

Profiling Domestic Violence

A Multi-Country Study



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Preface

One of the most significant contributions of the MEASURE *DHS+* program is the creation of an internationally comparable body of data on the demographic and health characteristics of populations in developing countries. The *DHS Analytical Studies* series and the *DHS Comparative Reports* series examine these data, focusing on specific topics. The principal objectives of both series are: to provide information for policy formulation at the international level, and to examine individual country results in an international context. Whereas *Comparative Reports* are primarily descriptive, *Analytical Studies* take a more analytical approach.

The *Analytical Studies* series comprises in-depth, focused studies on a variety of substantive topics. The studies are based on a variable number of data sets, depending on the topic under study. A range of methodologies is used, including multivariate statistical techniques. The topics covered are selected by MEASURE *DHS+* staff in conjunction with the MEASURE *DHS+* Scientific Advisory Committee and USAID.

It is anticipated that the *Analytical Studies* will enhance the understanding of significant issues in the fields of international population and health for analysts and policymakers.

Martin Vaessen
Project Director

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Executive Summary

This study uses household and individual-level data from the Demographic and Health Surveys (DHS) program to examine the prevalence and correlates of domestic violence and the health consequences of domestic violence for women and their children. Nationally representative data from nine countries—Cambodia (2000), Colombia (2000), the Dominican Republic (2002), Egypt (1995), Haiti (2000), India (1998-1999), Nicaragua (1998), Peru (2000), and Zambia (2001-2002)—are analyzed within a comparative framework to provide a multifaceted analysis of the phenomenon of domestic violence.

Scientific investigation of the problem of domestic violence is a relatively recent endeavor. It is only within the past 30 years that violence against women has been acknowledged internationally as a threat to the health and rights of women as well as to national development. With the recognition of violence against women as a global problem came the need for the development of methodologies to collect data on violence ethically and in a manner that maximizes the validity and reliability of the data. To this end, the DHS program began to collect information on the prevalence of domestic violence against women within the context of the household in the early 1990s. However, it was not until the late 1990s that the DHS program developed a standard module of questions in consultation with experts on domestic violence measurement, gender, and survey research. The module and its implementation conform to the recommendations of the World Health Organization for ethical collection of data on domestic violence.

The proportions of ever-married women reporting spousal/intimate partner violence vary across countries. They are highest at 48 percent in Zambia, 44 percent in Colombia, and 42 percent in Peru, and lowest at 18 percent in Cambodia, 19 percent in India, and 22 percent in the Dominican Republic. In Egypt and Nicaragua, about one in three ever-married women reports the experience of domestic violence. Women who had ever been pregnant were asked about their experience of violence during pregnancy. The proportions of women who reported spousal abuse during pregnancy were highest in Colombia and Nicaragua at 11 percent, and lowest in Cambodia at 1 percent, with Haiti and the Dominican Republic in the middle at 5 percent each.

In five of the nine countries included in this report, data on domestic violence were collected by asking about several discrete acts of violence that can be categorized as primarily physical, emotional, or sexual in nature. In all five of these countries, the most frequently reported acts of physical violence were being pushed, shaken, slapped or targeted with a thrown object or having one's arm twisted. In all countries, more than one in six women report having experienced at least one of these acts at some time. The percentage of women reporting an act of sexual violence by their spouse ranges from 4 percent in Cambodia to 17 percent in Haiti. At least one in ten women in each country has been emotionally abused (threatened or publicly humiliated) by her husband at some time.

While the majority of this report is concerned with violence by husbands against their wives, in some countries, data were also collected on whether women had ever been physically violent against their husbands when their husbands were not being violent toward them. The proportion of women reporting being violent against their

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husbands is higher among women who have ever experienced spousal violence than among women who have never experienced spousal violence. However, in all countries except the Dominican Republic, women who have physically abused their husbands remain a small fraction of the proportion who have been abused by their husbands.

Women who report having experienced violence from their husbands also frequently report several immediate physical consequences. In Colombia, more than half of the women who experienced violence reported that they had bruises and aches. Between five and 13 percent of women who had experienced violence in the six countries for which data are available report having an injury or broken bone. Despite the injurious outcomes that are often associated with the experience of domestic violence, many women do not seek help for the violence; those not seeking help range from 41 percent in Nicaragua to 78 percent in Cambodia. Most of those who do seek help turn to their own families, friends or neighbors.

Examining the characteristics of the women who experience violence and the contexts in which they live helps to identify some of the common risk factors, if any, for violence. In all countries, women who have been married more than once or who are divorced or separated report higher rates of violence than women who are currently married and have been married only once. This is not surprising since domestic violence can be an important reason for marriage dissolution. Women who married at a young age and those who have multiple children are also more likely to report having experienced violence. In most countries, women who are older than their husbands are more likely to report having experienced violence. In five of the nine countries analyzed, women living in urban households are more likely to report violence than those living in rural households. The wealth of a household has an inconsistent and often nonlinear relationship with the experience of violence. Women whose husbands frequently return home drunk are several times more likely to report having experienced violence than are women whose husbands do not come home drunk. Having a family history of domestic violence between one's parents significantly increases the likelihood of experiencing violence oneself. In all countries where these data are available, the last two factors are consistently and positively associated with a woman's likelihood of experiencing violence. These relationships, identified in the bivariate analyses, largely hold true in the multivariate analyses as well.

Gender relations and roles may affect or be affected by the prevalence of violence against women in a given society. Among the indicators of gender relations and roles considered here are currently married women's participation in various types of household decisions, their acceptance of wife-beating by husbands, attitudes toward a woman's right to refuse to have sex with her husband, and controlling behaviors by husbands that could strongly circumscribe women's lives. The findings demonstrate that rates of domestic violence tend to be lower for couples who share responsibility for household decisions than for couples in which the husband or the wife makes household decisions alone. With regard to attitudes about gender rights and roles, in every country studied, women who agree, for example, that there are circumstances under which it is acceptable for a husband to hit his wife are more likely to report having ever experienced violence. However, there is no consistent relationship between a woman's experience of violence and the degree to which she feels that a woman has the right to refuse sex to her husband. As for the relationship of controlling behaviors exhibited by a husband and the respondent's experience of violence, the data indicate that for each of the six controlling behaviors for which information

In most countries, women who are older than their husbands are more likely to report having experienced violence.

was collected, rates of violence are much higher for women who say that their husband manifests the behavior than for women who say he does not. For example, in Colombia, the prevalence of violence among women whose husbands frequently accuse them of being unfaithful is 76 percent, compared with 34 percent among women whose husbands do not accuse them of infidelity. This research also shows that the likelihood of experiencing violence increases with the number of controlling behaviors exhibited by the husband. In the Dominican Republic, 10 percent of women whose husbands do not manifest any of the controlling behaviors report having ever experienced violence, compared with 17 percent of women whose husbands exhibit one or two controlling behaviors and 76 percent of women whose husbands manifest five or six of the given controlling behaviors.

Domestic violence not only poses a direct threat to women's health, but also has adverse consequences for other aspects of women's health and well-being and for the survival and well-being of children. This study examines the bivariate relationships of domestic violence with a number of demographic and health outcomes, including women's and children's nutritional status, women's fertility, the intendedness of a woman's most recent birth, birth spacing, unmet need and contraceptive use, the likelihood of having a non-live birth, the prevalence of sexually transmitted infections (STIs), access to antenatal and delivery care, infant and child mortality, and vaccination coverage for children age 12-35 months.

The analyses find that the experience of domestic violence does indeed have a significant relationship with many health indicators, such that experience of violence results in negative outcomes for the health of women and children. While fertility in most countries is higher among women who have experienced violence than among women who have not, the relationship tends to be weak. However, in all countries except Haiti, women who have ever experienced violence are less likely to have had a birth that was wanted at the time of conception than women who have never experienced violence. For example, in Colombia, 58 percent of births in the past five years to women who had ever experienced violence were unwanted, compared with 45 percent of births to women who had never experienced violence. In most countries, the experience of violence is associated with slightly higher rates of ever use of contraception. However, women who have ever experienced violence are also more likely than other women to not be currently using contraception, suggesting higher rates of contraceptive discontinuation among women who have experienced violence. Unmet need is higher in the majority of the countries analyzed in this report for women who have ever experienced violence than for those who have not. Self-reported prevalence of STIs is also higher among women who have experienced violence than among women who have not.

Women are not the only ones to suffer health-related repercussions from domestic violence. Starting from conception, children of mothers who have experienced violence are at a disproportionate risk for poor health outcomes. In all countries except Cambodia and Haiti, mothers are less likely to receive antenatal care in the first trimester of their pregnancy if they have experienced violence than if they have not. Furthermore, the likelihood of having had a non-live birth is higher by 33 to 72 percent in eight of the nine countries among women who have ever experienced violence, than among women who have never experienced violence, and in seven of the nine countries included here, under-five mortality rates are higher for mothers who have experienced violence than for mothers who have not. With regard to vaccination against childhood diseases, in Colombia, Egypt, Nicaragua, and Peru, the proportion

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of children age 12-35 months who are fully vaccinated is higher by five to 10 percent among mothers who have not experienced violence than among mothers who have. The proportion is higher by 38 percent in India and by 49 percent in the Dominican Republic. As with maternal nutritional status, the association between a mother's experience of domestic violence and child nutritional status is variable and inconsistent.

This report provides a comprehensive analysis of the phenomenon of domestic violence from an international perspective, covering both the prevalence of violence and its contexts and correlates. It is hoped that the report will be a useful tool for raising awareness about this problem of wide-ranging significance as well as for informing the work of policymakers and program planners.

1

Introduction

1.1 Background

Over the past 30 years, in the wake of such global events as the United Nations' conferences on population and development and on women, the international community has become increasingly aware of the importance of women's gendered social and health status in relation to key demographic and health outcomes.

Violence against women became a key issue in this regard, and early research on the relationship between violence against women and reproductive health in the developing world (Heise et al., 1995; Heise, 1993) contributed to a deeper awareness of the problem and the adverse health outcomes associated with it. Acceptance of gender-based violence as a threat to women's health and human rights was formalized when 189 governments signed on to the Platform for Action of the 1995 United Nations' Beijing World Conference on Women. This platform explicitly recognizes that violence against women creates an obstacle to the achievement of the objectives of equality, development, and peace at the national level and violates the human rights of women at the individual level. It further recognizes that the lack of data and statistics on the incidence of violence against women makes the elaboration of programs and monitoring of changes difficult (United Nations, 1995a).

Violence against women takes many forms. The 1993 Declaration on the Elimination of Violence Against Women of the United Nations General Assembly defined such violence as "Any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." This definition includes all forms of violence against women over the entire life cycle. While some forms of violence tend to be specific to a life-cycle stage, such as female feticide through sex-selective abortion, female infanticide, and female genital cutting, other forms of violence cut across all ages. Violence can be in the form of physical violence, sexual abuse, emotional or psychological abuse, verbal abuse, and specific acts of violence during pregnancy. Women are also harmed by limiting their access to food and medical care, carrying out dowry deaths and honor killings, and coercing them to have sex through rape and/or sexual harassment. Men who hurt women can be intimate partners, family members, or other men. The subset of violence by intimate partners is usually referred to as "domestic violence," although the term is not always clearly defined.

It is within this context of increasing global awareness of the problem of violence against women, along with the association of such violence with adverse demographic and health outcomes, and the lack of representative information about the phenomenon, that the Demographic and Health Surveys (DHS) program collects data on the prevalence of domestic and other forms of violence against women within the household. Since its inception, the primary objective of the DHS program has been to pro-

vide a comparable body of data on the demographic and health characteristics of populations in developing countries. Traditionally, these data have included nationally representative information on fertility, family planning, infant and child mortality, reproductive health, child health, and the nutritional status of women and children. Since domestic violence is a health hazard in itself and plays a critical role in women's ability to attain other important demographic and health goals, domestic violence data provide an important complement to the traditional focus areas of the DHS program. Nonetheless, as of September 2003, nationally representative data on domestic violence have been collected only in 11 countries that have implemented DHS surveys. This report provides a summary of findings on domestic violence for nine of these countries. Throughout this report, the term "domestic violence" is used interchangeably with "spousal violence" or "intimate partner violence," unless otherwise specified. The terms "spouse" and "intimate partner" include any partners with whom the respondent is living or has lived with as if married. It follows that terms such as "currently married" or "ever-married" include "currently partnered" and "ever-partnered" women.

The DHS survey is an ideal vehicle for studying not only the linkages between domestic violence and health and demographic outcomes, but also the context in which violence takes place.

The DHS survey is an ideal vehicle for studying not only the linkages between domestic violence and health and demographic outcomes, but also the context in which violence takes place. The DHS Household Questionnaire collects data on sex, age, education, household headship, relationship to the household head for all household members, household possessions, and household access to various amenities such as toilet facilities, water, and electricity. The DHS Women's Questionnaire collects data for women age 15 to 49 years on a variety of characteristics, including age, marital status, parity, contraceptive use, education, employment, and empowerment status, as well as their husband's education, occupation, and alcohol consumption. Women's attributes combined with the reported attributes of their husbands provide the characteristics of marital unions. With this information, it is possible to describe the household context of violence, discuss the characteristics of women who have experienced spousal abuse (as well as the characteristics of the abuser), and identify risk factors stemming from individual, union, and household-level conditions.

Accordingly, this report presents the prevalence of various types of violence: it describes the characteristics of the women who experience violence, as well as the characteristics of their partners, marriages, and households and explores the relationship between violence and indicators of women's empowerment, demographic outcomes, and women's and children's health and nutrition. The main purpose of this document is to shed light on the phenomenon of gender-based violence, which has been subjected to little close empirical examination, yet is theorized to have important linkages to the physical and psychological health of significant proportions of women and children around the world. Specifically, Chapter 2 of this report discusses the cross-national prevalence of violence by anyone against women; various forms of spousal violence, including emotional, physical, and sexual violence; and violence by women against their intimate partners. In Chapter 3, prevalence of spousal violence according to individual, spousal, marital, and household characteristics is examined to better understand some of the risk factors associated with violence. Chapter 4 discusses the linkages between domestic violence and other indicators of women's empowerment, including their participation in household decisionmaking and their beliefs about gender roles. Chapter 5 examines the bivariate relationship between selected demographic and health indicators for women and children and women's experience of spousal violence.

Table 1.1 lists the countries included in this report, with the dates of fieldwork and household and individual sample sizes, as well as the sample size of women administered the domestic violence questions. The differences in the DHS sample size and the sample size for the domestic violence data for any given country arise from one or more sources. The largest source of difference is due to the fact that in about half of the countries, the domestic violence module of questions was implemented in only a subsample of the households selected for the DHS sample. Differences also arise as a result of two security and ethical precautions increasingly mandated by the DHS program (see below) for the collection of data on domestic violence. The first requires that the interviewer does not continue with the questions on domestic violence if privacy cannot be ensured; the second requires that, in sample households where more than one woman is eligible for the DHS survey, the domestic violence module be administered to only one, randomly selected woman. A final source of difference is that the domestic violence questions in some countries were only administered to ever-married women, even though the DHS sample included all women age 15-49. Not all of the countries in Table 1.1 have information on all variables examined in this report; for example, in some countries, women were only asked about ever-experience of spousal violence, while in others they were asked both about the ever-experience of violence and the experience of violence in the past year. Consequently, some countries may be excluded from some tables. Table 1.2 shows the sample of women who were interviewed about domestic violence by background characteristics.

Country	Dates of fieldwork	Implementing organization	Number of households interviewed	Number of women interviewed	Eligibility criterion for women's interview	Number of women	Eligibility criterion for domestic violence module	Explicit instruction to discontinue interview if privacy not possible
Cambodia	2/1/2000-6/1/2000	National Institute of Statistics/Ministry of Health	12,236	15,351	All women 15-49	2,403	One randomly selected ever-married woman in household, age 15-49	Yes
Colombia	3/1/2000-7/1/2000	PROFAMILIA	10,907	11,585	All women 15-49	11,536	All women 15-49	Yes
Dominican Republic	7/4/2002-12/10/2002	CESDEM	27,135	23,384	All women 15-49	8,746	One randomly selected woman in household, age 15-49	Yes
Egypt	11/1/1995-1/1/1996	National Population Council	15,567	14,779	Ever-married women 15-49	7,123	Ever-married women 15-49	No
Haiti	3/1/2000-7/1/2000	Institut Haïtien de l'Enfance	9,595	10,159	All women 15-49	3,389	One randomly selected woman in household, age 15-49	Yes
India	11/1/1998-7/1/2000	International Institute for Population Sciences	92,486	90,303	Ever-married women 15-49	90,303	Ever-married women, age 15-49	No
Nicaragua	12/1/1997-5/1/1998	Instituto Nacional de Estadísticas y Censos	11,528	13,634	All women 15-49	8,507	One randomly selected ever-married woman in household, age 15-49	Yes
Peru	7/1/2000-11/1/2000	Instituto Nacional de Estadística e Informática	28,900	27,843	All women 15-49	27,259	All women 15-49	Yes
Zambia	11/1/2001-5/1/2002	Central Statistical Office	7,126	7,658	All women 15-49	5,029	One randomly selected woman in household, age 15-49	Yes

Table 1.2 Percent distribution of women in the DHS domestic violence samples, by country and background characteristics

Background characteristic	Cambodia	Colombia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Peru	Zambia
Age									
15-19	4.1	19.6	19.3	4.6	25.7	9.2	8.7	20.5	23.3
20-24	10.9	17.2	16.6	14.5	15.6	18.4	16.1	17.2	21.6
25-29	14.6	14.9	15.7	18.3	14.3	19.9	19.2	15.3	17.8
30-34	20.5	13.9	14.3	17.8	12.0	16.9	19.0	14.6	12.8
35-39	19.1	13.5	14.1	18.1	11.3	14.7	16.6	12.4	9.9
40-44	16.1	11.5	10.4	13.7	10.7	11.8	12.0	11.2	8.3
45-49	14.7	9.3	9.5	13.0	10.4	9.2	8.4	9.0	6.3
Residence									
Urban	16.2	77.5	68.4	46.5	46.0	26.2	61.9	70.1	40.6
Rural	83.8	22.5	31.6	53.5	54.0	73.8	38.1	29.9	59.4
Education									
No education	31.0	3.3	4.2	44.3	30.3	53.4	18.7	5.0	12.1
Primary	56.3	31.8	45.6	25.2	43.9	16.9	43.8	28.4	58.2
Secondary	12.5	50.1	33.7	23.8	24.7	21.8	32.0	44.8	26.3
Secondary+	0.2	14.7	16.6	6.8	1.1	7.9	5.5	21.8	3.4
Marital status									
Never married	u	34.1	22.2	u	30.8	u	0.0	36.3	24.6
Married	86.5	24.9	18.3	92.6	57.1	93.8	36.7	31.1	60.0
Living together	u	26.2	41.9	u	1.8	u	43.2	24.6	0.8
Widowed	9.1	2.1	0.6	5.1	2.0	4.2	1.3	1.4	4.9
Divorced/separated	4.5	12.7	17.0	2.2	8.3	2.0	18.9	6.6	9.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	2,403	11,536	8,746	7,123	3,389	90,303	8,507	27,259	5,029

u = Unknown (not available)

Descriptions of indicators and any theoretical assumptions are provided separately in each chapter. However, some general guidelines are applicable throughout this report: 1) Respondents with missing values are excluded from each table, unless otherwise noted, and as long as missing cases comprise 2 percent or less of the relevant population, they are not reported; 2) calculations performed on exceptionally small samples (26 to 49 cases) are noted in the respective table, and when the effective sample size is 25 or fewer, the statistic is suppressed.

1.2 Domestic Violence Measurement in the DHS Program

The measurement of domestic violence within the DHS program has been evolving in keeping with the research on how to increase the validity of prevalence measurement and in response to higher ethical standards in the collection of sensitive data (Ellsberg et al., 2001; World Health Organization, 2001). In this section, we discuss the steps taken in the DHS program to respond to these changing standards for research in domestic violence and the extent to which the information in this report reflects these concerns.

1.2.1 Increasing the Validity of DHS Violence Indicators

The first time domestic violence data were collected as part of a DHS was in Colombia in 1990. In 1995, questions on domestic violence were fielded in Egypt as part of a module of questions investigating the status of women in the country, and in the same year, violence was again measured in Colombia. All of these initial attempts at measuring domestic violence were isolated and did not use standardized questions. Realizing this, in 1998-99 the DHS program set about developing a more standardized approach to the measurement of domestic violence with the most valid measures

available. After consultation with experts on domestic violence measurement, gender, and survey research, the DHS domestic violence module was developed. To design this module, the DHS program built on the set of questions first implemented as part of the 1998 Nicaragua DHS survey. The current DHS domestic violence module is accompanied by guidelines on its ethical implementation. These guidelines were adapted from corresponding World Health Organization guidelines (World Health Organization, 2001). The complete module and the guidelines can be found in Appendix A.

Not all countries for which domestic violence data were collected by DHS surveys have used the module. While data on violence were collected in Egypt long before the development of the module, some of the countries where domestic violence data were collected after the development of the module chose not to use it. In general, however, the different approaches used to measure prevalence of domestic violence in the nine countries included in this report fall into two categories. The first is a single-question threshold approach, and the second is one—embodied in the DHS domestic violence module—that combines the first approach with the use of a modified Conflict Tactics Scale (CTS) to measure spousal violence.

The single-question threshold approach: This approach was used in Egypt, India, Peru, and Zambia. The respondent is asked a single question to determine whether she has ever experienced violence. Women who give a positive response are then asked more questions, such as who the perpetrator was/is (including the husband), and in Egypt, India, and Zambia, they are asked about the frequency of the violence. No followup questions are asked of women who say “no” to the initial question. Thus, the woman is given only one chance to disclose the occurrence of violence.

The modified CTS approach, as embodied in the domestic violence module: This approach involves implementing a modified version of the CTS to get information on spousal violence and then a series of single questions to get at violence experienced at the hands of someone other than a husband or partner, as well as violence during pregnancy. The original CTS, developed by sociologist Murray Straus in the 1970s, consists of a series of individual questions regarding specific acts of violence, such as slapping, punching, and kicking. The original scale had 19 items (Straus, 1979, 1990). The modified list used by the DHS program includes only about 15 acts of physical and sexual violence (see Appendix A). If the respondent affirms that any one of the specified acts or outcomes has taken place, she is considered to have experienced violence. The modified CTS approach was used in Cambodia, Colombia (2000), Dominican Republic, Haiti, and Nicaragua.

The modified CTS approach has several advantages over a single-question threshold approach, particularly in the context of cross-cultural research. By asking separately about specific acts of violence, the violence measure is not affected by different understandings between women of what constitutes violence. A woman has to say whether she has, for example, ever been “slapped,” not whether she has ever experienced “violence” or even “beatings” or “physical mistreatment.” All women would probably agree what constitutes a slap, but what constitutes a violent act or what is understood as violence may vary among women and across cultures.

All women would probably agree what constitutes a slap, but what constitutes a violent act or what is understood as violence may vary among women and across cultures.

Nonetheless, not everyone agrees that measuring violence through discrete acts is the most meaningful approach to measurement. For example, Smith, Tessaro, and Earp (1995) have argued that surveys that measure discrete violent behaviors are incapable of capturing the “chronic vulnerability and gendered nature of battered women’s experiences.” However, the purpose of asking questions about domestic violence in a national-level survey is to get the best estimates of the prevalence of the phenomenon. For valid cross-national comparisons, it is important that the questions have the same meaning in all cultural contexts. In this regard, questions about discrete behaviors travel most easily across cultural and linguistic borders.

Another advantage of the modified CTS approach is that it gives respondents multiple opportunities to disclose the experience of violence. The level of comfort in disclosing such experiences to anyone, let alone to an interviewer, is likely to vary among cultures as well as among women sharing the same culture. The level of comfort in disclosing such experiences to anyone, let alone to an interviewer, is likely to vary among cultures as well as among women sharing the same culture. Some women may not be immediately willing to disclose their experience of violence the very first time they are asked, and hence an approach that uses a single gatekeeping question would yield a lower prevalence. Also, a single question is much less likely than multiple questions are to capture women’s varied experiences of violence. Thus, an approach that asks about violence from many different angles using separate questions, is likely to encourage disclosure because it gives women some time to think about their experiences and permits them to disclose when they are ready and/or when they are asked a question describing an experience with which they identify.

The modified CTS approach corrects several inadequacies of the original CTS. Although it is the most commonly used quantitative measure of domestic violence, the original CTS has also been criticized on several grounds (c.f. DeKeseredy and Schwartz, 1998), including: 1) it situated abuse in the context of disputes, disagreements, or differences, rather than allowing for the possibility that abuse can occur even without any other form of conflict; 2) it did not include sexual violence, which is often a complement of other forms of physical violence; and 3) it grouped acts of violence into categories that suggest that the act determines severity, rather than its consequences. Most of these shortcomings of the original CTS do not apply, however, to the modified CTS recommended by the DHS program. The modified CTS incorporates questions on sexual violation along with questions on physical violence. Further, the DHS program implements the CTS in a way that does not assume that violence takes place only in circumstances characterized by conflict. The module also contains questions that investigate the consequences of violence: one set of questions asks about physical outcomes of the violence, such as bruises or broken bones. Notably, however, there is no further probing into possible motives for the violence that took place, and there is no investigation into the meaning for the woman of a given act of violence. In this report, no attempt was made to rank the severity of abuse.

On the basis of one of these two approaches to the reporting of spousal violence, two indicators of the prevalence of spousal or intimate partner violence are defined and used throughout this report, namely, having ever experienced spousal violence and having experienced spousal violence in the 12 months preceding the survey. While the former measure reflects lifetime experience, the latter identifies women who are currently at risk. Spousal violence measures (unless otherwise indicated) explicitly include both physical and sexual violence perpetrated by husbands (including current or past husband/partner) in Cambodia, Colombia, the Dominican Republic,

Haiti, Nicaragua, and Zambia. In the remaining countries, the questions used did not separately ask about acts of sexual violence, and hence such violence would be included only if respondents themselves see their experience of sexual violence as an experience of physical violence, beatings, or mistreatment.

The advantages of the CTS approach, compared with the single-question threshold approach, suggest that violence data collected with the latter approach may underestimate prevalence. The extent to which this is true, however, is likely to differ across countries and within countries by culture and region. The extent of underestimation may also depend on how acceptable the reporting of violence is and the very prevalence of violence that is being measured. Consequently, it is important that comparison of the prevalence of violence across countries be carried out with caution.

1.2.2 Ensuring the Ethical Collection of Violence Data

Much of the information typically collected in a DHS survey is very personal and sensitive in nature (e.g., information on sexual behavior and condom use). Consequently, the DHS program already has strict procedures that meet international requirements of informed consent and privacy of information. Precautions include the requirement that names of respondents are never disclosed and are excluded from all data sets. In addition to these precautions, several other safety and ethical procedures and guidelines are recommended when a country considers collecting domestic violence data as a part of the planned DHS. These guidelines, in keeping with World Health Organization (2001) ethical and safety recommendations for research on domestic violence, include:

- An instruction, built into the domestic violence module, that requires the interviewer to continue the interview only if privacy is ensured. If privacy cannot be obtained, the interviewer must skip the module and enter an explanation of what happened.
- At the start of the module, each respondent is read a statement to inform her that the next set of questions are very personal in nature and will explore different aspects of a woman's life. The statement also assures the respondent that her answers are completely confidential and that no one else will be told her answers. This statement is in addition to the informed consent obtained at the start of the DHS interview.
- Special training is provided for interviewers and supervisors to sensitize them to the problem of domestic violence and to the specific challenges involved in collecting data on violence. The need to develop a rapport with the respondent and ensure privacy is emphasized both during the training and practice sessions.
- Only one eligible woman in each selected household is to be administered the module questions. In households with more than one woman eligible for the DHS survey, the woman administered the module is to be randomly selected through a specially designed sample-selection procedure. By interviewing only one woman in each household for the domestic violence questions, possible security breaches due to other persons in the household knowing that information on domestic violence was given are minimized.
- Information on organizations that provide services or referrals to victims of domestic violence is made available to any respondent who asks the interviewer for help.
- If men are interviewed, they are not asked domestic violence questions.

It is also recommended that translators not be used to administer the domestic violence questions. The use of translators is minimized in the survey because DHS guidelines require that questionnaires be translated into the major languages of the country. Accordingly, in Cambodia, the questionnaire was translated into Khmer; in Colombia, the Dominican Republic, and Peru, it was translated into Spanish; in Haiti, it was translated into French and Creole; in Zambia, it was translated into seven languages, and in India, it was translated into 17 languages. To minimize any changes in meaning through translation, the DHS program routinely performs back-translation to check the accuracy of the translated questionnaire.

Most of these recommendations have been followed in countries where the DHS domestic violence module has been implemented.

1.2.3 Attempts to Minimize Underreporting of Violence

There is often a culture of silence around the topic of domestic violence, which makes the collection of data on this sensitive topic particularly challenging. Even women who want to speak about their experience with domestic violence may find it difficult because of feelings of shame or fear.

DeKeseredy and Schwartz (1998), for example, note that while all victims' surveys exhibit a certain amount of underreporting, it is assumed that surveys that incorporate questions on intimate violence are particularly susceptible to this shortcoming.¹ Building rapport with the respondent, ensuring privacy, providing the respondent with multiple opportunities for disclosure, and asking longer, more probing questions following the simple measures embodied in the CTS have all been identified as possible ways to encourage the reporting of violence (c.f. DeKeseredy and Schwartz, 1998; Ellsberg et al., 2001). There are several ways in which the DHS program has attempted to encourage disclosure. The new module, as discussed above, provides respondents with multiple opportunities for disclosure, not only by asking them many different times about any experience of violence, but also by asking them about many different forms of violence. The module is generally located in the latter part of the DHS questionnaire; therefore by the time the respondent is asked about her experience of violence, the interviewer and respondent are fairly well acquainted. Several of the ethical and safety guidelines described above also contribute directly to promoting disclosure of any experience of violence. For example, the special training focuses on asking about violence in nonjudgmental tones. Also, the option of discontinuing the interview if complete privacy cannot be obtained increases the likelihood that violence questions are asked only when the respondent feels secure.

Despite these precautions, concern remains about possible underestimation of violence. However, in at least one country, Cambodia, there is independent corroboration of the DHS spousal violence estimate. The Cambodia DHS estimate is almost identical to the corresponding estimate from the Household Survey of Domestic Violence in Cambodia (Ministry of Women's Affairs and Project Against Violence, 1996). When interpreting differentials in prevalence among subgroups in a given country, caution should always be exercised. While a large part of any substantial differences in violence between subgroups undoubtedly reflects actual differences in

There is often a culture of silence around the topic of domestic violence, which makes the collection of data on this sensitive topic particularly challenging. Even women who want to speak about their experience with domestic violence may find it difficult because of feelings of shame or fear.

¹ The assumption that shame is associated with domestic violence, with underreporting being a consequence of such shame, might be a cultural artifact (associated with the researcher). To the authors' knowledge, there have been no studies that attempt to discern whether or not domestic violence is a shameful or embarrassing topic in all cultural contexts.

prevalence, differential underreporting by women in the different subgroups can also contribute to the exaggeration or narrowing of differences in prevalence. Caution is also advised when comparing the overall prevalence of violence among countries, especially among countries that have used different approaches to measure prevalence.

2

Prevalence of Different Types of Domestic Violence

This chapter documents the prevalence of different forms of violence, estimated from responses given by women age 15-49 who were asked about their experience of violence. The types of violence discussed include physical and sexual violence by anyone; physical, sexual, and emotional violence by a spouse/partner; violence during pregnancy; and violence by wives against their husbands. In Section 2.1, the prevalence of violence by anyone, prevalence of spousal violence, and violence during pregnancy are discussed. In Section 2.2, an in-depth examination is conducted of various forms of spousal violence, including types of physical, sexual, and emotional violence, based on information obtained from women's responses to the Conflict Tactics Scale (CTS) questions. Also discussed is violence by wives against their husband/partner. In Section 2.3, the relationship between injuries and the experience of violence is examined. This discussion is followed by a discussion in Section 2.4 of the timing of the initiation of spousal violence and its frequency. Finally, in Section 2.5, help-seeking behaviors of women who have ever experienced violence by anyone are discussed. Details of questions used in each country are provided in Appendix A.

2.1 Prevalence of Domestic Violence and Violence by Anyone

Table 2.1 shows the prevalence of any violence since age 15 (since first marriage in Egypt) by anyone for all women age 15-49 and the percentages of ever-married women who have experienced violence ever and in the 12 months preceding the survey. Women are said to have experienced violence if they say "yes" to any one of the relevant questions summarized in the last column of the table. Countries differentially include sexual violence: in Egypt, India, and Peru, no explicit questions were asked about sexual violence; in Cambodia, Colombia, the Dominican Republic, Haiti, and Nicaragua, women were asked about sexual violence by current or last husband/partner; and in Zambia, all women were asked about sexual violence by anyone, including their husband.

Table 2.1 shows that the proportion of women reporting violence by anyone since the age of 15 (or since first marriage in Egypt) is high in all countries: in Zambia, more than half of women report having experienced violence; in Peru and Colombia, more than two out of five women have experienced violence; in Egypt, Haiti, and Nicaragua, the proportion is one in three; and in the Dominican Republic, Cambodia, and India, it is about one in four (see Figure 2.1).

Rates of spousal/intimate partner violence among ever-married women vary similarly across countries, with the rates being highest at 48 percent in Zambia, 44 percent in Colombia, and 42 percent in Peru, and lowest at 18 percent in Cambodia. With the exception of Colombia, rates of spousal violence alone are much lower (Cambodia, Haiti, Peru, and Zambia) or somewhat lower (Dominican Republic, Egypt, India, and Nicaragua) than the rates of any violence.

Table 2.1 Percentage of women age 15-49 who have experienced any violence by anyone since the age of 15 years (or since first marriage in Egypt), percentages of ever-married women age 15-49 who have experienced violence by a husband/partner ever and in the 12 months preceding the survey, and the types of questions used to estimate violence, by country

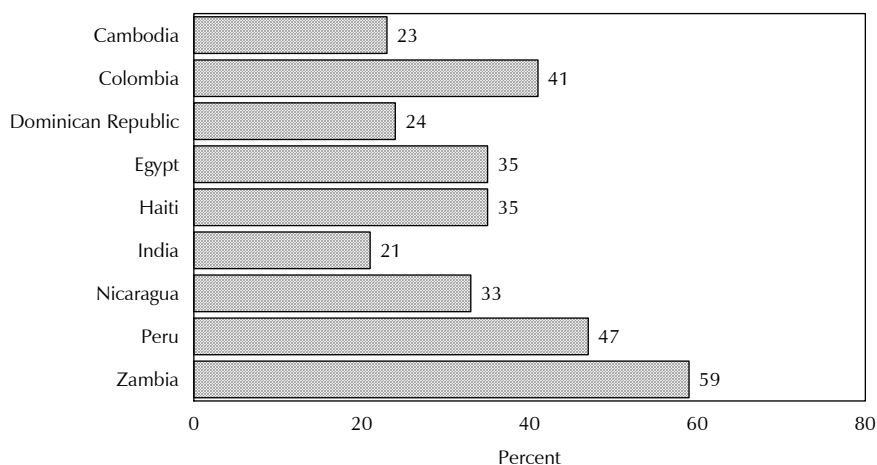
Country	Ever-married women			Definition of having experienced violence: a “yes” on one or more
	Percentage of women ever beaten by anyone	Percentage ever beaten by a spouse/partner	Percentage beaten by a spouse/partner in the past 12 months	
Cambodia ¹	23.4 (n=2,403)	17.5 (n=2,403)	15.4 (n=2,403)	Items on the modified CTS and questions on being hit, slapped, kicked, or physically hurt by someone ever and/or during pregnancy
Colombia	41.0 (n=11,536)	44.1 (n=7,602)	u	Items on the modified CTS and questions on being hit, slapped, kicked, or physically hurt by someone ever and/or during pregnancy
Dominican Republic	23.9 (n=8,746)	22.3 (n=6,807)	11.0 (n=6,807)	Items on the modified CTS and questions on being hit, slapped, kicked, or physically hurt by someone ever and/or during pregnancy
Egypt ¹	35.0 (n=7,123)	34.4 (n=7,123)	12.5 (n=7,123)	Questions on having ever been beaten since first married and during any pregnancy
Haiti	35.2 (n=3,389)	28.8 (n=2,347)	21.0 (n=2,347)	Items on the modified CTS and questions on being hit, slapped, kicked, or physically hurt by someone ever and/or during pregnancy
India ¹	21.0 (n=90,303)	18.9 (n=90,303)	10.3 (n=90,303)	Question on having been beaten or mistreated physically since age 15
Nicaragua ¹	32.6 (n=8,507)	30.2 (n=8,507)	13.2 (n=8,507)	Items on the modified CTS and questions on being hit, slapped, kicked, or physically hurt by someone ever and/or during pregnancy
Peru	47.4 (n=27,259)	42.4 (n=17,369)	u	Questions on being pushed, hit, attacked physically by spouse/partner and/or hit, slapped, kicked or hurt physically by anyone
Zambia	58.7 (n=5,029)	48.4 (n=3,792)	26.5 (n=3,792)	Questions on having been beaten by husband, beaten by anyone, forced to have sex by anyone including the husband, or forced to have sex with a third party

¹ Sample includes only ever-married women
u = Unknown (not available)

Rates of violence in the year prior to the survey among all ever-married women are necessarily similar to or lower than the rates of violence ever reported by the same women, and they measure the extent to which women are currently at risk of violence. Current violence rates will be more similar to rates of ever-experience of violence in countries where the status of women does not allow them to renegotiate the terms of their relationships with their partners and where women cannot easily leave violent relationships (through formal divorce, for example). Information on the experience of recent violence was not obtained in Colombia and Peru, but for the other countries, the proportion of women who have experienced spousal violence in the

year preceding the survey ranges from a high of 27 percent in Zambia to a low of 10 percent in India. In Cambodia, most of the women (88 percent) who report ever being abused by a husband or partner also report being abused in the past 12 months. This proportion is also very high in Haiti, at 73 percent. In the Dominican Republic, India, and Zambia, about half of the women who report ever experiencing spousal violence also report experiencing violence in the past year. Only in Egypt and Nicaragua does the proportion of women reporting recent violence fall below half to 36 and 44 percent, respectively.

