



Violence Against Women With Disabilities



VIOLENCE AFTER MARRIAGE



WOMEN 5616

The survey sample included 5616 women with disabilities (motor, auditory, visual, and multiple disabilities) who benefited from the Karama program in the 18 and over age group, representing all governorates of the Republic, except Frontier Governorates.

VIOLENCE PERPETRATED BY HUSBAND



34%

of ever-married women experienced disability based violence committed by husbands at any time in their lives.



43%

of ever-married women experienced physical violence committed by husbands at any time in their lives.



54%

of ever-married women experienced psychological violence committed by husbands at any time in their lives.



61%

of ever-married women experienced violence committed by husbands at any time in their lives.

VIOLENCE AGAINST WOMEN WITH MULTIPLE DISABILITIES

33%



of ever-married women who have severe difficulties in taking care of themselves experienced any violence committed by husbands during the 12 months preceding the survey.

31%



of ever-married women with multiple disabilities experienced any violence committed by husbands during the 12 months preceding the survey.

29%



of ever-married women who have severe difficulties in walking and climbing stairs experienced any violence committed by husbands during the 12 months preceding the survey.

50%



of ever-married women with severe hearing impairment experienced any violence committed by husbands during the 12 months preceding the survey.

32%



of ever-married women who experienced physical or sexual violence at any time in their lives sustained injuries as a result of such violence, and about 66% of them required medical care.

13%



of women who had ever got pregnant experienced violence committed by husbands during pregnancy, and most of this occurred more than once.

DIFFERENT TYPES OF VIOLENCE



20%

of ever-married women experienced sexual violence at any time in their lives.



14%

of ever-married women experienced psychological, physical, sexual, and disability based violence committed by husbands at any time in their lives.



DURING THE YEAR PRECEDING THE SURVEY

36%

of ever-married women experienced any psychological violence, physical violence, disability based violence, or sexual violence during the 12 months preceding the survey.

VIOLENCE SINCE AGE 15

TYPES OF VIOLENCE IN THE FAMILY

- 35%** of the respondents experienced psychological violence by family members / within surrounding environment since age 15.
- 28%** of the respondents experienced disability based violence by family members / within surrounding environment since age 15.
- 25%** of the respondents experienced physical violence by family members / within surrounding environment since age 15.
- About 10%** of the respondents experienced any form of sexual violence by family members / within surrounding environment since age 15.
- 8%** of the respondents experienced sexual harassment by family members / within surrounding environment since age 15.
- 3%** of the respondents experienced sexual assault by family members / within surrounding environment since age 15.
- 15** women have been raped by family members / within surrounding environment since age 15.



DURING THE YEAR PRECEDING THE SURVEY



2%

of the respondents experienced psychological, physical, sexual and disability based violence by family members / within surrounding environment during the 12 months preceding the survey.

25%

of the respondents experienced psychological, physical, sexual or disability based violence by family members / within surrounding environment during the 12 months preceding the survey.

TOTAL BATTERED WOMEN



7%




of the respondents experienced psychological, physical, sexual and disability based violence by family members / within surrounding environment since age 15.

48%

of the respondents experienced psychological, physical, sexual or disability based violence by family members / within surrounding environment since age 15.

VIOLENCE PERPETRATED BY INCEST OFFENDERS

Most of the psychological, physical, or disability based violence is committed by family members, especially the father, while most sexual violence is perpetrated from outside the family, but cases of sexual violence have been monitored by incest perpetrators, such as:

- A woman** who was raped by her father since age 15.
- 2 women** who were raped by their brothers since age 15.
- 2%**  were subjected to indecent assault by their fathers since age 15.
- 1%**  were subjected to indecent assault by their siblings since age 15.
- 2%**  were subjected to indecent assault by the stepfather since age 15.

DURING THE YEAR PRECEDING THE SURVEY



4%

of the respondents experienced any form of sexual violence during the 12 months preceding the survey.



24%

of women with multiple disabilities experienced violence by family members / within surrounding environment during the 12 months preceding the survey.

VIOLENCE IN PUBLIC SPACES



4%



of the respondents experienced psychological violence during the 12 months preceding the survey in public spaces.



8%



of the respondents experienced any form of harassment in public spaces during the 12 months preceding the survey. 50% of them on the street, 29% of them in minibuses.



0.5%



of the respondents experienced physical violence during the 12 months preceding the survey in public spaces.



4%



of the respondents experienced sexual harassment during the 12 months preceding the survey in public spaces.

AGE AND ENVIRONMENT FACTOR



66%

of women who experienced violence in public spaces did not take any action to address violence.

Young women less than 20 years old and women living in urban governorates are more likely to be exposed to violence in public spaces than older women or women living in Lower Egypt or Upper Egypt.

VISUAL IMPAIRMENT AND VIOLENCE

Women who suffer from visual impairment are more likely to experience violence in public spaces than women who have other disabilities.



6%

of women who have severe difficulty seeing experienced violence in public spaces during the 12 months preceding the survey.

9%

of women with moderate difficulty seeing experienced violence in public spaces during the 12 months preceding the survey.

