen HA, Ellsberg M, Watts C. Public health.Violence against women.Science. (2005);310:1282–1283. doi: 10.1126/science.1121400. [PubMed] [Cross Ref].

[15]. Gill A K, Strange C and Roberts K (2015) : 'Honour Killing and Violence: Theory, Policy and Practice is published by Palgrave Macmillan Review originally published in Gender & Development; 23(3).

[16]. Guru Raj MS, Shilpa S, and Maheshwaran R; (2015): Revised Socio-Economic Status for Urban and Rural India-Revision for 2015. Socioeconomica.;4:167 – 174.

[17]. Hervish, A., & Feldman-Jacobs, C; (2011, April): Who speaks for me? Ending child marriage (Population Reference Bureau Policy Brief). Washington DC: Population Reference Bureau.

[18]. Hewins, E., DiBella, B. &Mawla, J. (2013). Domestic Violence and the Role of the Healthcare Provider: The Importance of Teaching Assessment and Intervention Strategies. Robert Wood Johnson University Hospital and the Center on Violence Against Women & Children at the School of Social Work, Rutgers University, New Brunswick, NJ. Holy Qur'an 4:3.

[19]. Holy Qur'an 30:21 and John L. Esposito,(2001): Women in Muslim Family Law (Syracuse, NY: Syracuse University Press, 2001), 15.

[20]. Human Development Report; (2016): The Gender Inequality Index is a composite measure reflecting inequality between women and men in three different dimensions: reproductive health (maternal mortality ratio and adolescent birth rate), empowerment (share of parliamentary seats held by women and share of population with at least some secondary education), and labour market participation (labour force participation rate). Source: United Nations Development Programme.

[21]. IlknurYüksel-Kaptanoglu and BanuAkadliErgöçmen; (2014) : Early Marriage Journal of Family Issues 35: 1707 originally published online 3 July 2014 Trends in Turkey, 1978-2008.

[22]. Joseph A. Olanrewaju, Happy U. Kona, and Theodore U. Dickson,(2015): The Dilemma of Male Child Preference Vis-À-Vis the Role of Women in the Yoruba Traditional Religion and Society, Journal of Culture, Society and Development www.iiste.org ISSN 2422-8400 An International Peer-reviewed Journal Vol.12.

[23]. Khan Noor Ephroz, (2003): Women and Law; Muslim Personal Law Perspective (Jaipur, India: Rawat Publications, 2003), 112 and Esposito, Women in Muslim Family Law, 19.

[24]. Lane S: Stealing innocence: Child marriage and gender inequality in Pakistan, Plan Finland & Abo Akademi University, Finland. 2011

[25]. McMahon, S. D., Todd, N. R., Martinez, A., Coker, C., Sheu, C. F., Washburn, J., & Shah, S. (2013). Aggressive and prosocial behavior: Community violence, cognitive, and behavioral predictors among urban African American youth. American Journal of Community Psychology, 51, 407-421. doi:10.1007/s10464-012-9560-4

[26]. Malé, Chata; Wodon, Quentin T;(2016): Basic profile of child marriage in Egypt (English). Health, nutrition, and population (HNP) knowledge brief : child marriage series. Washington, D.C. : World Bank Group. http://documents.worldbank.org/curated/en/395841467996683755/Basic-profile-of-child-marriage-in-Egypt.

[27]. Mosleh H, Abdelhai R, Roudi F, Ashford L;(2015): Advancing Egyptian Society By Ending Violence Against Women, Population Reference Bureau, www.prb.org; 1875 Connecticut Ave., NW Suite 520Washington, DC 20009 USA.

[28]. Mulins, J. (2010), Gender Discrimination: Why is it still so bad and what can you do about it? [Online] Available: http://www.childreninneed.com/magazine/gender.html (November 23, 2010).