Figure 2.1
Percentage of all women who have experienced any violence by anyone



Note: Cambodia, Egypt, India, and Nicaragua are ever-married women.

Women age 15-49 who were ever pregnant (including those currently pregnant) were asked whether they had ever experienced violence or physical mistreatment by anyone during any pregnancy. Table 2.2 shows that 13 percent of women in Colombia have experienced violence by someone during pregnancy, compared with 6 to 7 percent in the Dominican Republic and Haiti. In these countries, for most women reporting violence during pregnancy, the perpetrator was a husband. Violence during pregnancy is least prevalent in Cambodia, where only 3 percent of women report beatings by anyone during pregnancy and only 1 percent report violence by a husband. In Egypt, 11 percent of women report being beaten during pregnancy by someone, and in Nicaragua, 11 percent of women report being beaten during pregnancy by a husband. The true estimates in both Egypt and Nicaragua may be somewhat higher, however, since the reported estimates do not include the experience of women who have been beaten only during pregnancy (and not before and after) and who did not say “yes” to the questions on having ever experienced violence.

Table 2.2 Among women who have ever been pregnant, percentage who have ever experienced violence during pregnancy by anyone

Country	Percentage of women who ever experienced violence during pregnancy		Number of women ever pregnant
	By anyone	By a husband	
Cambodia ¹	2.5	1.3	2,288
Colombia	12.8	10.6	7,286
Dominican Republic	6.2	5.1	6,467
Egypt ²	11.1	u	6,652
Haiti	6.5	5.4	2,226
Nicaragua ²	u	11.1	8,142

¹ Question on whether woman was beaten during pregnancy did not include “husband” as a pre-coded response category

² In Egypt and Nicaragua, only women who had reported ever experiencing violence were asked the question on whether they had experienced violence during pregnancy. Hence the reported proportions do not include women who experienced violence only during pregnancy but not before and after and did not say “yes” to the questions on ever experience of violence.

u = Unknown (not available)

2.2 Different Forms of Spousal Violence

The different forms of violence discussed in this section include specific acts of physical, sexual, and emotional violence perpetrated by the husband/partner against his wife and any violence perpetrated by the wife against the husband/partner.²

Physical spousal violence. For the five countries where the modified CTS was used, Table 2.3 shows the percentages of women who report the different types of violence included in the scale to measure spousal physical violence. Small variations in the actual wording of the different “acts” of violence included are noted in the footnotes to the table.

In all five countries, acts described in items (a) and (b) in the table (“push you, shake you, or throw something at you” and “slap you or twist your arm”) tend to be the ones most commonly reported by women. In all countries, more than one in six women report having experienced at least one of these acts. Acts (a) to (e) are, in general, more commonly reported than acts (f) to (h). In Colombia, 40 percent of women report at least one act from (a) to (e); in the remaining countries, this proportion is 16 to 27 percent. By contrast, acts (f) to (h) are reported by 4 to 11 percent of

² While these data are rarely of interest on their own, they are discussed here to provide insight into the pattern of responses given by women across countries where virtually identical questions were fielded.

Table 2.3 Percentage of ever-married women age 15-49 who have experienced specific acts of violence included in the modified CTS ever or in the 12 months preceding the survey

Item	Cambodia (n=2,403)		Colombia (n=7,602)		Dominican Republic (n=6,807)		Haiti (n=2,347)		Nicaragua (N=8,507)	
	Ever	Past year	Ever	Past year	Ever	Past year	Ever	Past year	Ever	Past year
(a) Push you, shake you, or throw something at you	10.0	8.6	36.6 ¹	na	15.1	7.8	12.5	8.5	22.3	9.6
(b) Slap you or twist your arm	11.3	9.8	30.7 ²	na	11.8	6.2	11.2	7.9	17.1	6.4
(c) Punch you with a fist or something that could hurt you	6.1	5.4	8.8 ³	na	9.6	5.1	9.3	5.9	19.4	7.3
(d) Bite you	na	na	3.5	na	na	na	na	na	na	na
(e) Kick or drag you	5.9	5.1	12.4	na	3.7	2.0	6.8	4.1	9.2	3.1
Only one type of act (a-e)	6.6	6.0	10.7	na	5.5	2.8	5.8	4.6	7.2	4.0
Any two types of acts (a-e)	3.7	3.4	13.9	na	5.2	2.6	3.7	2.5	6.3	3.2
Any three types of acts (a-e)	2.8	2.3	8.4	na	4.0	2.3	1.9	1.5	6.5	2.2
Any four types of acts (a-e)	2.7	2.3	5.2	na	3.1	1.5	5.2	3.0	7.1	2.4
All five types of acts (a-e)	u	u	1.5	na	u	u	u	u	u	u
Any act (a-e)	15.9	14.0	39.7	na	17.8	9.3	16.6	11.7	27.1	11.8
(f) Try to strangle or burn you	0.6	0.5	4.5	na	3.3	2.1	1.9	1.3	7.0	2.6
(g) Threaten you with a knife, gun, or other type of weapon	3.1	2.6	8.4	na	4.1	2.5	2.9	2.0	8.8	2.8
(h) Attack you with a knife, gun, or other type of weapon	1.3	1.0	3.9	na	2.5	1.5	0.9	0.8	u	u
Only one type of act (f-h)	3.1	2.8	5.7	na	3.5	2.2	2.9	2.4	6.9	2.6
Any two types of acts only (f-h)	0.6	0.4	3.1	na	1.4	0.8	1.1	0.7	4.5	1.4
All three types of act (f-h)	0.2	0.2	1.6	na	1.2	0.8	0.2	0.1	u	u
Any act (f-h)	3.9	3.4	10.4	na	6.1	3.8	4.2	3.2	11.4	4.0
Any physical violence: At least one act from (a-h)	16.4	14.6	40.0	na	18.4	9.8	17.3	12.5	27.6	11.9

¹ Only "push and shake you"
² Hit you with his hand
³ Hit you with a hard object"
na = Not applicable; u = Unknown (not available)

women. The proportion of women reporting at least one of the listed acts (a-h) is 16 to 18 percent in Cambodia, Haiti, and the Dominican Republic, 28 percent in Nicaragua, and 40 percent in Colombia. Few women report experiencing all of the types of acts listed as (a) to (e), and an even smaller proportion report all of the acts listed as (f) to (h) in any country.

Sexual spousal violence. Table 2.4 shows the percentage of women reporting different acts of marital sexual violence by a current or last husband/partner. Zambia is the only country where this information is not obtained with a CTS format. In Zambia, all women were asked whether they had ever been forced to have sex by anyone, including their husband, and whether they had ever been forced to have sex with a third person.

The percentage of ever-married women reporting that they have experienced an act of sexual violence by their husband or partner ranges from 17 percent in Haiti, to 10 to 11 percent in Colombia and Nicaragua, and 4 to 6 percent in the remaining countries. Notably, with the exception of Nicaragua, in the remaining four countries for which data are available, at least two-thirds of the women who report ever experiencing spousal sexual violence also report such violence for the 12 months preceding the survey. In Nicaragua, this proportion is also high but less than half (38 percent).

Table 2.4 Percentage of ever-married women age 15-49 who have experienced specific marital sexual acts of violence included in the modified CTS ever or in the past 12 months

Item	Cambodia (n=2,403)		Colombia (n=7,602)		Dominican Republic (n=6,807)		Haiti (n=2,347)		Nicaragua (N=8,507)		Zambia (n=3,792)	
	Ever	Past year	Ever	Past year	Ever	Past year	Ever	Past year	Ever	Past year	Ever	Past year
(a) Threaten you in order to have sexual intercourse even when you did not want to	u	u	u	u	u	u	u	u	6.6	2.4	u	u
(b) Physically force you to have sexual intercourse even when you did not want to	3.4	2.9	11.0	u	6.0	4.0	16.7	14.4	8.7	3.0	5.1	3.9
(c) Force you to perform other types of sexual acts you did not want to ¹	1.4	1.2	u	u	3.4	2.2	6.0	5.5	5.7	2.4	0.0	0.0
Only one type of act (a-c)	2.5	2.2	11.0	u	3.5	2.3	11.4	9.7	3.4	1.6	5.1	3.9
Only two types of act (a-c)	1.1	0.9	na	u	3.0	2.0	5.7	5.1	2.9	0.9	0.0	0.0
All three types of acts (a-c)	na	na	na	na	na	na	na	na	3.9	1.5	na	na
At least one act (a-c)	3.6	3.2	11.0	u	6.4	4.2	17.0	14.8	10.2	3.9	5.1	3.9

¹ In Zambia, respondents were asked whether they had ever been forced to have sex with another person.
na = Not applicable
u = Unknown (not available)

Emotional spousal violence. As part of the domestic violence module, women were asked about several different behaviors that can be considered as constituting emotional violence. The only two behavior questions common to the modified CTS used across countries were “Does/did your husband ever say or do something to humiliate you in front of others?” and “Does/did your husband threaten you or someone close to you with harm?” The percentage of ever-married women reporting that their husbands/partners do exhibit these behaviors are shown in Table 2.5.³

Table 2.5 Percentage of ever-married women age 15-49 who report experiencing specific behaviors by their husbands that constitute emotional violence

Country	Specific acts of emotional violence		Experienced at least one of the specified acts of emotional violence	Experienced both of the specified acts of emotional violence	Experienced at least one of the specified acts of violence in the 12 months preceding the survey
	Ever humiliated her in front of others	Ever threatened her or those close to her with harm			
Cambodia	7.9	9.3	13.5	3.7	12.1
Colombia	11.5	u	11.5	u	u
Dominican Republic	15.1	9.9	17.7	7.2	11.3
Haiti	11.9	6.9	13.2	5.5	10.8
Nicaragua	27.7	16.5	29.0	22.3	15.9

u = Unknown (not available)

³ The cross-cultural validity of the items on the emotional violence scale has not yet been unequivocally established; hence, much more care is needed in interpreting this information compared with the information on physical and sexual violence. This is also a reason why data on emotional violence are not included in the rates of violence reported, analyzed, and used elsewhere in this report.

Twelve percent or more of women report that their husbands have subjected them to at least one of these behaviors. In Nicaragua, 29 percent of women report experiencing at least one such behavior and 22 percent report being subjected to both types of behaviors. In the Dominican Republic, 18 percent of women report emotional violence, and in the remaining three countries, the proportion is 12 to 14 percent. The percentage of women experiencing emotional violence in the past year, in the four countries for which these data are available, are fairly similar: in all four countries, 11 to 16 percent of women have experienced emotional violence at the hands of their husbands/partners in the past 12 months.

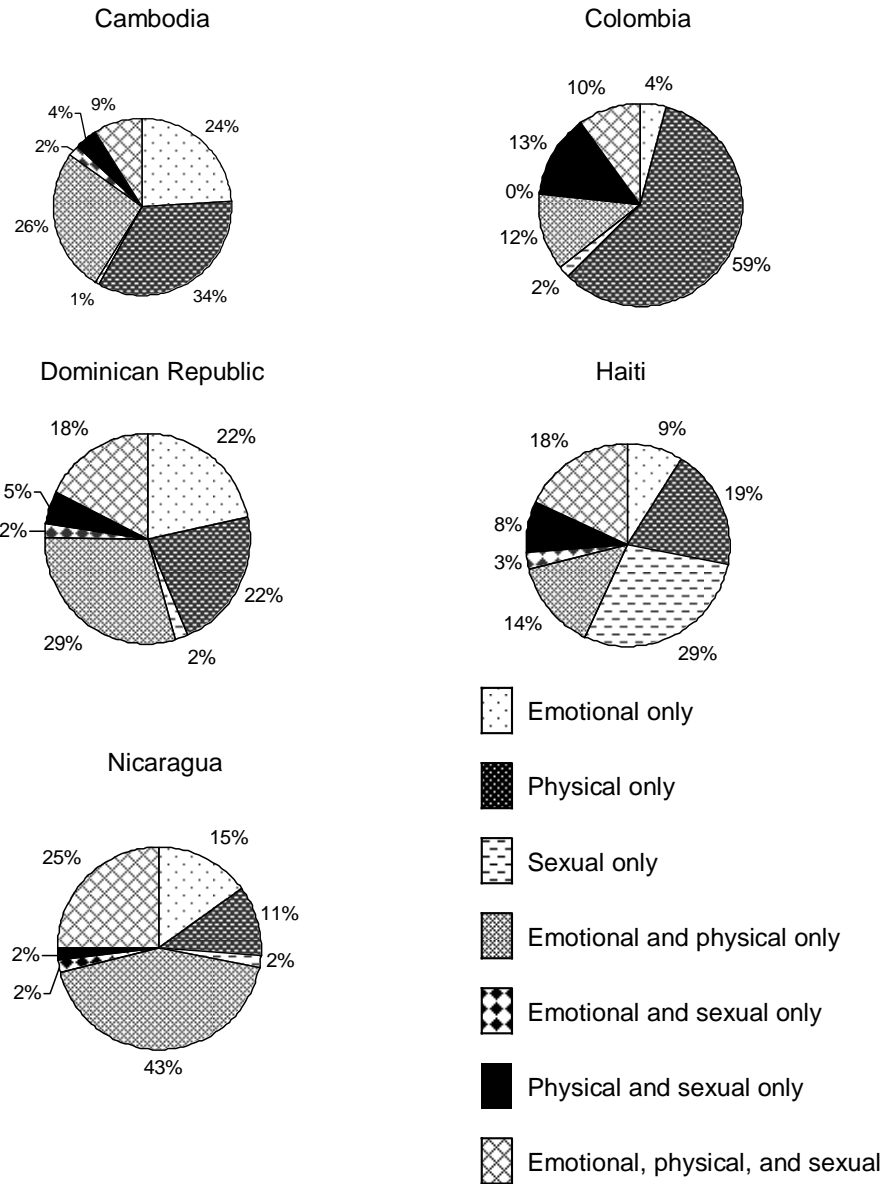
Combinations of spousal violence. Since emotional, physical, and sexual violence are likely to co-occur, Table 2.6 shows the percentage of ever-married women who report different combinations of emotional, sexual, and physical violence. Figure 2.2 shows the percent distribution of women who report emotional, physical, or sexual violence according to types of violence they have experienced.

Table 2.6 Percentage of ever-married women age 15-49 who have ever experienced different combinations of spousal violence

Country	Emotional only	Physical only	Sexual only	Emotional and physical only	Emotional and sexual only	Physical and sexual only	Emotional, physical, and sexual	Emotional, physical, or sexual	Number of ever-married women
Cambodia	5.5	7.6	0.3	5.8	0.4	0.9	2.1	22.3	2,403
Colombia	1.7	24.9	1.0	5.3	0.1	5.5	4.4	42.8	7,602
Dominican Republic	5.5	5.4	0.5	7.3	0.4	1.1	4.5	24.7	6,807
Haiti	2.6	5.5	8.4	4.2	1.0	2.3	5.4	29.3	2,347
Nicaragua	5.2	3.8	0.5	14.7	0.6	0.6	8.5	33.9	8,507

Based on the items on the CTS only, 43 percent of ever-married women in Colombia, 34 percent in Nicaragua, 29 percent in Haiti, 25 percent in the Dominican Republic, and 22 percent in Cambodia have experienced emotional, physical, or sexual violence by their current or last husband (Table 2.6). In Cambodia, women are most likely to report physical violence only, followed by emotional and physical violence only and by only emotional violence. Other types of violence on their own or in combination are far less common (see Figure 2.2). In Colombia, few women report either emotional violence or sexual violence alone or in combination. Women are most likely to report only physical violence (25 percent), followed by combinations of physical violence with sexual and/or emotional violence. In the Dominican Republic and Nicaragua, sexual violence is least likely to be reported; however, physical and emotional violence alone or in combination are most common. Haiti is the only country where sexual violence alone is reported more often than any other form of violence on its own or in combination. As shown in Figure 2.2, sexual violence accounts for 29 percent of violence reported in the CTS by women in Haiti. The next most common types of violence reported are physical only (19 percent) and all three forms of violence (18 percent).

Figure 2.2
 Percent distribution of ever-married women who have experienced spousal violence (emotional, physical, or sexual), by type of violence experienced



Violence by women against their husband/partner. Spousal violence by the husband is not the only form of spousal violence. Women may also sometimes be the perpetrators of violence. To measure violence by wives against their husbands, (violence that is not in self-defense alone) women were asked, “Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?” The phrase “when he was not already beating or physically hurting you” is included in the question to help minimize the reporting of violence resorted to in self-defense. However, since the question does not explicitly exclude acts committed in response to a perceived or known threat, it remains unclear how much of the reported violence by women is occurring because women who have already experienced abuse are acting violently in anticipation of further abuse and how much of it is due to women initiating abuse without any known threat. To begin to sort out some of these issues, though not conclusively, the proportion of women reporting violence against their husbands is also presented by whether women have themselves been abused.

Accordingly, Table 2.7 shows the percentage of all ever-married women who say that they have ever physically abused their husbands or physically abused their husbands in the past year. Also shown in the table is the variation in these proportions by women’s own experience of violence. Figure 2.3 shows the proportions of ever-married women who have experienced spousal violence and have not abused their husbands, have experienced spousal violence and abused their husbands, and have abused their husbands but have not themselves experienced spousal violence.

Table 2.7 Percentage of ever-married women age 15-49 who report hitting or physically mistreating their husbands ever and in the 12 months preceding the survey, by whether they themselves have experienced any violence by their husbands

Country	Ever experienced violence by husband		Never experienced violence by husband		All ever-married women	
	Beaten husband ever	Beaten him in the past 12 months	Beaten husband ever	Beaten him in the past 12 months	Beaten husband ever	Beaten him in the past 12 months
Cambodia	10.0	7.9	2.1	1.9	3.5	2.9
Colombia ¹	13.4	u	u	u	u	u
Dominican Republic	29.3	16.1	8.5	3.7	13.1	6.5
Haiti	14.5	11.9	1.0	0.8	4.9	4.0
Nicaragua ¹	15.1	u	u	u	u	u

¹The question used was “Do you remember if you have ever been the one to hit first?” and is asked only of women who reported in the modified CTS that they had experienced violence from their husband.

u = Unknown (not available)

There are only three countries (Cambodia, the Dominican Republic, and Haiti) where data are available for all ever-married women on violence by women against their husbands. Additionally, for Colombia and Nicaragua, the information is available only for women who have themselves experienced spousal violence.

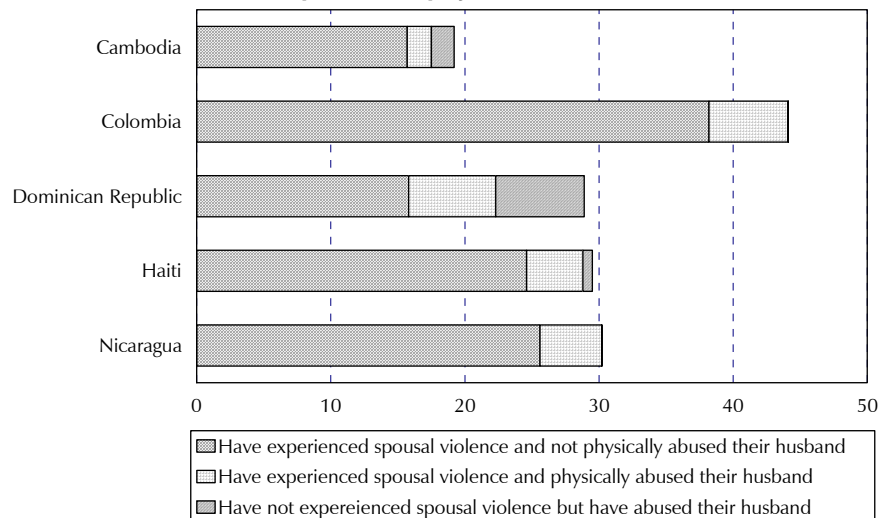
In Cambodia and Haiti, 4 to 5 percent of ever-married women report having physically abused their husband/partner at some time. In the Dominican Republic, this proportion is higher at 13 percent. Since estimates of spousal abuse by women obtained from the women themselves may underestimate the extent of such violence, it is reassuring that for at least one of these countries, an independent comparator based on men’s reports of such violence is available. The Cambodia 1996 Household

Survey on Domestic Violence done under the aegis of the Ministry of Women’s Affairs and Project Against Domestic Violence of Cambodia (Ministry of Women’s Affairs and Project Against Violence, 1996) asked men if they had experienced violence by their wives. The proportion of men reporting such violence is 3 percent; this estimate compares favorably with the 4 percent reported by women in the Cambodia DHS survey.

In all countries, women who are themselves abused are more likely to report having abused their partners. For example, in the Dominican Republic, 29 percent of the women who have experienced spousal violence say they have beaten their spouse, compared with 9 percent of women who have never experienced violence. In the remaining two countries where this comparison is possible, the differentials are similarly large. In Cambodia, 10 percent of women who have themselves been abused have abused their husbands, compared with 2 percent of women who have never been abused; in Haiti, the corresponding proportions are 15 and 1 percent, respectively.

In Colombia and Nicaragua, data were obtained on women’s perpetration of violence only for women who were abused. About one in eight women who have themselves been abused have abused their husbands in these countries. Figure 2.3 highlights the fact that in most countries, the proportion of ever-married women who have physically abused their husbands is only a fraction of those who have themselves been abused. Even in the Dominican Republic, the proportion of ever-married women who have abused their husbands is far less than those who have themselves been abused.

Figure 2.3
Percentages of ever-married women who have experienced spousal violence and not physically abused their husbands, percentage who have experienced spousal violence and have physically abused their husbands, and percentage who have physically abused their husbands but have not themselves experienced physical violence



Note: In Colombia, the percentage of women who have physically abused their husband but have not experienced spousal violence was not assessed.

Together these data suggest that a large part of the reported violence by women against their spouses is occurring in relationships where violence is being used by both spouses. Whether this use of violence by either spouse is in self-defense cannot be determined from these data, however.

2.3 Health Consequences of Violence

In addition to the CTS questions about different acts perpetrated by the husband/partner, ever-married women were also asked whether they had ever experienced specific health-related outcomes because of something the husband/partner may have done. The purpose of these questions (which follow the modified CTS questions in the module) is multifold. For women who have already provided information on violence, they provide information on health consequences that could be related to the violence. For women who have not yet reported spousal violence, they provide an alternative way of reporting the experience of violence. For all women, they provide another opportunity for disclosure. However, in Colombia and the Dominican Republic, these questions were asked only of women who had already disclosed violence. In Egypt too, where the domestic violence module was not used, the question on possible health outcomes was directly linked to women's reporting of violence.

Table 2.8 shows the percentages of women reporting different types of physical health consequences and visits to health facilities resulting from something done by the husband, according to whether women reported any violence or not on other items of the physical and sexual part of the CTS. The table shows that a large proportion of women who experience violence have sustained some injuries, particularly

Violence status	Health outcome					
	Had bruises and aches	Had injury or broken bone	Had to go to a health facility	Other ¹	Had at least one	Had none
Cambodia						
Reported violence	36.5	6.5	6.3	u	38.0	62.0
Did not report violence	0.2	0.0	0.1	u	0.2	99.8
Colombia^{1,2}						
Reported violence	53.3	10.2	27.5	Pregnancy aborted: 2.5 Had loss of function: 2.1	54.1	45.9
Dominican Republic²						
Reported violence	47.5	12.9	20.7	u	50.0	50.0
Egypt^{1,2}						
Reported violence	18.0	u	u	Needed medical attention: 10.2	19.0	81.0
Haiti						
Reported violence	15.5	7.7	9.2	u	18.9	81.1
Did not report violence	0.1	0.1	0.0	u	0.2	99.8
Nicaragua²						
Reported violence	22.7	4.9	4.9	u	23.8	76.2

¹ In Colombia, women were asked whether, as a consequence of something their husband/partner did, the woman lost, temporarily or permanently, an organ, a physical function, or part of the body. In Egypt, women were asked whether they were hurt during a beating such that they needed medical attention, whether they got it or not.

² In Colombia, Egypt, the Dominican Republic, and Nicaragua, questions on health outcomes were asked only of women who reported experiencing one of the acts asked about in the modified CTS, rather than all women eligible for the domestic violence module

u = Unknown (not available)

bruises and aches. In Colombia, more than half of the women who reported experiencing violence reported that they had bruises and aches. This proportion is 48 percent in the Dominican Republic, 37 percent in Cambodia, 23 percent in Nicaragua, and 16 to 18 percent in Egypt and Haiti. Between 5 and 13 percent of women who had experienced violence in the six countries report having an injury or broken bone. In Colombia, 28 percent of women report having had to go to a health facility as a consequence of something the husband had done to her; this proportion is 21 percent in the Dominican Republic and 9 percent or less in the remaining countries.

There are only two countries, Cambodia and Haiti, where data on injuries are available for both the women who had and who had not reported violence in earlier questions. These data clearly show that the types of injuries asked about are common only among women who have also reported experiencing spousal violence. Overall, these data emphasize that spousal violence directly causes severe negative health consequences for a significant proportion of women who suffer such abuse.

2.4 Initiation and Frequency of Spousal Violence

In order to understand the nature and causes of violence, it is important to also document what is known about the initiation of spousal violence. Table 2.9 shows the percent distribution of ever-married women who report spousal violence, by when in their marriage they said the abuse began, for the four countries for which these data are available. The data are shown according to marital duration to minimize truncation and censoring; nonetheless, caution should be exercised in interpreting the

Table 2.9 Percent distribution of ever-married women age 15-49 who have ever experienced spousal violence by when in their marriage/partnership the violence first began, according to marital duration

Duration of marriage	Before marriage	Years after marriage				Since divorce/separation	Total
		0-2 years	3-4 years	5-9 years	10 years or more		
Cambodia							
0-4	(0.0)	(89.2)	(8.1)	na	na	(2.7)	100.0
5-9	0.0	32.1	37.0	28.4	na	2.5	100.0
10-14	2.0	38.8	27.6	20.4	9.2	2.0	100.0
15+	2.2	23.1	12.1	24.7	36.3	1.6	100.0
Total	1.5	34.9	20.5	21.7	19.7	1.6	100.0
Colombia							
0-4	6.8	86.7	6.6	na	na	na	100.0
5-9	2.3	65.8	16.7	15.1	na	na	100.0
10-14	1.4	59.2	17.6	17.1	4.7	na	100.0
15+	2.1	54.6	13.9	15.3	14.0	na	100.0
Total	2.7	62.7	13.8	13.4	7.4	na	100.0
Dominican Republic							
0-4	3.1	87.0	7.4	na	na	2.5	100.0
5-9	0.6	70.4	19.6	9.3	na	0.0	100.0
10-14	1.1	49.0	18.0	21.8	9.2	0.8	100.0
15+	1.3	47.0	11.9	18.9	20.4	0.6	100.0
Total	1.4	58.2	14.3	14.9	10.6	0.7	100.0
Haiti							
0-4	4.4	90.4	4.4	na	na	0.7	100.0
5-9	3.4	52.9	39.5	4.2	na	0.0	100.0
10-14	2.1	54.3	25.5	13.8	4.3	0.0	100.0
15+	2.2	41.4	32.0	14.7	9.4	0.4	100.0
Total	2.8	56.1	26.2	9.8	4.7	0.3	100.0

na = Not applicable
u = Unknown (not available)

results because these problems are not eliminated, especially for women who have been married less than five years. Caution is also needed because these data are dependent on women's recall of the first violent event in relation to the beginning of their marriage; such recall may vary by the length of the marriage.

Table 2.9 shows that in all countries except Cambodia, for women who had experienced violence by the time of the survey, violence is most likely to have started within two years of the marriage at all marital durations. Further, in these countries, the vast majority of women (70 percent or more) at most marital durations have experienced violence in the first five years of marriage. In Cambodia, the timing of the start of violence varies greatly by marital duration; however, even here, over two-thirds of women who have been married less than 15 years have experienced the first episode of violence within five years of marriage.

Another aspect of violence that needs examination is the frequency with which it takes place. Table 2.10 shows the frequency of spousal violence in the 12 months preceding the survey for ever-married women who report any spousal violence. This information is not available for Colombia and Peru.

Table 2.10 Among ever-married women age 15-49 who report ever experiencing violence by a spouse or partner, the frequency of violence in the 12 months preceding the survey

Country	Times experienced violence in the past 12 months			Number of ever-married women who have ever experienced spousal violence
	Frequently (5 or more times)	Sometimes (1-4 times)	Not in the past 12 months	
Cambodia	36.0	50.7	12.0	420
Dominican Republic ¹	42.3	5.7	52.0	1,519
Egypt ²	9.1	35.4	54.6	2,451
Haiti	41.8	29.9	27.8	676
India ³	14.4	40.1	44.8	17,102
Nicaragua	29.3	10.8	57.9	2,570
Zambia	4.3	41.8	53.9	1,836

¹ For the Dominican Republic, frequency is non-numeric and is instead reported as "frequently," "sometimes," or not at all in the past year. This question was asked only of women who reported violence in the modified CTS.

² For Egypt, "frequently" is defined as six or more times, and "sometimes" is defined as one to five times in the past year.

³ For India, frequency is non-numeric and is instead reported as "many times" or "sometimes." Furthermore, in India, it is not possible to be certain that women are reporting on violence experienced from the husband in the past year.

Among women who report any spousal violence, 42 percent report experiencing frequent violence in the past one year in the Dominican Republic and Haiti, 36 percent report frequent violence in Cambodia, 29 percent do so in Nicaragua, and 14 percent in India. Only in Egypt and Zambia is this proportion below 10 percent. In addition, it is also clear from Table 2.10 that among women who have experienced violence in the 12 months preceding the survey, frequent violence is more common among women in the Dominican Republic, Haiti, and Nicaragua than infrequent violence, whereas the opposite is true in the remaining countries.

2.5 Help Seeking

In this final section of the chapter, data are presented on help-seeking behavior of women who have ever experienced any violence by anyone: whether they seek help,

from whom they seek help, and if they do not seek help, the reasons they give for not doing so. Seeking help is loosely defined to also include talking about the abuse to someone. Specifically, Table 2.11 shows, for women who have ever experienced violence by anyone, the percentages who have never sought help for the problem and who have sought help from different sources. Women who said that they did seek help from some source could specify one or more sources: thus, the percentages will not add to 100 percent. Table 2.12 shows the percent distribution of women who did not seek help for the violence they experienced by the main reason for not doing so.

Table 2.11 Among women who have ever experienced violence by anyone, percentage who never sought help from anyone and percentage who sought help from specific sources, by source(s) from which help was sought

Country	Did not seek help	Sought help from ¹										Number of women
		Own family	In-laws	Friends/ neighbor	Husband/ boyfriend	Police	Lawyer/ courts	Doctor/ health center	Women's organizations/ NGOs	Other organizations	Other	
Cambodia	77.5	14.1	2.6	9.9	u	0.2	0.0	0.2	u	0.0	3.8	504
Colombia	62.0	25.6	4.7	10.1	1.2	15.6	3.2	0.2	u	4.5	2.5	4,710
Dominican Republic	58.8	21.7	6.5	15.7	0.5	14.3	1.6	0.0	0.3	3.4	2.2	1,922
Egypt	52.8	43.6	u	2.9	0.4	u	u	0.0	u	u	3.5	2,491
Haiti	68.7	19.7	3.0	8.3	0.4	1.6	1.0	1.0	u	u	1.8	1,120
Nicaragua	40.5	33.6	7.5	26.3	u	12.8	2.8	6.7	3.3	u	7.2	2,822
Peru	57.8	32.8	4.7	5.6	0.9	15.0	3.8	0.6	u	3.0	2.2	12,883

¹ Respondents could specify multiple sources of help.

² Excludes women with information missing on help-seeking behavior.

NGO = Nongovernmental organization

u = Unknown (not available)

As is clear from Table 2.11, in most countries, the majority of women do not seek help. Those not seeking help among women who have ever experienced violence ranges from 41 percent in Nicaragua to 78 percent in Cambodia. Most women who do seek help do so from their own families. Friends and/or neighbors are also an important source for help in Cambodia, Colombia, the Dominican Republic, Haiti and Nicaragua. Institutions that generally have in their mandate the provision of assistance to abused women are rarely used. The police (and similar authorities charged with these duties across countries) are used by 13 to 16 percent of abused women only in Colombia, the Dominican Republic, Nicaragua, and Peru.

The reasons given by abused women for not seeking help are shown in Table 2.12. In the Dominican Republic, Egypt, and Haiti, about half the women say that they did not seek help because it is “no use.” In Nicaragua, 41 percent of women say that it is not necessary. In Cambodia, the most common reason given is that the respondent was embarrassed about the abuse. This reason is also quite common in the remaining countries, with 10 percent of women in Egypt to 21 percent in Haiti mentioning it. Being afraid of further beatings is rarely mentioned by women in Cambodia and Egypt, but in Nicaragua, 18 percent of women give this as the main reason for not seeking help. This reason is also relatively common in the Dominican Republic (8 percent) and Haiti (9 percent). In Cambodia, over one in ten women who have not sought help say that it is because they do not know where or to whom to go.

Table 2.12 Percent distribution of women who experienced violence by anyone and did not seek help by reason for not seeking help

Reason for not seeking help	Cambodia	Dominican Republic	Egypt	Haiti	Nicaragua
Don't know whom to go to	12.3	9.0	8.7	7.2	2.1
No use	18.2	48.0	51.2	51.7	7.3 ¹
Part of life	4.7	4.4	7.7	7.9	40.6 ²
Afraid of divorce	3.6	3.9	0.7	0.3	0.0
Afraid of further beatings	3.7	7.7	1.2	9.3	17.5 ³
Afraid of getting person into trouble	1.5	8.1	11.2	2.8	0.0
Embarrassed	48.4	16.2	10.0	20.5	18.9
Other	7.5	2.7	9.2	0.1	13.5 ⁴
Total	100.0	100.0	100.0	100.0	100.0
Number of women ⁵	362	1,542	1,315	667	2,330 ⁶

¹ The reason given was worded "thought wouldn't help."

² The reason given was worded "thought was not necessary."

³ The reason given was worded "fear of husband."

⁴ Includes "don't know."

⁵ Does not include women who had missing information on this variable.

⁶ Includes women who may have talked about the violence with someone.

Overall, these data show that in most countries, women suffer abuse silently. They tend not to seek help mainly because they think that the help will be of no use—they think that it is part of life or they are embarrassed by the abuse. Further, institutional help of any sort is rarely sought.

Risk Factors for the Experience of Domestic Violence

The factors and processes that contribute to the phenomenon of domestic violence are not clearly understood. Further, the relationships between some background characteristics and violence do not necessarily run in only one direction. For example, while poverty is recognized by many to be a risk factor for domestic violence, violence is also a risk factor for poverty since abuse can result in increased vulnerability to falling into poverty. By examining selected background characteristics of the individuals and relationships affected by intimate partner violence, it is possible to begin to discern certain factors that are associated with an increased risk of experiencing domestic violence.