Table Of Contents

Preparation

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Acknowledgment

Preface

Chapter One: Introduction	1
1.1 Background	3
1.2 Overview Of Violence Against Women With Disabilities	6
1.3 Objectives And Organization Of The Survey	7
Chapter Two: Survey Implementation	11
2.1 Survey Preparation Activities	13
2.2 Detailed Description Of The Survey Implementation	13
Chapter Three: Characteristics of the Survey Respondents	21
Key Findings	23
3.1 Disability Characteristics	24
3.2 Housing Characteristics	32
3.3 Living Situation	35
3.4 Background Characteristics	36
3.5 Sense Of Self-Esteem And Self-Confidence	47
3.6 Conclusion	51
Chapter Four: Autonomy In General Health Care And Reproductive Health	53
Care Decision-Making	53
Key Findings	55
4.1 General Health Care	56
4.2 General Health Care	62
4.3 Family Planning	66
4.4 Reproductive Preferences And Behaviors	76
4.5 Conclusion	82
Chapter 5: Access To Services, Assistance With Daily Activities, And Challenges	85
In Dealing With Others Or Moving Outside The Home	85
Key Findings	87
5.1 Services Received And Unmet Needs	89
5.2 Helping Others Meet Basic Needs Of Daily Life	100
5.3 Challenges In Dealing With Others / Moving Outside Home	107
5.4 Conclusion	109
Chapter Six: Harmful Traditional Practices	111
Key Findings	113
6.1 Female Genital Mutilation	113
6.2 Forced Marriage	120
6.3 Child / Early Marriage	130

Table Of Contents

6.4 Conclusion	136
Chapter Seven: Factors associated with Spousal Violence	139
Key Findings	141
7.1 Prevalence of spousal violence	142
7.2 Patterns in women's experience of spousal violence	152
7.3 Women's perceptions of the impact of disability on their exposure to spousal violence	176
7.4 Severity of spousal violence	178
7.6 Conclusion	186
Chapter Eight: Spousal Violence	189
Key Findings	191
8.1 Marital Control Exerted by Husband	192
8.2 Financial Control Exerted by Husband	199
8.3 Women's Attitudes towards Wife-Beating	204
8.4 Women's fear of their husbands	212
8.5 Women's dependence on husbands for help with basic daily activities	219
8.6 Conclusion	222
Chapter Nine: Violence Perpetrated By Family Members Or People In The Surrounding Environment	225
Key Findings	227
9.1 Psychological, Physical And Disability Based Violence	228
9.2 Sexual Violence	238
9.3 Women's Experiences Of Violence By Their Background Characteristics	244
9.4 Women's Experiences Of violence By The Characteristics Of Their Disabilities/Impairments	249
9.5 Women's Experiences Of violence And Dependence On The Perpetrator For Basic Activities Of Daily Life	254
9.6 Conclusion	257
Chapter Ten: Violence In Public Spaces	259
Key Findings	261
10.1 Prevalence Of Violence In Public Spaces	262
10.2 Location Of Incidents Of Violence	263
10.3 Experience Of Violence In Public Spaces By Women's Age And Place Of Residence	265
10.4 Experience Of Violence In Public Spaces By Characteristics Of Women's Disabilities/Impairments	267
10.5 Women's Responses To Their Experiences Of Violence In Public Spaces	269
10.5 Conclusion	271
The Most Important Search Results	273
Key Findings Of The Survey	275
Annex A: Allocation Of The 2020 Vawwds.....	279
Annex 1: Sample Allocation	281
Annex 3: Selected Tables	284

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Preface

The phenomenon of violence against women is a serious violation of human rights. The latest global prevalence rates indicate that one out of every three women around the world has been subjected to either physical or sexual violence or both. This type of violence has many negative consequences on the victims, and its impact may also affect their families, society, and the entire State.

Disability is a risk factor for abuse and mistreatment, and when linked to gender, women and girls with disabilities are more vulnerable to violence, being primarily women, and secondarily disabled. Women and girls with disabilities face many challenges and difficulties that prevent them from being empowered and promoting their integration in society, and represent an obstacle to their progress and effective contribution to achieving development, including: exclusion at work, lack of inclusion in society and access to health care and education as everyone else, which prevents their active participation in society.

Therefore, it was necessary to study their issues, and to address the reality of discrimination against them, especially since the Universal Declaration of Human Rights and the two International Covenants, and other international declarations, affirmed non-discrimination. The Convention on the Rights of Persons with Disabilities confirmed the importance of the rights of this group, especially as it is one of the marginalized groups and the most vulnerable to violence.

Based on the mandate of NCW in developing awareness on women's issues and its objectives of raising awareness of

the importance of women being partners in the development process on an equal basis with men and given the serious health and disempowering effects imposed by the phenomenon of violence on women, NCW cooperates, in this context, with CAPMAS to conduct a national study on violence against women and girls with disabilities. This comes from their common interest in providing policy makers with adequate statistics to combat violence.

This unique study in the Arab region is both pioneering and illuminating, as government officials, NGOs and UN agencies can better understand the problems faced by women and girls with disabilities, so that they can act to reduce violence and improve existing services as well as reporting mechanisms for victims of violence.

This study aims to better understand the experiences, types and forms of violence against women and girls with disabilities, including harmful traditional practices. The study also identifies the characteristics of women most vulnerable to and affected by violence, as well as the impact of violence on women and their families.

This study comes at the right time, as it coincides with Egypt's efforts to promote and protect the rights of persons with disabilities, and to eliminate all forms of violence against women and girls, in light of its Constitution and its commitment to providing a life free of violence for women.

The Constitution guarantees equality before the law and stipulates non-discrimination on the basis of disability. It also requires State institutions to guarantee the rights of persons

with disabilities and dwarves, and to provide them with decent work opportunities, in addition to equipping public utilities and their surrounding environment. The State guarantees their right to exercise political rights, and their integration with other citizens while ensuring their right to social security, and appropriate representation in local and legislative councils.

As for the Egyptian law, it guarantees great benefits for people with disabilities: Law No. 10 of 2018, provided many privileges and forms of care and protection guaranteed to them, the House of Representatives Law guarantees 8 seats for people with disabilities within the list system, in accordance with the provisions of Article 244 of the Constitution, Law No. 11 of 2019, which aims to promote, develop and protect the rights of persons with disabilities, and Law No. 200 of 2020 regarding the establishment of the “Support Fund for Persons with Disabilities” headed by the Prime Minister. Additionally, the rights of persons with disabilities are stipulated in the “Sustainable Development Strategy: Egypt Vision 2030”, which sets the achievement of protection for the most vulnerable groups, including persons with disabilities, among its social goals.

