The relationship between mental health problems and exposure to domestic violence has been well documented worldwide. New data now shed light on the situation of women in Egypt, demanding more serious attention to the issue from both a human rights and public health perspective.

A study at Cairo University investigated the frequency of mental health problems among pregnant women, particularly anxiety and depression, and whether these problems are related to exposure to spousal violence. The study was conducted at Kasr Al-Ainy Teaching Hospital of the Cairo University School of Medicine, the largest public university hospital in Egypt and the Middle East, by selecting a random sample of 376 pregnant women attending the antenatal care clinic from January to March 2013. The researchers used a brief questionnaire to screen the women for symptoms suggesting anxiety and depression as well as for lifetime exposure to spousal violence. The aim was twofold: one, to identify the frequency of the two mental health problems among pregnant women and their possible association with spousal violence; and two, to provide recommendations for reaching out and providing help to pregnant women suffering from spousal violence.

Pregnant Women Exposed to Spousal Violence Were Three Times More Likely to Have Depression

The study showed that mental illnesses were common among pregnant women and more likely among those exposed to spousal violence. It found that two out of three pregnant women suffered from simultaneous anxiety and depression (see figure). Anxiety alone was found in 11 percent of women in the study, while depression alone was found in 10 percent of the women. The study also found that nearly a third (31 percent) of the pregnant women were exposed to domestic violence. Of these victims, 25 percent reported exposure to physical violence either frequently or always. Pregnant women who were exposed to spousal violence were three times as likely to experience depression either alone or combined.

**Percentage of Pregnant Women**

<table>
<thead>
<tr>
<th>Percentage of Pregnant Women* Having Symptoms of Anxiety and/or Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>15% No Symptoms</td>
</tr>
<tr>
<td>10% Only Depression</td>
</tr>
<tr>
<td>64% Both Depression and Anxiety</td>
</tr>
<tr>
<td>11% Only Anxiety</td>
</tr>
</tbody>
</table>

*Women attending the antenatal care clinic at Kasr Al-Ainy Hospital, Cairo, from January to March 2013.

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with anxiety. Exposure to spousal violence doubled the risk for anxiety among pregnant women.

Spousal Violence in Egypt

Spousal violence is a serious public health issue in Egypt, undermining women’s human rights and their health and children’s health and well-being. According to the 2005 Demographic and Health Survey, 36 percent of women reported some form of emotional, physical, and/or sexual violence by their husbands, and nearly 8 percent reported that it occurred often.1 Another study indicated that 34 percent of Egyptian women were beaten by their husbands at least once, and these women were much more likely to report health problems.2 More recently, a study conducted in 12 family health centers in Alexandria governorate found that more than three-quarters of the women had experienced some form of spousal violence during their married life. Of these women (who reported spousal violence), 49 percent were subjected to two to three types of violence. Emotional violence was the most common type reported (71 percent), followed by physical (50 percent) and sexual (37 percent) violence. Furthermore, economic abuse was reported by 41 percent of women: Some of these women said their husbands forced them (under threat of violence) to beg for money; some said their husbands forced them to borrow money from relatives; some said their husbands refused to spend money on them; and still others said that their husbands forced them to give him all of their earnings.3

Antenatal Care, an Opportunity to Identify and Help Victims of Spousal Violence

Studying women who have experienced spousal violence is challenging for various reasons, from issues concerning women’s willingness to disclose the violence and protecting their confidentiality to variations in interview techniques and in the specificity of the questions.4 However, research has demonstrated that pregnant women accept mental health screening in the context of antenatal care and that they do not feel stigmatized, labeled, or upset by the screening process.5 Antenatal care provides a window of opportunity for identifying victims of spousal violence because it is often the only point of contact the women have with health care providers. It makes it possible to provide health services and other support throughout a woman’s pregnancy, and to put programs in place to follow up with the women after giving birth.6

Recommended actions include:

- Developing a strategy for screening pregnant women for mental health problems and for exposure to domestic violence when they seek antenatal care.
- Training antenatal care providers on the appropriate ways to communicate with victims of domestic violence to address sensitivities that may arise.
- Integrating counseling and health care services (including referrals) for women exposed to spousal violence within the currently available maternal and child health services.

In sum, culturally sensitive services should be provided to pregnant women reporting spousal violence and/or suffering from mental disorders, so that these women can find relief and support. Combating spousal violence at its roots should be the goal. Achieving this goal will require wide-ranging approaches addressing gender-based violence from both a human rights and a public health perspective.

References


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PRB’s Middle East and North Africa (MENA) Program

PRB’s MENA program, initiated in 2001 with funding from the Ford Foundation, responds to the region’s need for timely and objective information on population, socioeconomic, and reproductive health issues. The project explores the linkages among these issues and provides evidence-based policy and program recommendations for decisionmakers in the region. Working closely with research organizations in the region, the project team produces a series of policy briefs (in English and Arabic) on current population and reproductive health topics, conducts workshops on policy communication, and makes presentations at regional and international conferences.

PRB has co-hosted a number of workshops to help MENA researchers identify the policy implications of their research findings, understand how research can influence the policy process, and communicate findings. Selected participants from the workshops summarized their research findings as part of PRB’s MENA Working Paper Series. The papers are available in English and Arabic at www.prb.org.

- Most Clients Satisfied With Egypt’s Youth-Friendly Clinics, by Fatma El Zahraa Geel
- Cairo University Study Shows Mental Ill-Health During Pregnancy is Associated With Spousal Violence, by Rehab Abdelhai and Hanan Moslehi
- Mother-Daughter Communication About Sexual and Reproductive Health in Rural Areas of Alexandria, Egypt, by Yasmine Y. Muhammad and Heba M. Mamdouh
- Quality Sexual Education Needed for Adolescents in Egyptian Schools, by Fatma El Zahraa Geel
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- “Are Imams in Egypt Prepared to Help Stop the Spread of HIV/AIDS?” by Omaima El-Gibaly and Khaled Hemeyda
- “Domestic Violence High in Egypt, Affecting Women’s Reproductive Health,” by Eman M. Monazea and Ekram M. Abdel Khalek
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