This chapter first presents the results of bivariate analyses that show the characteristics and context of violence in terms of women's own characteristics, characteristics of their husbands and the marital union, and characteristics of their household. In addition, the intergenerational effects of violence are examined by exploring whether women's own risk of experiencing violence varies by their mother's experience of spousal violence. Two indicators of violence are examined: ever-experience of spousal violence and experience of spousal violence in the past 12 months. Only ever-married women are included in the analysis, where any woman who has lived with a man is considered "married." All data on the husband's partner's characteristics are obtained through the reports of wives/partners. Finally, logistic regression is used to determine the factors that have a consistently significant and direct effect on a married woman's risk of ever and current experience of violence across different countries.

3.1 Woman's Characteristics

The variation in the percentages of women ever experiencing and recently experiencing spousal violence is examined for the following characteristics of women: current marital status, current age, age at first marriage, number of children ever born, education, and work status in the past 12 months.

Current marital status: The first panels in Tables 3.1.1 and 3.1.2 show how prevalence of ever-experience of violence and current experience of violence varies among women who are currently married and have been married only once, women who are currently married and have been married more than once, currently divorced or separated women and currently widowed women. Given that spousal violence is a common reason for divorce, it is not surprising that in most countries, the highest rates of the ever-experience of spousal violence are reported by women who are currently divorced/separated or in a second or higher order marriage, and the lowest rates are reported by women who are still married to their first husband/partner or who have been widowed (Table 3.1.1).

Table 3.1.1 Percentage of ever-married women age 15-49 who have ever experienced spousal violence, by background characteristics

Background characteristics	Cambodia	Colombia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Peru	Zambia
Marital status									
Currently married									
Married only once	15.5	35.1	14.3	34.3	24.5	18.3	21.8	38.5	48.2
Married more than once	27.3	60.5	27.8	48.6	28.2	33.2	45.5	58.2	45.0
Divorced/separated	37.4	61.0	34.5	38.8	45.4	42.8	39.2	59.5	57.9
Widowed	17.5	55.0	19.6	24.1	46.3	16.2	20.4	50.7	41.2
Current age									
15-19	4.0	38.5	19.6	28.7	25.9	13.0	26.6	30.9	38.4
20-24	13.7	43.4	25.7	34.1	33.2	17.1	26.6	37.3	49.3
25-29	21.4	42.9	24.5	34.4	25.2	20.6	29.1	41.3	53.2
30-34	19.1	43.8	23.2	37.1	31.4	21.5	32.4	43.1	48.5
35-39	18.3	45.3	21.7	36.3	27.4	20.5	32.5	44.8	46.4
40-44	12.7	43.3	23.3	33.2	22.0	19.4	33.2	45.2	50.0
45-49	22.1	48.0	15.7	31.7	36.2	17.1	30.0	44.3	44.0
Age at first marriage									
<15	19.2	58.5	31.1	42.2	32.0	25.6	39.2	53.5	54.4
15-19	17.4	50.7	24.1	38.6	29.4	18.7	31.3	48.5	48.5
20-24	17.6	40.0	16.1	28.6	31.4	11.3	22.0	38.9	46.3
25+	17.2	27.0	12.2	19.4	17.8	8.1	16.8	29.0	36.3
Number of children ever born									
0	7.1	27.9	15.5	22.4	27.7	12.4	18.2	22.2	38.9
1-2	15.2	39.8	20.4	30.4	24.4	16.1	24.2	37.6	48.2
3-4	17.3	50.3	24.6	33.9	24.9	21.1	34.2	45.0	50.4
5+	21.5	54.4	25.8	42.0	35.7	23.9	36.9	52.7	49.0
Education									
No education	20.9	48.8	21.9	41.5	24.8	23.5	33.1	43.7	46.8
Primary	16.8	48.0	24.8	42.5	30.3	20.7	31.8	46.0	49.4
Secondary or higher	12.1	41.0	19.5	17.5	34.7	9.8	26.9	40.0	47.1
Work status									
Not working	18.8	37.7	19.2	36.2	26.0	14.9	25.9	36.2	48.9
Working, paid in cash	18.2	43.4	25.7	21.0	30.5	26.7	35.4	46.2	49.5
Working, paid in kind	15.6	48.2	13.7	u	*	u	u	45.6	(44.7)
Working, not paid	19.1	49.2	13.8	54.7	*	22.3	31.1	42.4	46.4

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test ($p > 0.05$). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

u = Unknown (not available)

Current spousal violence rates (experience of violence in the past 12 months) also vary significantly with women's marital status in all countries except Haiti. However, the expectation that the end of a marriage will translate into an end of the risk of spousal abuse is not borne out in every country. While widowed women in every country, except Cambodia, have the lowest rates of current violence, currently divorced women continue to have rates that are much higher than those for women in their first marriage or widowed women. In most countries, women who are currently in their second or higher order marriages have the highest rates of violence. Notably, women who are in their second or higher order marriages are about 50 percent more likely to report current violence than women in their first marriage in all countries except Haiti and Zambia.

Age: A woman's age is thought to affect the likelihood that she will experience domestic violence. Researchers argue that as a woman ages, she often grows in social status as she becomes not only a wife, but a mother, and perhaps a more economically productive or socially influential member of her community; thus, older women are

less likely to report current experience of abuse than young women (Fernandez, 1997; McClusky, 2001). Tables 3.1.1 and 3.1.2 show that both ever-experience and current experience of violence do vary significantly by age in most, if not all countries; however, the pattern of variation differs substantially.

Ever-experience of violence is generally hypothesized to increase with age, since the older an ever-married woman is, the longer has been her period of exposure to the risk of violence. However, Table 3.1.1 does not support this expectation. Although ever-experience of violence varies significantly with age, it does not increase monotonically with age. In most countries, the rate of ever-experience of violence fluctuates inconsistently within a narrow range with age. In Egypt and India, it first rises, peaking for women age 30-34, and then falls. Nonetheless, in keeping with the exposure argument, in all countries except the Dominican Republic, women in the youngest age group have the lowest rates of ever-experience of violence.

Table 3.1.2 Percentage of ever-married women age 15-49 who experienced spousal violence in the past 12 months, by background characteristics

Background characteristics	Cambodia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Zambia
Marital status							
Currently married:							
Married only once	14.2	8.7	13.0	20.4	10.5	11.9	28.1
Married more than once	22.1	12.9	19.1	21.0	17.7	17.3	28.2
Divorced/separated	27.8	14.4	9.4	24.5	12.1	12.9	25.2
Widowed	14.7	2.0	0.5	16.4	2.8	4.4	7.8
Current age							
15-19	4.0	15.4	21.0	25.4	10.4	18.2	33.3
20-24	12.2	16.7	18.8	31.4	11.4	15.7	35.3
25-29	19.1	13.4	14.1	19.4	12.3	13.9	29.7
30-34	16.8	11.3	12.9	26.2	11.5	13.8	24.2
35-39	16.8	9.6	12.6	22.4	9.9	10.9	19.8
40-44	10.9	5.4	8.2	13.0	7.8	11.5	16.6
45-49	18.1	5.5	4.5	12.5	5.9	6.7	15.8
Age at first marriage							
< 15	16.7	17.3	13.3	28.8	13.6	16.5	29.4
15-19	15.0	11.7	13.8	20.9	10.5	14.0	26.2
20-24	15.8	7.5	11.6	22.8	5.7	9.5	25.9
25+	15.8	4.4	8.2	12.2	4.2	6.2	21.9
Number of children ever born							
0	5.9	9.9	10.5	23.3	8.0	11.1	28.0
1-2	13.7	10.0	15.4	21.7	9.4	12.0	32.9
3-4	15.4	12.2	12.2	20.3	11.0	14.6	28.4
5+	18.6	11.3	10.9	20.3	12.1	13.7	19.4
Education							
No education	18.0	9.8	14.1	18.0	13.3	13.9	27.2
Primary	15.1	13.0	15.0	23.5	9.9	13.6	26.0
Secondary or higher	10.5	8.9	8.3	21.9	5.1	12.4	27.2
Work status							
Not working	17.4	10.2	13.3	21.8	8.7	12.4	29.5
Working, paid in cash	15.1	11.9	6.2	20.8	13.7	14.2	23.9
Working, paid in kind	14.0	7.8	u	*	u	u	(25.6)
Working, not paid	17.9	6.3	23.2	*	11.4	13.2	26.2

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test ($p > 0.05$). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

By contrast, experience of violence in the past year is not affected by duration of exposure (except for women who have been married for less than one year). Net of the duration of exposure effect, the likelihood of experiencing violence tends to decline with age in almost all countries (Table 3.1.2). Specifically, in the Dominican Republic, Egypt, Nicaragua, and Zambia, current experience of violence is highest for women in the two youngest age groups (ages 15-19 and 20-24). After age 24, experience of violence in the past year generally declines with age in these countries, with Haiti being the exception. In Cambodia, the relationship between age and recent violence has an inverted U-shape, starting at 4 percent of women age 15-19 who have experienced violence in the past year, then climbing to a high of 19 percent in the 25-29 age group, followed by a decline to 11 percent among those age 40-44. Then there is an unusual upswing at the oldest age group: 18 percent of women age 45-49 report having experienced domestic violence in the past year. In India, recent experience of violence is relatively low only among women above age 34.

Overall, these data suggest that in most countries, younger women are more at risk of being currently abused than older women. This is borne out not just by the current abuse rates but also by the fact that rates of ever-experience of violence do not increase consistently with age.

Overall, these data suggest that in most countries, younger women are more at risk of being currently abused than older women.

Age at first union: A woman's young age at first union is generally thought to be another risk factor for the experience of domestic violence. This expectation has both contextual- and individual-level explanations. At the contextual level, age at marriage is a reflection of the status of women (Mason, 1987), a correlate of violence, with very early marriages being more common in societies where women's status is low. At the individual level, a woman's age at marriage is expected to be related to her risk of experiencing violence, because when she marries at a very young age she has not been given a chance to acquire the life skills and the maturity needed to ensure her self-interest and security in marriage and within the spousal relationship.

The expectation that the experience of violence varies with age at marriage is supported by the data for most countries. As shown in Tables 3.1.1 and 3.1.2, in all countries except Cambodia and, for current abuse, Zambia, the relationship between violence and age at first marriage is significant and in the expected direction.

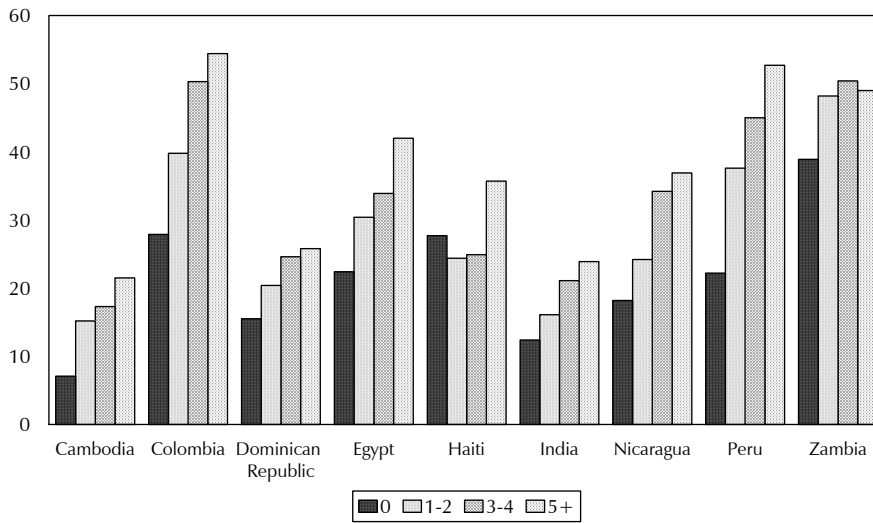
For virtually all countries, those who married at the youngest ages report the most violence for both ever-experience of violence as well as that experienced in the past 12 months. Those who marry at 25 years of age or older consistently report the least violence. For example, 42 percent of women in Egypt who married before age 15 report having ever experienced violence, compared with less than half that proportion among those who married at age 25 or older (19 percent). Similarly, in Colombia, 59 percent of women who married before age 15 report having ever experienced violence, while 27 percent of those who married at age 25 or older report having ever experienced violence.

Number of children: Several studies indicate that the risk of experiencing violence is positively associated with women's number of children (e.g., Ellsberg, 2000; Martin et al., 1999). What remains unclear is the direction of the relationship - whether increased fertility leads to violence, or violence leads to increased fertility. The relationship between violence and the number of children a woman has borne can be conceptualized such that when there are more children in a household, there is less income per capita: insufficient resources may lead to exacerbated levels of stress for the head of the household, which may lead to violence in some instances; hence, the more children, the greater likelihood of violence (Martin et al., 1999). However, the rela-

tionship may work in the opposite direction. The existence of greater numbers of children in a household is a result of, rather than a cause of, spousal violence, in that women who are subject to partner violence may be less able to control their own sexuality and fertility than women who are not subject to violence (Johnson, 2003).

In all countries except Haiti, women with no children have the lowest rates of ever-experience of violence, and in most countries, women with five or more children have the highest rate of ever-experience of violence (Table 3.1.1 and Figure 3.1). Further, in most countries, the reported rate of violence increases fairly consistently with the number of children. For example, in Peru, 22 percent of women who have no children report ever experiencing violence, compared with 38 percent of women with one or two children, 45 percent of women with three or four children, and 53 percent of women with five or more children. This pattern is similar to that in Cambodia, Colombia, the Dominican Republic, Egypt, India, and Nicaragua. The bivariate relationship between violence and parity is more consistent for women’s ever-experience of violence than for their recent experience of violence (Table 3.1.2).

Figure 3.1
Percentage of ever-married women age 15-49 who have ever experienced spousal violence, by number of children ever born



Education: Education has been shown to be a source of empowerment for women, facilitating their ability to “gather and assimilate information, manipulate and control the modern world, and interact effectively with modern institutions” (Kishor, 2000; however, see Malhotra and Mather, 1997). It is hypothesized that women with more education have greater resources to draw upon in times of need, such as when dealing with a violent partner. Thus, it is expected that women with more education experience less violence.

In Cambodia, Colombia, India, and Nicaragua, the relationship between ever-experience of violence and education is negative and monotonic: the more education a woman has, the less likely she is to report having ever experienced violence. For

example, in Cambodia, 21 percent of women who have no education report having ever experienced violence, compared with 17 percent of those with primary education and 12 percent of those with secondary or higher education. In the Dominican Republic, Egypt, Peru, and Zambia, the highest rates of violence are found among women with primary education and the lowest rates are found among women with secondary or higher education. In Haiti, by contrast, education is positively related to the ever-experience of violence: the more education a Haitian woman has, the more likely she is to report that she has ever experienced violence.

Despite the varying patterns across countries in the relationship between education and the ever-experience of violence, it is worth noting that the differentials by education are never very large. In two countries, the rates for women with secondary or higher education are either higher than those for women with no education (Haiti) or are the same (Zambia), whereas in four countries (Colombia, the Dominican Republic, Nicaragua, and Peru), the rate for women with secondary or higher education is at least 72 percent of the rate for women with no education. Only in Egypt and India are the rates of ever-experience of violence among the most educated women less than half the rate for women with no education.

In most countries, variation in rates of recent violence by education is similar to that observed for the ever-experience of violence: in general, as the level of education increases, the likelihood that a woman will report that she has experienced violence in the past year decreases. Haiti again proves to have an unusual relationship between recent violence and education, with women with the least education also reporting the least violence, while recent violence does not vary significantly with education in Nicaragua and Zambia.

Work status: Similarly to education, women who are engaged in paid employment are hypothesized to have more say over financial and other household matters than women who are not active in the labor market (Malhotra and Mather, 1997; see discussion in García, 2000). However, it is interesting to note that frequently, women engaged in paid employment are more likely to be subjected to domestic violence than those who are not in the labor force. However, it is interesting to note that frequently, women engaged in paid employment are more likely to be subjected to domestic violence than those who are not in the labor force.

In Colombia, the Dominican Republic, Haiti, India, Nicaragua, and Peru, women who report that they are currently working and earning cash also report significantly higher levels of ever-experience of violence than do women who are not currently working. For example, in Peru, 46 percent of working women earning cash report having ever experienced domestic violence, while 36 percent of nonworking women report the same. Only in Egypt are women in paid employment significantly less likely to have ever experienced violence than those who do not work: 36 percent of women not working report having ever experienced violence, compared with 21 percent of those who do work for cash. There is no consistent relationship across countries between violence and employment by type of payment.

The relationship between work status and violence in the past 12 months is similar to the one noted in Table 3.1.1 for Egypt (where women working for cash experience less violence) and India (where working women experience more violence). The relationship is no longer significant for the Dominican Republic, Haiti, and Nicaragua. For Zambia, where ever-experience of violence was not significantly related to women's work status, the relationship of current violence with work is significant and

negative (working women are somewhat less likely than women who do not work to experience current violence).

3.2 Husband's/partner's Characteristics

To fully understand spousal violence, the characteristics of the husband or partner who is the alleged perpetrator of the violence also need to be examined. Accordingly, this section discusses how women's experience of violence, ever (Table 3.2.1) and in the past 12 months (Table 3.2.2), varies by their partner's education, occupation, and alcohol consumption.⁴

Table 3.2.1 Percentage of ever-married women age 15-49 who have ever experienced spousal violence, by husband's characteristics

Husband's/partner's characteristics	Cambodia	Colombia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Peru	Zambia
Education									
No education	24.8	50.7	29.7	42.1	21.7	25.8	32.2	39.5	43.2
Primary	18.4	46.7	24.0	42.2	31.3	23.4	31.9	46.1	48.8
Secondary or higher	12.4	41.4	18.8	23.2	32.7	13.6	26.9	40.9	49.3
Don't know/missing	11.4	59.7	26.2	*	24.5	18.2	36.5	46.7	37.9
Occupation									
Agriculture	16.7	44.7	20.7	36.7	31.0	21.5	27.0	40.7	46.7
Nonagricultural	19.2	41.9	22.6	33.4	28.6	17.2	31.7	43.1	49.9
Alcohol use									
Doesn't drink	12.6	u	13.7	u	26.5	u	u	u	u
Never gets drunk	10.5	31.2	16.1	u	20.1	u	22.8	28.1	u
Drunk occasionally	14.1	42.2	24.1	u	35.9	u	28.9	43.0	u
Drunk frequently	48.6	70.3	54.0	u	71.3	u	47.0	78.7	u

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test ($p > 0.05$). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

Education: Women whose husbands have secondary or higher levels of education have lower rates of ever-experience of violence in most countries. The exceptions are Haiti, Peru, and Zambia (Table 3.2.1). In countries such as Cambodia, Colombia, the Dominican Republic, India, and Nicaragua, the relationship between education and violence is negative and monotonic. For example, in Cambodia, 25 percent of women whose husbands have no education report having ever experienced violence, compared with 18 percent of women whose husbands have only primary education and 12 percent of women whose husbands have secondary or higher education. Haiti again is an unusual case, in that the relationship between men's education and violence is positive and monotonic, echoing the same relationship indicated between Haitian women's education and experience of violence.

Having a husband with secondary or higher education is also less likely to be associated with a woman's experience of violence in the past year for most countries, the exceptions being Haiti and Zambia (Table 3.2.2).

⁴ For a small proportion of women who are in second or higher order nonabusive marriages, the reported characteristics may not be the characteristics of the husband that abused them. This is because in the DHS, information on husband's characteristics is available only for a woman's current or most recent husband.

Table 3.2.2 Percentage of ever-married women age 15-49 who experienced spousal violence in the past 12 months, by husband's characteristics

Husband's/partner's characteristics	Cambodia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Zambia
Education							
No education	22.0	18.4	13.7	17.2	14.7	13.0	24.3
Primary	16.2	12.7	15.4	22.9	12.1	14.6	28.1
Secondary or higher	10.7	8.4	9.7	22.3	7.3	11.9	25.7
Don't know/missing	11.4	9.2	*	18.9	11.8	11.2	13.6
Occupation							
Agriculture	14.9	9.0	12.5	28.3	11.9	11.1	26.6
Non-agricultural	16.7	11.3	12.4	20.5	9.3	14.1	26.2
Alcohol use							
Doesn't drink	11.5	5.8	u	20.3	u	u	u
Never gets drunk	8.3	5.1	u	15.1	u	8.1	u
Drunk occasionally	11.9	12.3	u	29.1	u	14.4	u
Drunk frequently	43.9	34.3	u	26.7	u	29.9	u

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test ($p > 0.05$). Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.
u = Unknown (not available)

Overall, in most countries, the pattern of variation in women's experience of violence by their husband's education is similar to that by their own education. This is not surprising since a man's level of education is unlikely to be independent of the education of his wife: Becker's (1973) theory of positive assortative mating asserts that people tend to marry those to whom they are similar, particularly on such dimensions as education.

Occupation: Some of the literature indicates that in developing societies where agricultural land is inherited exclusively by sons, women are more likely to be culturally devalued (e.g., Dyson and Moore, 1983; Miller, 1981), and hence at a higher risk of violence. Accordingly, in Tables 3.2.1 and 3.2.2, women's experience of violence is examined according to whether their husbands are employed in agriculture or not. The tables show that the relationship between a husband's occupation and domestic violence is inconsistent across countries.

Specifically, women's ever-experience of violence does not vary significantly by her husband's occupation in Cambodia, the Dominican Republic, or Haiti. In Nicaragua, Peru, and Zambia, husbands in nonagricultural occupations were significantly more likely to be reported as having ever been violent; however, the differentials in the rates are not larger than about five percentage points in any country. For example, in Zambia, 50 percent of women with husbands in a nonagricultural occupation reported that they had ever experienced spousal violence, while 47 percent of women with husbands in agricultural occupations reported that they had ever experienced violence. Egypt, India, and Colombia are the only countries where there is some evidence that women whose husbands are in agricultural occupations have experienced higher rates of violence. Notably, however, even in these countries, the differential by husband's occupation is small. In Egypt, 37 percent of women whose husbands were in agriculture had ever experienced violence, as compared to 33 percent of women whose husbands were in nonagricultural occupations; in India, 22 percent of women whose husbands were in agriculture had ever experienced violence, as compared to 17

percent of women whose husbands were in nonagricultural occupations; and in Colombia, the corresponding figures were 45 and 42 percent, respectively.

Concerning women's experience of violence in the past year, four countries showed a significant relationship between violence and husband's occupation: in Haiti and India, women with husbands in an agricultural occupation reported violence at a significantly higher rate than women whose husbands were not in agricultural occupations; in Nicaragua and the Dominican Republic, the reverse was true. The relationship between occupation and experience of violence in the past year was not significant in Cambodia, Egypt, or Zambia.

Alcohol consumption: Of all measurable variables hypothesized to influence the likelihood of domestic violence, a partner's habitual drunkenness has one of the strongest, most consistent relationships to the phenomenon (c.f. Coker et al., 2000; Johnson, 2003).

The results from the Demographic and Health Surveys (DHS) questionnaires reinforce this body of literature: the relationship between the experience of violence by wives and the frequency of drunkenness among men who consume alcohol is positive, monotonic, and highly significant in all countries where data on drunkenness are available (Tables 3.2.1 and 3.2.2). Women who report that their husbands come home drunk frequently are the most likely to report having ever experienced domestic violence. Women who report that their husbands come home drunk frequently are the most likely to report having ever experienced domestic violence.

For example, in Cambodia, about 11 to 13 percent of women whose husbands never come home drunk (either because they abstain from drinking alcohol or because they do not get drunk) report having ever experienced violence, whereas almost half (49 percent) of the women whose husbands come home drunk frequently report ever-experience of violence. Similarly, in Colombia, 31 percent of women whose husbands do not come home drunk report having ever experienced violence, compared with 70 percent of women whose husbands come home drunk frequently. Notably, among the six countries for which data on drunkenness are available, violence is between two and five times more common among women whose husbands get drunk frequently than among women whose husbands never get drunk.

This relationship generally remains consistent and strong when considering women's experience of violence in the past year: the more frequently a husband comes home drunk, the more likely a woman is to have experienced recent violence. For example, in Nicaragua, 8 percent of women whose husbands do not get drunk report having experienced violence in the past year, while 30 percent of women whose husbands come home drunk frequently have experienced violence in the past year.

There are three countries in which husbands who do not drink at all are distinguished from those who do drink, but never come home inebriated: Cambodia, the Dominican Republic, and Haiti. In Haiti and Cambodia, women with husbands who do not drink at all report levels of violence falling between those experienced by women whose husbands drink but never come home drunk and those of women whose husbands come home drunk on occasion. In the Dominican Republic, women who report that their husbands do not drink at all report almost the same amount of violence as those who report that their husband does not come home drunk.

3.3 Union Characteristics

Risk factors for women’s vulnerability to spousal violence include not only their own characteristics and the characteristics of their husbands, but also how their own characteristics compare with those of their husbands. Status inconsistency theory as applied to the marital dyad suggests that when two people of different ascribed or achieved statuses engage in a marital union, the result may be tensions that ultimately result in marital dissatisfaction or dissolution (Mueller et al., 1979). The literature suggests that where men are of higher educational status than women, thus having both higher ascribed (on the basis of gender) and achieved (on the basis of higher educational attainment) statuses, they are more likely to assert unequal, and even violent, power in the relationship (Hornung et al., 1981). Hornung et al. (1981) also find that when women have greater achieved status than their husbands, there is an increased risk of marital violence.

Thus, in Tables 3.3.1 and 3.3.2, the bivariate relationships between prevalence of spousal violence against women, ever and in the past one year, and spousal age and educational differences are examined. In addition, the variation in the prevalence of violence by marital duration is also shown in these tables for women who are currently in their first marriage. Since information on duration of union is available only for current unions, women who are not in their first union are not included in the last panels of Tables 3.3.1 and 3.3.2.

Characteristics of union	Cambodia	Colombia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Peru	Zambia
Spousal age difference									
Husband is									
Younger	20.3	43.9	26.7	40.3	32.6	18.9	34.3	43.7	50.8
0-4 years older	16.0	38.2	18.5	35.7	26.8	16.8	25.6	39.6	51.9
5-9 years older	14.9	38.8	15.2	35.2	20.7	18.7	26.5	40.2	45.9
10-14 years older	12.2	40.6	19.4	31.8	27.6	20.7	32.4	37.7	43.9
15+ years older	12.5	36.1	18.0	36.9	23.6	23.3	28.2	39.8	44.2
Spousal educational difference									
Husband has									
Less education	22.9	42.6	28.3	33.6	28.6	16.7	31.0	46.7	42.8
Both have none	23.1	48.5	20.5	41.8	21.7	25.9	31.9	36.6	39.0
Same education	14.4	39.0	19.6	21.5	18.5	10.2	26.7	38.5	50.9
More education	16.0	45.4	22.8	34.9	34.5	17.5	29.9	43.0	49.9
Marital duration¹									
0-4 years	11.3	27.3	11.0	22.7	23.5	10.1	15.8	26.5	38.2
5-9 years	17.0	35.8	16.6	38.9	28.8	18.4	22.5	36.8	53.7
10-14 years	18.6	37.4	13.5	39.2	24.1	21.4	23.4	42.2	52.9
15+ years	15.0	39.2	15.6	35.7	23.1	20.8	23.8	44.0	51.1

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test (p>0.05).
¹ Includes only currently married women who have been married only once.

Spousal age difference: Differences in spousal age, in which the husband is older than the wife, are theorized to imply power imbalances in the relationship: because age often confers seniority, ascribed power associated with age intersects with the power associated with maleness in many cultures, such that a wife younger than her husband may be at a comparative disadvantage. There is, however, little in the empowerment literature regarding the converse situation, when the wife is older than the husband. Theoretically, one could argue that socially ascribed power increases with age, regardless of gender; this may be true for most relationships but may not

apply to the relationship of a woman to her husband. In fact, it may be more likely that because relationships in which women are older than their husbands are so contrary to the normative marital arrangement in most societies, they may be at greater risk for marital discord.

As shown in Table 3.3.1, in six of the nine countries in which age difference between partners is significantly associated with the likelihood of having ever experienced violence (Colombia, the Dominican Republic, Egypt, Haiti, Nicaragua, and Peru), women who are older than their husbands are the most likely to report having experienced violence from their partner. This finding is particularly striking in the Dominican Republic, where 27 percent of women who are married to a younger man report having ever experienced violence, compared to an average of 18 percent of women who have married someone older than themselves (Table 3.3.1). Notably, there is also no consistent relationship between ever-experience of spousal violence and spousal age difference where the husband is older than the wife. India is the only country where, among couples in which the husband is older, the rate of violence increases steadily with spousal age difference.

Rates of recent violence also tend to be higher for women older or similar in age to their husbands (Table 3.3.2). Overall, however, there is little variation in the recent experience of violence by spousal age difference.

Table 3.3.2 Percentage of ever-married women age 15-49 who experienced spousal violence in the past 12 months, by characteristics of the union

Characteristics of union	Cambodia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Zambia
Spousal age difference							
Husband is							
Younger	18.3	13.5	13.8	22.7	12.0	13.9	33.9
0-4 yrs older	14.6	10.6	13.3	22.5	9.9	12.8	31.0
5-9 yrs older	13.5	8.4	14.1	16.8	10.8	13.1	27.7
10-14 yrs older	9.8	10.5	10.8	23.0	11.5	14.2	25.3
15+ yrs older	10.9	7.9	13.4	19.0	11.6	13.9	22.8
Spousal educational difference							
Husband has							
Less education	20.9	16.7	13.6	15.5	8.4	14.3	24.1
Both have none	19.6	11.4	12.9	16.8	15.0	13.4	22.0
Same education	13.5	13.0	9.6	15.3	5.2	9.7	30.7
More education	13.8	11.9	13.0	26.2	9.3	13.6	26.7
Marital duration¹							
0-4 years	10.9	9.2	15.1	22.7	7.9	12.6	31.7
5-9 years	15.5	9.9	16.9	24.4	12.2	14.9	35.9
10-14 years	16.7	8.7	14.9	20.9	12.5	13.2	25.4
15+ years	13.7	7.5	9.4	16.0	10.2	8.8	20.0

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test ($p > 0.05$).
¹ Includes only currently married women who have been married only once.

Spousal educational difference: The acquisition of a formal education usually confers many benefits upon those who hold it, such as functional literacy, access to improved employment opportunities, inroads into selective collegial networks, and entrée into more exclusive marriage markets. In short, formal education often provides opportunities for both improved day-to-day life skills as well as improved social status within the larger community. As such, education can be understood as a status indicator, with those who have more of it deemed as more powerful or influential than those

who have less. The implication of status inconsistency theory is that those of equal status are most likely to have a non-conflictual relationship.

Table 3.3.1 shows that women in relationships in which both partners are educated and have the same number of years of education are the least likely to report ever experiencing partner violence. This is true in Cambodia, Colombia, the Dominican Republic, Egypt, Haiti, India, and Nicaragua. In Peru and Zambia, it is women who share a lack of education with their husbands who are least likely to report ever having experienced violence. Both of these findings indicate that status consistency within the marital dyad may be associated with a decreased probability of experiencing domestic violence, although this is clearly not an unqualified association, since the data for Cambodia, Colombia, Egypt, India, and Nicaragua indicate that in these countries, women are at greatest risk of violence when both partners are uneducated. It is of further interest to note that in the Dominican Republic and Peru, it is the women who have achieved a higher level of education than their husbands who are most likely to report having ever experienced spousal violence. Results are generally the same for experience of violence in the past year (Table 3.3.2). Notably, women who are educated at all and have the same educational status as their partner have a much lower prevalence of current violence in Egypt, India, and Nicaragua than other women.

Marital duration: Marital duration is a better measure of exposure to the likelihood of spousal violence than is woman's age (shown in Tables 3.1.1 and 3.1.2); rates of ever-experience of violence can be expected to rise with marital duration because a longer marriage provides a longer period of exposure. However, marital duration can also be considered a proxy for compatibility in a marriage, particularly in cultures where divorce is legal and socially accepted. In such a case, the experience of violence, both ever and current, is likely to be negatively associated with marital duration.

With regard to the relationship between marital duration and ever-experience of violence, in every country where the relationship is significant (all countries except Haiti [Table 3.3.1]), women in unions of the shortest duration (zero to four years) are the least likely to report violence, while those in relationships that have lasted longer than four years are significantly more likely to report having ever experienced violence. For example, in Peru, 27 percent of those in a union of less than five years' duration report having ever experienced violence, as compared to 37 percent of those in unions five to nine years long, 42 percent in unions that have lasted 10 to 14 years, and 44 percent in unions of 15 years or longer. This consistent relationship of ever-experience of violence with duration of union would suggest that there is an exposure effect.

However, the data also show a downturn in reporting of ever-experience of violence, as well as experience of violence in the past year (Table 3.3.2), among women whose unions have lasted 15 years or longer. It is of interest to note that with regard to experience of violence in the past year, in four of the seven countries (Egypt, Haiti, Nicaragua, and Zambia), the women least likely to report recent violence are those whose unions are of the longest duration, supporting the idea that the longevity of a union reflects in part the compatibility of the couple.

3.4 Household Characteristics

An important aspect of the context of women's lives is the characteristics of the households in which they reside, including the location of the household (urban or

rural), the composition of the household (nuclear or not), and the wealth of the household. A priori, urban residence and nuclear family composition are expected to be positively associated, and wealth negatively associated, with the risk of violence.

Area of residence: The anonymity of urban living is generally believed to be associated with a higher risk of violence. Indeed, in six of the nine countries shown in Table 3.4.1, women living in urban areas are significantly more likely to report having ever experienced violence from their husband or partner than rural women, and only in two countries (India and Egypt) are they significantly less likely to do so. In Cambodia and Haiti, the ever-experience of violence does not vary by residence.

Table 3.4.1 Percentage of ever-married women age 15-49 who have ever experienced spousal violence, by household characteristics

Household characteristics	Cambodia	Colombia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Peru	Zambia
Residence									
Urban	16.2	45.7	23.3	29.4	28.7	14.4	32.3	43.4	53.4
Rural	17.7	39.2	20.3	38.8	28.9	20.6	26.9	40.6	45.4
Family structure									
Nuclear	18.3	40.7	19.8	33.9	26.3	22.7	28.8	42.7	45.3
Nuclear (female headed)	26.0	67.2	30.3	28.3	32.2	23.3	44.9	60.9	50.0
Nonnuclear	14.7	43.4	23.3	35.9	32.2	16.3	29.2	40.0	50.6
Wealth quintile									
Lowest	24.4	41.1	23.8	42.1	28.9	27.4	28.3	40.5	48.4
Second	18.6	46.3	24.6	43.8	26.6	24.0	31.9	46.2	42.8
Middle	15.1	51.2	25.1	40.5	35.2	20.3	33.8	49.2	45.5
Fourth	14.4	42.8	22.1	30.8	26.7	15.3	31.4	41.6	51.0
Highest	14.4	38.1	16.3	18.0	26.8	7.8	25.8	33.3	54.4

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test ($p > 0.05$).

Current experience of violence (Table 3.4.2) also varies as expected in the Dominican Republic, Nicaragua, and Zambia. In Egypt, India, and Haiti, rural women are more likely to be currently abused than urban women. The case of Haiti is interesting in that ever-experience of violence does not vary by residence, but current experience does. Twenty-three percent of rural women report current spousal violence, compared with only 18 percent of urban women.

Table 3.4.2 Percentage of ever-married women age 15-49 who experienced spousal violence in the past 12 months, by household characteristics

Household characteristics	Cambodia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Zambia
Residence							
Urban	13.9	11.8	10.4	17.5	7.2	14.4	29.6
Rural	15.6	9.4	14.4	23.3	11.4	11.3	24.6
Family structure							
Nuclear	16.4	11.6	12.8	19.2	13.1	13.7	27.3
Nuclear (female headed)	17.6	10.0	2.2	24.2	5.4	14.2	10.8
Non-nuclear	13.4	10.6	13.3	20.3	8.8	12.5	27.4
Wealth quintile							
Lowest	22.2	12.7	16.9	20.3	16.4	12.4	28.3
Second	16.4	13.3	16.3	22.7	13.7	13.5	23.6
Middle	12.2	12.6	14.6	29.7	10.9	14.9	24.6
Fourth	13.4	10.1	10.7	18.9	7.4	15.1	26.9
Highest	12.5	6.7	5.6	14.0	3.4	10.0	28.8

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test ($p > 0.05$).

Household structure: Kishor (2000) suggests that there exist variables that indicate direct evidence of empowerment, those that indicate sources of empowerment, and those that indicate settings in which empowerment might be expected to occur (or not). Family structure can be considered a setting within which women are empowered to act or are constrained from acting—possibly through the use of violence. Previous research has indicated that when a woman lives with her in-laws, especially in highly patriarchal societies, she is at greater risk of subordination to her husband, as well as other members of his family, particularly her mother-in-law. While most literature associates patrilocal extended family living arrangements with less autonomy and empowerment for women, it may also be that women living within an extended family receive a degree of protection from domestic violence, given the regular presence of other family members in the household.