Despite these achievements, there are still many challenges, which require implementing legislations and policies to support efforts to empower women with disabilities in society and change this stereotyped image.

In light of the commitment of CAPMAS and NCW to combat this phenomenon, we are honored to present to you the facts and results drawn from the research conducted in 2020 to study violence against women with disabilities.

We hope that this report will contribute to highlighting the most important aspects of violence committed against women and girls with disabilities, which help policy makers and stakeholders to choose the most appropriate policies and solutions, with the aim of combating this phenomenon to promote the rights of women and girls with disabilities in various programs and sectors, and enable them to play an active role in development and policymaking related to their rights, in order to create a secure Egyptian society that celebrates the full participation of women and pushes them forward.

Dr. Maya Morsy

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Chapter 1: Introduction

Key findings

Persons with disabilities are among the world's largest minority groups, representing an average of 15 percent of the global population, with 80 percent of this population living in developing countries. And although several articles in the Constitution of Egypt of 2014 directly address persons with disabilities and secures their protection, the UNCRPD recognized that women and girls with disabilities are still often at greater risk to violence as disability adds another layer of discrimination and deprivation. This has further been understood as a human rights issue.

1.1 Background

Persons with disabilities are among the world's largest minority groups, representing an average of 15 percent of the global population, with 80 percent of this population living in developing countries. Disability is more prevalent among women than men: the World Report on Disability estimates that, globally, 19 percent of women have a disability, relative to 12 percent of men (World Health Organization [WHO] and World Bank Group, 2011).

Many persons with disabilities do not have equal access to health care, education, and employment opportunities, do not receive the disability-related services that they require, and experience exclusion from everyday life activities. Disability may also increase the risk of poverty through a lack of employment and education opportunities, lower wages, and the increased cost of living with a disability.

Following the adoption of the Convention on the Rights of Persons with Disabilities (UNCRPD) in December 2006, disability has increasingly been understood as a human rights issue (WHO and World Bank Group, 2011). The UNCRPD is intended to protect the rights and inherent dignity of persons with disabilities. The States Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by persons with disabilities and ensure that they enjoy full equality under the law. The Convention has served as the major catalyst in the global movement away from viewing persons with disabilities as objects of charity, medical treatment and social protection and towards viewing them as full and equal members of society with human rights (United Nations, 2008).

Article 16 of the UNCRPD includes the right of persons with disabilities to be free from

all forms of violence, exploitation and abuse, while Article 6 recognizes that women and girls with disabilities are often at greater risk, and that disability adds another layer of discrimination and deprivation. Article 15 reaffirms the obligation of States Parties to protect persons with disabilities from all forms of abuse and violence (United Nations, 2008).

The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) provide a powerful framework to guide local communities, countries and the international community towards the achievement of disability-inclusive development. The 2030 Agenda pledges “to leave no one behind,” including persons with disabilities and other disadvantaged groups, and has recognized disability as a cross-cutting issue, to be considered in the implementation of all 17 SDGs. The Agenda also includes 7 targets and 11 indicators explicitly making reference to persons with disabilities, covering access to education and employment, availability of inclusive schools that are sensitive to students with disabilities, inclusion and empowerment of persons with disabilities, accessible transport, accessible public and green spaces, and building the capacity of countries to disaggregate data by disability (United Nations, 2019).

Egypt has made progress in putting in place the legal frameworks that recognize the need to protect the rights of persons with disabilities, ratifying the Convention on the Rights of Persons with Disabilities in 2008. Egypt is also committed to the 2030 Agenda and is working towards achieving the SDGs through its sustainable development strategy, Egypt's Vision 2030. In addition, the Egyptian Constitution of 2014 guarantees a range of rights for persons with disabilities. Article 81 states:

“The State shall guarantee the health, economic, social, cultural, entertainment, sporting and educational rights of persons with disabilities, strive to provide them with job opportunities, allocate a percentage of job opportunities to them, and adapt public facilities and their surrounding environment to their special needs. The State shall also ensure their exercise of all political rights and integration with other citizens in compliance with the principles of equality, justice and equal opportunities.”

(Constitution of the Arab Republic of Egypt, 2014)

Seven other articles in the 2014 Constitution also directly address persons with disabilities, protecting their rights to equal health care, employment, education, political participation, and social inclusion (Articles 53, 54, 55, 80, 181, 214 and 244). There are also three articles that touch on the rights of persons with disabilities indirectly (Articles 9, 51 and 93).

In March 2017, Egyptian President Abdel Fattah El-Sisi announced and endorsed the National Strategy for the Empowerment of Egyptian Women 2030, which is to be the national policy and guiding document for the Government of Egypt. The strategy is comprised of four comprehensive pillars: women’s political empowerment and leadership; women’s economic empowerment; women’s social empowerment; and the protection of women. Support for vulnerable groups, including women with disabilities and mothers of children with disabilities, is one of the objectives of the third pillar (social empowerment) (National Council for Women, 2017).