[29]. Nasrullah M, Zakar R, Zakar MZ, Abbas S, SafdarR ,Shaukat M and Krämer A (2014): Knowledge and attitude towards child marriage practice among women married as children-a qualitative study in urban slums of Lahore, Pakistan. Nasrullah et al. BMC Public Health; 14:1148 http://www.biomedcentral.com/1471-2458/14/1148.

[30]. Naved, R. T., and Persson, L. Å. (2005). Factors associated with spousal physical violence against women in Bangladesh. Studies in Family Planning, 36(4), 289-300.

[31]. Our Watch;(2014): Policy brief 1. Key terms, definitions and statistics, Our Watch, Melbourne, <www.ourwatch.org.au/MediaLibraries/OurWatch/our-publications/Policy_Brief_1_Key_Definitions_and_Statistics. pdf>.

[32]. Plan International, (2014): "Egypet New Child marriage laws are a step backwards", available at http://www.trust.org/item/?map=egypt-new-child-marriage-laws-are-a-step-backwards, (last visited April 11,).

[33]. State of Victoria,(2016): Royal Commission into Family Violence: Report and recommendations, Parl Paper no. 132 (2014–16), <www.rcfv.com.au/ Report-Recommendations>.

[34]. The Global Gender Gap Index;(2016): benchmarks national gender gaps on economic, political, education and health criteria. Source: World Economic Forum, the Global Gender Gap Report 2016.

[35]. UN General Assembly, "In-depth study on all forms of violence against women," Report of the Secretary-General, UN Doc. A/61/122/Add.1, at 89, 6 July 2006, accessed July 25, 2013, http://daccess-dds ny.un.org /doc/UNDOC /GEN/N06/419/74 /PDF/N0641974.pdf? Open Element.

[36]. United Nations;(1993): Declaration on the elimination of violence against women, United Nations General Assembly, <www.un.org/documents/ga/res/48/ a48r104/>.

[37]. UN, data on world information, Country profile "Egypt" (2014): available at http://data.un.org/CountryProfile.aspx?crName=EGYPT, (last visited April 11.).

[38]. UNICEF, (2014):Female Genital Mutilation/Cutting, What Might the Future Hold?, New York:, 22 July.

[39]. United Nations General Assembly Resolution 48/104;(2015): "Declaration on the Elimination of Violence Against Women," December 1993, accessed at www.un.org/documents/ga/res/48/a48r104.htm, on Feb.

[40]. United Nations;(2015): Sustainable development goals – 17 goals to transform our world, United Nations General Assembly, <www.un.org/ sustainable development/development-agenda/>.

[41]. UNICEF global databases; (2017): Percentage of girls and women aged 15 to 49 years who have undergone FGM/C. Source: based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys.

[42]. UNICEF global databases; (2018): Percentage of women aged 20 to 24 years who were first married or in union before age 18. Source: based on Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS) and other nationally representative surveys.

[43]. Webster, K & Flood, F ;(2015): Framework foundations 1: A review of the evidence on the correlates of violence against women and what works to prevent it, Our Watch, Melbourne, <www.ourwatch.org.au/getmedia/d53470da-fe17-4af1-baca-bedfd7f9b235/Change-the-story-framework-foundations-1- updated.pdf.aspx>.

[44]. Webster, K;(2016): A preventable burden: Measuring and addressing the prevalence and health impacts of intimate partner violence in Australian women, ANROWS, Sydney.

[45]. WHO;(2002): World health report on violence and health, World Health Organization, Geneva, <www.who.int/reproductivehealth/publications/ violence/9789241564625/>.

[46]. WHO, Responding to Intimate Partner Violence and Sexual Violence Against Women (2013): WHO Clinical Policy Guidelines (Geneva: WHO, 2013).

[47]. WHO, (2015):"Violence Against Women: Intimate Partner and Sexual," Fact Sheet 239, November 2014, accessed at www.who.int/mediacentre/factsheets/fs239/en, on Feb. 3.