For the purpose of this analysis, two categories of nuclear households have been identified: those with a married couple living with or without children (nuclear) and those with a woman heading the household living alone or with children (nuclear, female headed). All other households are categorized as nonnuclear.⁵

The results presented in Table 3.4.1 indicate that ever-experience of violence does not vary between women living in nonnuclear and nuclear (married couple) households in Nicaragua. In Colombia, the Dominican Republic, Egypt, Haiti, and Zambia, it is women who are in nonnuclear households that report higher levels of abuse than women in nuclear households. Only in Cambodia, India, and Peru is the expectation borne out that women who live in nuclear households have higher rates of violence.

Since household structure can change quickly, a more relevant analysis is with recent experience of violence. Table 3.4.2, however, shows that in most countries, current violence rates do not vary between residents of nuclear and nonnuclear households. The differential is relatively large and significant only in India; it is women in nuclear households who have higher rates of current violence.

What is also notable is that in Cambodia, Colombia, the Dominican Republic, Haiti, India, Nicaragua, and Peru, the ever-experience of violence is highest in nuclear households that are headed by a woman. What is also notable is that in Cambodia, Colombia, the Dominican Republic, Haiti, India, Nicaragua, and Peru, the ever-experience of violence is highest in nuclear households that are headed by a woman.

However, in four countries (the Dominican Republic, Egypt, India, and Zambia), current experience of violence is lowest among women living in female-headed nuclear households. This contrast suggests that women who have been in abusive relationships at some point do leave the household in which the abuse is taking place, thus explaining why women currently on their own are more likely to report ever experiencing violence but least likely to report current violence.

Relative wealth status: A common assumption in the literature on domestic violence is that women who are poor are more likely to experience violence than women who are not poor (e.g. Jewkes, 2002; Heise, 1998). Poverty is not necessarily seen as a causal factor, but is generally assumed to significantly increase the risk of domestic

⁵ Since it is not possible to unequivocally determine the relationships between household members from the DHS data, no attempt is made here to divide nonnuclear households into those in which the household includes the respondent's in-laws and those in which the respondent is co-resident with members of her natal family.

violence. However, the association between poverty and domestic violence is unlikely to be entirely unidirectional: the perpetration and experience of such violence may contribute to aggravating, perpetuating or even causing household poverty (Byrne, Resnick, Kilpatrick, Best, and Saunders, 1999). Notably too, population-based empirical research finds only mixed support for a consistently positive association between violence and poverty (Ellsberg, Pena et al., 1999; Johnson, 2003; Kishor and Johnson, 2003).

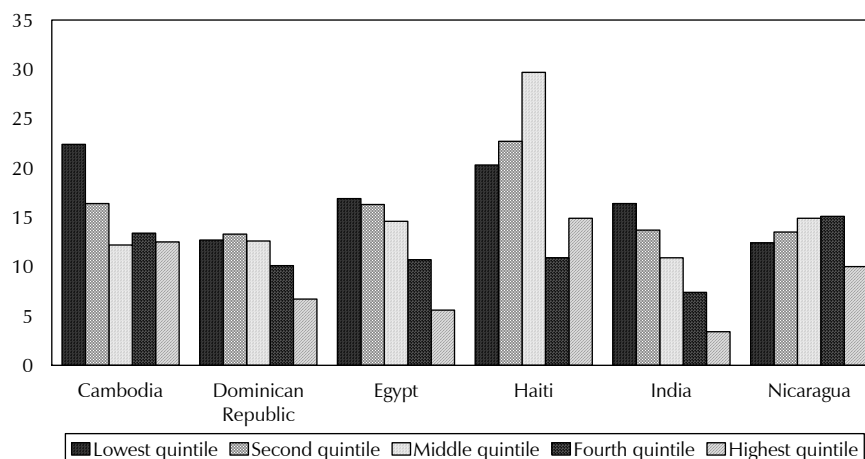
Recent advances in the use of survey-based household assets data allow researchers to reliably evaluate the distribution of poverty in populations (Filmer and Pritchett, 2001). This recently developed wealth index has been tested in a large number of countries in relation to inequities in household income, use of health services, and health outcomes (Rutstein, Gwatkin and Johnson, 2000). It is an indicator of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The wealth index is constructed using household asset data (including country-specific assets) and principal components analysis. The asset information was collected through the DHS household questionnaire, and includes household ownership of a number of consumer items ranging from a television to a bicycle or car, as well as dwelling characteristics such as type of drinking water available, sanitation facilities used, roofing and flooring.

Each asset is assigned a weight (factor score) generated through principal components analysis, and the resulting asset scores are standardized in relation to a standard normal distribution with a mean of zero and a standard deviation of one (Gwatkin, Rutstein, Johnson, Pande and Wagstaff, 2000). Each household is then assigned a score for each asset, and the scores are summed by household; individuals are ranked according to the total score of the household in which they reside. The sample is then divided into population quintiles: each quintile is designated a rank, from one (poorest) to five (wealthiest).

Table 3.4.1 indicates that there are only three countries (Cambodia, Egypt and India) of the nine included where there is a more or less steady negative relationship of ever-experience of violence by household wealth status. In addition, in most of the countries, women in the highest wealth quintile are also the least likely to report having ever experienced spousal violence. However, it is not necessarily the case that poor women are therefore most likely to experience violence; in fact, in the majority of countries where the relationship between household wealth and ever-experience of violence is significant, it takes the shape of an inverted U, with a peak in reporting of violence in the third quintile; this is the case for Colombia, the Dominican Republic, Haiti, Nicaragua and Peru. In Zambia, women in the wealthiest households are most likely to report having ever been beaten by their husbands (Figure 3.2).

The bivariate relationship between wealth and experience of violence in the past year is also inconsistent. Nonetheless, current violence rates are consistently lower among women in wealthier households than poorer households in two of the seven countries for which data on current violence are available. In addition, in Nicaragua and the Dominican Republic, women in the wealthiest households have the lowest rate of violence, although the relation between recent violence and wealth is non-linear.

Figure 3.2
Percentage of ever-married women age 15-49 who have experienced spousal violence in the preceding 12 months, by relative household wealth status



3.5 Intergenerational Effect

Research has documented an important negative effect of domestic violence on children, even if the children are not themselves abused: male children who see their mother being abused by their father are at a higher risk of becoming abusers in their intimate relationships as adults, while female children are more likely to enter abusive spousal relationships as adults (Kalmuss, 1984; Seltzer and Kalmuss, 1988). To examine whether this relationship is found across countries, Table 3.5 shows how women’s own experience of violence, ever and in the past one year, varies by whether their mother was abused by their father. The information on the mother’s experience is reported by the respondent. Since a fairly significant proportion of respondents did not know whether their mothers were beaten or not, the experience of violence by women in the “don’t know” category is also reported in the table. The intergenerational influence of domestic violence is reported only for six countries, since the information was not obtained in Egypt, India, and Zambia.

Table 3.5 clearly shows that in all countries, women who knew that their mothers were abused by their fathers were much more likely to have ever experienced and to be currently experiencing violence than women who replied “no” to the question about the father’s abuse of the mother. The differentials are large and significant in all countries. For example, in Cambodia, 30 percent of women whose fathers beat their mothers have ever experienced violence and almost the same percentage (28 percent) report current violence, compared with 15 and 13 percent, respectively, among those who said that their fathers did not beat their mothers.

In all countries, the prevalence of violence, ever and current, among women who said that they did not know whether their father beat their mother lies between those who said “yes” and those who said “no.” This is to be expected since for at least some proportion of these women the answer is “yes.”

Table 3.5 Percentages of ever-married women age 15-49 who experienced spousal violence ever and in the past 12 months, by whether their mother was ever beaten by their father

Family history	Cambodia	Colombia	Dominican Republic	Haiti	Nicaragua	Peru
EVER EXPERIENCED SPOUSAL VIOLENCE						
Father beat mother						
No	15.2	36.1	20.0	27.0	27.4	35.8
Yes	29.7	55.4	36.3	37.8	36.6	50.0
Don't know	20.7	46.5	27.9	32.1	35.4	46.3
EXPERIENCED VIOLENCE IN THE PAST 12 MONTHS						
Father beat mother						
No	13.1	u	9.2	20.5	11.4	u
Yes	28.1	u	21.6	33.2	17.2	u
Don't know	17.7	u	18.2	22.8	15.5	u

Note: All bivariate relationships are statistically significant based on the chi-square test ($p < 0.05$).
u = Unknown (not available)

3.6 Multivariate Regression Analysis: Identifying the Major Risk Factors for Domestic Violence

In order to identify the factors that significantly increase or decrease the risk of experiencing violence, multivariate logistic analyses were conducted for all countries. Factors considered include all the individual, husband/partner, union and household characteristics discussed in the bivariate analysis. Two dependent variables are analyzed for each country: ever-experience of spousal violence and experience of spousal violence in the 12 months preceding the survey. For each dependent variable, a respondent is coded “1” if she has experienced violence and coded “0” otherwise. The analysis is performed restricted to currently married women age 15-49, because some of the variables relevant for the multivariate analysis are available only for currently married women (e.g., spousal age and spousal age difference) or are more appropriate for only currently married women (duration of union). However, since the percent distributions of ever-married women and currently married women are very similar for almost all indicators (see Appendix B), the multivariate and bivariate results remain comparable and the multivariate results can be considered to be generally representative of the experience of ever-married women.

Tables 3.6.1 and 3.6.2 show the odds ratios calculated from the coefficients of the logistic regressions for each of the two dependent variables, respectively. Each odds ratio gives the increase or decrease in the odds of the event (ever-experience of violence or current experience of violence) occurring for a given value of the independent variable as compared to the reference category. For example, an odds ratio of 1.6 in Table 3.6.1 for the age category 20 to 24 says that the odds that a woman age 20 to 24 years has ever experienced violence are 60 percent higher than if she were only 15 to 19 years of age (the reference category). This multivariate analysis adds to the bivariate discussion by identifying the factors that significantly affect the likelihood of violence net of all other factors hypothesized as relevant. In addition to the regressions reported in Tables 3.6.1 and 3.6.2, another set of logistic regressions was run for the six countries for which data on mother’s abuse by the father were available.

Table 3.6.1 Correlates of a currently married woman's likelihood of having ever experienced spousal violence: adjusted odds ratios estimated using logistic regression

Characteristics	Cambodia	Colombia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Peru	Zambia
Individual characteristics									
Age (r: age group 15-19)	ns	ns	*	***	*	***	ns	ns	ns
20-24	1.59	0.98	0.76	0.94	0.55*	1.13*	0.64**	0.94	1.17
25-29	2.06	0.81	0.67	0.85	0.34***	1.12	0.53***	1.03	1.31
30-34	1.78	0.77	0.50*	1.10	0.34***	1.07	0.50***	1.01	1.00
35-39	1.09	0.73	0.37***	1.16	0.28***	1.00	0.50***	0.97	0.89
40-44	0.77	0.59*	0.42**	1.25	0.22***	0.93	0.50**	1.03	0.98
45-49	1.02	0.68	0.29***	0.87	0.24***	0.84	0.46**	1.07	0.78
Woman's age at marriage (r: <15 years old)	ns	***	ns	ns	ns	***	*	***	ns
15-19	0.81	0.75*	0.92	0.89	1.01	0.84***	0.91	0.84*	0.83
20-24	1.00	0.55***	0.69*	0.83	0.97	0.65***	0.75*	0.62***	0.74
25+	0.92	0.35***	0.76	0.66*	0.90	0.53***	0.57**	0.45***	0.57*
Number of unions (r: one)									
Two or more unions	2.04***	1.35***	1.90***	1.34*	1.22	1.63***	2.43***	1.62***	0.80**
Number of children ever born (r: none)	***	***	***	***	ns	***	***	***	ns
1-2	1.74	1.25	1.57*	1.54***	0.99	1.31***	1.36	1.59***	1.12
3-4	2.42*	1.58***	2.11***	1.53***	1.25	1.39***	1.80***	1.82***	1.01
5+	4.34***	1.77***	1.94***	1.66***	1.29	1.43***	2.11***	2.19***	1.02
Woman's education level (r: none)	*	ns	ns	***	*	***	ns	*	ns
Primary	0.78	1.18	1.18	1.04	1.46*	1.05	0.93	1.22**	1.10
Secondary or higher	0.41*	1.00	1.33	0.57***	1.18	0.74***	0.95	1.15	0.90
Work status (r: not working)	ns	***	***	***	ns	***	***	***	ns
Working, paid in cash	1.01	1.44***	1.37***	0.78*	1.10	1.57***	1.41***	1.32***	1.11
Working, paid in kind	0.71	1.32	1.49	u	0.81	u	u	1.17	0.84
Working, no pay	1.07	1.55***	0.74	1.79***	0.28	1.25***	1.17	1.16**	1.06
Husband/partner's characteristics									
Husband's education level (r: none)	ns	ns	ns	***	ns	***	***	ns	ns
Primary	1.04	1.04	1.01	0.89	1.26	1.01	0.96	1.51*	0.91
Secondary or higher	0.79	0.94	0.93	0.63***	1.25	0.83***	0.69*	1.52*	0.87
Husband's occupation (r: nonagriculture)									
Agricultural occupation	0.69*	1.01	0.83	0.71***	0.89	0.90***	0.78**	0.82***	1.09
Husband's drunkenness (r: doesn't drink)	***	***	***	u	***	u	***	***	u
Never comes home drunk	0.94	r	1.07	u	1.40	u	r	r	u
Comes home drunk sometimes	1.12	1.74***	1.69***	u	2.29***	u	1.47***	1.95***	u
Comes home drunk frequently	6.06***	4.94***	6.39***	u	3.32***	u	2.79***	8.52***	u
Union characteristics									
Spousal age difference (r: husband is younger)	ns	ns	*	ns	ns	**	*	***	ns
Husband is 0-4 years older	0.83	0.90	0.83	1.04	0.81	0.96	0.92	0.85***	0.81
Husband is 5-9 years older	0.84	0.81*	0.72*	0.90	0.68*	1.03	0.90	0.82***	0.69
Husband is 10-14 years older	0.80	0.86	0.78	0.84	0.68	1.06	1.19	0.69***	0.68
Husband is 15+ years older	0.85	0.72*	0.65**	0.87	0.60*	1.03	0.83	0.75***	0.67
Spousal educational difference (r: husband has less education)	ns	***	ns	ns	ns	***	ns	***	ns
Both have no education	0.67	1.29	0.77	0.96	1.20	0.89*	0.95	1.12	0.85
Both have same level of education	0.93	0.82*	0.95	0.96	0.86	0.78***	0.94	0.78***	1.08
Husband has more education	0.81	1.10	0.97	1.09	1.05	0.90*	1.00	0.82***	1.08
Marital duration (r: 0-4 years)	ns	*	ns	***	ns	***	**	***	**
5-9 years	0.64	1.38***	1.28	1.59***	1.08	1.50***	1.58***	1.41***	1.54***
10-14 years	0.63	1.40*	1.29	1.40*	1.63	1.58***	1.68***	1.50***	1.59**
15+ years	0.43	1.35	1.81*	0.96	1.45	1.61***	1.69*	1.43***	1.95**
Household characteristics									
Residence (r: urban)									
Rural	0.94	0.80*	0.91	0.96	0.62***	0.76***	0.89	0.77***	0.72**
Family structure (r: nonnuclear)									
Nuclear	1.32	1.22***	1.05	1.05	1.19	1.17***	0.97	1.07	0.98
Household wealth status (r: poorest quintile)	ns	**	ns	***	ns	***	ns	***	ns
Second quintile	0.85	1.16	0.96	1.07	1.12	0.87***	1.05	1.08	0.77**
Middle quintile	0.66*	1.43***	0.93	0.88	1.19	0.72***	1.03	1.06	0.90
Fourth quintile	0.76	1.21	0.83	0.71**	0.82	0.54***	1.02	0.87	0.93
Wealthiest quintile	0.77	1.08	0.72	0.51***	0.86	0.30***	0.89	0.63***	1.11
Constant	0.23	0.80	0.18***	0.55***	0.39***	0.22***	0.42***	0.81***	0.67***
-2 log likelihood	1652.39	7150.02	4291.47	7761.40	2286.36	68785.08	6991.44	19409.17	4605.39
Nagelkerke R square	0.18	0.16	0.16	0.12	0.08	0.11	0.14	0.15	0.04
Number of women	2,024	5,935	4,795	6,435	2,017	84,202	6,484	15,653	3,409

Note: Shading represents bivariate relationships that are not statistically significant based on the chi-square test (p>0.05).

r = Reference (omitted) category; ns = not significant; u = Unknown (not available)

***: p<.005; **: p<.01; *: p<.05

Table 3.6.2 Correlates of a currently married woman's likelihood of having experienced spousal violence in the past 12 months: adjusted odds ratios estimated using logistic regression

Characterisitcs	Cambodia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Zambia
Individual characteristics							
Age (r: age group 15-19)	ns	ns	***	***	***	***	ns
20-24	1.40	0.71	0.72	0.53*	1.02	0.53***	1.03
25-29	1.84	0.55*	0.50***	0.31***	0.99	0.37***	1.04
30-34	1.59	0.48*	0.56*	0.31***	0.89	0.31***	0.98
35-39	1.03	0.34**	0.57	0.25***	0.76**	0.21***	0.91
40-44	0.75	0.32**	0.42*	0.15***	0.60***	0.22***	0.80
45-49	0.90	0.28***	0.24***	0.17***	0.46***	0.15***	0.61
Woman's age at marriage (r: <15 yrs old)							
15-19	ns	ns	ns	ns	***	ns	*
20-24	0.81	0.93	1.01	1.00	0.90***	1.03	0.72**
25+	1.02	0.81	1.19	1.03	0.69***	1.01	0.64**
25+	0.96	0.64	1.04	0.84	0.66***	0.89	0.47**
Number of unions (r: one)							
Two or more unions	1.66*	1.43***	1.39	1.13	1.38***	1.40***	1.14
Number of children ever born (r: none)							
1-2	***	**	*	ns	***	***	ns
1-2	1.77	1.60*	1.56***	0.95	1.23***	1.37	1.04
3-4	2.74*	2.27***	1.52*	1.24	1.29***	1.78*	0.93
5+	5.08***	2.14**	1.67**	1.15	1.40***	2.47***	0.76
Woman's education level (r: none)							
Primary	ns	ns	***	ns	***	ns	ns
Primary	0.75	1.26	0.92	1.37	0.94	0.76	1.05
Secondary or higher	0.42*	1.29	0.53***	1.13	0.70***	0.69	0.97
Work status (r: not working)							
Working, paid in cash	ns	**	***	ns	***	*	ns
Working, paid in kind	0.96	1.41***	0.62**	1.11	1.40***	1.28**	0.96
Working, no pay	0.73	1.54	u	1.01	u	u	0.94
Working, no pay	1.14	0.73	1.76***	0.34	1.09*	1.06	1.08
Husband/partner's characteristics							
Husband's education level (r: none)							
Primary	ns	ns	ns	ns	***	ns	ns
Primary	0.93	1.21	0.77	0.98	0.91	1.04	0.86
Secondary or higher	0.72	1.03	0.69	1.02	0.79***	0.81	0.71
Husband's occupation (r: non-agriculture)							
Agricultural occupation	0.68*	0.78	0.74***	0.96	0.91***	0.72***	1.13
Husband's drunkenness (r: doesn't drink)							
Never comes home drunk	***	***	u	***	u	***	u
Never comes home drunk	0.82	0.76	u	1.43	u	r	u
Comes home drunk sometimes	1.07	1.62***	u	2.37***	u	2.14***	u
Comes home drunk frequently	6.07***	7.39***	u	4.08***	u	4.80***	u
Union characteristics							
Spousal age difference (r: husband is younger)							
Husband is 0-4 years older	ns	ns	ns	*	*	ns	ns
Husband is 0-4 years older	0.87	0.87	1.02	0.77	0.82*	0.90	0.64
Husband is 5-9 years older	0.88	0.74	0.91	0.62*	0.87	0.86	0.60
Husband is 10-14 years older	0.78	0.85	0.78	0.59*	0.88	1.02	0.57*
Husband is 15+ years older	0.77	0.60*	0.91	0.51***	0.82*	0.77	0.56
Spousal educational difference (r: husband has less education)							
Both have no education	ns	ns	ns	ns	**	ns	ns
Both have no education	0.55	1.53	0.65*	1.05	0.88	0.88	0.89
Both have same level of education	0.98	1.01	0.93	0.94	0.81***	0.74*	1.15
Husband has more education	0.83	0.85	0.85	1.22	0.93	0.99	1.12
Marital duration (r: 0-4 years)							
5-9 years	ns	ns	**	ns	***	ns	ns
5-9 years	0.58	1.08	1.34	1.18	1.31***	1.47*	1.05
10-14 years	0.53	1.05	1.24	1.65	1.24***	1.42	0.77
15+ years	0.36*	0.95	0.82	1.63	1.24*	1.25	0.83
Household characteristics							
Residence (r: urban)							
Rural	0.92	0.87	0.82	0.60***	0.76***	0.81*	0.58***
Family structure (r: non-nuclear)							
Nuclear	1.34	1.38**	0.93	1.21	1.21***	0.90	1.01
Household wealth status (r: poorest quintile)							
Second quintile	ns	ns	***	ns	***	ns	**
Second quintile	0.84	0.93	0.93	1.14	0.86***	0.89	0.76**
Middle quintile	0.57**	0.88	0.70***	1.20	0.68***	0.95	0.83
Fourth quintile	0.85	0.84	0.58***	0.81	0.49***	1.13	0.69**
Wealthiest quintile	0.82	0.86	0.41***	0.80	0.26***	0.85	0.97
Constant	0.18***	0.10***	0.15***	0.36**	0.10***	0.14***	0.38***
-2 Log Likelihood	1550.57	3063.37	4699.36	2113.40	48571.00	4497.69	3867.82
Nagelkerke R square	0.18	0.16	0.08	0.09	0.09	0.11	0.04
Number of women	2,024	4,795	6,435	2,017	84,202	6,484	3,409

Note: Figures in bold represent bivariate relationships that are not statistically significant based on the chi-square test (p>0.05)

r = Reference (omitted) category; ns = not significant; u = Unknown (not available)

***: p<.005; **: p<.01; *: p<.05

Table 3.7 reports the odds ratios of violence for women whose fathers beat their mothers compared with those whose fathers did not or who did not know whether their father beat their mother. Although these regressions also include all the variables shown in Tables 3.6.1 and 3.6.2, so as not to make the discussion repetitive, only the odds ratios for the intergenerational effect variable are shown.

Table 3.7 Adjusted odds ratios of the likelihood of experiencing spousal violence ever and in the 12 months preceding the survey for respondents whose father beat their mother compared with respondents whose fathers did not beat their mothers (including those who do not know if their father beat their mother): logistic regression results						
Family history	Cambodia	Colombia	Dominican Republic	Haiti	Nicaragua	Peru
EVER EXPERIENCED SPOUSAL VIOLENCE						
Father beat mother						
No/don't know	1.0	1.0	1.0	1.0	1.0	1.0
Yes	2.26***	2.16***	2.00***	1.96***	1.61***	1.63***
EXPERIENCED VIOLENCE IN THE PAST 12 MONTHS						
Father beat mother						
No/don't know	1.0	u	1.0	1.0	1.0	u
Yes	2.47***	u	2.02***	1.96***	1.47***	u

Note: The regressions from which these odds ratios are obtained include all the variables in Tables 3.6.1 and 3.6.2 as controls.
u = Unknown (not available)

Risk factors for having ever experienced and for currently experiencing spousal violence

Age: The experience of violence significantly varies between age groups only in about half the countries: the Dominican Republic, Egypt, Haiti, India, and Nicaragua. In the Dominican Republic, Haiti, and Nicaragua, the risks of ever experiencing violence and currently experiencing it are consistently lower for older women compared with women age 15 to 19, with the risks diminishing more or less steadily with age. By contrast, in Egypt and India, the odds of having ever experienced violence do not vary consistently or significantly with age; however, the odds of currently experiencing violence are all lower for older women than for women age 15-19 and are particularly low at the oldest ages. Overall, this analysis suggests that, controlling for all other characteristics, a currently married woman's age does not affect her risk of experiencing violence; where it does, it is the youngest women who are more at risk than older women. The suggested negative association of ever-experience of violence and age obtained here for some countries contrasts with the bivariate association discussed earlier (see Table 3.1.1). However, the similarity in age distributions of the samples of currently married and ever-married women implies that the negative association is in fact the net effect of age and is not due to the restriction of the multivariate analysis to currently married women.

Woman's age at marriage: As in the case of age, a woman's age at marriage is associated with her risk of experiencing violence only in about half of the countries. Unlike the association with age, however, age at marriage is more consistently related to the risk of ever-experience of violence than current experience of violence. In Colombia, India, and Peru, the odds of ever experiencing violence fall consistently with age at marriage, so that women who were first married at ages younger than 15 have the

highest odds of ever having experienced violence and those married beyond age 24 have the lowest. This is also true for Nicaragua, except that in Nicaragua, the odds are significantly lower of ever experiencing violence only for women who first married at ages older than 19. In the Dominican Republic and Egypt, age at marriage is not a significant factor affecting the risk of violence; nonetheless, women who married between ages 20 and 24 in the Dominican Republic and women who married at an age older than 24 in Egypt do have significantly lower odds of having ever experienced violence. Zambia is the only country where age at first marriage is more significantly related to current experience of violence than ever-experience of violence. Here too, however, the risk of violence declines as age at first marriage increases. These data suggest that across almost all countries, the risk of violence declines with increased age at marriage and is much lower among women who have married at older ages than among those married at younger ages, particularly ages younger than 15.

Number of unions: In all countries except Zambia, the ever-experience of violence is much higher for women who are in a marriage of second or higher order than for women in their first marriage. In all countries except Zambia, the ever-experience of violence is much higher for women who are in a marriage of second or higher order than for women in their first marriage.

This is to be expected, since a second marriage can occur only if the first has ended, and for first marriages ending in a divorce, one reason for termination can be violence in the relationship. However, Table 3.6.2 shows that in all seven countries for which data on current experience of violence are available, women who are in second or higher order marriages are also at a higher risk of current violence than women in their first marriages, and this difference is significant in four of the seven countries.

Number of children: When compared with women with no children, the odds of ever experiencing violence as well as of currently experiencing violence increase sharply with women's number of children in all countries except Haiti and Zambia. This consistent and strong positive association with violence persists despite controls for various exposure variables, age, and wealth of the household. Furthermore, the relationship is equally valid in most countries for the ever-experience and current experience of violence.

Own education level: Ever-experience of violence and current experience of violence (where data are available) vary with women's education in Cambodia, Egypt, Haiti, India, and Peru. In Cambodia, Egypt, and India, the odds of experiencing violence are significantly lower only among women who have a secondary or higher level of education, whereas in Haiti and Peru, odds do not differ between women with no education and women with secondary or higher education, but they are significantly higher for women with only primary education. Thus, there is not a consistent one-to-one relationship between a woman's level of education and her risk of experiencing violence.

Work status: With the exception of Cambodia, Haiti, and Zambia, in all other countries, women's likelihood of experiencing violence varies with their work status. However, the pattern of variation is not consistent across countries. In Colombia, the Dominican Republic, India, Nicaragua, and Peru, women who earn cash are significantly more likely to have ever experienced, as well as to currently experience, violence than women who are not currently working at all. In Egypt, by contrast, they are significantly less likely to have done so. Women who work but are not paid are

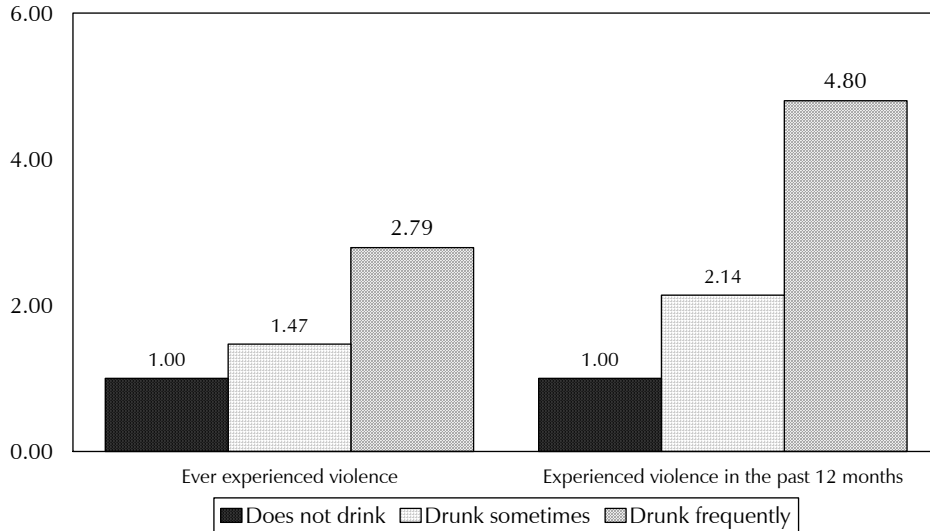
either no different from women who do not work at all, or they have significantly higher odds of experiencing violence in Colombia, India, Peru, and also Egypt. Notably, Egypt is the one country in which the odds of violence are lower if women work with pay but higher if they work without it, compared with the reference category.

Husband's education level: Since the focus of the analysis here is spousal violence, the education of the husband may be the more relevant factor for a woman's risk of violence. However, only in Egypt, India, and Nicaragua does the risk of women ever experiencing violence vary significantly with the husband's level of education. In all three countries, the odds of having ever experienced violence are lower only for women whose husbands have at least a secondary level of education. In Peru, in contrast to all other countries, the odds of violence are higher if the husband has any education (primary or secondary education) than if he has none. Current experience of violence is similarly associated with the husband's level of education only in India.

Husband's occupation: The odds that a woman will experience violence are consistently lower for women whose husbands are engaged in agricultural occupations, as compared with women whose husbands are engaged in nonagricultural ones, in each of the five countries where the differential is significant: Cambodia, Egypt, India, Nicaragua, and Peru. Thus, women's risk of violence either does not vary by whether the husband is in an agricultural or nonagricultural occupation or, where it does, it is always higher for women whose husbands are in nonagricultural occupations. Factors such as area of residence and husband's education, which could be thought to explain this effect, are already controlled for in the equation.

Husband's drunkenness: In all countries for which data are available, women whose husbands frequently come home drunk have much higher odds of experiencing violence than women whose husbands do not drink or never come home drunk. This relationship is strong and significant for both ever-experience and current experience of violence. Figure 3.3 illustrates this relationship in Nicaragua.

Figure 3.3
Adjusted odds ratios: odds of experiencing spousal violence ever and in the past 12 months, by frequency with which a husband comes home drunk, Nicaragua 1998



Spousal age difference: The odds of experiencing violence do not vary by spousal age difference in Cambodia, Egypt, and Zambia. In Peru, all women who are younger than their husbands have a lower risk of experiencing violence than do women who are older than their husbands, whereas in Colombia, the Dominican Republic, and Haiti, only women who are either five to nine years or 15 or more years younger than their husbands have odds of ever experiencing violence that are significantly lower than the odds for women who are older than their husbands. The pattern for current experience of violence is similar, with women with larger spousal age differences having lower odds of experiencing current violence than do women who are older than their husbands.

Spousal educational difference: Spousal educational difference has a significant effect on women’s ever-experience of violence only in Colombia, India, and Peru. In all of these countries, couples with the same amount of education have odds of having ever experienced violence that are significantly lower than the odds for women whose husbands have less education than they have. In addition, in India and Peru, the odds are also lower for women whose husbands have more education than them. Notably, with regard to current experience of violence, in India and Nicaragua, it is only women whose husbands have the same amount of education who are at a lower risk of experiencing violence than women in other categories of spousal educational differentials. Thus, if there is a difference in risks of violence by spousal educational differences, the category of women who appear to have consistently significantly lower odds are women who have the same level of education as their husbands.

Marital duration: Marital duration measures exposure to the risk of spousal violence. Nonetheless, the odds of having ever experienced violence are consistently and positively associated with duration only in the Dominican Republic, India, Nicaragua, and Zambia. By contrast, in Colombia, Egypt, and Peru, the odds of having ever

experienced violence are higher for marital durations of five to nine and 10 to 14 years than for longer or shorter durations, and in Cambodia and Haiti, the risk of ever experiencing violence does not vary significantly with marital duration. Marital duration also does not have a consistent relationship across countries with a woman's current risk of violence. In the Dominican Republic, Haiti, and Zambia, the odds of current experience of violence do not vary by marital duration. In Cambodia, they are significantly lower only at durations of 15 or more years, while in India and Nicaragua, they are higher at durations above zero to four years but are highest at durations of five to nine years.

Place of residence: In the majority of countries, there is a significant relationship between residence and the odds of experiencing violence. In each of these cases, the odds of having currently or ever experienced violence are lower for rural than for urban women.

*Family structure:*⁶ In Colombia and India, the odds of women ever experiencing violence are significantly higher if women live in nuclear rather than nonnuclear households. Similarly, in the Dominican Republic and India, the odds of a woman currently experiencing violence are also higher if she lives in a nuclear household than if she does not.

Household wealth status: Poverty has typically been considered a significant risk factor for violence. However, as is evident in Tables 3.6.1 and 3.6.2, there is no consistent relationship between the risk of violence and the poverty-wealth status of the households in which women reside. India is the only country where the odds of experiencing violence are lower for women living in households other than the poorest ones and where the odds decline steadily with increasing wealth. In Egypt and Peru, women in the wealthiest households also have significantly lower odds of having ever experienced violence than women in the poorest households. However, in Cambodia, it is women living in households in the middle quintile who are the only ones that have significantly lower odds of experiencing violence, as compared to women in the poorest quintile. In Colombia, too, women in the middle quintile are different in terms of their odds of experiencing violence; however, unlike women in Cambodia, the odds of experiencing violence are higher for these women than for women from poorer or richer households. In Zambia, by contrast, women in households belonging to the middle, fourth, and wealthiest quintiles are no different from those in the poorest quintile; however women in the second quintile have significantly lower odds of experiencing any violence. Household wealth has a similarly inconsistent relationship across countries with the likelihood of women currently experiencing violence.

Father beat mother: Table 3.7 shows that despite controls for all the variables discussed, women whose mothers experienced spousal violence are consistently much more likely to experience violence than women who said that their father did not beat their mother or who did not know whether their father beat their mother. Women whose mothers experienced spousal violence are consistently much more likely to experience violence than women who said that their father did not beat their mother or who did not know whether their father beat their mother.

In four of the six countries, women who report that their mothers were abused are twice as likely to have ever experienced violence, and in three of the four countries for which information on current violence is available, they are also about twice as likely

⁶ There is no separate category for female-headed nuclear households since the number of currently married women living in such households is extremely limited.

to report current violence. In Nicaragua and Peru, daughters of abused mothers are at least 60 percent more likely to report having ever experienced spousal violence than daughters who either do not know or whose mothers were not abused.

In conclusion, this analysis has shown that there are almost no individual, marital, or household characteristics that emerge as factors that identify women at an increased risk of violence in all countries. In fact, there are only three variables that are consistently related to a currently married woman's risk of violence across all countries: their number of children, their husband's drunkenness, and being able to report spousal abuse of the mother. Notably, only one of these three variables, a woman's number of children, was considered as one of the respondent's own characteristics. This is also one of the variables with which the direction of causality remains particularly unclear. Are women who have more children more likely to experience violence, or are women who experience violence less likely to be able to control their fertility? This issue is not resolved by the finding that women's ever-experience of violence and their current experience of violence vary similarly with number of children.

Neither of the other two variables that have a cross-nationally consistent, strong and positive influence on a woman's risk of violence, namely, the husband's drunkenness and the experience of spousal violence by the respondent's mother are directly related to women themselves, but are aspects of the circumstances of women's lives. While a husband's excessive drinking cannot be assumed to itself be the cause of the abuse, it does appear to be an enabling circumstance that is strongly related to a woman's risk of violence. The only one of the significant variables where the direction of causality is clear is the effect of the mother's experience of spousal violence. This analysis reinforces and extends to six more countries the literature that emphasizes the intergenerational effects of violence.

It is also notable that other factors usually assumed to be negatively linked with the risk of violence, such as household wealth and education of the husband and wife, are not always significant nor necessarily negative in their effects. Factors such as early age at marriage and large spousal age and educational differences, often used as indicators of women's disempowerment, are only weakly related to the risk of violence and not always in the predicted direction. Overall, this analysis shows that while women's risk of violence does vary in some countries by selected individual and household characteristics, there is little consistency in the nature and significance of the variation across countries. This is in stark contrast to the cross-cultural relevance of factors such as husband's drunkenness or a family history of violence.