President Abdel Fattah El-Sisi declared 2018 the Year of Persons With Disabilities, and in February 2018, he enacted Law No. 10 of 2018 on the rights of persons with disabilities, which had been ratified by the

parliament. The law was translated into English in 2020 by the National Council for Women. It provides a wide range of legal rights and protection for persons with disabilities, including the right to non-discrimination in employment, health, the exercise of political rights, rehabilitation, and training and education at all levels. It also includes provisions for the rights of persons with disabilities to a safe environment and legal protection. Point 14 of Article 4 stipulates that the State should:

“Provide a safe environment for persons with disabilities, and protect them from being subjected to economic, political or commercial exploitation, violence, torture, abuse, negligence, humiliating treatment or the impact on any of their rights and investigate the abuse they are subjected to. The State is obligated to provide the necessary security and protection proportionate with their capabilities and adopt procedures to protect them against the dangers they may face in all circumstances, particularly in cases of grave risk, including protection against epidemics, disasters, and other emergency conditions.”

(Egyptian Official Gazette, February 2018; National Council for Women, 2020).

In 2019, the National Council for People with Disabilities (NCPD) was established by Law No. 11 of that year. The new body replaced the National Council for Disability Affairs (NCDA) previously established by Ministerial Decree No. 410 of 2012. The National Council of People with Disabilities aims to protect, develop, and promote the rights and inherent dignity of persons with disabilities within the framework of the Constitution. Its major role is to promote the goals of an inclusive, barrier-free, and rights-based society for persons with disabilities in Egypt. The Council drafts policies in the field of rehabilitation, inclusion, and empowerment of persons with disabilities, and is developing the national strategic

plans for the advancement of persons with disabilities in the areas of health, work, and education, among others. It is also charged with following up on implementation of the plan and tackling any challenges. The Council coordinates with all ministries and relevant authorities in the country to implement the provisions of the Convention on the Rights of Persons with Disabilities, and prepares annual reports on the outcomes to be presented to the president, the parliament, and the cabinet. The Council also offers advice on draft legislation and decrees related to disability.

Considerable efforts have been made by the Government of Egypt, non-governmental organizations (NGOs) and international organizations to address violence against women and girls in the country. Egypt is committed to the international conventions and declarations on combating different forms of violence against women, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Declaration. Egypt has also adopted legal reforms aimed at combating violence against women and girls. Article 11 of the 2014 Constitution states that:

“The State shall protect women against all forms of violence and ensure enabling women to strike a balance between family duties and work requirements.”

(Constitution of the Arab Republic of Egypt, 2014).

In 2014, Egypt amended its penal code to include sexual harassment (Egyptian Official Gazette, June 2014). In 2016, it amended Law No. 126 of 2008, which criminalizes female genital mutilation (FGM), to include stricter legal punishments for those convicted of performing the procedure (Sadek, 2016).

Protection of women in the public sphere through ensuring safe mobility and limiting sexual harassment, elimination of all forms of violence against women and the family,

and combating harmful traditional practices against women are the major objectives of the protection pillar of the National Strategy for the Empowerment of Egyptian Women 2030 (National Council for Women, 2017).

Through consultation with several designated government ministries and civil society organizations, the National Council for Women developed the National Strategy for Combating Violence against Women 2015-2020. The strategy focuses on four main pillars: prevention, protection, intervention, and legal procedures (National Council for Women, 2015).

In 2015, the National Council for Women, in partnership with the Central Agency for Public Mobilization and Statistics (CAPMAS) and through the support of the United Nations Population Fund (UNFPA), implemented the Economic Cost of Gender-Based Violence Survey. The survey is a nationally representative sample, providing an adequate assessment of the various forms of violence against women and girls and the harmful traditional practices they are subject to. The survey also assessed the characteristics of women who were most vulnerable to violence and most affected by it, as well as the impact of the violence on the woman, her family and the economic costs borne as a result. However, until now, no research had been done in Egypt, or in many other countries, to identify the prevalence and incidence of the various forms of violence against women and girls with disabilities.

The absence of attention to the issue of violence against women with disabilities from both disability and violence researchers can contribute to the invisibility of the victimization of this group. Violence against women and girls with disabilities has heavy economic and social consequences regardless of which country it takes place in. In addition, research shows that discrimination against persons with disabilities hinders economic development,

limits democracy, and erodes societies (United States Agency for International Development [USAID], 2019).

In order to combat violence against women with disabilities effectively, there is a vital need for all stakeholders to understand the nature and the prevalence of this phenomenon. The availability of reliable data is therefore a basic prerequisite for effective advocacy and action.

Within this context, the National Council for Women, in partnership with CAPMAS and several UN agencies (the United Nations Development Programme [UNDP], UNFPA and the United Nations Entity for Gender Equality and the Empowerment of Women [UN Women]), supported the implementation of the 2020 Violence Against Women With Disability Survey (VAWWDS) to collect, analyse and disseminate comprehensive information related to violence experienced by women with disabilities. This information will provide policymakers and planners with an evidence-based platform and hence inform design and implementation of effective programmes aiming at properly addressing and preventing violence against women with disabilities.

1.2 Overview of violence against women with disabilities

Violence against women is one of the main forms of gender-based discrimination and is prevalent across countries regardless of their income level. Recent global figures indicate that about one in three women (35 percent) worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime (WHO, 2016a).

Violence against women is a grave violation of human rights, and its impact ranges from

immediate to long-term physical, sexual and mental consequences. The negative consequences affect not only women, but also their families, the community and wider society.

“Violence against women is perhaps the most shameful human rights violation, and, it is perhaps the most pervasive. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development and peace.”

(Former UN Secretary-General Kofi Annan).

While all women may be subjected to forms of violence, those with disabilities face particular risks. The UNCRPD recognized that women and girls with disabilities are often at greater risk (Article 6), as disability adds another layer of discrimination and deprivation. The Committee on the Rights of Persons with Disabilities underscored that violence against women and girls with disabilities is four times more serious than violence in the general population. It concluded that this particular group suffers a situation of «global humanitarian disaster» that requires intervention without delay by State Parties (Inter-American Development Bank, 2019).

Previous research literature has also confirmed that women with disabilities are at higher risk of experiencing violence and abuse than men with disabilities, as well as women without disabilities (e.g. Powers et al., 2002; La Rivière Zijdel, 2004; Brownridge, 2006; Smith, 2008; International Network of Women with Disabilities, 2010; Alriksson et al., 2010; WHO, 2012; Breiding and Armour, 2015; Dunkle et al., 2018; Inter-American Development Bank, 2019). Moreover, women with disabilities are more likely to experience multiple episodes of violence (Marini and Stebniki, 2012), longer duration

⁽¹⁾ The United Nations guidelines for producing statistics on violence against women (United Nations, 2014) define an intimate partner as a person with whom a woman maintains an intimate relationship, whether formally (marriage), through a cohabiting relationship, or by regular or steady dating. Countries adapt the definition of intimate partner according to their cultural setting

of violence (Nosek et al., 2001) and increased severity of violence (Nosek et al., 2001; Brownridge, 2006) than women without disabilities. Women with disabilities are also less likely to report being victims of violence than men with disabilities (Perreault, 2009). Women and girls with intellectual disabilities are at particularly high risk of violence, including sexual violence (Inter-American Development Bank, 2019).

Violence against women with disabilities occurs primarily as a result of patriarchal social attitudes towards women, coupled with vulnerability related to the conditions that result from the disability itself. Violence against women and girls with disabilities is not just a subset of gender-based violence: it is an intersectional category dealing with gender-based and disability-based violence. The confluence of these two factors results in an extremely high risk of violence against women with disabilities (International Network of Women with Disabilities, 2010).

In Egypt, the research literature suggests that women with disabilities are faced with multiple discriminatory factors due to their gender and disability, which render them the least considered group among all human beings. For example, they are typically the last group to have the opportunity of education, if their families even consider educating them. Hence, they do not have access to the means to improve their economic and social standing (e.g. Hagrass, 1998; Hagrass, 2004). These factors increase their vulnerability to violence.

Women with disabilities experience a wide range of types of violence. They report the same types of violence as women who do not have disabilities, but also other forms of violence that are specific to persons with disabilities and that take place in a wider range of places and are enacted by different kinds of perpetrators. These forms include, for example, neglect (depriving women with disabilities of personal care, food, adequate

hydration or medication); deprivation of assistive devices (e.g. withholding of wheelchairs, canes, or preventing the recharging of electric wheelchair batteries); destruction of property; invasion of privacy; verbal abuse and ridiculing of the disability; increasing a sense of powerlessness and dependency; financial abuse; forced isolation, or being hidden in the family home; forced or coerced institutionalization; rape by staff and other inmates/residents of institutions; and control and repression of their sexuality and reproductive capacity (e.g. Brownridge, 2006; International Network of Women with Disabilities, 2010; Marini and Stebniki, 2012; Breiding and Armour, 2015; Dunkle et al., 2018; UNFPA, 2018; World Bank et al., 2019).

While women with disabilities face the same obstacles as any other woman seeking to escape or end violence, the research literature identifies other barriers that affect this group of women only. These include increased dependence (physical, financial or both) on the abuser for care; lack of social support from those who care for them; social isolation, which is common among this group; communication barriers that hamper the reporting of violence and the perceived credibility of the victims; fear of being institutionalized; being less capable of physically defending themselves; difficulty in making contact with intervention services, lack of access to information about available services and difficulties in accessing transportation (e.g. Lightfoot and Williams, 2009; Nixon, 2009; International Network of Women with Disabilities, 2010; Inter-American Development Bank, 2019). Furthermore, law enforcement and legal agencies are more likely to question the credibility of the accounts provided by those with psychosocial and intellectual disabilities or disabilities that require assistive communication or reasonable accommodation in communication (Inter-American Development Bank, 2019). These

factors also explain the great difficulty that women and girls with disabilities face in securing support and assistance when they are victims of violence (Lightfoot and Williams, 2009).

1.3 Objectives and structure of the study

The 2020 VAWWDS is a community-based survey that was designed to provide reliable data on the nature and forms of violence against women with disabilities and their particular vulnerabilities. The survey also provides information on issues relating to women's rights regarding their autonomy over decisions regarding their general health care, reproductive health, and their access to various services, as the withholding of these rights creates an extra layer of discrimination against women with disabilities. In addition, the survey assesses the harmful practices against women and girls with disabilities as a violation of their human rights. The survey therefore aims to measure the following:

- Women's decision-making autonomy regarding their general health care, and reproductive health;
- Women's access to services and assistance in basic needs of daily life and the challenges they encounter;
- Traditional harmful practices against women and girls;
- Prevalence, consequences and responses to the various types and forms of violence by different perpetrators in private and public spaces;
- The groups of women most at risk of violence.

In addition to this introductory chapter, the study includes the following nine chapters:

- Chapter 2: Survey Implementation
- Chapter 3: Characteristics of the Survey Respondents
- Chapter 4: Autonomy in General Health Care and Reproductive Health Care Decision-making
- Chapter 5: Access To Services, Assistance With Daily Activities, And Challenges In Dealing With Others Or Moving Outside The Home
- Chapter 6: Harmful Traditional practices
- Chapter 7: Factors Associated With Spousal Violence
- Chapter 8: Spousal Violence
- Chapter 9: Violence Perpetrated By Family Members Or People In The Surrounding Environment
- Chapter 10: Violence In Public Spaces

Chapter 2: Survey Implementation

Key findings

The 2020 VAWWDS covered poor women aged 18 years and over with physical, hearing, visual or multiple disabilities who are Karama programme beneficiaries (meaning they obtain Karama social security support)

2.1 Preparation Activities

The preparation stage of the 2020 VAWWDS included the following activities:

- The initiation of a collaboration in September 2018 between the National Council for Women, CAPMAS, and financial and technical support from UNFPA, UN Women, and UNDP to implement the survey. It is worth noting that the National Council for Women established an internal committee for women with disabilities in 2016 to investigate their needs, with the aim of empowering them and improving their situation. This research is part of uncovering some areas of their vulnerability against violence. The results of this research can help determine the best ways to protect and support women facing such violence.
- The formulation of a national advisory committee composed of experts from CAPMAS, the National Council for Women, UNFPA, UN Women and UNDP, as well as experts in the areas of disability, gender and research, to provide technical support throughout all the stages of the survey's execution;
- The involvement of international expertise in the area of violence against women with disabilities: technical meetings were held with the Statistical Committee and the Women's Committee of the Economic and Social Commission for Western Asia (ESCWA) and the national advisory committee to discuss the methodology of the study;
- The implementation of consultations with relevant ministries and institutions such as the Ministry of Health and Population (MoHP), the Ministry of Social Solidarity (MoSS) and the National Council for People with Disabilities (NCPD) to determine, for example, the source of the selected sample and the type of the disabilities that would be covered by the survey;
- The sample design and selection;
- The questionnaire development;
- The execution of a pre-test and finalization of the questionnaire according to the findings of the pre-test;
- The signing of a cooperation protocol between the National Council for Women and the Egyptian Foundation for the Rights of the Deaf and Sign Language Interpreters to provide professional female sign language interpreters to interview women with hearing impairments, to ensure the privacy of the interview process;
- The training of fieldwork teams.

2.2 Detailed description of survey implementation

2.2.1 Sample Design and Selection

Although Egypt's 2017 population census collected data on persons with disabilities, it was not possible to select a sample of women with disabilities for the 2020 VAWWDS from the census because, according to ethical standards in research, prior consent of the targeted population for a call-back visit must have been obtained at the time of the census. Conducting a nationally representative survey was not possible either, because of the geographic scattering of the targeted population (women with disabilities) and the extremely high costs that would have to be incurred to remedy this.

As shown by earlier studies, women and girls with disabilities are subject to multiple layers of discrimination. Women with disabilities often face multiple discriminations as a result of the complex, interwoven relationship between gender and disability (e.g. Hagrass 1994; Hagrass 2004). This inequality is exacerbated for women and girls with disabilities who are members of marginalized groups (USAID,

2019). The sample for the 2020 VAWWDS was therefore selected from poor women with disabilities who obtain monthly social security support from the Karama programme⁽¹⁾.

The 2020 VAWWDS covered poor women aged 18 years and over with physical, hearing, visual or multiple disabilities who are Karama programme beneficiaries (meaning they obtain Karama social security support). The survey excluded women with psychological, intellectual or developmental disabilities because of the difficulties in communication with these women and the need for a mediator during the interviewing stage.

The survey covered all of Egypt's governorates, except the four frontier governorates⁽²⁾. Frontier governorates were excluded from the survey sample because of their extremely small population size (their total population constitutes around 1 percent of the national total) and the small number of eligible women. The selected governorates represent three other geographical categories: urban governorates, Lower Egypt and Upper Egypt⁽³⁾.

The sample was designed to provide broadly representative estimates of the prevalence of the different types and forms of violence perpetrated in private and public spaces against women aged 18 years and over with physical, hearing, visual or multiple disabilities, and who are Karama programme beneficiaries. It was also aimed at identifying those most at risk. It should be noted that the sample for the survey is not a nationally representative sample:

it is a representative sample of a specific community.

The sample for the VAWWDS was selected from the sample frame⁽⁴⁾ of eligible women, which was based on the Karama programme database at the Ministry of Social Solidarity. The sample frame included 79,395 eligible women from all the governorates except frontier governorates, disaggregated by governorate and type of disability (physical, hearing, visual or multiple disabilities).

A stratified, systematic and random sample of 6,000 eligible women was selected from the sample frame. The allocation of the selected sample across the various governorates and type of disability was done in two stages:

The first stage: involved allocation of the selected sample across the governorates using the probability proportional to size (PPS) and square root (SR) methods. The sample of the eligible women for each governorate was then calculated by averaging the results produced by the two methods. Using both the PPS and SR methods ensured the representativeness of the governorates according to the number of eligible women in the sample frame. The sample size of the governorates with small numbers of eligible women (e.g. Port Said and Suez) increased to provide indicators with appropriate representation at the governorate level.

The second stage: involved allocation of the selected sample of each governorate across the targeted types of disabilities in proportion to the number of women with

⁽¹⁾ In March 2015, the Government of Egypt launched Takaful and Karama, a targeted national social security programme designed to improve the situation of marginalized persons with disabilities, the elderly, and eligible people in poverty, through income support. The programme is implemented by the Ministry of Social Solidarity. The Takaful branch of the programme is a monthly conditional cash transfer for households with children aged 0-18 that aims to promote capital accumulation by providing family income support, while incentivizing poor households to invest in their children's health, education and nutrition by imposing conditions such as enrolment of children aged 6-18 in schools (with a minimum of 80% attendance) and getting the necessary health check-ups, including child immunizations and growth monitoring for children aged 0-5 years old and antenatal care for pregnant mothers. The Karama branch of the programme is a monthly unconditional cash transfer scheme that aims to protect Egypt's most needy elderly citizens—above 65 years of age—and most needy citizens with disabilities, through providing monthly social security payments. For more details see www.moss.gov.eg/ar-eg/Pages/program-details.aspx?pid=10.

⁽²⁾ The frontier governorates are Red Sea, Matrouh, Al-Wadi Al-Jadid, North Sinai and South Sinai.