4

Domestic Violence and Women's Empowerment

This chapter examines the association between domestic violence and some hypothesized correlates of violence, namely, selected indicators of women's empowerment and the evidence of controlling behaviors by husbands. The latter can be seen as factors that directly inhibit women's empowerment.

The prevalence rate of violence against women is almost by definition an indicator of women's status at a societal level. It could be argued that in societies where women routinely experience violence, women are clearly devalued. However, research does not necessarily indicate a consistent negative relationship between violence and women's status. Early research, for example, found a U-shaped relationship between the status of women in different states of the United States and the experience of violence (Yllo, 1983). Yllo explained these results by arguing the following: violence rates were high where women's status was low because the low status resulted in limited options for women; they were relatively high where women's status was high because women's high status constituted a threat to the dominance of men. The latter explanation is consistent with status inconsistency explanations for family violence (Yick, 2001). Status inconsistency theories see violence as resulting from resource imbalance among members of a family, where resources include both material and nonmaterial (such as education and prestige, etc.) assets. Patriarchal norms typically imply that men will have more resources than women, and the empowerment of women can upset this balance. Women can experience violence when patriarchal norms are threatened by resource imbalance in favor of the woman, which over time can generate stressors within the family (Gelles, 1993).

Status inconsistency theories assume that a relationship exists between empowerment and violence, and they implicitly suggest that violence will result when women's empowerment is inconsistent with patriarchal norms. At the individual level, however, the direction of causality is likely to be unclear. Although an individual woman's expression of empowerment can result in violence when such behavior is perceived as violating normative gender roles (as claimed by the status inconsistency theories) and evidenced in efforts to empower women (Goetz, 1997 and Sen Gupta, 1996), the violence itself can cause individual women to be disempowered. To the extent that the latter is true, causality may run not from empowerment to violence, but from violence to disempowerment. In fact, low empowerment and spousal violence together may form a vicious circle, making it difficult to discern the direction of causality. This is likely to be particularly true in societies where women cannot or may not leave violent marriages.

In cross-sectional data of the type available from the Demographic and Health Surveys (DHS) questionnaires, the direction of causality is difficult to disentangle. While the experience of spousal violence could have occurred in the 12 months before the interview or at any time before that, women's empowerment is evaluated at

the time of interview. Consequently, this chapter explores the extent to which women's empowerment levels vary by whether they have ever experienced spousal violence, experienced spousal violence in the last one year, or never experienced violence, as well as whether women's experience of violence varies by their empowerment level.

Three different sets of indicators of women's empowerment are used in this chapter. The first set purports to measure women's degree of control over their environment by measuring their participation in household and children-related decision-making. The second set derives from the assumption that a fundamental element of empowerment is the rejection of seemingly immutable and essentially unequal rights and privileges on the basis of the sex of an individual. Two examples of such "rights" normatively ascribed to men include the right of husbands to regulate and control "their" women's behavior, through force if necessary, and the right to expect wives to be submissive to husbands' sexual demands. Acceptance by women of this normatively prescribed power of men over women reflects an acceptance of unequal gender roles on the one hand and a lack of conscientization about women's entitlement to bodily security and integrity, on the other (Correa and Petchesky, 1994; Sen and Batliwala, 2000; United Nations, 1995b). For example, acceptance of the beating of wives by husbands in a society is indicative of low status for women, absolutely and relative to men. At the level of the individual woman, too, acceptance by her of the right of men to beat their wives is indicative of her acceptance of women's lower status relative to men. While such attitudes do not necessarily signify approval of these rights for men, they do signify women's acceptance of norms that give men these rights.

4.1 Domestic Violence and Women's Participation in Decisionmaking

Participation in decisions about one's own needs, household needs, and the needs of children is an indicator of women's engagement with and control over their immediate household environments. There are many reasons to expect that women's participation in decisionmaking will vary by their domestic violence status. Domestic violence lowers women's self-esteem and erodes their mental health (Astbury, 1999; Ellsberg et al., 1999; Fikree and Bhatti, 1999), thereby affecting women's capacity, as well as willingness, to participate. Women may also be actively prevented from participating in the control of what happens in their households through the controlling behavior of their partners. Yet another direction of association derives from the status inconsistency theory discussed earlier. Violence may result from women's attempts to control some of the decisions that are not normatively perceived to be in the realm of women's control, such as economic decisions. In other words, behaviors that are perceived to be violating gender roles may fuel violence. Research, in fact, identifies male control of household decisionmaking as a predictor of partner violence (Levinson, 1989; Oropesa, 1997). However, whether male control of decisionmaking is a consequence of abused women's inability to participate or is itself a correlate of the violence preventing women from participating remains unclear.

In light of the possibilities discussed above, the different directions of causality between women's decisionmaking and the experience of violence are explored in Tables 4.1 and 4.2. Table 4.1 shows women's participation in personal, household, and child-related decisions separately for women who have ever experienced spousal violence, experienced such violence in the past one year, or never experienced it. Table 4.2 shows how the likelihood of experiencing spousal violence in the recent past (past one year) varies by whether women make different decisions alone or jointly with their husbands or whether the husband decides alone. In this latter table, only the likelihood of violence in the past one year is examined to better understand whether women's participation in decisionmaking is giving rise to violence. Both tables are restricted to currently married women in order to focus on the variation between violence and women's participation in decisionmaking when husbands are potentially a force. For the small minority of currently married women who have been married more than once, the husband who is presumed to be present to make decisions or participate in them may not be the one who was violent towards the respondent. This latter possibility is further minimized if attention is focused on the experience of violence only in the past one year.

In the presentation of the data on decisionmaking, women who make decisions on their own are listed separately from those who make decisions jointly with their husband. However, the literature on women's status and empowerment does not really clarify the nature of women's control over decisions that would be considered reflective of the empowerment of women. Does control require that women make decisions by themselves, or can joint decisionmaking be an equally valid measure of control and hence empowerment? The lack of conceptual clarity on the issue of control should be kept in mind when interpreting the results below.

In the DHS survey, women's participation is measured for several different decisions. With some variation across the different countries in the specific wording of the question, women were asked who usually makes the specified decisions in their household. There is also some variation across the countries in the specific decisions asked about. In Tables 4.1 and 4.2, the data related to the decisions included in most of the countries are shown. These results are also typical of the decisions not specifically shown in the tables.

Does participation in decisionmaking vary by women's experience of violence?

Since gender-role incompatibility is one explanation for the expected variation in women's decisionmaking by their violence status, the results are discussed separately for the different types of decisions. The expectation is that husbands are much more likely to be the main decisionmakers among couples where the wife is abused.

Decisions about what food to cook: In almost all societies, women are the ones typically expected to make decisions about food and what to cook. The presumption is that participation in or even control of such decisions is unlikely to represent any gender-role incompatibility. Thus, it is no surprise that in all of the seven countries for which information is available for these types of decisions, the majority of currently married women report making such decisions on their own. Further, the pattern of variation by violence status in who makes these types of decisions is quite consistent across countries. Husbands alone rarely make these decisions, but in most

Violence may result from women's attempts to control some of the decisions that are not normatively perceived to be in the realm of women's control, such as economic decisions.

Table 4.1 Percent distribution of currently married women age 15-49 by who in their household makes different household decisions: the women alone, the women jointly with their husbands, their husbands alone, or someone else (alone or jointly with others in the household), according to whether they have experienced violence by their husband ever, in the past 12 months, or never

Type of decision and whether experienced violence by husband	Woman alone	Jointly with husband	Husband alone	Other	Don't know/missing/decision not made	Total
DECISIONS ABOUT WHAT FOOD TO COOK EACH DAY						
Colombia						
Ever experienced violence	74.8	12.7	3.5	8.9	0.0	100.0
Experienced violence in the past 12 months	u	u	u	u	u	-
Never experienced violence	73.2	14.2	2.5	9.8	0.3	100.0
Egypt						
Ever experienced violence	68.0	14.9	6.6	10.1	0.4	100.0
Experienced violence in the past 12 months	67.9	12.9	8.0	10.9	0.3	100.0
Never experienced violence	68.8	19.2	4.5	7.1	0.4	100.0
Haiti						
Ever experienced violence	82.7	5.0	1.9	9.6	0.8	100.0
Experienced violence in the past 12 months	81.0	5.7	1.8	10.5	1.0	100.0
Never experienced violence	76.4	9.8	3.7	10.0	0.2	100.0
India						
Ever experienced violence	76.7	4.0	4.1	15.3	0.0	100.0
Experienced violence in the past 12 months	74.9	4.5	4.8	15.8	0.0	100.0
Never experienced violence	69.9	4.5	3.5	22.1	0.0	100.0
Nicaragua						
Ever experienced violence	62.9	24.5	9.5	2.2	0.9	100.0
Experienced violence in the past 12 months	63.0	22.7	10.9	2.2	1.3	100.0
Never experienced violence	54.2	34.6	7.6	2.2	1.5	100.0
Peru						
Ever experienced violence	76.9	12.4	2.9	7.8	0.1	100.0
Experienced violence in the past 12 months	u	u	u	u	u	-
Never experienced violence	73.8	13.8	2.4	9.9	0.2	100.0
DECISIONS ABOUT RESPONDENT'S OWN HEALTH CARE						
Cambodia						
Ever experienced violence	37.2	49.4	10.4	2.7	0.3	100.0
Experienced violence in the past 12 months	35.7	50.6	10.7	3.0	0.0	100.0
Never experienced violence	37.6	52.4	7.7	2.2	0.2	100.0
Colombia						
Ever experienced violence	69.1	16.4	10.8	3.5	0.1	100.0
Experienced violence in the past 12 months	u	u	u	u	u	-
Never experienced violence	63.0	23.8	10.7	2.5	0.1	100.0
Haiti						
Ever experienced violence	47.3	21.4	26.4	4.5	0.5	100.0
Experienced violence in the past 12 months	44.8	20.6	28.9	5.1	0.6	100.0
Never experienced violence	40.8	33.7	20.3	4.9	0.3	100.0
India						
Ever experienced violence	30.0	14.8	43.1	12.1	0.0	100.0
Experienced violence in the past 12 months	25.7	15.1	46.9	12.3	0.0	100.0
Never experienced violence	27.6	17.5	38.4	16.5	0.0	100.0
Peru						
Ever experienced violence	61.9	20.5	15.6	1.9	0.1	100.0
Experienced violence in the past 12 months	u	u	u	u	u	-
Never experienced violence	58.3	24.2	15.6	1.7	0.1	100.0
Zambia						
Ever experienced violence	28.0	10.3	51.1	10.3	0.3	100.0
Experienced violence in the past 12 months	27.4	9.5	51.8	11.1	0.3	100.0
Never experienced violence	30.8	11.5	44.2	13.3	0.2	100.0

Continued...

u = Unknown (not available)

Table 4.1—Continued

Type of decision and whether experienced violence by husband	Woman alone	Jointly with husband	Husband alone	Other	Don't know/missing/decision not made	Total
DECISIONS REGARDING CHILDREN'S ILLNESS						
Cambodia						
Ever experienced violence	23.9	66.9	4.5	0.9	3.7	100.0
Experienced violence in the past 12 months	24.2	67.0	4.0	1.1	3.8	100.0
Never experienced violence	19.0	69.1	2.1	1.0	8.8	100.0
Dominican Republic						
Ever experienced violence	40.2	41.7	8.6	3.8	5.8	100.0
Experienced violence in the past 12 months	38.7	43.2	8.4	3.0	6.7	100.0
Never experienced violence	24.1	57.2	6.4	2.4	9.9	100.0
Egypt						
Ever experienced violence	27.3	48.0	19.7	1.5	3.5	100.0
Experienced violence in the past 12 months	25.0	48.2	20.2	2.4	4.1	100.0
Never experienced violence	25.4	51.2	14.8	1.1	7.5	100.0
Haiti						
Ever experienced violence	26.9	39.8	16.4	3.5	13.3	100.0
Experienced violence in the past 12 months	24.7	40.0	18.5	3.9	12.9	100.0
Never experienced violence	21.5	48.4	12.5	3.6	14.0	100.0
Nicaragua						
Ever experienced violence	42.9	38.0	13.5	0.3	5.3	100.0
Experienced violence in the past 12 months	44.7	34.6	14.9	0.4	5.5	100.0
Never experienced violence	27.8	54.2	11.9	0.5	5.6	100.0
DECISIONS ABOUT VISITS TO FAMILY, FRIENDS, OR RELATIVES						
Cambodia						
Ever experienced violence	20.9	72.5	3.4	1.7	1.4	100.0
Experienced violence in the past 12 months	21.4	71.9	3.2	1.9	1.6	100.0
Never experienced violence	15.4	78.5	2.5	2.5	1.1	100.0
Colombia						
Ever experienced violence	36.5	43.6	12.5	3.4	4.0	100.0
Experienced violence in the past 12 months	u	u	u	u	u	-
Never experienced violence	28.3	56.5	9.3	3.2	2.7	100.0
Egypt						
Ever experienced violence	8.2	20.3	67.6	3.0	0.9	100.0
Experienced violence in the past 12 months	5.5	18.5	71.7	3.0	1.3	100.0
Never experienced violence	7.5	38.3	52.4	1.4	0.4	100.0
Haiti						
Ever experienced violence	56.6	30.9	7.2	4.5	0.9	100.0
Experienced violence in the past 12 months	53.3	33.0	8.0	4.7	1.0	100.0
Never experienced violence	49.2	37.3	8.2	4.2	1.2	100.0
India						
Ever experienced violence	16.1	22.6	45.9	15.3	0.1	100.0
Experienced violence in the past 12 months	12.1	22.3	49.4	16.2	0.0	100.0
Never experienced violence	13.4	25.6	38.5	22.4	0.0	100.0
Nicaragua						
Ever experienced violence	21.1	49.1	27.8	0.9	1.1	100.0
Experienced violence in the past 12 months	23.0	43.1	31.9	0.9	1.2	100.0
Never experienced violence	12.9	65.4	19.6	0.5	1.6	100.0
Peru						
Ever experienced violence	30.2	53.2	13.6	2.0	1.0	100.0
Experienced violence in the past 12 months	u	u	u	u	u	100.0
Never experienced violence	25.0	59.6	11.5	3.1	0.9	100.0
Zambia						
Ever experienced violence	18.1	23.7	56.5	1.4	0.3	100.0
Experienced violence in the past 12 months	18.2	22.3	57.6	1.6	0.3	100.0
Never experienced violence	16.3	26.3	55.8	1.4	0.2	100.0

Continued...

u = Unknown (not available)

Table 4.1—Continued

Type of decision and whether experienced violence by husband	Woman alone	Jointly with husband	Husband alone	Other	Don't know/missing/decision not made	Total
DECISIONS ABOUT MAKING LARGE HOUSEHOLD PURCHASES						
Cambodia						
Ever experienced violence	37.2	48.4	12.5	1.6	0.3	100.0
Experienced violence in the past 12 months	37.5	47.6	12.8	1.7	0.3	100.0
Never experienced violence	25.7	59.3	9.4	5.5	0.1	100.0
Colombia						
Ever experienced violence	27.1	41.2	25.0	6.1	0.5	100.0
Experienced violence in the past 12 months	u	u	u	u	u	-
Never experienced violence	18.9	53.6	20.8	6.1	0.6	100.0
Egypt						
Ever experienced violence	14.2	28.2	47.0	10.6	0.1	100.0
Experienced violence in the past 12 months	12.0	27.0	50.4	10.6	0.0	100.0
Never experienced violence	14.0	42.1	36.4	7.4	0.1	100.0
Haiti						
Ever experienced violence	40.2	23.3	25.1	10.4	0.9	100.0
Experienced violence in the past 12 months	35.8	22.6	29.0	11.6	1.1	100.0
Never experienced violence	31.2	40.4	18.0	10.0	0.4	100.0
India						
Ever experienced violence	13.4	28.9	39.4	18.2	0.0	100.0
Experienced violence in the past 12 months	10.2	27.7	43.6	18.6	0.0	100.0
Never experienced violence	10.0	31.3	32.6	26.1	0.0	100.0
Nicaragua						
Ever experienced violence	17.3	44.3	32.4	1.3	4.7	100.0
Experienced violence in the past 12 months	17.1	41.1	35.9	1.4	4.5	100.0
Never experienced violence	9.6	60.3	25.4	0.5	4.2	100.0
Peru						
Ever experienced violence	23.7	50.2	22.1	3.6	0.3	100.0
Experienced violence in the past 12 months	u	u	u	u	u	-
Never experienced violence	18.2	56.0	20.3	5.2	0.3	100.0
Zambia						
Ever experienced violence	11.7	24.0	62.4	1.6	0.2	100.0
Experienced violence in the past 12 months	11.3	21.9	64.2	2.3	0.4	100.0
Never experienced violence	11.3	25.1	61.0	2.4	0.1	100.0
DECISIONS ABOUT HAVING ANOTHER CHILD						
Cambodia						
Ever experienced violence	12.8	68.9	3.7	0.7	14.0	100.0
Experienced violence in the past 12 months	12.2	68.4	3.5	0.7	15.2	100.0
Never experienced violence	8.8	72.5	1.9	0.4	16.5	100.0
Dominican Republic						
Ever experienced violence	33.3	38.4	9.5	1.3	17.5	100.0
Experienced violence in the past 12 months	32.4	38.1	9.1	1.0	19.4	100.0
Never experienced violence	22.4	52.5	5.1	1.4	18.6	100.0
Egypt						
Ever experienced violence	4.8	67.6	21.5	0.4	5.7	100.0
Experienced violence in the past 12 months	4.8	65.7	24.6	0.4	4.6	100.0
Never experienced violence	3.0	77.0	14.7	0.3	5.0	100.0
Haiti						
Ever experienced violence	24.1	40.2	8.5	0.7	26.6	100.0
Experienced violence in the past 12 months	24.0	39.3	9.5	0.8	26.4	100.0
Never experienced violence	16.8	43.9	8.0	0.4	30.9	100.0
Zambia						
Ever experienced violence	9.9	33.7	52.3	1.2	2.9	100.0
Experienced violence in the past 12 months	9.6	32.6	53.8	1.4	2.6	100.0
Never experienced violence	9.0	36.7	48.9	0.8	4.6	100.0

Continued...

u = Unknown (not available)

Table 4.1—Continued

Type of decision and whether experienced violence by husband	Woman alone	Jointly with husband	Husband alone	Other	Don't know/missing/decision not made	Total
DECISIONS ABOUT CONTRACEPTION						
Cambodia						
Ever experienced violence	19.9	61.6	1.9	1.2	15.4	100.0
Experienced violence in the last one year	20.6	61.6	1.8	1.3	14.8	100.0
Never experienced violence	15.1	67.9	1.8	0.6	14.6	100.0
Egypt						
Ever experienced violence	14.4	64.2	9.4	0.2	11.8	100.0
Experienced violence in the last one year	14.3	63.4	11.6	0.1	10.5	100.0
Never experienced violence	12.7	65.9	6.7	0.3	14.4	100.0
Haiti						
Ever experienced violence	24.8	33.4	5.6	0.3	36.1	100.0
Experienced violence in the last one year	22.8	36.4	6.2	0.3	34.3	100.0
Never experienced violence	16.2	30.4	2.7	0.6	50.0	100.0
Nicaragua						
Ever experienced violence	36.5	34.7	10.4	1.0	17.4	100.0
Experienced violence in the last one year	42.1	32.5	12.5	0.5	12.5	100.0
Never experienced violence	22.3	52.2	9.1	1.1	15.2	100.0

u = Unknown (not available)

countries, the proportion of husbands making these decisions alone is somewhat higher in couples where the woman has experienced violence. Women who have never experienced violence are more likely than those who have to make decisions about food jointly with their husbands. The variation by violence status is greatest for women who make these decisions alone: women who have experienced violence are more likely than those who have not to make decisions about food on their own. This pattern is most marked in Nicaragua.

Decisions about respondents' own health care: Among all of the types of decisions asked about, perhaps those with the most strategic importance for the self-interest of women are decisions about their own health care. For this type of decision, which concerns women's own health needs, more than for any of the others considered here, it can be argued that women should be final arbiters. Nonetheless, women are not necessarily participating in these decisions. In only three of the six countries for which this information is available, namely, Colombia, Haiti, and Peru, are these decisions most likely to be made by women alone. In India and Zambia, these decisions are most likely to be made by husbands alone, and in Cambodia, they are most likely to be made jointly by women and their husbands.

There is also no consistent pattern of variation in decisionmaking with regard to the respondent's health care across countries by the violence status of women. While most countries do fall into the pattern seen for other decisions, in Haiti, India, and Zambia, husbands' control over these decisions is significantly more common among women who have experienced violence than among those who have never experienced violence. The likelihood of joint decisionmaking about women's health care is greater among women who have never experienced violence in all countries for which data are available. Also, in Colombia, Haiti, India, and Peru, making such decisions by themselves is more common among women who have experienced violence than among those who have not, whereas in Zambia, this pattern is reversed.

Decisions regarding children's illness: Women are traditionally the caretakers of children; but as with their own health care, they are not necessarily the final arbiters of decisions related to what to do when a child falls ill. However, it is encouraging that in all countries, the large majority of women are participating alone or jointly in making these decisions. Notably, joint decisionmaking is more common among women who have not experienced violence than among those who have. Women are more likely to be making these decisions on their own if they have experienced violence. In fact, in Nicaragua, women who have experienced violence are more likely to make these decisions alone than jointly with their husbands, whereas women who have never experienced violence are about twice as likely to make these decisions jointly with their husbands than alone. In all countries except Cambodia, a nonnegligible proportion of husbands make these decisions on their own, and this proportion is consistently higher for women who have experienced violence, compared with women who have not. For example, in Haiti, husbands of 19 percent of women who have experienced violence recently make these decisions alone, compared with husbands of 13 percent of women who have never experienced violence.

Decisions about visits to family and friends: Women's participation in such decisions has a bearing on their freedom of movement. In patriarchal societies and where women are cloistered, it is less likely that women will be free to make these decisions alone. This expectation is borne out in the data. Haiti is the only country where these decisions are most likely to be made by women alone. In Egypt, India, and Zambia, they are most likely to be made by husbands alone, and in the remaining countries, women are most likely to make these decisions jointly with their husbands.

The variation in women's participation by violence is similar across countries. In every country, joint decisionmaking is most common among women who have never experienced violence, and in all countries but Haiti, these decisions are more likely to be made by husbands alone if women have experienced violence, particularly if women have experienced violence in the past one year. Even in Egypt and India, where these decisions are most likely to be made by husbands, husbands are much more likely to be making these decisions if the woman has experienced violence than if she has not. In Egypt, for example, among women who have not experienced violence, 52 percent report that their husbands make these decisions alone, whereas among women who have experienced violence in the past one year, this proportion is 72 percent. Notably too, in all countries except Egypt and India, women who have experienced violence ever or recently are more likely to make these decisions alone, compared with women who have never experienced violence.

Decisions about large household purchases: In most cultures, decisions about major household purchases are not typically within the normatively prescribed purview of women. It can be hypothesized that gender-role incompatibility is most likely if women try to dominate these decisions. Nonetheless, the data show that in about half of the countries, these decisions are most often made jointly by husbands and wives. In Egypt, India, and Zambia, husbands alone are most likely to make these decisions. In Haiti, the person most likely to make these decisions varies by whether women have experienced violence or not. Women who have experienced violence are most likely to make these decisions themselves, whereas women who have never experienced violence are most likely to make these decisions jointly with their husbands. In every country except Zambia, joint decisionmaking is much more common among women who have never experienced violence than among women who have. By con-

trast, these decisions are more commonly made by women themselves and by their husbands only among women who have experienced violence, compared with women who have not. The likelihood that a husband makes the decision alone is higher among women who have recently experienced violence than among those who have ever experienced violence or never experienced violence. This is true for all countries for which short- and long-term data on violence are available.

Decisions about having another child and contraception: In most countries, women report making these decisions jointly with their husbands. The only exceptions are Nicaragua and Zambia. In Nicaragua, women are most likely to decide about the use of contraception by themselves if they have ever experienced violence but jointly with their husbands if they have never experienced violence. In Zambia, the decision to have another child is most often made by husbands alone. In two of the three countries, namely Cambodia and Egypt, where information is available for both types of decisions, women are much more likely to make the decision regarding contraception by themselves than the decision about having another birth. The pattern of decisionmaking varies fairly consistently across all countries. Compared with women who have experienced violence, women who have never experienced violence are more likely to make these decisions jointly with their husbands and are much less likely to make these decisions on their own or to have husbands who decide alone.

Does the likelihood of experiencing violence vary by women's participation in household decisionmaking?

A show of empowerment, for example, making decisions that are traditionally expected to be controlled by men, can be hypothesized as “invoking” violence. However, the results shown in Table 4.2 do not fully bear out this hypothesis. Table 4.2 shows the percentages of currently married women who have experienced violence in the 12 months preceding the survey, according to whether they alone make different decisions, make decisions jointly with their husbands, or have husbands who make the different decisions alone.

As can be seen from Table 4.2 and Figure 4.1, the highest rates of violence are not consistently experienced by women who make different decisions by themselves. In fact, for most countries, the highest rates of recent violence are generally among women whose husbands make decisions alone, irrespective of the decision. In fact, for most countries, the highest rates of recent violence are generally among women whose husbands make decisions alone, irrespective of the decision.

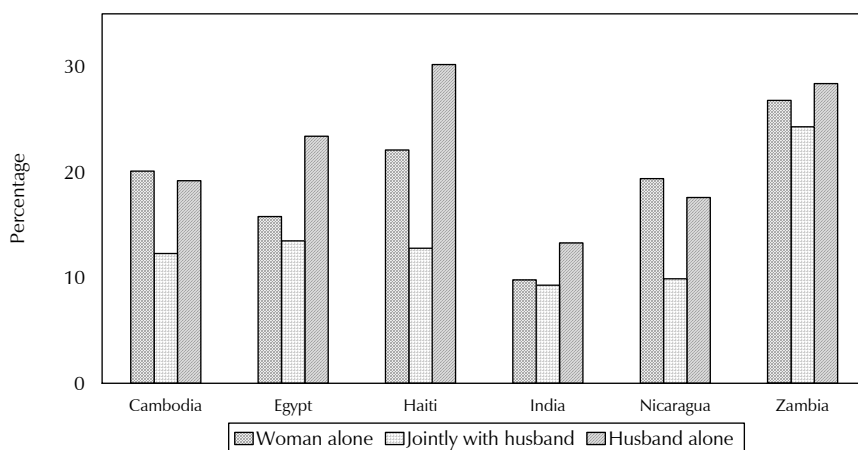
In Egypt and India, this is true for all decisions, and in the remaining countries for which data on recent violence are available, this is true for the majority of decisions. Nonetheless, married women who make decisions by themselves do have much higher rates of violence than women who make decisions jointly with their husbands. In fact, the most consistent result in Table 4.2 is that the rates of recent violence are, with very few exceptions, the lowest in all countries for women who make decisions jointly with their husbands. Even in the case of decisions that are traditionally expected to be made by women, such as what food to cook each day, violence is more common among women who make this decision alone than among those who make this decision jointly with their husband.

Table 4.2 Percentage of currently married women age 15-49 who experienced violence in the past 12 months, according to whether they make different decisions on their own or jointly with their husband, or whether their husband alone makes the decision, by type of decision

Type of decision	Women who make decision by themselves		Women who make decision jointly with their husband		Women whose husbands make the decision alone		Other	
	Percentage who experienced violence in the past 12 months	Number of women	Percentage who experienced violence in the past 12 months	Number of women	Percentage who experienced violence in the past 12 months	Number of women	Percentage who experienced violence in the past 12 months	Number of women
Cambodia								
Own health care	14.1	780	14.4	1,078	19.4	169	19.5	47
Children's illness	18.0	413	14.4	1,429	24.0	52	16.3	20
Visits to family, friends, or relatives	19.4	339	13.7	1,610	17.7	55	11.9	50
Making large household purchases	20.1	573	12.3	1,196	19.2	206	5.3	101
Contraceptive use	19.2	331	13.6	1,389	14.7	38	26.8	15
Having another child	19.1	196	14.1	1,494	23.8	46	26.2	9
Dominican Republic								
Children's illness	14.1	1,431	7.9	2,857	12.2	359	11.3	141
Have another child	13.1	1,289	7.6	2,625	15.3	311	7.2	75
Egypt								
What food to cook each day	18.4	4,523	13.6	1,169	28.5	344	24.7	540
Children's illness	17.9	1,718	17.9	3,304	22.8	1,090	34.2	85
Visits to family, friends, or relatives	13.2	512	10.7	2,111	23.1	3,809	29.4	127
Making large household purchases	15.8	929	13.5	2,458	23.4	2,647	23.2	562
Contraceptive use	20.1	876	18.1	4,309	28.2	505	6.0	17
Having another child	24.5	239	16.6	4,862	26.7	1,130	22.2	20
Haiti								
What food to cook each day	21.4	1,555	13.4	172	11.2	64	22.1	198
Own health care	21.8	846	13.9	614	27.2	433	21.8	96
Children's illness	22.3	455	17.8	924	28.2	269	22.2	71
Visits to family, friends, or relatives	21.5	1,019	19.0	712	20.8	157	23.2	84
Making large household purchases	22.1	667	12.8	724	30.2	392	23.8	202
Contraceptive use	25.7	366	24.1	621	37.3	67	11.5	11
Having another child	26.8	370	18.8	857	24.0	162	34.0	10
India								
What food to cook each day	10.9	64,255	10.6	3,963	13.6	3,290	7.8	18,783
Own health care	9.4	25,379	9.2	15,313	12.3	35,462	8.1	14,135
Visits to family, friends, or relatives	9.0	12,560	9.2	22,619	12.8	36,038	7.9	19,036
Making large household purchases	9.8	9,653	9.3	27,869	13.3	30,571	7.8	22,193
Nicaragua								
What food to cook each day	14.9	3,847	9.6	2,154	17.9	553	13.3	148
Children's illness	18.6	2,179	9.3	3,370	16.2	837	11.7	32
Visits to family, friends, or relatives	20.2	1,033	9.5	4,126	19.5	1,489	18.3	43
Making large household purchases	19.4	803	9.9	3,788	17.6	1,857	26.0	49
Contraceptive use	21.4	1,787	9.2	3,212	17.7	643	5.6	74
Zambia								
Own health care	25.3	900	23.6	335	29.7	1,452	25.4	364
Visits to family, friends, or relatives	28.8	525	24.2	767	28.0	1,716	32.6	42
Making large household purchases	26.8	352	24.3	751	28.4	1,887	29.8	63
Having another child	27.8	288	25.2	1,079	29.0	1,544	40.0	30

The results of Tables 4.1 and 4.2 thus do not support the hypothesis that the experience of violence by women is higher when there are gender-role violations. What the data do uphold is the expectation that violent relationships are characterized by husbands' somewhat greater control of decisionmaking, whereas nonviolent spousal relationships are characterized by joint decisionmaking. What is a surprise, however, is that violent relationships are also characterized by women making decisions alone. In fact, from Table 4.1, it is clear that decisionmaking by women alone, as well as by men alone, is much more common for women who have experienced violence than for women who have never done so. This suggests that for some women, the experience of violence separates them from the control of decisions relevant to their well-being, while for other women, it enhances their control of decisions. Further research is needed to help identify the factors that would explain this difference.

Figure 4.1
Percentage of currently married women who have experienced violence in the 12 months preceding the survey, according to the person who has the final say in decisions about making large household purchases



4.2 Domestic Violence and Norms that Reinforce Inequality in Marital Relationships

The DHS asks women two questions that tap into their attitudes about the roles of wives relative to their husbands. The first asks women whether they agree that a husband is justified in beating his wife for different specified reasons. These reasons, which range from those that involve suspicions about a wife’s moral character to those that may be considered more trivial, such as not cooking properly, were chosen to provide variation in the perceived seriousness of behavioral-norm violation. The second question asks women whether they think that a wife is justified in refusing to have sex with her husband under several specified circumstances. Both of these questions explore women’s acceptance of norms that accord men power over women and subordinate the rights of women to those of men. As mentioned above, seeing as justified the power of men over women reflects an acceptance of unequal gender roles as well as a lack of conscientization about women’s entitlement to bodily security and integrity. Thus, women who agree with the right of men to physically and sexually dominate women are hypothesized to be less empowered than women who reject these rights.

The direction of association between women’s acceptance of men’s rights over women and domestic violence is not clear. It could be hypothesized that women who accept the subordinate roles of wives relative to husbands will be less subject to violence because they are likely to conform to traditional role expectations in other ways as well. In other words, their behavior is less likely to create status incompatibility. However, this hypothesis would be valid if violence is indeed a result of gender-role violations by women. It could also be hypothesized that the experience of violence “teaches” women to accept these norms. Since the direction of causality is unclear, the violence-attitude relationship is explored by examining, in turn, both violence and

attitudes as dependent variables. Accordingly, Tables 4.3 and 4.5 compare the prevalence of violence among women who agree and women who disagree with each attitude question, and Tables 4.4 and 4.6 examine women's extent of agreement with each attitude question, according to women's experience of violence.

Acceptance of wife-beating: The question on women's attitudes toward wife-beating was asked in eight of the nine countries included in this report. The specific reasons that respondents were asked to consider vary among countries. Nonetheless, as can be seen from Table 4.3, there is no evidence that women who agree that husbands are justified in beating their wives experience lower rates of violence. In every country

Table 4.3 Percentage of ever-married women age 15-49 by whether they have ever experienced violence by their husband, have experienced violence by their husband in the last one year, or never experienced violence by their husband, according to whether they agree or disagree with different reasons justifying wife-beating and reason

Reason justifying a husband beating his wife/experience of violence by husband	Whether woman agrees with reason justifying a husband beating his wife													
	Cambodia		Dominican Republic		Egypt		Haiti		India		Nicaragua		Zambia	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
If she goes out without telling him														
Ever experienced violence	19.5	16.9	25.2	22.3	u	u	31.3	26.0	25.3	15.3	31.3	30.3	50.3	40.3
Experienced violence in the past 12 months	17.3	14.7	14.8	10.6	u	u	27.8	18.0	13.9	8.3	15.4	12.9	26.3	21.0
Never experienced violence	80.5	83.1	74.8	77.7	u	u	68.7	74.0	74.7	84.7	68.7	69.7	49.7	59.7
Number of women	658	1,710	250	6,539	u	u	750	1,557	32,956	56,883	1,302	7,050	3,119	642
If she neglects the children														
Ever experienced violence	19.5	16.7	26.0	22.2	44.2	25.3	32.2	25.7	25.1	14.9	31.3	30.3	50.6	44.9
Experienced violence in the past 12 months	17.8	14.3	15.4	10.4	23.4	13.7	27.8	18.5	13.6	8.2	15.5	12.7	26.7	23.0
Never experienced violence	80.5	83.3	74.0	77.8	55.8	74.7	67.8	74.3	74.9	85.1	68.7	69.7	49.4	55.1
Number of women	720	1,629	519	6,258	3,356	3,167	656	1,667	36,089	53,773	1,585	6,800	2,432	1,329
If she argues with him/answers back														
Ever experienced violence	19.9	16.9	23.6	22.4	42.4	17.9	28.3	27.5	u	u	u	u	50.0	46.7
Experienced violence in the past 12 months	18.6	14.5	15.4	10.7	23.0	9.0	22.5	20.9	u	u	u	u	27.1	23.3
Never experienced violence	80.1	83.1	76.4	77.6	57.6	82.1	71.7	72.5	u	u	u	u	50.0	53.3
Number of women	473	1,877	94	6,697	4,568	1,956	254	2,042	u	u	u	u	2,108	1,651
If she refuses to have sex with him														
Ever experienced violence	20.1	17.1	14.3	22.5	40.3	22.1	29.8	26.6	u	u	30.2	30.4	51.3	45.7
Experienced violence in the past 12 months	17.6	15.0	11.5	10.8	21.3	12.4	25.7	19.5	u	u	15.1	13.2	27.4	23.3
Never experienced violence	79.9	82.9	85.7	77.5	59.7	77.9	70.2	73.4	u	u	69.8	69.6	48.7	54.3
Number of women	224	2,089	71	6,719	4,578	1,819	427	1,861	u	u	576	7,759	1,990	1,735
If she does not prepare the food														
Ever experienced violence	22.9	16.8	23.1	22.5	47.9	30.1	27.5	27.5	26.6	16.4	u	u	51.1	46.1
Experienced violence in the past 12 months	21.2	14.6	15.0	10.6	27.7	15.2	22.9	20.7	14.9	8.8	u	u	27.9	23.0
Never experienced violence	77.1	83.2	76.9	77.5	52.1	69.9	72.5	72.5	73.4	83.6	u	u	48.9	53.9
Number of women	290	2,046	191	6,596	1,760	4,784	274	2,052	22,182	67,692	u	u	1,807	1,962
If she talks to other men/he suspects she is unfaithful														
Ever experienced violence	u	u	u	u	39.7	26.6	u	u	24.1	16.4	31.7	30.0	u	u
Experienced violence in the past 12 months	u	u	u	u	20.2	16.1	u	u	14.0	8.5	16.1	12.3	u	u
Never experienced violence	u	u	u	u	60.3	73.4	u	u	75.9	83.6	68.3	70.0	u	u
Number of women	u	u	u	u	4,241	2,266	u	u	29,548	59,953	2,176	6,136	u	u
Agrees with any reason														
Ever experienced violence	20.1	15.7	26.4	22.0	39.8	12.0	30.9	24.8	23.8	13.0	32.0	29.3	49.8	38.4
Experienced violence in the past 12 months	18.2	13.5	15.3	10.3	21.3	6.0	26.7	16.6	13.2	6.8	15.9	11.9	26.4	17.5
Never experienced violence	79.9	84.3	73.6	78.0	60.2	88.0	69.1	75.2	76.2	87.0	68.0	70.7	50.2	61.6
Number of women	969	1,434	638	6,168	5,433	1,166	1,000	1,345	49,689	40,614	2,756	5,752	3,337	455

u = Unknown (not available)

and for almost all reasons, rates of violence are either similar or much higher among women who agree that a husband is justified in beating his wife.