⁽³⁾ The urban governorates are Cairo, Alexandria, Port Said and Suez. Lower Egypt comprises Damietta, Dakahlia, Sharka, Qalyubia, Kafr El-Sheikh, Gharbia, Menoufia, Beheira and Ismailia. Upper Egypt includes Giza, Beni Suef, Fayoum, Minya, Assiut, Sohag, Qena, Luxor and Aswan.

⁽⁴⁾ The sample frame is the actual list of individuals from which the sample is drawn.

each type of disability in each governorate in the sample frame.

The formulas used for allocation of the VAWWDS sample across the various governorates and the types of disabilities targeted, as well as the distribution of the selected sample, are illustrated in **Annex A**.

It would have been better to take into account whether the respondent was an urban or rural resident, in order to investigate the variations between urban and rural areas, but the sample frame did not provide the distribution of the eligible women by urban/rural residence.

2.2.2 Questionnaire Development

The design of the 2020 VAWWDS questionnaire was based on the United Nations Guidelines for Producing Statistics on Violence against Women (United Nations, 2014), and questionnaires that were adapted for measuring violence against women in the region by the Washington Group on Disability Statistics and ESCWA (Economic and Social Commission for Western Asia and Washington Group on Disability Statistics, 2018).

The questionnaire is composed of two parts: one part on the household in which the respondent lived, and the other on the respondent herself. The household part of the questionnaire includes questions relating to housing characteristics (e.g. type of dwelling unit, main roofing materials, source of drinking water, presence of a toilet facility) and household ownership of durable goods. The respondent part included questions concerning the following topics:

- Characteristics of the survey respondent;
- General and reproductive health and the associated decision-making;

- Access to services and unmet need;
- Assistance from others in daily activities;
- Harmful practices against girls and women;
- Spousal violence;
- Violence perpetrated by family members and persons in the surrounding environment; and
- Violence in public spaces.

2.2.3 Pre-test

The pre-test took place from 1 to 13 October 2019. The objectives of the pre-test were: (1) to pilot the questionnaire in the field to ensure the clarity of the questions to both the respondents and the interviewers, the suitability of the questions to the respondents, and other technical issues; (2) to determine the average time needed for each interview, to estimate the daily rate of performance; and (3) to review and modify the questionnaire based on the results of the pre-test. The pre-test covered 40 eligible women from different areas of Cairo and was executed by a team composed of eight female interviewers.

2.2.4 Data Collection Activities

The training for the fieldwork was conducted at the CAPMAS premises in Cairo from 17 to 28 November 2019 and included 180 interviewers. The selection of the interviewers was based on qualifications and fieldwork experience. Senior experts from CAPMAS⁽⁵⁾ and the study disability expert⁽⁶⁾ provided the training.

An interviewer's manual, including general guidelines for conducting interviews and specific instructions on asking each of the questions in the questionnaire, was

⁽⁵⁾ Ms. Wafaa Maged, Statistical Expert

⁽⁶⁾ Dr. Abdel Hamid Kabesh, MD Physical Medicine and Rehabilitation Consultant, Disability Expert

developed and distributed to all field workers. The training sessions covered the following.

- Objectives of the VAWWDS
- The concept of disability
- Dealing with a visually impaired person
- Dealing with a hearing-impaired person
- The concept of violence against women and the types and forms of violence and their negative repercussions on women, families and society
- Interviewing techniques for building a rapport with respondents
- The ethical requirements of surveys on violence against women, including the importance of strategies to address the confidentiality and safety of the respondents
- The skills needed to interview on the issue of violence against women, including encouraging participation in the survey and creating a climate that promotes disclosure of sensitive information
- How to react to the respondent's emotional distress in a warm, empathetic, but neutral manner, using a non-judgemental approach
- How to fill out the questionnaires
- Role playing and mock interviews
- Field practice in areas not covered in the surveys
- Quizzes

The fieldwork for the 2020 VAWWDS began on 29 December 2019 and was completed on 28 January 2020. The fieldwork staff was divided into 22 teams, and each team was composed of one supervisor, four interviewers and one sign language interpreter. All the interviewers and sign language interpreters were women.

Several measures were used to ensure good data quality. A team of four female members were responsible for conducting regular monitoring visits to the field to verify compliance with the survey protocol, to review the completed questionnaires for data completeness and consistency, and to provide moral support to the field teams. This team re-interviewed some women during the fieldwork for quality assurance purposes. It is worth mentioning that, during the re-interviews, the team did not ask the respondents any questions related to their experience of violence, due to confidentiality and safety considerations. The results of the re-interviews were compared with the responses in the original interviews and errors were discussed with the interviewer.

As a further quality control measure, after the data collection was completed, a quality control team composed of two female members selected a random sample, representing 5 percent of the interviewed women, for re-interview using a shortened version of the questionnaire that did not include any questions related to the respondent's experience of violence.

2.2.5 Ethical and Safety Considerations

The World Health Organization's ethical and safety recommendations for research on violence against women (WHO, 2001) were applied as follows:

- The survey was framed as a survey on "the status of Egyptian women with disabilities." This enabled the respondent to explain the survey to others safely. This explanation was also used by the interviewers to describe the survey to the community and to other members. Once the respondent and interviewer were alone, further information on the exact nature of the survey was provided as part of the consent procedure.

- Informed consent was obtained from the women who were interviewed. In addition, the interviewer read additional statements to the respondent at the beginning of each section related to violence against women, reassuring her of the confidentiality of her responses.
- Interviewers were trained to change the subject of discussion if the interview was interrupted by anyone, including children. If an interruption occurred, the interviewer asked the respondents questions on a less sensitive topic. The interviewer had forewarned the respondent that she would start to discuss this other topic if the interview was interrupted

2.2.6 Data processing activities

Data processing started shortly after the fieldwork commenced. The completed questionnaires were collected from the field periodically and sent to CAPMAS in Cairo. The data processing included office editing, coding of some questions (e.g. open-ended questions), data entry and editing of inconsistencies found by the computing program.