The last row in Table 4.3 shows a summary measure of the variation seen by specific reason. It shows how rates of violence vary between women who agree with at least one reason, compared to those who agree with no reason. In every country, rates of violence are higher for women who agree at all with wife beating than among women who do not agree with any reason. Compared with rates among women who do not agree with any reason, rates for the prevalence of ever-experience of violence among women who agree with wife-beating are higher by about 9 percent in Nicaragua; 20 to 30 percent in Cambodia, the Dominican Republic, Haiti, and Zambia; 80 percent in India; and more than 200 percent in Egypt. Notably, these differentials are even higher in the case of recent violence. While these results may in part be explained by possible rationalization by women of their own experience of violence, the results are also compatible with the idea that agreement with norms about gender roles does not protect women against spousal violence.

Table 4.4 examines whether agreement with the different reasons justifying a husband beating his wife varies by women's experience of violence. With few exceptions, agreement is higher among women who have experienced violence than among those who have never experienced violence, although this variation is small for several reasons in many countries, particularly, the Dominican Republic, Haiti, and Nicaragua. The higher levels of agreement among women who have experienced violence is quite marked when agreement is measured not for each specific reason, but for any reason at all (the last row of the table). The proportion of women who agree with at least one reason is higher among women who have ever experienced violence than among women who have never experienced violence by about 5 to 10 percent in Nicaragua and Zambia and by 18 percent or more in the other countries. Further, in every country, the differential in agreement is even higher between women who have recently experienced violence and those who have never experienced violence.

A wife's right to refuse sex to her husband: Women were asked if they thought a wife is justified in refusing sex to her husband if: 1) she has recently given birth, 2) she knows her husband has sex with other women; 3) she knows her husband has a sexually transmitted infection (STI); and 4) she is tired or not in the mood. Agreement with one or more of these reasons can be understood as challenging gender norms, thereby suggesting the likelihood that rates of violence will be higher among women who agree with these reasons than among women who do not agree.

Table 4.4 Percentage of ever-married women age 15-49 who agree with each different reason justifying wife-beating, by reason, among women who have experienced violence by their husband, ever, in the last one year, or never

Reason justifying a husband beating his wife/ experience of violence by husband	Cambodia	Dominican Republic	Egypt	Haiti	India	Nicaragua	Zambia
If she goes out without telling him							
Percentage who agree among women who have							
Ever experienced violence	30.6	4.1	u	36.5	48.8	15.8	85.4
Experienced violence in the last one year	30.9	5.0	u	42.4	49.0	17.9	85.5
Never experienced violence	26.7	3.5	u	30.2	33.6	15.1	79.3
If she neglects the children							
Percentage who agree among women who have							
Ever experienced violence	33.5	8.8	64.5	32.8	52.9	19.3	67.0
Experienced violence in the last one year	34.7	10.9	63.8	37.1	52.6	22.0	67.6
Never experienced violence	29.2	7.3	43.6	26.1	37.0	18.3	61.4
If she argues with him							
Percentage who agree among women who have							
Ever experienced violence	22.4	1.5	84.2	11.2	u	u	57.4
Experienced violence in the last one year	23.8	2.0	85.5	11.6	u	u	59.4
Never experienced violence	19.1	1.4	61.2	10.7	u	u	53.9
If she refuses to have sex with him							
Percentage who agree among women who have							
Ever experienced violence	10.7	0.7	80.2	19.8	u	6.8	55.6
Experienced violence in the last one year	10.7	1.1	79.4	22.3	u	7.8	56.7
Never experienced violence	9.0	1.1	63.6	17.6	u	6.8	49.6
If she does not prepare the food properly/on time/ burns the food							
Percentage who agree among women who have:							
Ever experienced violence	15.8	2.9	36.6	11.7	34.5	u	50.2
Experienced violence in the last one year	16.7	3.9	39.8	12.8	35.5	u	52.4
Never experienced violence	11.3	2.8	21.3	11.7	22.2	u	45.2
If she talks to other men/he suspects she is unfaithful							
Percentage who agree among women who have:							
Ever experienced violence	u	u	73.2	u	41.6	26.8	u
Experienced violence in the last one year	u	u	69.7	u	44.5	31.2	u
Never experienced violence	u	u	59.5	u	30.6	25.0	u
Percentage who agree with at least one reason among women who have							
Ever experienced violence	46.3	11.0	93.9	48.2	69.1	34.4	90.5
Experienced violence in the last one year	47.7	13.4	94.3	54.4	70.3	39.0	91.7
Never experienced violence	39.1	8.9	76.1	40.6	51.7	31.5	85.7

u = Unknown (not available)

Table 4.5 shows mixed results with regard to the expectation of higher rates of violence among women who agree than among women who do not agree that women are justified in refusing sex to their husband. In most countries and for most reasons, there is very little difference in violence rates by women's agreement, and in several countries, women who do not agree with a wife's right to refuse sex have higher rates of violence. These differences are also obvious when women who agree with all reasons are compared with women who disagree with one or more reasons (last row in Table 4.5). Rates of ever-experience of violence among women who agree with all reasons are higher in Colombia but lower in Haiti than for women who disagree with one or more reasons. In the rest of the countries, there is little or no variation at all. Rates of recent experience of violence do not vary by agreement at all in Cambodia; they are marginally higher among women who agree, in the Dominican Republic; and they are lower in the remaining countries for which data are available.

Table 4.5 Percentage of ever-married women age 15-49 who agree and who disagree with different reasons for which a wife is justified in refusing to have sex with her husband, by whether they have ever experienced spousal violence, experienced spousal violence in the past one year, or never experienced spousal violence, according to reason

Reason for which a wife is justified in refusing her husband sex/ experience of violence by husband	Whether woman agrees with each reason justifying a wife refusing sex to her husband													
	Cambodia		Colombia		Dominican Republic		Haiti		Nicaragua		Peru		Zambia	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
She knows her husband has an STI														
Ever experienced violence	18.6	16.0	44.5	34.7	22.6	18.1	27.8	24.7	u	u	42.9	39.3	48.5	48.4
Experienced violence in the past 12 months	15.8	15.6	u	u	10.9	7.5	21.0	20.7	u	u	u	u	25.3	25.9
Never experienced violence	81.4	84.0	55.5	65.3	77.4	81.9	72.2	75.3	u	u	57.1	60.7	51.5	51.6
Number of women	1,649	674	7,322	155	6,548	230	2,075	223	u	u	15,575	400	3,336	397
She knows her husband has sex with other women														
Ever experienced violence	18.3	16.5	44.2	43.7	22.7	18.6	25.4	35.6	30.4	30.7	42.4	44.3	48.3	48.8
Experienced violence in the past 12 months	15.8	15.0	u	u	10.8	10.1	20.6	23.4	13.2	14.8	u	u	24.4	28.1
Never experienced violence	81.7	83.5	55.8	56.3	77.3	81.4	74.6	64.4	69.6	69.3	57.6	55.7	51.7	51.2
Number of women	1,627	687	6,776	605	6,188	547	1,786	4907,917	437	16,021	695	2,821	887	
She has recently given birth														
Ever experienced violence	18.2	16.5	44.1	40.4	22.5	21.6	27.2	27.0	30.6	23.9	42.7	40.7	48.7	45.7
Experienced violence in the past 12 months	15.4	16.1	u	u	10.7	10.5	20.2	24.7	13.3	11.7	u	u	25.3	26.9
Never experienced violence	81.8	83.5	55.9	59.6	77.5	78.4	72.8	73.0	69.4	76.1	57.3	59.3	51.3	54.3
Number of women	1,705	646	7,180	319	6,508	266	2,044	2698,214	178	16,368	479	3,494	273	
She is tired or not in the mood														
Ever experienced violence	17.9	16.8	44.8	41.1	22.6	21.7	26.3	30.6	30.2	33.9	42.6	43.6	48.3	49.8
Experienced violence in the past 12 months	15.0	16.4	u	u	11.3	8.9	19.3	25.4	13.1	15.7	u	u	25.2	25.9
Never experienced violence	82.1	83.2	55.2	58.9	77.4	78.3	73.7	69.4	69.8	66.1	57.4	56.4	51.7	50.2
Number of women	1,646	653	6,322	1,080	5,190	1,502	1,779	4767,800	513	14,403	1,978	2,617	1,084	
She agrees with all reasons														
Ever experienced violence	18.0	16.6	45.3	40.4	22.4	22.5	23.6	34.3	30.0	31.5	42.4	42.5	48.0	48.9
Experienced violence in the past 12 months	15.4	15.4	u	u	11.2	9.7	18.5	25.4	13.1	14.0	u	u	23.7	27.3
Never experienced violence	82.0	83.4	54.7	59.6	77.6	77.5	76.4	65.7	70.0	68.5	57.6	57.5	52.0	51.1
Number of women	1,503	900	5,547	2,056	4,776	2,030	1,506	8397,508	999	12,927	4,442	2,043	1,749	

u = Unknown (not available)

There is also no clear pattern evident in the rates of agreement by experience of violence (Table 4.6) across the different countries. In some countries, rates of agreement are higher for women who have experienced violence, and in others, they are either no different or lower. Additionally, the variation tends to be small in almost all countries and for all reasons.

Overall, a review of Tables 4.5 and 4.6 shows that women's views about wives being able to refuse sex with their husbands do not appear to be consistently related to violence, either as a possible outcome or a possible cause.

Table 4.6 Percentage of ever-married women age 15-49 who have experienced violence by their husband ever, in the past one year, or never, who agree with different reasons for which a wife is justified in refusing to have sex with her husband, by reason

Reason for which a wife is justified in refusing sex to her husband/ Experience of violence by husband	Cambodia	Colombia	Dominican Republic	Haiti	Nicaragua	Peru	Zambia
She knows her husband has an STI							
Percentage who agree among women who have							
Ever experienced violence	73.1	97.3	96.8	89.8	u	90.6	88.0
Experienced violence in the last one year	70.3	u	97.3	88.5	u	u	87.7
Never experienced violence	67.7	95.5	96.0	88.0	u	89.0	87.9
She knows her husband has sex with other women							
Percentage who agree among women who have							
Ever experienced violence	70.9	89.5	92.2	70.7	93.6	92.3	74.2
Experienced violence in the last one year	69.7	u	91.4	74.7	93.4	u	71.6
Never experienced violence	67.0	88.9	90.6	78.2	92.8	92.2	74.6
She has recently given birth							
Percentage who agree among women who have							
Ever experienced violence	74.0	94.7	95.7	86.7	97.6	94.9	92.7
Experienced violence in the last one year	71.0	u	95.2	83.9	97.2	u	91.9
Never experienced violence	70.3	94.2	95.6	87.3	96.1	93.8	91.6
She is tired or not in the mood							
Percentage who agree among women who have							
Ever experienced violence	70.3	84.6	76.7	72.9	91.6	83.2	92.7
Experienced violence in the last one year	67.0	u	80.5	69.7	91.3	u	91.9
Never experienced violence	68.1	82.0	76.1	77.0	91.7	82.8	91.6
Percentage who agree with all reasons among women who have							
Ever experienced violence	64.4	75.2	70.1	55.2	87.8	74.4	53.5
Experienced violence in the last one year	62.6	u	73.1	56.7	87.5	u	50.3
Never experienced violence	62.1	71.2	70.2	67.6	88.5	74.5	54.3

u = Unknown (not available)

4.3 Controlling Behaviors by Husbands and Domestic Violence

Male dominance over women can be manifested in many different ways, including control over household decisionmaking, which was discussed earlier. In fact, some male behaviors have been identified in the literature as risk factors for violence (Campbell et al., 2003), and the World Health Organization includes coercive and/or controlling behaviors in its definition of gender-based violence (World Health Organization, 2004). The DHS questionnaire sought information on different combinations of six such behaviors, namely: whether the respondent's husband is jealous or angry if she talks to other men; he frequently accuses her of being unfaithful; he does not permit her to meet her girlfriends; he limits her contacts with her family; he insists on knowing where she is all the time; and he does not trust her with money. In Peru, information was obtained for only one of these behaviors; in Colombia and Haiti, it was sought only for five of the six behaviors; and in the remaining three countries, information is available for all six behaviors. In the questionnaire, each of these behaviors was described in a phrase, and women were asked whether the phrase

Table 4.7 Percentage of ever-married women age 15-49 who have ever experienced violence by their husband, who have experienced violence by their husband in the past one year, and who have never experienced violence by their husband, according to whether their husband shows different controlling behaviors

Experience of violence by husband	Respondent's husband's behavior											
	Jealous/ angry if she talks to other men		Frequently accuses her of being unfaithful		Does not permit her to meet girlfriends		Limits her contact with her family		Insists on knowing where she is all the time		Does not trust her with money	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Cambodia												
Ever experienced violence	38.1	12.7	50.2	12.9	41.6	15.7	44.9	15.9	40.7	14.1	39.7	14.3
Experienced in the past 12 months	32.1	11.5	43.5	11.4	38.5	13.7	39.3	14.0	35.3	12.5	35.2	12.5
Never experienced violence	61.9	87.3	49.8	87.1	58.4	84.3	55.1	84.1	59.3	85.9	60.3	85.7
Number of women	439	1,945	289	2,097	150	2,224	112	2,261	298	2,068	290	2,093
Colombia												
Ever experienced violence	u	u	75.5	33.5	70.4	32.7	77.8	36.0	59.6	30.5	66.2	37.0
Experienced in the past 12 months	u	u	u	u	u	u	u	u	u	u	u	u
Never experienced violence	u	u	24.5	66.5	29.6	67.3	22.2	64.0	40.4	69.5	33.8	63.0
Number of women	u	u	1,909	5,693	2,280	5,322	1,458	6,141	3,521	4,079	1,820	5,782
Dominican Republic												
Ever experienced violence	34.1	12.9	58.2	15.5	50.0	16.4	52.6	18.9	30.2	13.9	54.2	19.7
Experienced in the past 12 months	17.8	5.0	36.4	5.8	27.8	7.0	30.4	8.4	15.6	5.4	33.4	8.8
Never experienced violence	65.9	87.1	41.8	84.5	50.0	83.6	47.4	81.1	69.8	86.1	45.8	80.3
Number of women	3,047	3,710	1,112	5,681	1,237	5,543	732	6,059	3,571	3,224	545	6,226
Haiti												
Ever experienced violence	36.1	15.1	46.3	19.9	37.3	22.3	u	u	31.5	19.6	26.9	28.9
Experienced in the past 12 months	27.3	12.1	36.4	14.7	29.7	16.4	u	u	25.5	12.1	22.3	20.8
Never experienced violence	63.9	84.9	53.7	80.1	62.7	77.7	u	u	68.5	80.4	73.1	71.1
Number of women	1,398	854	683	1,637	815	1,512	u	u	1,551	775	929	1,313
Nicaragua												
Ever experienced violence	41.8	20.0	58.3	23.9	53.3	24.7	54.4	25.5	37.8	22.3	52.3	23.9
Experienced in the past 12 months	20.2	7.1	33.3	8.6	28.3	9.5	30.8	9.7	17.5	8.7	26.7	9.3
Never experienced violence	58.2	80.0	41.7	76.1	46.7	75.3	45.6	74.5	62.2	77.7	47.7	76.1
Number of women	3,959	4,391	1,600	6,798	1,682	6,717	1,417	6,978	4,417	3,983	1,938	6,424
Peru												
Ever experienced violence	u	u	u	u	u	u	77.1	39.5	u	u	u	u
Experienced in the past 12 months	u	u	u	u	u	u	u	u	u	u	u	u
Never experienced violence	u	u	u	u	u	u	22.9	60.5	u	u	u	u
Number of women	u	u	u	u	u	u	1,359	16,010	u	u	u	u

u = Unknown (not available)

applied to their relationship with their husband. Table 4.7 shows how rates of violence vary between women whose husbands manifest each of these behaviors and women whose husbands do not do so. Table 4.8 and Figure 4.2 summarize this information by examining how rates of violence vary with the number of controlling behaviors manifested, rather than by any specific behavior. The expectation is that rates of violence will be higher for women whose husbands show controlling behaviors and that they will rise with the number of controlling behaviors manifested.

Table 4.7 clearly shows that for each type of behavior listed, rates of violence are much higher for women who say that their husband manifests the behavior than for women who say he does not. In fact, in the case of most behaviors, the violence rates

Table 4.8 Percentage of ever-married women age 15-49 who have experienced violence by their husband ever, in the past 12 months, or never, according to the number of marital control behaviors shown by their husbands

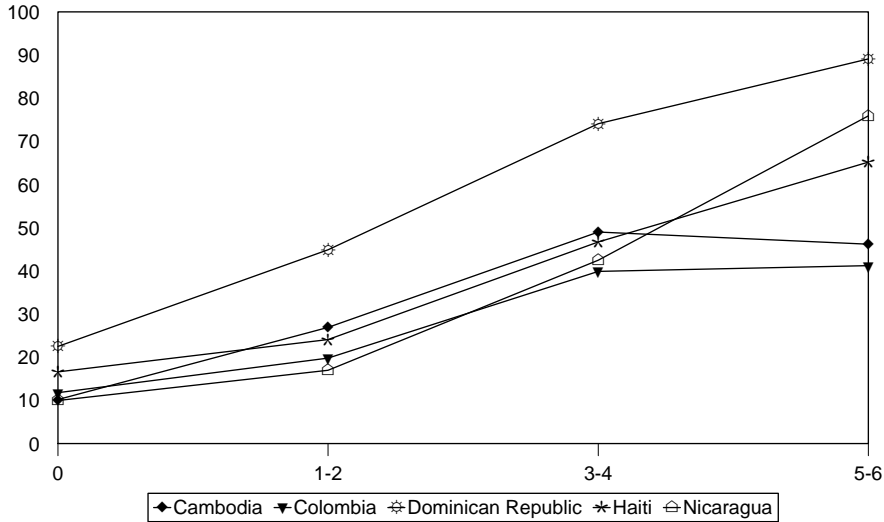
Experience of violence by husband	Number of marital control behaviors shown by the respondent's husband			
	None	1-2	3-4	5-6
Cambodia				
Ever experienced violence	10.2	26.9	49.0	46.2
Experienced violence in the last one year	9.2	23.3	41.2	43.2
Never experienced violence	89.8	73.1	51.0	53.8
Number of women	1,693	447	200	63
Colombia				
Ever experienced violence	22.5	44.9	74.1	89.1
Experienced violence in the last one year	u	u	u	u
Never experienced violence	77.5	55.1	25.9	10.9
Number of women	3,040	2,687	1,435	440
Dominican Republic				
Ever experienced violence	10.0	17.0	42.5	75.9
Experienced violence in the last one year	3.2	6.9	23.1	46.3
Never experienced violence	90.0	83.0	57.5	24.1
Number of women	2,215	3,050	1,143	399
Haiti				
Ever experienced violence	11.8	19.8	39.9	41.2
Experienced violence in the last one year	8.8	13.4	32.8	31.3
Never experienced violence	88.2	80.2	60.1	58.8
Number of women	367	959	804	215
Nicaragua				
Ever experienced violence	16.6	24.1	46.7	65.2
Experienced violence in the last one year	5.3	8.6	21.9	39.0
Never experienced violence	83.4	75.9	53.3	34.8
Number of women	2,651	3,402	1,577	878

u = Unknown (not available)

are at least twice as high when a given behavior is manifested than when it is not, in all countries. Further, the rates of violence experienced by women whose husbands manifest any given behavior are remarkably high. For example, the prevalence of violence among women whose husbands frequently accuse them of being unfaithful ranges from 46 percent in Haiti to 76 percent in Colombia. In the case of respondents whose husbands limit their contact with their families, these rates vary from 45 percent in Cambodia to 78 and 77 percent in Colombia and Peru, respectively.

Table 4.8 shows further that the likelihood of violence increases with the number of controlling behaviors manifested by a husband. For example, in the Dominican Republic, the ever-experience of violence is only 10 percent among women whose husbands do not manifest any of these behaviors, 17 percent among those who manifest one or two of the behaviors, but then rises to 76 percent among women whose husbands manifest all five or six of these behaviors. In Colombia, the progression in violence rates by numbers of behaviors is from 23 percent among women whose husbands show none of these behaviors to 89 percent among those whose husbands show five or six of the behaviors.

Figure 4.2
Percentage of women who have ever experienced spousal violence, according to the number of controlling behaviors shown by their husbands



Thus, the DHS data show clearly that the relationship of controlling behaviors and the risk of violence is valid in all countries. Further, the likelihood of violence escalates rapidly with increases in the number of such behaviors, so that the manifestation of any given behavior is often associated with at least a doubling of violence rates.

In conclusion, controlling behaviors manifested by husbands appear to be far more important in increasing women's risk of experiencing violence than their lack of empowerment, as measured by indicators of decisionmaking and acceptance of gender-role norms.

Domestic Violence and Demographic and Health Outcomes

Domestic violence poses a direct threat to women's health (Heise et al., 1994) and also has adverse consequences for other indicators of women's and children's health and well-being. Several reviews of the relevant literature (e.g., Heise et al., 1999; Campbell, 2002) emphasize the linkages between the experience of domestic violence and both fatal and nonfatal outcomes for women and their children. Fatal outcomes related to domestic violence for women can result directly through homicide or indirectly through suicide and maternal or AIDS-related mortality. Nonfatal outcomes include manifestations of adverse mental, physical, and reproductive health outcomes and negative health behaviors (Heise et al., 1999).

Included among the mental health problems found to occur more frequently among abused women than among those who are not abused are higher rates of depression, posttraumatic stress, and eating disorders. Poor physical health among abused women manifests as chronic conditions including chronic pain, injuries, gastrointestinal disorders, and generally poor health status among others. Abused women's reproductive health is also compromised through much higher rates of gynecological problems, HIV and sexually transmitted infections (STIs), miscarriages, abortions, unwanted pregnancy, and low birth weight (Campbell, 2002). Negative health behaviors include overeating, alcohol and drug abuse, and sexual risk-taking. Although the pathways from maternal experience of violence to the health and survival of children are not well understood, research provides evidence of increased mortality and undernutrition among children of abused mothers (Jejeebhoy, 1998; Ganatra et al., 1998; Asling-Monemi et al., 2003).

The Demographic and Health Surveys does not collect information on mental and physical health outcomes identified as sequelae of the experience of violence. However, data on the nutritional status of women can provide a summary measure of women's general health. Compromised nutritional status, especially in the form of being extremely underweight or obese, is not only a risk factor for diseases such as hypertension and diabetes, but is also hypothesized as one of the many adverse health outcomes of having experienced violence (Heise et al., 1999). The DHS survey also provides extensive information on women's reproductive health and the health and survival of children. Thus, this chapter examines how several different demographic and health outcomes for women and children vary by women's experience of spousal violence (physical and sexual). Specifically, Section 5.1 examines women's physical health through two measures of nutritional status: body mass index (BMI) and anemia status. Women's reproductive health is discussed in Section 5.2. Indicators of women's reproductive health include measures of women's fertility and their ability to have only the children they want and when they want them, the occurrence of nonlive births, and the self-reported prevalence of STIs. Women's access to maternal health care is discussed in Section 5.3. Section 5.4 presents data on infant and child

mortality and on the nutritional and immunization status of children. The DHS survey typically does not have any measures of mental health for women or children.

5.1 Measures of Women's Nutritional Status

The BMI is an important measure of women's nutritional status and is based on a woman's weight in relation to her height (Shetty and James, 1994). The BMI is defined as weight in kilograms divided by the height in meters squared (kg/m^2).⁷ Three categories of malnourishment are defined: a BMI of less than 18.5 indicates chronic energy deficiency; a BMI between 25.0 and 29.9 indicates overweight; and a BMI of 30.0 or higher indicates obesity. While chronic energy deficiency is associated with higher mortality and morbidity, overweight and obesity are known risk factors for many health conditions, including diabetes, heart disease, hypertension, gall bladder disease, and some forms of cancer. Research suggests that the risk of severe obesity is higher among abused women, particularly women who have experienced sexual or nonsexual abuse in childhood (Felitti, 1993; Williamson et al., 2002). Table 5.1 shows the percentages of women who fall into the different malnourishment categories, according to whether they have experienced violence ever, in the past 12 months, or never. The BMI measures exclude women who were pregnant at the time of the survey or women who gave birth during the two months preceding the survey.

Table 5.1 does not provide support for a consistent or significant positive relationship between the experience of violence by women and their nutritional status. With the exception of India, in no other country does the prevalence of underweight, overweight, or obesity vary substantially by women's violence status. In India, women who have experienced violence are more likely (41 percent) than those who have never experienced violence (34 percent) to be underweight. However, compared with women who have experienced violence, women who have never experienced violence are more likely to be overweight or obese. Obesity is somewhat more common among women who have ever experienced violence in Egypt, Haiti, Nicaragua, and Peru, but the differentials tend to be small. Notably, in most countries, obesity is unrelated to the recent experience of violence, even when it is higher among women who have ever experienced violence.

For five of the nine countries, Table 5.1 also shows how the prevalence of anemia varies by violence status of women. Anemia is characterized by a low level of hemoglobin in the blood. Anemia usually results from a nutritional deficiency of iron, folate, vitamin B12, or certain other nutrients.⁸ This type of anemia is commonly referred to as iron-deficiency anemia and provides another important measure of malnourishment. Anemia may have detrimental effects on the health of women and children and can become an underlying cause of maternal mortality and perinatal mortality. In Table 5.1, nonpregnant women with a hemoglobin level below 11.9 grams/deciliter (g/dl) and pregnant women with a hemoglobin level below 10.9 g/dl are considered anemic (Centers for Disease Control and Prevention, 1998).

Notably, in most countries, obesity is unrelated to the recent experience of violence, even when it is higher among women who have ever experienced violence.

⁷ In pounds and inches, the formula for BMI is

$$\text{BMI} = 730 \times [(\text{weight in pounds})/(\text{height in inches})]^2$$

⁸ Anemia can also be caused by malaria or worm infestation.

Table 5.1 Percentage of ever-married women 15-49 who are underweight (BMI<18.5), overweight (BMI 25.0-29.9), and obese (BMI>30.0) and percentage who are anemic, by whether women have experienced violence by their husband ever, in the past 12 months, or never

Experience of violence by husband	Body mass index (BMI)			Number of women	Anemia	
	<18.5	25.0-29.9	30.0+		Percentage with anemia	Number of women
Cambodia						
Ever experienced	20.2	7.2	0.3	415	60.3	413
Experienced in the last year	21.1	5.7	0.1	365	60.3	364
Never experienced	18.7	7.6	1.5	1,958	58.5	1942
Colombia						
Ever experienced	2.6	33.5	11.0	1,322	u	u
Experienced in the last year	u	u	u	u	u	u
Never experienced	2.6	32.9	12.0	1,906	u	u
Egypt						
Ever experienced	1.4	29.0	21.0	1,340	u	u
Experienced in the last year	1.4	28.4	19.4	776	u	u
Never experienced	0.9	34.7	18.9	2,191	u	u
Haiti						
Ever experienced	6.0	18.2	13.7	637	55.3	605
Experienced in the last year	6.2	22.0	5.1	489	53.0	472
Never experienced	8.0	22.9	9.7	1,641	53.5	1,598
India						
Ever experienced	41.2	5.4	1.1	15,929	55.9	15,504
Experienced in the last year	43.7	4.2	0.8	8,587	57.3	8,381
Never experienced	33.8	8.7	2.4	66,945	50.7	65,189
Nicaragua						
Ever experienced	2.4	32.8	17.8	2,493	u	u
Experienced in the last year	2.7	30.2	15.9	1,094	u	u
Never experienced	2.7	33.2	15.5	5,713	u	u
Peru						
Ever experienced	0.0	40.7	18.3	7,130	32.5	1,768
Experienced in the last year	u	u	u	u	u	u
Never experienced	0.0	38.8	18.0	9,605	32.8	2,170
Zambia						
Ever experienced	10.4	11.6	3.7	1,813	u	u
Experienced in the last year	10.1	10.7	2.6	949	u	u
Never experienced	13.4	10.6	3.8	1,917	u	u

Note: Pregnant women and women with a birth in the preceding two months are excluded from the data on BMI.

u = Unknown (not available)

As in the case of the BMI-based malnourishment measures, there is no significant association between anemia and the experience of violence. Although in three of the four countries for which data are available, women who have ever experienced violence are more likely to be anemic than women who have not experienced violence, the differentials tend to be small. Only in India is the differential in the prevalence of anemia more substantial, particularly between women who have recently experienced violence (57 percent are anemic) and women who have never experienced violence (51 percent are anemic).

A possible reason why no or only a weak association is found between malnourishment and violence is that the measure of violence being used does not appropriately capture the types of violence that are best known to be associated with obesity. For example, Felitti (1993) found obesity to be positively associated with childhood

abuse. However, the measure of violence shown in Table 5.1 captures only the experience of spousal violence. Any violence by anyone other than the spouse is excluded, thereby effectively excluding childhood abuse of any kind.

5.2 Indicators of Women's Reproductive Health and Spousal Violence

An extensive literature suggests that the experience of physical and sexual abuse increases the risk of unwanted pregnancies and STIs. The hypothesized pathways are both direct and indirect (Heise et al., 1999). Lack of sexual autonomy and control in the face of actual or threatened violence and fear of repercussion if contraception is used or condom use is requested are direct pathways to unwanted pregnancy and increased risk of HIV/STIs. Any secret use of contraception by women can mediate these effects (Population Council, 1998). Indirect pathways include high-risk sexual behavior, such as multiple partners and unprotected sex, low self-esteem, and compromised mental health. Gynecological problems are also more common among women who have experienced spousal abuse (Campbell, 2002), including those related to STIs. Adverse pregnancy outcomes have also been related to abuse (Jejeebhoy, 1998; Pearlman et al., 1990). A metastudy of the literature, however, finds only mixed support for consistently adverse pregnancy outcomes (Petersen et al., 1997). In addition, the experience of violence can lead to pregnancy loss through deliberate termination of pregnancy (Glander et al., 1998).

This section examines whether women who have experienced violence differ from those who have not in terms of their fertility, wantedness of their births, timing of births, and contraceptive use. This is followed by a discussion of the variation in women's lifetime experience of nonlive births as a proxy for abortions and miscarriages. Women's access to reproductive health care before and during delivery is examined next. The section ends with a discussion of whether the reported prevalence of STIs varies by women's experience of violence.

5.2.1 Fertility-related indicators

Lack of sexual autonomy associated with the experience of domestic violence can have several different fertility-related outcomes, including a large number of births, births that are unwanted, short intervals between births, and low contraceptive use, especially in relation to expressed need for fertility control. Each of these outcomes is examined in relation to women's violence status in the discussion below.

Do women who experience violence have more births than women who have not experienced violence?

To compare fertility between women who have experienced violence and women who have not, Table 5.2 shows the mean number of children ever born to ever-married women by age group and the ever-experience of violence. Research reveals an association of violence and higher fertility, although the direction of causality remains unclear (Ellsberg et al., 1999).

Table 5.2 shows that ever-married women age 15-49 who have ever experienced violence have a higher number of children ever born in all nine countries than women who have never experienced violence. In six of these countries, women who have experienced violence have, on average, at least half a child more than women who have not experienced violence.

Table 5.2 Mean number of children ever born to ever-married women age 15-49 by age in years, according to whether they have ever experienced violence by their husband or not

Experience of violence by husband	Age groups				Ever-married women 15-49
	15-19	20-29	30-39	40-49	
Cambodia					
Ever experienced	*	2.5	4.2	6.2	4.3
Never experienced	0.5	1.9	4.0	5.6	3.8
Colombia					
Ever experienced	0.9	2.0	2.9	4.0	2.9
Never experienced violence	0.7	1.6	2.5	3.4	2.4
Dominican Republic					
Ever experienced	1.0	2.2	3.5	4.1	3.0
Never experienced violence	0.8	1.9	3.0	3.8	2.7
Egypt					
Ever experienced	0.9	2.5	4.3	6.1	4.0
Never experienced	0.5	1.9	3.9	5.2	3.4
Haiti					
Ever experienced	(0.6)	2.0	4.8	5.7	3.9
Never experienced violence	0.8	2.0	4.3	5.8	3.8
India					
Ever experienced	0.9	2.5	4.0	4.8	3.4
Never experienced violence	0.6	2.1	3.6	4.4	2.9
Nicaragua					
Ever experienced	1.0	2.6	4.5	5.9	3.9
Never experienced violence	0.9	2.2	3.9	5.3	3.3
Peru					
Ever experienced	0.9	2.0	3.6	5.3	3.6
Never experienced violence	0.7	1.7	3.1	4.2	2.9
Zambia					
Ever experienced	1.0	2.6	4.9	7.3	4.0
Never experienced violence	0.7	2.3	5.0	7.1	3.9

Note: Figures in parentheses are based on 25-49 unweighted cases. An asterisk indicates that a figure is based on fewer than 25 unweighted cases and has been suppressed.

Since the likelihood of having ever experienced violence varies by age and age distributions vary among countries, Table 5.2 also shows the mean number of births by age group. As expected, the average number of children ever born increases with women's age as women proceed through their family-building process. What is notable, however, is that the mean number of births in most age groups and countries tends to be higher for women who have experienced violence than for women who have not. Specifically, fertility in all age groups (with a sufficient number of cases) is higher for women who have ever experienced violence, compared with women who have never experienced violence in Cambodia, Colombia, the Dominican Republic, Egypt, India, Nicaragua, and Peru. Notably, in Egypt and Peru, women age 40-49 (ages by which most women have completed their family-building process) have about one child more if they have ever experienced violence than if they have never experienced violence. In Haiti and Zambia, ever-experience of violence is associated with higher fertility in at least two of the four age groups.

Overall, these data show unequivocally that fertility for women who have experienced violence is higher than that for women who have not.

Are abused women more likely to have mistimed or unwanted births?

Unwanted fertility can be investigated by examining women's responses to the question that directly asks, for all births in the past five years (three years in India), whether at the time of conception, the birth was wanted then, wanted later, or not wanted at all. These data are shown in Table 5.3 by women's experience of violence.

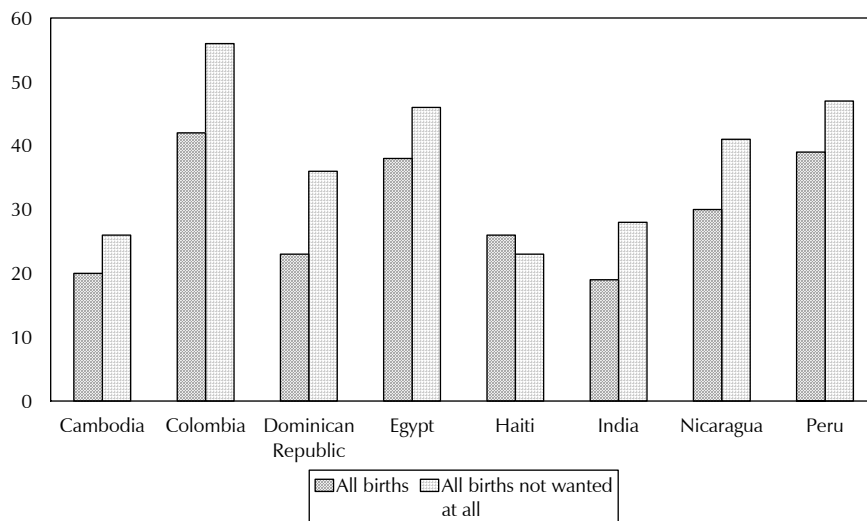
Table 5.3 Percent distribution of births during the five years (three years in India) preceding the survey and current pregnancies by fertility planning status, according to whether the mother has ever experienced violence by her husband or not

Mother's experience of violence by husband	Wanted then	Wanted later	Not wanted at all	Missing	Total	Number of births
Cambodia						
Ever experienced	59.7	10.9	29.2	0.2	100.0	414
Never experienced	70.5	7.9	21.1	0.4	100.0	1,654
Colombia						
Ever experienced	41.7	26.6	31.5	0.1	100.0	1,908
Never experienced	54.6	27.5	17.8	0.1	100.0	2,631
Dominican Republic						
Ever experienced	45.8	30.4	22.0	1.8	100.0	1,020
Never experienced	59.1	28.2	11.5	1.1	100.0	3,450
Egypt						
Ever experienced	63.6	10.8	25.0	0.6	100.0	2,350
Never experienced	70.8	10.5	18.3	0.4	100.0	3,835
Haiti						
Ever experienced	47.6	25.4	27.0	0.0	100.0	603
Never experienced	42.0	25.9	31.9	0.2	100.0	1,719
India						
Ever experienced	72.4	13.0	14.2	0.4	100.0	7,341
Never experienced	79.8	11.7	8.3	0.2	100.0	31,769
Nicaragua						
Ever experienced	59.3	15.3	23.9	1.5	100.0	2,145
Never experienced	68.5	15.8	14.6	1.1	100.0	5,098
Peru						
Ever experienced	38.7	23.5	37.6	0.1	100.0	4,736
Never experienced	48.4	24.5	26.9	0.3	100.0	7,446
Zambia						
Ever experienced	58.9	22.1	18.8	0.3	100.0	2,198
Never experienced	63.5	18.4	17.9	0.2	100.0	2,248

In all countries except Haiti, women who have experienced violence are consistently less likely to say that their birth was wanted when it was conceived, compared with women who have never experienced violence. The absolute differences in these proportions are relatively large (9 percentage points or more) in five of the nine countries. For example, in Cambodia, 60 percent of women who have ever experienced violence say that the birth was wanted at the time it was conceived, compared with 71 percent of women who have never experienced violence. The differential in Colombia is even larger, with 42 percent of women who had experienced violence saying that the birth was wanted then, compared with 55 percent among women who had never experienced violence. In Haiti, by contrast, women who have experienced violence are somewhat more likely than women who have never experienced violence to say that the birth was wanted at the time of conception.

The hypothesized lack of sexual autonomy among abused women suggests that abused women should be at a greater risk of having a mistimed as well as an unwanted birth. Contrary to expectations, however, the likelihood of a birth being mistimed varies little or not at all by violence status of the mother, although the likelihood of having a birth that is not wanted at all is consistently higher among women who have experienced violence than among those who have not, in all countries except Haiti. In fact, in this bivariate analysis, the likelihood of a woman having a birth that was not wanted at all is 37 to 40 percent higher in Cambodia, Egypt, and Peru if she has experienced violence than if she has not. This differential is even higher in all the remaining countries except Haiti and Zambia. In the Dominican Republic, women who have experienced violence are almost twice as likely as those who have not to have a birth that was not wanted at all. This difference is only 5 percent in Zambia. In Haiti, by contrast, women who have never experienced violence are about 18 percent more likely to have a birth that was not wanted at all, compared with women who have experienced violence. Further, in all countries except Haiti, births not wanted at all are disproportionately born to women who have experienced violence. For example, in Colombia, only 42 percent of all births born in the five years preceding the survey were born to women who have experienced violence (see Figure 5.1), but 56 percent of those not wanted at all.

Figure 5.1
Percentages of all births and all births not wanted at all born to women who have ever experienced violence



Are women who experience violence less successful than other women in being able to space their births?

In order to examine this question, Table 5.4 shows the cumulative percent distribution of births during the five years (three years in India) before the survey, by the interval since the last birth, separately for births to women who have and have not experienced violence. Also shown is the median number of months since previous birth. First births are excluded since they do not have a preceding birth.

Table 5.4 Cumulative percent distribution of births during the five years (three years in India) preceding the survey by the interval since the previous birth and the median number of months since previous birth according to whether the mother has ever experienced violence by her husband or not

Mother's experience of violence by husband	Months since previous birth						Median months since previous birth	Number of births
	<12	12-17	18-23	24-35	36-47	48+		
Cambodia								
Ever experienced	0.7	10.0	24.2	61.0	82.0	100.0	30.2	327
Never experienced	1.6	8.4	21.1	54.2	74.9	100.0	34.3	1,158
Colombia								
Ever experienced	0.9	11.3	27.8	52.2	65.3	100.0	34.9	1,247
Never experienced	1.1	13.0	25.8	46.1	60.3	100.0	38.8	1,455
Dominican Republic								
Ever experienced	1.4	16.6	30.1	52.4	68.0	100.0	34.3	711
Never experienced	1.3	13.0	27.4	54.9	69.7	100.0	33.2	2,055
Egypt								
Ever experienced	1.7	12.9	27.4	61.7	79.7	100.0	31.4	1,723
Never experienced	1.6	12.8	26.5	57.4	75.5	100.0	32.2	2,416
Haiti								
Ever experienced	0.9	10.9	27.3	65.5	83.0	100.0	30.1	424
Never experienced	2.0	11.6	27.1	64.8	82.7	100.0	30.5	1,175
India								
Ever experienced	1.5	8.9	21.6	56.7	79.5	100.0	33.1	5,023
Never experienced	1.5	9.6	23.8	56.8	78.6	100.0	33.3	18,246
Nicaragua								
Ever experienced	2.5	16.8	32.7	60.5	75.9	100.0	30.0	1,604
Never experienced	2.0	15.8	31.9	59.9	75.2	100.0	30.6	3,459
Peru								
Ever experienced	0.8	7.0	18.7	47.8	64.0	100.0	37.3	3,361
Never experienced	0.6	7.8	21.9	49.1	65.4	100.0	36.4	4,640
Zambia								
Ever experienced	1.2	5.9	15.4	60.5	81.7	100.0	32.7	1,624
Never experienced	0.8	5.9	16.7	59.4	82.2	100.0	33.4	1,582

The table only weakly supports (and in only a few countries) the hypothesis that women who have experienced violence are less likely to be able to space their births than other women. In all countries except Cambodia and Colombia, the median birth interval for second or higher order births is very similar for women who have and have not experienced violence. In Cambodia and Colombia, the median birth interval is shorter for births to women who have experienced violence than for births to other women, but the difference is only about four months.

An examination of the cumulative distribution of births by birth interval shows that in all countries except India, Peru, and Zambia, the proportion of births born after a short birth interval (less than two years) was higher for women who have experienced violence than for those who have not. However, in most countries the difference is very small. This difference becomes somewhat wider if the proportion of births born within 36 months is examined. Overall, the data suggest that even in countries where birth intervals are generally shorter for women who experience violence compared with other women, the differences tend to be quite small.

5.2.2 Contraceptive use and contraceptive need

The high level of unwanted pregnancies associated with violence hypothesized in the research on violence implies a low level of contraceptive use by women coupled with a high level of need for fertility control. Lower contraceptive use among women who have experienced violence is also suggested by the higher fertility and unwantedness of the last birth, as seen earlier. Further, research on contraceptive use suggests that women are often reluctant to raise the issue of contraception with their partners for fear of reprimand or violence (Bawah et al., 1999; Blanc et al., 1996). However, the fact that birth intervals do not vary significantly by violence status of the mother argues against large contraceptive use differences. Evidence of clandestine contraceptive use by women (Biddlecom and Fapohunda, 1998; Population Council, 1998) suggests that at least some women do not depend on their partner's approval when they want to control their fertility. That women may, in fact, be quite resourceful, even in the face of violence, is also suggested by the much higher rates of women making contraception-related decisions on their own among ever-abused, as also recently abused women, compared with women who have never experienced violence (Table 4.1). In light of this ambiguity, women's contraceptive use is examined in some detail in this section.

Table 5.5 shows the percent distribution of currently married women who have ever experienced spousal violence, experienced violence in the past one year, and never experienced spousal violence, according to whether they have ever used contraception. The table shows women according to whether they are currently using contraception (a traditional or a modern method), have ever used but are not currently using, or have never used any contraception at all. In all countries except India, women who have never experienced violence are more likely than other women to have never used contraception. In other words, in most countries, violence is associated with slightly higher rates of ever-use of contraception.

A higher rate of ever-use of contraception does not necessarily imply higher rates of current use, however. In fact, in Cambodia, the Dominican Republic, Egypt, India, and Zambia, current use of contraception does not vary much by women's ever-experience of violence. The only countries where there is a somewhat larger variation in current contraceptive use by women's ever-experience of violence are Nicaragua and Peru, and in these countries, women who have experienced violence are more likely (not less likely) to be currently using contraception than women who have not experienced violence. Further, in about half of the countries, women who have ever experienced violence are more likely to be using a modern contraceptive method, compared with women who have never experienced violence. In addition, in all countries except India, there is virtually no difference in current contraceptive use rates between women who have ever experienced violence and women who have recently experienced violence. In India and Zambia, current contraceptive use is lower among women who have recently experienced violence, compared with all other women.

In some countries, the differences in ever-use of contraception by violence status of women are explained by the fact that women who have experienced violence are more likely to have discontinued use of contraception. They had used contraception in the past but were not using at the time of the survey. Notably, the rate of discontinuation is perforce likely to be low in countries where sterilization constitutes a high

In all countries except India, women who have never experienced violence are more likely than other women to have never used contraception. In other words, in most countries, violence is associated with slightly higher rates of ever-use of contraception.

Table 5.5 Percent distribution of currently married women age 15-49 by their use of contraception, according to whether they have experienced violence by their husband ever, in the past 12 months, or never

Experience of violence by husband	Currently using contraception			Ever used but not currently using	Never used contraception	Total	Number of women
	Using a modern method	Using a traditional method	Total				
Cambodia							
Ever experienced	19.9	1.9	21.8	21.9	56.3	100.0	341
Experienced in the past year	20.0	1.5	21.5	23.1	55.4	100.0	308
Never experienced	18.0	5.9	24.0	12.7	63.3	100.0	1,737
Colombia							
Ever experienced	65.9	12.7	78.6	18.6	2.8	100.0	2,320
Experienced in the past year	u	u	u	u	u	100.0	u
Never experienced	62.9	13.1	76.0	18.1	5.9	100.0	3,577
Dominican Republic							
Ever experienced	66.7	4.6	71.2	21.4	7.4	100.0	1,004
Experienced in the past year	66.2	6.8	72.9	20.3	6.8	100.0	522
Never experienced	66.1	4.3	70.4	18.3	11.3	100.0	4,263
Egypt							
Ever experienced	44.8	1.6	46.4	25.5	28.2	100.0	2,301
Experienced in the past year	44.3	1.2	45.6	24.7	29.7	100.0	1,228
Never experienced	45.7	2.3	47.9	21.4	30.7	100.0	4,298
Haiti							
Ever experienced	22.9	4.8	27.7	36.6	35.7	100.0	484
Experienced in the past year	23.3	4.7	28.0	37.8	34.1	100.0	411
Never experienced	19.1	5.9	25.0	24.6	50.4	100.0	1,512
India							
Ever experienced	43.3	4.2	47.6	6.1	46.3	100.0	15,706
Experienced in the past year	38.5	4.0	42.4	6.3	51.3	100.0	9,002
Never experienced	42.7	5.6	48.4	7.1	44.5	100.0	68,976
Nicaragua							
Ever experienced	61.5	2.8	64.3	22.2	13.5	100.0	1,918
Experienced in the past year	62.4	2.6	65.0	22.2	12.7	100.0	909
Never experienced	57.2	3.1	60.3	19.1	20.6	100.0	4,873
Peru							
Ever experienced	53.4	17.9	71.4	20.8	7.9	100.0	6,101
Experienced in the past year	u	u	u	u	u	100.0	u
Never experienced	48.9	18.6	67.5	20.9	11.6	100.0	9,077
Zambia							
Ever experienced	25.9	9.2	35.2	38.0	26.9	100.0	1,452
Experienced in the past year	24.9	8.2	33.1	37.5	29.4	100.0	834
Never experienced	25.0	8.6	33.6	33.5	33.0	100.0	1,605

u = Unknown (not available)

proportion of all contraceptive use, such as India, where sterilization accounts for about two-thirds of all contraceptive use, and to some extent Colombia and Nicaragua, where it accounts for about one-third of contraceptive use. Higher rates of discontinuation defined in this crude way are most evident, in Cambodia, Haiti, and Zambia, for women who have experienced violence, compared with women who have not. For example, in Cambodia, 22 percent of women who have ever experienced violence have ever used contraception but are not currently using it; among women who have never experienced violence, this proportion is only 13 percent. In Zambia, the corresponding proportions are 38 percent among abused women and 34 percent among those who have not experienced violence. This difference is also evident in the

Dominican Republic, Egypt, and Nicaragua, but in these countries, the differences are much smaller. Multivariate analyses of these data show that even after all relevant controls are introduced into the equations, the experience of violence increases the likelihood of having ever used, but not currently using, contraception among ever-married women by 77 percent in Cambodia, 44 percent in Haiti, and 14 percent in the Dominican Republic (Kishor and Johnson, 2003.)

Overall, Table 5.5 gives a mixed picture of how contraceptive use varies by violence status of women. Perhaps the only conclusion that is consistently apparent for most countries is that violence is not associated with lower rates of ever or current contraceptive use. Further, for some countries, the data strongly suggest that women who have experienced violence are not only more likely to have tried contraception, but are also more likely to have discontinued it. Perhaps in these countries, violence interferes not with women's ability to use contraception, but to use it consistently and continuously to meet their fertility desires.

Little or no variation in current contraceptive use by violence status does not eliminate the possibility that unmet need for contraception will vary by violence status of women. If need for contraception is higher among women who have experienced violence than among those who have not, a similar rate of current contraceptive use among these two groups would imply that more of the contraceptive needs of women who have never experienced violence have been met, compared with those of women who have experienced violence. Accordingly, Table 5.6 shows the total need for family planning, unmet need (for spacing and for limiting), and the percentage of the total need that is being satisfied, according to women's violence status. Currently married women who are not using any method of contraception but who do not want any more children or want to wait two or more years before having another child are defined as having an unmet need for family planning. Current contraceptive users are said to have met the need for family planning. The total demand for family planning is the sum of the met need and the unmet need. The footnotes in the table provide detailed definitions of these concepts.

As hypothesized, women who have experienced violence tend to have higher total need for family planning than women who have not experienced violence. This is true in all countries except India. Despite the somewhat higher current contraceptive use rates in some countries among women who have experienced violence, the higher need is also manifested in higher unmet need in most countries. More specifically, in seven countries, total unmet need is higher among women who have experienced violence than among women who have not experienced violence, and in all countries, women who have ever experienced violence have higher unmet need for limiting births than women who have never experienced violence. Since both the total need and met need (current contraceptive use) can vary with violence, the percentage of need that is satisfied is given in Table 5.6. Overall, the percentage of need satisfied is about the same by violence status of women in Colombia, Haiti, India, Nicaragua, and Zambia; in the remaining countries, it is lower for women who have ever experienced violence than for those who have never experienced violence. Notably, however, the percentage of need that is satisfied tends to be lowest among women who have recently experienced violence. This is true in all countries for which information on recent violence is available, except Haiti.

Table 5.6 Percentage of currently married women with need for family planning, percentage with unmet need for family planning, and percentage of total need satisfied by whether they have experienced violence by their husbands ever, in the past 12 months, or never

Experience of violence by husband	Total need for family planning ¹	Unmet need ²		Total	Percentage of need satisfied	Number of women
		For spacing	For limiting			
Cambodia						
Ever experienced	64.8	17.1	25.9	43.0	33.7	341
Experienced in the last year	65.1	17.5	26.1	43.7	33.0	308
Never experienced	55.1	16.9	14.2	31.1	43.5	1,737
Colombia						
Ever experienced	84.3	1.9	3.8	5.8	93.2	2,320
Experienced in the last year	u	u	u	u	u	u
Never experienced	82.6	3.2	3.4	6.6	92.0	3,577
Dominican Republic						
Ever experienced	84.6	7.5	5.9	13.4	84.2	1,004
Experienced in the last year	89.7	9.4	7.4	16.8	81.3	522
Never experienced	80.9	6.2	4.4	10.5	87.0	4,263
Egypt						
Ever experienced	67.7	6.3	15.0	21.3	68.5	2,301
Experienced in the last year	67.7	8.4	13.7	22.1	67.3	1,228
Never experienced	64.2	6.9	9.3	16.3	74.7	4,298
Haiti						
Ever experienced	70.5	13.5	29.3	42.8	39.3	484
Experienced in the last year	70.6	15.6	27.0	42.5	39.7	411
Never experienced	64.9	15.1	24.8	39.9	38.6	1,512
India						
Ever experienced	64.4	7.3	9.6	16.8	73.9	15,706
Experienced in the last year	61.5	9.1	10.0	19.1	69.0	9,002
Never experienced	64.1	8.4	7.3	15.8	75.4	68,976
Nicaragua						
Ever experienced	80.0	5.7	10.0	15.7	80.4	1,918
Experienced in the last year	84.0	8.0	11.0	19.0	77.4	909
Never experienced	75.0	6.4	8.3	14.7	80.4	4,873
Peru						
Ever experienced	81.4	2.9	7.2	10.1	87.6	6,101
Experienced in the last year	u	u	u	u	u	u
Never experienced	78.1	3.7	6.9	10.6	86.4	9,077
Zambia						
Ever experienced	64.6	14.8	14.6	29.5	54.4	1,452
Experienced in the last year	63.0	16.6	13.3	29.9	52.5	834
Never experienced	61.3	14.2	13.5	27.7	54.8	1,605

¹ Total need includes of the percentages of women with met need and unmet need. Met need is the percentage of women who are currently using contraception for spacing or for limiting. Nonusers who are pregnant or amenorrheic and women whose pregnancy was the result of a contraceptive failure are *not* included in the category of unmet need but *are* included in total need for contraception (since they would have been using had their method not failed).

² Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait two or more years for their next birth. Also included in unmet need for spacing are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic, who are not using any method of family planning, and who want no more children. Excluded from the unmet need category are pregnant and amenorrheic women who became pregnant while using a method (these women are in need of a better method of contraception).

u = Unknown (not available)

This discussion of contraceptive use and need for family planning does suggest that the experience of violence is associated with greater need for family planning. However, the greater need among women who have experienced violence, compared with that among women who have not, does not always imply that these women have consistently higher unmet need or lower contraceptive use than women who have never experienced violence. In fact, countries are about evenly distributed in terms of differentials by violence status of women in how their need is divided between unmet need and current contraceptive use (comparing Tables 5.5 and 5.6). For example, in Cambodia, Egypt, and India, women who have experienced violence have higher unmet need and have similar or lower contraceptive use rates than women who have not experienced violence. In the Dominican Republic, Haiti, Nicaragua, and Zambia, by contrast, both unmet need and contraceptive use are somewhat higher among women who have experienced violence than among those who have not. In the remaining two countries (Colombia and Peru), contraceptive use, but not unmet need, is higher for women who have experienced violence. Thus, in the majority of countries, higher need associated with the experience of violence is met by higher use of contraception, even if sometimes it also means higher rates of unmet need.

5.2.3 Nonlive births

Research suggests that violence is positively associated with adverse pregnancy outcomes such as abortions and miscarriages (Janssen et al., 2003; Jejeebhoy, 1998). There are many posited causal routes, including lower weight gain during pregnancy among women who have experienced violence (Berenson et al., 1997; Curry et al., 1998), higher rates of STIs, and delay in accessing antenatal care (see below).

In the DHS survey, all women are asked if they have ever had a pregnancy that did not end in a live birth (i.e., ended in miscarriage or abortion or was a stillbirth). Based on this question, the proportion of women who have ever had a nonlive birth is defined here only for women who have ever been pregnant, that is, ever had a birth, are currently pregnant for the first time, or ever had a terminated pregnancy. Women who have never been pregnant are excluded from the denominator for this analysis since experience of violence cannot affect women's risk of having a nonlive birth if they have never been pregnant. In defining this variable, there is no differentiation among miscarriage, abortion, and stillbirths, since it is not clear to what extent women themselves will have the language to correctly differentiate among these three outcomes and, more importantly, all three outcomes can be expected to be positively associated with domestic violence. Accordingly, Table 5.7 shows how the percentage of women who have ever had a nonlive birth among women who have ever been pregnant varies by their experience of violence. Because the timing of the nonlive births is not known, data are not presented separately for women who have recently experienced violence.

Table 5.7 shows that in every country, women who have experienced violence are more likely to have had a terminated pregnancy, compared with women who have never experienced violence. The differential by violence tends to be large. In most countries, the likelihood of having had a nonlive birth is higher by 33 to 72 percent among women who have ever experienced violence than among women who have never experienced violence. These results have to be interpreted with care, however, since the exposure to pregnancy and, hence, to having a nonlive birth, will vary by age and number of pregnancies, neither of which is being controlled for. However, in a

multivariate analysis conducted for Cambodia, the Dominican Republic and Haiti, a highly significant effect of violence was found on the likelihood of having had a nonlive birth (Kishor and Johnson 2003). In this analysis, even after controlling for age and the number of children ever born (as well as other relevant factors), the experience of violence was associated with a 91 percent increase in the likelihood of a nonlive birth in the Dominican Republic, a 53 percent increase in Cambodia, and a 29 percent increase in Haiti.

Table 5.7 Among ever-married women who have ever had a live birth, the percentage of ever-married women who have ever had a nonlive birth or had a terminated pregnancy (miscarriage, abortion, or stillbirth), according to whether they have ever experienced violence by their husband or not

Experience of violence by husband	Percentage who ever had a nonlive birth/terminated pregnancy	Number of women who have ever had a birth ¹
Cambodia		
Ever experienced	26.1	411
Never experienced	19.1	1,865
Colombia		
Ever experienced	30.8	3,228
Never experienced	21.6	3,966
Dominican Republic		
Ever experienced	39.7	1,450
Never experienced	23.1	4,921
Egypt		
Ever experienced	37.9	2,321
Never experienced	28.0	4,332
Haiti		
Ever experienced	24.1	600
Never experienced	15.7	1,602
India		
Ever experienced	25.3	16,019
Never experienced	19.0	66,367
Nicaragua		
Ever experienced	25.8	2,487
Never experienced	17.4	5,611
Peru		
Ever experienced	26.9	7,217
Never experienced	16.7	9,537
Zambia		
Ever experienced	23.8	1,759
Never experienced	19.9	1,849

¹ Includes women who are currently pregnant

5.2.4 Prevalence of sexually transmitted infections

The hypothesized positive association of STIs and violence is based on research that finds high rates of forced sex among women who are abused by their male partners, a lesser ability to negotiate and use condoms and access counseling and testing, and a higher prevalence of risky sexual behaviors and drug use among adolescents and adults who were abused as children (Campbell, 2002; Campbell and Alford, 1989; Cohen et al., 2000; Heise et al., 1999). From the DHS surveys, it is possible to ex-

amine the association between the prevalence of STIs and violence through self-reports of STIs and STI symptoms. The DHS survey asks all women who have ever had sexual intercourse whether they had an STI in the last 12 months and whether they had a genital sore or ulcer in the last 12 months. Additionally, in Haiti, women were also asked if they had a malodorous vaginal discharge. Women who said “yes” to one or all questions are said to have had an STI in the 12 months preceding the survey. Table 5.8 shows how this self-reported prevalence of STIs varies by the violence status of women. Data on self-reported STIs are not available for India, Egypt, and Nicaragua.

Table 5.8 Percentage of ever-married women who report having an STI in the 12 months preceding the survey, according to whether they have experienced violence by their husband ever, in the past 12 months or never

Experience of violence by husband	Percentage who had an STI in the past 12 months	Number of women
Cambodia		
Ever experienced	7.0	420
Experienced in the last year	7.3	369
Never experienced	2.8	1,983
Colombia		
Ever experienced	3.1	3,345
Experienced in the last year	u	u
Never experienced	1.2	4,257
Dominican Republic		
Ever experienced	3.7	1,527
Experienced in the last year	4.6	731
Never experienced	1.0	5,279
Haiti		
Ever experienced	18.4	643
Experienced in the last year	21.4	492
Never experienced	10.3	1,703
Peru		
Ever experienced	5.4	7,370
Experienced in the last year	u	u
Never experienced	3.7	9,998
Zambia		
Ever experienced	7.7	1,836
Experienced in the last year	8.6	961
Never experienced	3.3	1,955

u = Unknown (not available)

The proportion of women reporting an STI is low in all countries, but particularly in Colombia. Despite this, in all countries, the prevalence of STIs among women who have experienced violence is higher than that among women who have not. Further, prevalence is even higher if the violence has been recent. In most countries, the self-reported prevalence of STIs among women who have experienced violence is at least twice that among women who have never experienced violence. Although Table 5.8 shows only bivariate results, a multivariate analysis of the data for three of these countries shows that even after controlling for relevant socioeconomic factors and other behaviors, violence is significantly and positively associated with the likelihood of reporting an STI or STI symptom (Kishor and Johnson, 2003).

5.3 Access to Antenatal and Delivery Care and Spousal Violence

Maternal health and birth outcomes partly depend on the care received by the mother during pregnancy and delivery. The Safe Motherhood Initiative proclaims that all pregnant women must receive basic, professional antenatal care (Harrison, 1990). Ideally, antenatal care should monitor a pregnancy for signs of complications, detect and treat preexisting and concurrent problems of pregnancy, and provide advice and counseling on preventive care, diet during pregnancy, delivery care, postnatal care, and related issues. The number of antenatal checkups and the timing of the first checkup are important for the health of the mother and the outcome of the pregnancy. The conventional recommendation for normal pregnancies is that once pregnancy is confirmed, antenatal checkups should be scheduled at four-week intervals during the first seven months, then every two weeks until the last month, and weekly thereafter (MacDonald and Pritchard, 1980). Four antenatal checkups—one each during the third, sixth, eighth, and ninth months of pregnancy—have been recommended as the minimum necessary (Park and Park, 1989). Studies on the timing of the initial antenatal checkup, however, show that even when antenatal care is initiated as late as the third trimester, there is a substantial reduction in perinatal mortality (Ramachandran, 1992). Another important thrust of Safe Motherhood programs is to encourage deliveries under proper hygienic conditions and under the supervision of trained health professionals.

This section examines whether women's access to and timing of antenatal care (ANC) varies by their experience of violence. Accordingly, Table 5.9 shows the percent distribution of births in the five years (three years in India) preceding the survey to ever-married women by whether the mother received antenatal care and, if she did, the timing of the first ANC visit, according to the mother's experience of violence. The table also includes information on the percentages of births that were delivered with the assistance of a medical professional. While little is known about the relationship between proper delivery care and the experience of violence, some research in developed countries suggests that women who have experienced violence are more likely than other women to delay seeking antenatal care (Dietz et al., 1997).

Table 5.9 shows that although countries vary greatly in women's access to ANC, this access does not vary substantially by women's experience of violence. This is particularly true in Colombia, the Dominican Republic, Haiti, Nicaragua, and Zambia, where access to ANC is virtually universal. Among the remaining countries, where ANC is received for two-thirds or less of births, the pattern of variation by violence status of the mother varies by country. In Egypt and India, the experience of violence has a negative effect on the likelihood of receiving ANC. In Egypt, mothers who were abused received ANC for only 32 percent of births, compared with 41 percent of births for mothers who were not abused. The corresponding proportions for India were 58 and 67 percent, respectively. By contrast, ANC does not vary by violence status of the mother in Peru, and in Cambodia, ANC is lower for births to women who have never experienced violence than to women who have. In general, this suggests that the experience of violence is not a hurdle in countries where ANC is nearly universal, but it is a significant hurdle in some of the countries where ANC is not universal.

Table 5.9 Percentage of births in the five years (three years in India) preceding the survey, by whether antenatal care was received and timing of such care and whether the delivery was assisted by a medical professional, according to whether the mother has ever experienced violence by her husband or not

Mother's experience of violence by husband	Percentage with ANC	Timing of first ANC visit (months) among those who received				Don't know/missing	Total	Delivery assisted by a medical professional	Number of births
		<4	4-5	6-7	8+				
Cambodia									
Ever experienced	48.2	24.5	19.1	30.5	17.0	9.1	100.0	30.2	250
Never experienced	44.2	22.2	31.4	24.9	17.4	4.1	100.0	34.3	1,039
Colombia									
Ever experienced	89.4	73.6	18.9	6.3	1.0	0.2	100.0	88.2	1,282
Never experienced	92.5	78.2	15.9	4.9	0.9	0.2	100.0	88.4	1,836
Dominican Republic									
Ever experienced	98.2	77.4	16.9	4.5	0.3	0.9	100.0	98.0	657
Never experienced	99.1	84.4	12.1	2.7	0.4	0.4	100.0	98.7	2,243
Egypt									
Ever experienced	32.3	71.8	15.5	8.4	2.8	1.5	100.0	36.0	2,121
Never experienced	40.9	79.2	13.4	4.6	1.7	1.0	100.0	48.8	3,291
Haiti									
Ever experienced	80.4	62.3	20.8	13.1	2.1	1.9	100.0	64.0	359
Never experienced	82.5	62.1	22.5	12.2	2.3	0.8	100.0	61.2	995
India									
Ever experienced	58.4	41.6	35.3	17.6	5.5	0.2	100.0	32.4	6,274
Never experienced	67.4	51.9	30.0	14.8	3.1	0.0	100.0	44.7	26,492
Nicaragua									
Ever experienced	86.0	69.0	19.3	7.9	2.3	1.5	100.0	72.3	1,335
Never experienced	86.5	72.4	16.9	7.6	2.0	1.2	100.0	67.9	3,236
Peru									
Ever experienced	65.5	66.9	20.6	9.3	3.1	0.2	100.0	57.5	4,372
Never experienced	65.8	72.2	16.9	8.7	2.1	0.3	100.0	57.1	6,751
Zambia									
Ever experienced	95.3	13.1	55.2	28.6	2.5	0.5	100.0	45.6	1,267
Never experienced	95.7	16.7	54.8	26.6	1.6	0.2	100.0	42.9	1,319

Table 5.9 also shows that the timing of the first visit among mothers who did receive any ANC varies by the violence status of the mother. In all countries except Cambodia and Haiti, mothers are much less likely to receive ANC in the first trimester of their pregnancy if they have experienced violence than if they have not. This differential becomes much smaller by the fifth month in all countries except Cambodia, Egypt, India, and Zambia. Cambodia is particularly interesting. In this country, the likelihood that a mother received ANC for her birth in the first trimester of the pregnancy is slightly lower (22 percent) if she never experienced violence than if she did (25 percent), but the cumulated likelihood that she received an ANC checkup by month five is much higher if she has never experienced violence (54 percent) than if she has (44 percent). Thus, as in most other countries (in Cambodia too), the data suggest that the experience of violence is associated with a delay in receiving ANC, even among women who do receive any ANC.

As in the case of ANC, countries vary greatly in women's access to medical assistance during delivery. In Cambodia, Egypt, and India, where such access is particularly limited, births to mothers who have experienced violence are somewhat less likely to have been delivered with the assistance of a health professional, compared

with births to mothers who have never experienced violence. In Zambia, where access to medical care at delivery is also limited, by contrast, delivery with the assistance of a medical professional is more likely if the mother has experienced violence than if she has not.

Overall, the data show that access to ANC and proper delivery care is, in the majority of countries, lower for women who have experienced violence than for other women, but the relationship tends to be weak and inconsistent. What is more robust is the relationship between the experience of violence and delay in the timing of ANC. Women who have experienced violence, in most countries, access ANC later than women who have not experienced violence.

5.4 Children’s Mortality and Health and Mother’s Experience of Spousal Violence

The negative effects on children of witnessing frequent marital violence are well documented (Edelson, 1999; Jouriles et al., 1989; McCloskey et al., 1995). They include emotional, behavioral, and physical health problems that become more evident as the child grows. Since the DHS does not have information on the health of children older than five years, it is not possible to examine the health consequences of mother’s experience of abuse for children much beyond infancy. This section explores whether a mother’s experience of violence has negative effects on the health and survival of her young children. Some evidence already exists that infant and child mortality rates for abused mothers are higher than those for mothers who have not been abused (Asling-Monemi et al., 2003; Binka et al., 1995; Jejeebhoy, 1998). While the pathways through which the survival and health of children are put at risk by a mother’s experience of violence are unclear, there is some limited evidence that children of abused mothers are more likely to be malnourished and less likely to be immunized than other children. Accordingly, in this section, the linkages between mothers’ experience of violence and infant and child mortality rates, immunization rates, and the nutritional status of children are explored.

5.4.1 Are infant and child mortality rates higher for women who have ever experienced violence?

Table 5.10 shows the following five different mortality rates for children born to ever-married mothers in the five years preceding the survey according to whether the mother has ever experienced violence:

Neonatal mortality:	The probability of dying in the first month of life
Postneonatal mortality:	The probability of dying after the first month of life but before the first birthday
Infant mortality (${}_1q_0$):	The probability of dying before the first birthday
Child mortality (${}_4q_1$):	The probability of dying between the first and fifth birthdays
Under-five mortality (${}_4q_0$):	The probability of dying before the fifth birthday.

Table 5.10 shows evidence of higher rates of infant and child mortality among women who have ever experienced violence, compared with those among women who have not. In Cambodia, Egypt, India, Nicaragua, and Zambia, all five of the

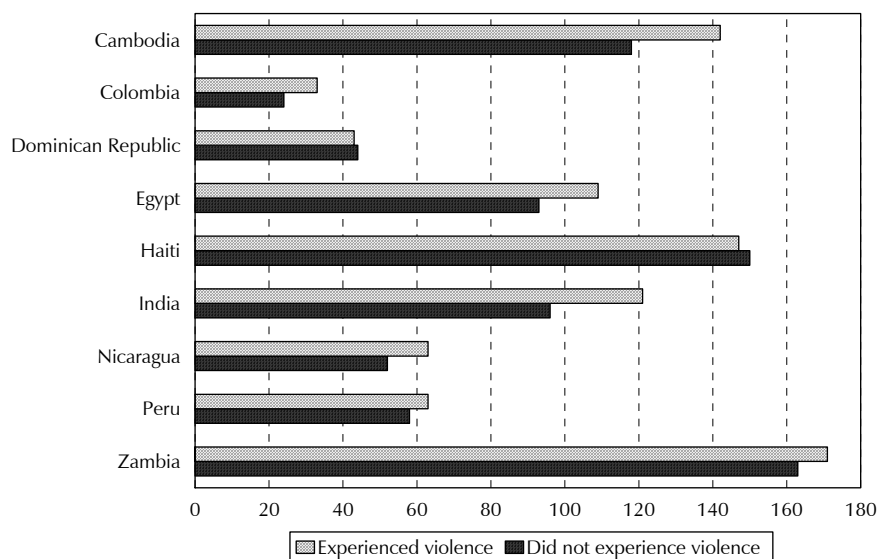
Table 5.10 Infant and child mortality rates for the five years before the survey, according to whether the mother has ever experienced violence by her husband or not

Mother's experience of violence by husband	Neonatal mortality	Postneonatal mortality	Infant mortality (1q ₀)	Child mortality (4q ₁)	Under-five mortality (5q ₀)
Cambodia					
Ever experienced	53	52	105	42	142
Never experienced	41	50	91	30	118
Colombia					
Ever experienced	20	9	29	4	33
Never experienced	13	7	20	4	24
Dominican Republic					
Ever experienced	21	14	35	8	43
Never experienced	24	12	35	9	44
Egypt					
Ever experienced	44	37	81	30	109
Never experienced	35	36	72	23	93
Haiti					
Ever experienced	30	60	90	62	147
Never experienced	33	76	109	47	150
India					
Ever experienced	54	32	86	38	121
Never experienced	46	23	69	28	96
Nicaragua					
Ever experienced	22	29	51	12	63
Never experienced	20	22	42	10	52
Peru					
Ever experienced	23	20	43	21	63
Never experienced	22	21	43	16	58
Zambia					
Ever experienced	32	63	95	85	171
Never experienced	31	60	92	79	163

different infant and child mortality rates are higher for women who have experienced violence than for women who have not; in Colombia, all rates except the child mortality rate are higher; and in Peru, three of the five rates (namely, the neonatal mortality rate, the child mortality rate, and the under-five mortality rate) are higher. There is less consistency in the Dominican Republic and Haiti, where only one of the five rates is higher.

The differentials in infant and child mortality rates by mother's violence status evident for most countries in Table 5.10, are not necessarily large (see Figure 5.2); however, the consistency with which the differentials occur suggests that the experience of violence by mothers could be putting the survival of their young children at risk. In fact, a study that controlled for other factors affecting infant and child mortality using data from León, Nicaragua, found that one third of all child deaths were attributable to the experience of spousal violence by the mother (Asling-Monemi et al., 2003).

Figure 5.2
Under-five child mortality rates by mother's experience of spousal violence



5.4.2 Child immunization and the experience of violence by the mother

The vaccination of children against six serious, but preventable, diseases (tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, and measles) has been a cornerstone of child health care throughout the world. According to World Health Organization guidelines, a child should have received one BCG vaccination for tuberculosis, three doses each of the polio and the DPT (diphtheria, pertussis, and tetanus) vaccines, and one dose of the measles vaccine before his or her first birthday. Incomplete vaccinations can put the child's health at risk. Table 5.11 shows the percentage of children age 12-35 months who have received the required combination of vaccinations, according to the mother's experience of violence.

In Cambodia, the Dominican Republic, Egypt and India, children of mothers who have experienced violence are much less likely than other children to have received the required numbers of the different vaccinations. Haiti is the only country where children of mothers who have experienced violence are more likely to receive each of the required vaccinations, as compared with children of mothers who have not experienced violence. However, if the likelihood of receiving all of the required vaccinations is examined, in six of the nine countries, children of mothers who have experienced violence are less likely to be fully immunized. Specifically, the proportion of fully vaccinated children age 12-35 months among mothers who have not experienced violence, compared with children of mothers who have experienced violence, is higher by at least 5 to 10 percent in Colombia, Egypt, Nicaragua, and Peru; 38 percent in India; and 49 percent in the Dominican Republic. Also, in five countries, children of mothers who have experienced violence are more likely to have received none of the required vaccinations than children of mothers who have not experienced

any violence. In Cambodia, for example, 19 percent of children of mothers who have not experienced violence have received none of the required vaccinations, but this proportion is 26 percent among children of mothers who have ever experienced violence. In all other countries, except India, the differential, though evident, is very small.

Overall, these data provide evidence that in most countries, children of mothers who have experienced violence are disadvantaged in their access to life-saving routine immunizations.

Table 5.11 Percentage of children age 12-35 months who received specific vaccinations at any time before the interview, according to whether the mother has ever experienced violence by her husband or not

Mother's experience of violence by husband	Vaccinations received						Number of children
	BCG	Three doses of polio	Three doses of DPT	Measles	All	None	
Cambodia							
Ever experienced	61.0	46.8	45.9	51.6	40.4	25.6	128
Never experienced	71.7	53.6	48.4	58.1	38.8	18.7	457
Colombia							
Ever experienced	94.1	69.5	76.0	39.8	23.3	1.6	662
Never experienced	92.9	71.6	79.5	39.5	24.4	1.3	930
Dominican Republic							
Ever experienced	88.5	40.4	41.7	83.0	24.8	4.4	393
Never experienced	94.2	44.6	62.7	91.2	37.0	2.2	1,222
Egypt							
Ever experienced	92.6	85.4	84.1	88.0	78.5	1.7	776
Never experienced	95.1	89.9	89.6	91.8	84.8	2.3	1,160
Haiti							
Ever experienced	79.1	46.6	45.9	56.9	38.4	14.3	206
Never experienced	69.2	41.6	45.2	52.9	32.5	18.2	543
India							
Ever experienced	62.3	53.2	44.7	39.7	30.2	18.9	1,966
Never experienced	73.8	61.5	58.0	53.3	41.6	13.3	8,227
Nicaragua							
Ever experienced	94.5	85.6	82.5	89.8	74.5	2.0	721
Never experienced	96.0	86.3	84.9	90.3	79.6	1.7	1,704
Peru							
Ever experienced	96.3	74.7	83.6	77.6	60.1	1.7	1,647
Never experienced	96.5	76.2	84.3	82.0	63.8	1.7	2,592
Zambia							
Ever experienced	91.8	82.3	81.3	84.3	72.2	4.4	727
Never experienced	91.3	82.3	79.8	83.9	71.7	4.4	427

5.4.3 Nutritional status of children and mother's experience of violence

Table 5.12 shows the variation in child nutritional status, according to the mother's experience of spousal violence ever, in the past one year, or never. Two indicators of nutritional status are shown. The first indicator, percentage of children who are undernourished, is derived from the three commonly used nutrition indicators: weight-for-age, height-for-age and weight-for-height. Each of these indicators of nutritional status is typically expressed in standard deviation units (*Z* scores) from the median for the international reference population. For this analysis, children who are

more than two standard deviations below the reference median on any one of the three indices are counted as undernourished. The second indicator of nutritional status included in Table 5.12 is the percentage of children who are anemic. A child is considered anemic if he or she has a hemoglobin level below 11.0 g/dl.

In Colombia, Egypt, India, Nicaragua, and Peru, children of mothers who have ever experienced spousal violence, as well as those who have recently experienced spousal violence, are more likely to be undernourished than are children of mothers who have never experienced spousal violence. The differences are relatively large only in India, however.

Mother's experience of violence by husband	Children 0-59 months		Children 6-59 months	
	Percentage under-nourished	Number of children	Percentage anemic	Number of children
Cambodia				
Ever experienced	58.6	303	71.8	276
Experienced in the last year	59.7	272	71.2	250
Never experienced	59.5	1,170	61.9	1,030
Colombia				
Ever experienced	17.3	1,518	u	u
Experienced in the last year	u	u	u	u
Never experienced	13.6	2,122	u	u
Dominican Republic				
Ever experienced	9.8	751	u	u
Experienced in the last year	9.8	430	u	u
Never experienced	11.1	2,434	u	u
Egypt				
Ever experienced	35.3	1,805	u	u
Experienced in the last year	37.2	1,045	u	u
Never experienced	33.5	2,802	u	u
Haiti				
Ever experienced	28.1	470	70.3	402
Experienced in the last year	27.5	424	71.9	360
Never experienced	30.8	1,171	63.8	1,052
India				
Ever experienced	67.0	4,652	76.8	3,944
Experienced in the last year	68.3	2,959	77.3	2,532
Never experienced	57.6	19,769	73.3	16,314
Nicaragua				
Ever experienced	31.5	1,598	u	u
Experienced in the last year	29.2	809	u	u
Never experienced	27.1	3,799	u	u
Peru				
Ever experienced	28.4	3,781	49.5	833
Experienced in the last year	u	u	u	u
Never experienced	26.0	5,761	49.2	1,136
Zambia				
Ever experienced	53.2	1,512	u	u
Experienced in the last year	50.8	865	u	u
Never experienced	53.6	1,577	u	u

u = Unknown (not available)

The analysis of anemia among children shows similarly mixed results. In all four countries for which these data are available, children of mothers who have experienced violence are more likely to be anemic than children whose mothers have never experienced violence; however, the differences by violence status are relatively large, at 8 to 10 percentage points, only in Cambodia and Haiti. Interestingly, the differential by violence status in anemia rates is higher for children than for women themselves in both Cambodia and Haiti, whereas in India the differential is smaller.

Overall, in seven of the nine countries, children of mothers who have experienced violence tend to perform more poorly on either one or both of the given nutritional status measures, than children of mothers who have never experienced violence. For most countries except India, the differentials are small on at least one of the two indicators. Thus, although a negative relationship between the nutritional status of children and a mother's violence status is evident in most countries, it is either weak or varies in strength by the indicator of undernutrition.

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Appendix A

DHS Domestic Module with Recommendations for Implementation and Other Domestic Violence Questions

Recommendations for enhancing the quality and safety of research on domestic violence

(Adapted from recommendations made by Lori Heise and Mary Ellsberg, CHANGE, and the WHO Multi-Country Study of Women's Health and Domestic Violence, Core Protocol)

The following measures should be adopted in all countries where the domestic violence module is being implemented. These measures are aimed at ensuring women's safety and the ethical implementation of the domestic violence module, and at maximizing the disclosure of actual violence.

- ◆ **Selection of eligible women.** Only one woman per household should receive the domestic violence module. The subsample may be composed of all women of reproductive age or ever-married women, although in countries where the age of marriage is late, using all reproductive age women may mean that a large group of women will never have been exposed to the risk of spousal violence. Specific methods should be used to ensure that respondents are randomly selected within the household.
- ◆ **Training.** All members of the staff should receive special training. This includes the administrative and technical personnel as well as both male and female field staff. It is important to ensure that all staff understand the purpose of the module and why special measures are being used. Field staff need to receive additional training in how to administer the module using the safety procedures established by the survey, how to deal with crisis situations, and how to prepare themselves emotionally for the work. It is usually recommended that at least part of the training be carried out with men and women separately, since their experiences and reactions to the training are likely to be quite different. It is recommended that local women's groups who work in the field of violence prevention be invited to participate in the training.
- ◆ **Informed consent.** The introductory sentence in the violence module should be treated as an additional informed consent procedure. The respondent should be reassured about the confidentiality of the information. If more than one woman in the household is being interviewed with the core questionnaire, the interviewer should informally explain that no one else in the household is being asked the questions that the respondent is going to be asked and that no one else will know what has been discussed.
- ◆ **Privacy.** The need for absolute privacy must be stressed with interviewers. In addition to using a range of techniques for ensuring privacy, they should be free to reschedule the interview to another time in order to carry out the interview in private. If any other adult comes into the room while the module is being implemented, the interviewer must immediately stop and, if necessary, change the subject. She must not resume until the adult has left and is out of hearing distance.

- ◆ **Referrals and additional information.** An information sheet must be prepared for distribution in the appropriate language, listing the options and services available for women experiencing domestic violence, including, if possible, any legal help and available services. At a minimum, the sheet should contain an address where women in need can get information. The information sheet should be small enough to be easily hidden. Countries should decide whether all women who participate should be given this information or only women who specifically request it. Alternatively, in order to minimize its visibility, the information on domestic violence can be combined with other health referral information being distributed to all women. The respondent should be asked in advance whether it is safe for her to receive the information.
- ◆ **Support for field workers.** Emotional support to fieldworkers is essential, both in helping interviewers withstand the demands of the fieldwork and for contributing to the quality of the data collection process. This support can take the form of regular debriefing meetings, to help interviewers “unload.” Supervisors also need to be trained to give support to interviewers as needed and to identify and help fieldworkers who are experiencing problems.
- ◆ **Translation.** The use of translators should be avoided in collecting data on domestic violence, both because it is likely to reduce the quality of the information given and because it violates the confidentiality of the interview, particularly when translators are from the same community.
- ◆ **Quality control.** Quality assurance procedures need to be developed for the domestic violence module in line with those used for the rest of the survey. These include having field check tables on the proportion of violence modules not being completed (DV01 coded as “2”) by each interviewer/team and the proportion of women reporting violence by interviewer/team. The idea is to identify individuals or supervisors who are producing data figures that are *significantly higher or lower* than the rest of the fieldworkers. Additional monitoring should be done to ensure that all procedures for implementing the module are being followed correctly and that the data are of the highest quality. Supervisors must identify and discipline both types of interviewers: those who are not implementing the module in privacy and those using the need for privacy to avoid implementing the module.
- ◆ **Collaboration with local women’s group.** Women’s groups should be involved from the start. In some countries, it may be possible to provide referrals to local women’s groups for respondents with problems related to violence, and they could help in obtaining support for fieldworkers. The involvement of women’s groups will also increase ownership of the data.
- ◆ **Substudies on men.** If a male questionnaire is also being implemented, then questions on the prevalence of violence must not be included in the male questionnaire (the core male questionnaire does not contain such questions). When it is necessary to obtain such information from men, the sample of men should not be selected from the same households as the women who receive the domestic violence module, to avoid arousing the suspicion of husbands as to the content of the study.

**THE DHS DOMESTIC VIOLENCE MODULE
USED WITH SMALL VARIATIONS IN CAMBODIA (2000), THE DOMINICAN REPUBLIC (2002) AND
HAITI (2000)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
DV01	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED.....1 PRIVACY NOT POSSIBLE.....2</p> <p style="text-align: center;">↓</p>		→DV28																												
	<p>READ TO ALL RESPONDENTS:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in (COUNTRY). Let me assure you that your answers are completely confidential and will not be told to anyone.</p>																														
DV02	<p>CHECK 501, 502, AND 504:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></p> <p>SEPARATED/DIVORCED (READ IN PAST TENSE) <input type="checkbox"/></p> <p>WIDOWED/NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		→DV14																												
DV03	<p>When two people marry or live together, they share both good and bad moments. In your relationship with your (last) husband/partner do (did) the following happen frequently, only sometimes, or never?</p> <p>a) He usually (spends/spent) his free time with you?</p> <p>b) He (consults/consulted) you on different household matters?</p> <p>c) He (is/was) affectionate with you?</p> <p>d) He (respects/respected) you and your wishes?</p>	<table border="1"> <thead> <tr> <th></th> <th>FRE-QUENTLY</th> <th>SOME-TIMES</th> <th>NEVER</th> </tr> </thead> <tbody> <tr> <td>FREE TIME.....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>CONSULTS.....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>AFFECTIONATE.....1</td> <td>2</td> <td>3</td> <td></td> </tr> <tr> <td>RESPECTS.....1</td> <td>2</td> <td>3</td> <td></td> </tr> </tbody> </table>		FRE-QUENTLY	SOME-TIMES	NEVER	FREE TIME.....1	2	3		CONSULTS.....1	2	3		AFFECTIONATE.....1	2	3		RESPECTS.....1	2	3										
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DV04	<p>Now I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your girl friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all time?</p> <p>f) He (does/did) not trust you with any money?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>JEALOUS.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>ACCUSES.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>NOT MEET FRIENDS.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>NO FAMILY.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>WHERE YOU ARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>MONEY.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	JEALOUS.....1	2	8		ACCUSES.....1	2	8		NOT MEET FRIENDS.....1	2	8		NO FAMILY.....1	2	8		WHERE YOU ARE.....1	2	8		MONEY.....1	2	8		
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MONEY.....1	2	8																													
DV05	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner.</p> <p>5A. (Does/did) your (last) husband/partner ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) Threaten you or someone close to you with harm?</p>	<p>5B. How many times did this happen during the last 12 months?</p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/> <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/> <input type="text"/></p>																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV06	<p>6A. (Does/did) your (last) husband/partner ever:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you or twist your arm?</p> <p>c) punch you with his fist or with something that could hurt you?</p> <p>d) kick you or drag you?</p> <p>e) try to strangle you or burn you?</p> <p>f) threaten you with a knife, gun, or other type of weapon?</p> <p>g) attack you with a knife, gun, or other type of weapon?</p> <p>h) physically force you to have sexual intercourse with him even when you did not want to?</p> <p>i) force you to perform other sexual acts you did not want to?</p>	<p>6B. How many times did this happen during the last 12 months?</p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p>	
DV07	<p>CHECK DV06:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→DV09</p>	
DV08	<p>How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p> <p>AFTER SEPARATION/DIVORCE..... 96</p>	
DV09	<p>Did the following ever happen because of something your (last) husband/partner did to you:</p> <p>a) You had bruises and aches?</p> <p>b) You had an injury or a broken bone?</p> <p>c) You went to the doctor or health center as a result of something your husband/partner did to you?</p>	<p>DV8B. How many times did this happen during the last 12 months?</p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p> <p>TIMES IN LAST 12 MONTHS.... <input type="text"/></p>	
DV10	<p>Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→DV12
DV11	<p>In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband/partner at a time when he was not already beating or physically hurting you?</p>	<p>NUMBER OF TIMES <input type="text"/></p>	
DV12	<p>Does (did) your husband/partner drink (alcohol)? ¹</p>	<p>YES..... 1</p> <p>NO..... 2</p>	→DV14

¹ Other intoxicants can be substituted/added as relevant

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV13	How often does (did) he get drunk: very often, only sometimes, or never?	VERY OFTEN 1 SOMETIMES 2 NEVER..... 3	
DV14	CHECK 501, 502 & 504: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/LIVING WITH A MAN/SEPARATED/ DIVORCED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WIDOWED/ NEVER MARRIED/NEVER LIVED WITH A MAN</p> <input type="checkbox"/> </div> </div> <p>From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically?</p> <p>From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?</p>	YES..... 1 NO..... 2 NO ANSWER..... 6	<input type="checkbox"/> → DV19
DV15	Who has physically hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER..... B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H LATE/EX-HUSBAND/EX-PARTNER I CURRENT BOYFRIEND J FORMER BOYFRIEND K MOTHER-IN-LAW L FATHER-IN-LAW M OTHER FEMALE RELATIVE/IN-LAW N OTHER MALE RELATIVE/ IN-LAW O FEMALE FRIEND/ACQUAINTANCE P MALE FRIEND/ACQUAINTANCE Q TEACHER R EMPLOYER S STRANGER T OTHER _____ X (SPECIFY)	
DV16	CHECK DV15: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MORE THAN ONE PERSON MENTIONED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>ONLY ONE PERSON MENTIONED</p> <input type="checkbox"/> </div> </div>		<input type="checkbox"/> → DV18
DV17	Who has hit, slapped, kicked, or done something to physically hurt you most often?	MOTHER 01 FATHER 02 STEP-MOTHER 03 STEP-FATHER 04 SISTER 05 BROTHER 06 DAUGHTER 07 SON 08 LATE/EX-HUSBAND/EX-PARTNER 09 CURRENT BOYFRIEND 10 FORMER BOYFRIEND 11 MOTHER-IN-LAW 12 FATHER-IN-LAW 13 OTHER FEMALE RELATIVE/IN-LAW ... 14 OTHER MALE RELATIVE/IN-LAW 15 FEMALE FRIEND/ACQUAINTANCE 16 MALE FRIEND/ACQUAINTANCE 17 TEACHER 18 EMPLOYER 19 STRANGER 20 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV18	In the last 12 months, how many times has this person hit, slapped, kicked, or done anything else to physically hurt you?	NUMBER OF TIMES <input type="text"/>	
DV19	CHECK 201, 225, AND 226: HAS ONE OR MORE LIVE OR NON-LIVE BIRTHS OR IS CURRENTLY PREGNANT <input type="checkbox"/>	NO LIVE BIRTHS, NO NON-LIVE BIRTHS, AND IS NOT CURRENTLY PREGNANT <input type="checkbox"/>	→DV21
DV20	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→DV22
DV21	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER B FATHER C STEP-MOTHER D STEP-FATHER E SISTER F BROTHER G DAUGHTER H SON I LATE/LAST/EX-HUSBAND/PARTNER J CURRENT BOYFRIEND K FORMER BOYFRIEND L MOTHER-IN-LAW M FATHER-IN-LAW N OTHER FEMALE RELATIVE/IN-LAW O OTHER MALE RELATIVE/IN-LAW P FEMALE FRIEND/ACQUAINTANCE Q MALE FRIEND/ACQUAINTANCE R TEACHER S EMPLOYER T STRANGER U OTHER _____ X (SPECIFY)	
DV22	CHECK DV06, DV09, DV14, AND DV20: AT LEAST ONE 'YES' <input type="checkbox"/>	NOT A SINGLE 'YES' <input type="checkbox"/>	→DV26
DV23	Have you ever tried to get help to prevent or stop (this person/these persons) from physically hurting you?	YES 1 NO 2	→DV25
DV24	From whom have you sought help? Anyone else? RECORD ALL MENTIONED	MOTHER A FATHER B SISTER C BROTHER D CURRENT/LAST/LATE HUSBAND/ PARTNER E CURRENT/FORMER BOYFRIEND F MOTHER-IN-LAW G FATHER-IN-LAW H OTHER FEMALE RELATIVE/IN-LAW I OTHER MALE RELATIVE/ IN-LAW J FRIEND K NEIGHBOR L TEACHER M EMPLOYER N RELIGIOUS LEADER O DOCTOR/MEDICAL PERSONNEL P POLICE Q LAWYER R OTHER _____ X (SPECIFY)	→DV26

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV25	What is the main reason you have never sought help?	DON'T KNOW WHO TO GO TO..... 01 NO USE 02 PART OF LIFE 03 AFRAID OF DIVORCE/DESERTION 04 AFRAID OF FURTHER BEATINGS 05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE 06 EMBARRASSED 07 DON'T WANT TO DISGRACE FAMILY 08 OTHER _____ 96 (SPECIFY)	
DV26	As far as you know, did your father ever beat your mother?	YES..... 1 NO..... 2 DON'T KNOW 8	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.

DV27	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT	1	2	3	FEMALE ADULT	1	2	3	
	YES ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT	1	2	3																
FEMALE ADULT	1	2	3																

DV28 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

Variants of the Recommended DHS Domestic Violence Module

Colombia (2000)

1. Please tell me if your spouse/partner speaks to you in such terms as “You are useless,” “You never do anything good,” “You are a *bruta*,” “My mother did those things better for me.”
2. Do these situations happen in public or private?
3. Has your spouse threatened you frequently, sometimes, or never with
 - Abandoning you for another woman?
 - Leaving his children?
 - Ceasing economic support?
4. Has anyone hit, slapped, kicked, or injured you when you were pregnant (in any of your pregnancies)?
5. Who?
6. Does your husband frequently, sometimes, or never
 - a) push you or shake you?
 - b) hit you with his hand?
 - c) hit you with a hard object?
 - d) bite you?
 - e) kick or drag you?
 - f) threaten you with a knife, gun, or other type of weapon?
 - g) attack you with a knife, gun or other type of weapon?
 - h) try to strangle or burn you?
 - i) physically force you to have sexual intercourse or perform types of other sexual acts even when you did not want to?
7. How long after you first got married to your (last) husband did (this/any of these things) first happen?
8. Did the following ever happen because of something your (last) husband did to you?
 - a) you had bruises and aches
 - b) you had an injury or a broken bone
 - c) you had a pregnancy that ended in abortion or loss
 - d) you lost temporarily or permanently an organ, a physical function, or part of the body.
9. Did you have to go to a doctor or medical center as a result of what your husband/partner did?
10. When you were attacked by your (last) husband/partner, did you defend yourself with punches or physical aggression? IF YES: how often?

11. Have you ever hit or physically attacked your husband at times when he was not already beating or physically hurting you?

EVER-MARRIED

12. Has anyone other than your current/(last) husband hit, slapped, kicked or done anything else to hurt you physically?

NEVER-MARRIED

Has anyone hit, slapped, kicked or done anything else to hurt you physically?

- 12A. Who has physically hurt you this way?

13. Has anyone hit, slapped, kicked, or injured you when you were pregnant? (in any of your pregnancies)

14. Who?

Nicaragua (1998)

1. From the time you were 15 years old has anyone hit you or done anything else to hurt you physically?

2. Who has physically hurt you this way? How frequently? Anyone else?

3. Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband. Does your husband ever

- a) say or do something to humiliate you in front of others?
- b) threaten you or someone close to you with harm?
- c) push you, shake you or throw something at you?
- d) slap you or twist your arm?
- e) punch you with his fist or something that could hurt you?
- f) kick or drag you?
- g) try to strangle or burn you?
- h) threaten you with a machete, gun, or other type of weapon?
- i) attack you with a knife, gun or other type of weapon?
- j) physically force you to have sexual intercourse even when you did not want to?
- k) threaten you in order to have sexual intercourse even when you did not want to?
- l) force you to perform types of other sexual acts you did not want to?

- 3A. How many times did this happen during the last 12 months?

4. How many times in the past 12 months (how many time previously) did the following ever happen because of something your (last) husband did to you?

- a) you had bruises and aches
- b) you had an injury or a broken bone
- c) you went to a health facility as a result of something your husband had done to you

5. Generally, have your children been present or within hearing distance during the time that he was beating you?
6. During the times that you have been beaten, did you ever hit your husband/partner in self-defense?
7. Do you remember if you have ever been the one to hit first?
8. Has your husband/partner ever hit you while you were pregnant?
9. During how many pregnancies?

Questions on Domestic Violence Used in Other Countries

Egypt

1. From the time you were married has anyone ever beaten you?
2. Can you tell me who has done this to you since you were married?
Anyone else?
3. Who is the person who beats you most often?
4. Is this person always, sometimes, or never “on something” (drugs or alcohol) when he/she beats you?
5. Approximately, how many times were you beaten in the past one year?
6. What do you generally do when you are being beaten?
7. What is the most common reason for which you are beaten?
8. Generally, are you hurt as a result of a beating?
PROBE: Any bruises, aches, or pains?
9. Have you ever been beaten when you were pregnant?
10. Were you beaten more often or less often when you were pregnant, as compared to when you were not pregnant?
11. Since you became pregnant, have you ever been beaten?
12. Are you beaten more often or less often now that you are pregnant as compared to when you were not pregnant?
13. Have you ever been so seriously hurt during a beating that you needed medical attention even if you did not see a doctor?
14. How often has this happened?

India 1998-99

1. Since you completed 15 years of age, have you been beaten or mistreated physically by any person?
2. Who has beaten you or mistreated you physically?
Anyone else?
3. How often have you been beaten or mistreated physically in the last 12 months: once, a few times, many times, or not at all?

Peru 2000

1. Has your spouse or partner ever pushed you, hit you, or attacked you physically?
2. Has your spouse/partner attacked you physically frequently, sometimes, or never?

FOR EVER-MARRIED WOMEN

3. Has anyone other than your current/(last) husband hit, slapped, kicked or done anything else to hurt you physically? Who?

FOR NEVER-MARRIED WOMEN

Has anyone hit, slapped, kicked or done anything else to hurt you physically? Who?

Appendix B

Distribution of Ever-married Women and Currently Married Women by Variables Used in the Multivariate Logistic Regression

Table B.1 Percent distribution of ever-married women (EMW) and currently married women (CMW) by variables used in the multivariate logistic regression (unweighted)

Variable	Cambodia		Colombia		Dominican Republic		Egypt		Haiti		India		Nicaragua		Peru		Zambia		
	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	
Age																			
15-19	3.8	4.2	5.5	5.8	8.1	8.2	5.3	5.7	5.1	5.2	7.8	8.1	8.8	8.7	4.2	4.4	8.4	9.3	
20-24	9.8	10.7	13.3	13.9	15.7	15.8	15.1	15.8	13.5	14.1	17.7	18.3	16.5	16.9	13.7	14.0	22.9	24.5	
25-29	16.9	17.8	16.9	17.7	18.7	19.2	18.8	19.8	18.5	19.5	20.1	20.6	19.2	20.0	17.5	18.0	23.1	23.8	
30-34	21.5	22.4	17.7	18.3	18.9	19.8	17.4	17.9	18.2	18.3	17.5	17.7	18.9	19.3	19.4	19.7	16.5	16.3	
35-39	19.8	19.4	18.3	18.2	16.7	16.7	17.2	17.1	17.8	17.6	15.2	15.1	16.1	15.8	17.6	17.5	12.4	11.7	
40-44	15.1	14.1	15.4	14.5	12.3	11.7	13.2	12.4	13.9	13.2	12.2	11.6	12.0	11.5	15.3	15.1	9.2	8.4	
45-49	13.1	11.4	12.9	11.6	9.7	8.6	13.1	11.3	13.0	12.1	9.5	8.6	8.5	7.8	12.2	11.3	7.5	6.0	
Age at marriage																			
<15	3.8	3.9	7.2	6.9	17.6	17.6	15.2	15.0	7.6	7.5	18.5	18.1	19.9	19.9	7.3	7.4	14.1	13.6	
15-19	55.3	56.0	46.2	46.1	53.6	54.0	50.7	50.7	46.8	46.9	58.7	58.8	56.0	56.9	48.8	49.2	66.2	67.0	
20-24	31.2	31.0	31.5	31.8	21.1	21.2	25.7	25.9	32.1	32.0	18.9	19.2	18.6	18.2	30.4	30.1	16.4	16.4	
25+	9.7	9.1	15.1	15.3	7.6	7.3	8.4	8.3	13.6	13.6	3.9	3.9	5.5	4.9	13.4	13.3	3.3	3.0	
Number of unions																			
1	91.7	92.3	81.8	82.9	63.3	65.2	95.5	95.9	62.9	64.7	98.2	98.3	71.3	73.3	89.7	90.4	77.4	78.3	
2+	8.3	7.7	18.2	17.1	36.7	34.8	4.5	4.1	37.1	35.3	1.8	1.7	28.7	26.7	10.3	9.6	22.6	21.7	
Number of children ever born																			
0	6.4	6.1	7.0	7.1	8.0	7.7	10.4	10.4	7.4	7.8	10.4	10.3	6.1	6.2	4.7	4.7	6.3	6.5	
1-2	27.5	26.4	48.8	47.7	38.3	36.4	25.4	25.3	29.6	28.4	36.0	36.0	35.4	33.2	40.2	39.2	31.4	31.4	
3-4	30.2	30.4	30.9	31.7	37.1	38.7	27.1	27.3	25.7	25.7	33.1	33.3	28.7	29.4	28.7	29.1	26.5	26.7	
5+	35.9	37.1	13.3	13.5	16.6	17.2	37.1	37.0	37.2	38.2	20.5	20.4	29.9	31.2	26.4	27.0	35.8	35.4	
Education level																			
No education	34.9	34.3	4.4	4.7	6.5	6.8	50.8	49.8	43.9	44.5	49.8	49.2	21.4	21.6	8.5	8.5	16.0	15.8	
Primary	53.9	54.3	40.1	40.9	54.8	55.2	23.3	23.1	40.7	40.3	17.0	16.9	45.8	46.5	40.5	41.2	63.0	63.6	
Secondary or higher	11.2	11.3	55.4	54.4	38.7	38.0	25.8	27.1	15.4	15.2	33.1	33.9	32.8	31.9	51.1	50.2	20.9	20.6	
Work status																			
Not working	15.9	17.1	39.0	44.7	52.4	56.6	84.0	84.2	36.5	37.4	63.0	64.6	57.2	62.5	31.4	33.8	33.8	35.2	
Working, not paid	14.2	14.7	3.3	3.9	1.5	1.6	2.7	2.7	0.6	0.7	13.0	13.3	3.5	3.4	17.6	19.0	28.4	28.5	
Paid cash, in whole or part	37.1	35.4	56.9	50.6	45.2	40.8	13.3	13.1	61.9	61.1	24.0	22.1	39.3	34.1	49.3	45.6	36.7	35.1	
Paid in kind only	32.8	32.8	0.8	0.8	0.9	1.0	u	u	0.9	0.9	u	u	u	u	1.7	1.6	1.2	1.2	
Husband's education level																			
No education	17.9	17.5	5.1	5.2	7.6	7.7	33.3	31.5	29.7	30.6	26.1	25.2	21.4	22.3	2.2	2.0	8.2	7.6	
Primary	53.6	54.2	39.8	42.0	49.1	52.2	28.9	29.5	38.0	39.1	18.1	18.2	42.7	44.6	33.3	34.3	49.0	52.3	
Secondary or higher	27.0	27.8	54.2	52.6	35.9	34.1	37.6	38.8	24.6	23.7	55.5	56.4	32.8	31.4	63.8	63.3	41.2	39.5	
Don't know/missing	1.5	0.5	0.8	0.2	7.5	6.0	0.2	0.2	7.7	6.6	0.2	0.2	3.1	1.7	0.8	0.4	1.6	0.7	
Husband's occupation																			
Nonagricultural	30.4	29.1	74.6	72.2	76.7	75.4	68.8	69.6	95.7	96.0	64.3	64.4	60.5	58.2	61.1	59.4	43.8	41.0	
Agricultural	69.6	70.9	25.4	27.8	23.3	24.6	31.2	30.4	4.3	4.0	35.7	35.6	39.5	41.8	38.9	40.6	56.2	59.0	
Husband's drunkenness																			
Doesn't drink	31.9	31.3	u	u	30.3	32.2	u	u	78.6	78.7	u	u	u	u	u	u	u	u	
Never gets drunk	4.4	4.6	32.1	34.9	23.4	24.1	u	u	7.2	7.6	u	u	46.5	46.5	22.0	23.0	u	u	
Occasionally drunk	50.5	52.5	49.0	52.1	35.2	34.7	u	u	10.3	10.2	u	u	41.9	41.9	68.4	69.8	u	u	
Frequently drunk	13.2	11.6	19.0	13.0	11.2	8.9	u	u	3.9	3.5	u	u	11.7	11.7	9.6	7.1	u	u	
Marital duration																			
0-4 years	12.7	13.7	20.2	21.6	17.1	17.5	19.1	20.2	19.3	19.8	19.4	20.2	16.4	16.5	18.4	18.9	23.2	25.2	
5-9 years	19.9	20.5	20.5	21.3	21.2	21.2	18.1	18.9	19.8	20.5	19.1	19.7	22.3	22.7	20.0	20.1	22.8	23.3	
10-14 years	21.4	22.0	18.2	18.0	20.5	21.4	17.7	18.2	19.3	19.9	17.8	18.2	18.6	19.1	19.4	19.7	19.2	19.7	
15+ years	46.1	43.8	41.1	39.1	41.2	40.0	45.1	42.7	41.6	39.8	43.6	42.0	42.7	41.8	42.2	41.3	34.8	31.8	

Continued...

Table B.1—Continued

Variable	Cambodia		Colombia		Dominican Republic		Egypt		Haiti		India		Nicaragua		Peru		Zambia	
	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW	EMW	CMW
Spousal age difference																		
Husband is younger	u	18.9	u	16.6	u	14.4	u	2.9	u	13.1	u	2.7	u	16.8	u	14.4	u	2.1
Wife 0-4 years younger	u	51.4	u	38.8	u	33.7	u	27.4	u	35.5	u	38.8	u	40.4	u	45.6	u	34.0
Wife 5-9 years younger	u	21.0	u	26.6	u	26.8	u	38.5	u	28.0	u	40.7	u	24.0	u	26.1	u	42.7
Wife 10-14 years younger	u	5.8	u	11.3	u	13.1	u	20.7	u	12.9	u	13.2	u	10.9	u	9.5	u	13.1
Wife 15+ years younger	u	2.9	u	6.7	u	12.0	u	10.4	u	10.5	u	4.6	u	8.0	u	4.4	u	8.1
Spousal educational difference																		
Wife has more education	15.4	15.2	21.1	20.7	10.6	10.3	14.6	14.8	17.7	17.7	12.1	12.1	36.2	36.2	19.3	18.6	16.9	17.1
Both have no education	12.8	12.6	1.3	1.5	3.3	3.5	27.4	25.9	26.6	27.0	23.3	22.6	11.3	11.8	1.2	1.2	4.1	3.9
Both have same education	14.2	14.5	14.3	15.3	3.1	3.2	12.2	12.7	6.9	7.2	9.8	10.1	14.1	14.8	25.8	26.4	12.6	13.0
Husband has more education	57.6	57.7	63.3	62.4	83.0	83.0	45.7	46.7	48.9	48.1	54.8	55.3	38.4	37.2	53.7	53.8	66.4	66.0
Residence																		
Urban	15.2	15.0	73.6	70.5	59.6	57.6	34.8	35.2	34.1	31.9	31.1	31.0	54.4	51.4	57.0	55.3	28.7	27.8
Rural	84.8	85.0	26.4	29.5	40.4	42.4	65.2	64.8	65.9	68.1	68.9	69.0	45.6	48.6	43.0	44.7	71.3	72.2
Family structure																		
Nonnuclear (extended)	32.6	31.3	45.6	39.9	33.1	28.1	44.4	43.3	51.0	48.8	57.7	57.2	47.3	57.9	40.6	37.6	43.8	40.1
Nuclear	67.4	68.7	54.4	60.1	66.9	71.9	55.6	56.7	49.0	51.2	42.3	42.8	52.7	42.1	59.4	62.4	56.2	59.9
Wealth quintile																		
Lowest (poorest)	24.1	22.2	17.2	19.0	26.2	27.4	26.3	25.6	24.3	25.4	15.9	15.6	22.9	24.5	23.5	24.2	23.4	22.5
Second	21.7	21.9	21.1	21.6	25.4	24.9	22.2	22.1	20.1	20.9	16.9	16.8	21.4	21.2	23.8	24.1	22.2	22.3
Middle	20.3	20.7	22.3	21.6	20.2	20.1	19.0	19.0	21.2	21.6	19.7	19.6	20.1	20.0	22.4	22.1	23.4	24.2
Fourth	16.9	17.8	20.1	19.5	16.7	16.3	15.9	16.2	22.1	20.7	22.7	22.7	18.9	17.9	17.9	17.6	18.4	18.2
Highest (wealthiest)	17.1	17.3	19.3	18.3	11.5	11.4	16.6	17.0	12.3	11.4	24.9	25.3	16.7	16.4	12.4	12.0	12.7	12.8
Number of women	2,403	2,108	7,716	5,996	7,435	6,042	7,123	6,594	2,592	2,266	90,303	84,862	8,508	6,824	18,196	15,995	4,151	3,492
u = Unknown (not available)																		