The office editors reviewed the questionnaires for consistency and

completeness. To provide feedback to the field team, the office editors were instructed to note any problems detected while editing the questionnaires, to be reviewed by the senior staff and communicated to the field staff. Questionnaires in which there were significant errors that could not be corrected in the office were assigned for callbacks.

The data from the questionnaires were entered and edited on microcomputers using the Census and Survey Processing System (CSPPro). The data entry staff were trained on this software. Inconsistencies were resolved by tallying data entry results with the paper questionnaires

2.2.7 Response rates

Table 2.1 shows the outcome of the fieldwork for the 2020 VAWWDS by place of residence. As noted in the table, of the 6,000 eligible women selected for the VAWWDS sample, 5,616 were found at home and were successfully interviewed, yielding a response rate of 93.6 percent.

In line with earlier surveys, the response rate in the urban governorates (89.5 percent) was lower than the response rates in Lower Egypt and Upper Egypt (93.2 percent and 94.4 percent respectively)

Table 2.1: Number of selected eligible women, number of interviewed women and response rate, according to place of residence, Egypt 2020

Result of interview eligible women				
	Place of residence			Total
	Urban Governorates	Lower Egypt	Upper Egypt	
Number of eligible women	617	2305	3087	6000
Number of eligible women interviewed	552	2149	2915	5616
Response rate ¹	89.5	93.2	94.4	93.6

*1 Number of eligible interviewed women*100/Number of eligible women*

2.2.8 Documenting Violence Incidents

The interviewers were keen to document the anonymous stories told by respondents to describe the violence they had been subjected to using their own words and expressions.

Chapter 3:

Characteristics of the Survey Respondents

Key findings

The disability/impairment had existed since birth for the majority of respondents with a hearing disability/impairment (69 percent) and had begun during childhood for 22 percent. However, for women with physical, visual or multiple disabilities/impairments, the proportion whose disability/impairment started after their youth (at age 35+) was higher than those who had been born with the disability/impairment.

Key findings

- The majority of the women interviewed had a physical disability/impairment (around 6 in 10 women), particularly in mobility (walking or climbing steps).
- The disability/impairment had existed since birth for the majority of respondents with a hearing disability/impairment (69 percent) and had begun during childhood for 22 percent. However, for women with physical, visual or multiple disabilities/impairments, the proportion whose disability/impairment started after their youth (at age 35+) was higher than those who had been born with the disability/impairment.
- The most common intensity of disability among women with hearing impairments was a severe level of disability, even when using a hearing aid (47 percent).
- Mobility and visual disabilities were the most common types of disabilities among women who had multiple disabilities/impairments.
- Around 38 percent of women with multiple disabilities/impairments and 28 percent of women with physical disabilities/impairments had moderate (a lot of difficulty) or severe (cannot do at all) disability in carrying out self-care tasks.
- Around 3 in 10 women (29 percent) used assistive devices (e.g. wheelchairs, hearing aids, white canes, and/or prostheses).
- Seven percent of women with multiple disabilities/impairments and 6 percent of women with physical disabilities/impairments reported that their disability had resulted from their exposure to violence.
- The majority of the survey respondents lived in adequate housing conditions; however, some geographic disparities did exist, with women in Upper Egypt more likely to live in poorer conditions.
- Survey respondents were most likely to be from Upper Egypt (52 percent), mainly Luxor and Aswan.
- Only 2 percent of women interviewed lived alone.
- Women with hearing disabilities/impairments and those whose disability/impairment had existed since birth or childhood were younger than other women in the sample.
- Half of the survey respondents were currently married and around 44 percent had never been married. The proportion of currently married women was higher among those with visual disabilities/impairments (around 58 percent) than women with other types of disabilities/impairments. The reverse was true for women with hearing disabilities/impairments (about 33 percent).
- The illiteracy rate was high among the survey respondents (53 percent), particularly among women whose disability/impairment had begun at 35 years or above (70 percent), and among those with multiple disabilities/impairments (64 percent).
- Levels of both self-esteem and self-confidence were low among the survey respondents (23 percent and 27 percent respectively).
- Women with multiple disabilities/impairments, women whose disability/impairment occurred when they were 35 years or older, and those who had moderate or severe disability in carrying out self-care tasks were less likely than other women to have a sense of self-esteem or self-confidence..

Determining the characteristics of women with disabilities/impairments is a crucial element of this study in order to better understand whether or not these characteristics affect women's vulnerability to violence. This chapter therefore provides a detailed profile of the characteristics of the survey respondents all of them were women with disabilities/impairments aged 18 or above and supported by the Karama programme (see Chapter 2). The characteristics of the respondents described in the current chapter also provides valuable context for understanding the findings in the chapters that follow.

The chapter begins by describing the characteristics of the survey respondents' disabilities/impairments in terms of type, age of onset, and intensity, as well as the respondents' use of assistive devices and whether the disability/impairment resulted from exposure to violence. Next, the chapter provides information on the respondents' housing characteristics and their living arrangements (whether they live alone or with others). The chapter then gives information on a number of basic background characteristics of the survey respondents, including age at the time of the survey, current marital status, residence, educational attainment and work status. Finally, the chapter records whether or not they expressed a sense of self-esteem or of self-confidence. The chapter also shows to what extent the characteristics of the survey respondents are influenced by the nature of their disability/impairment

3.1 Characteristics of the Disability/Impairment

Disability is heterogeneous, varying by type, severity, cause, age of onset, and how persons with disabilities and long-term impairments interact with various environmental barriers that may hinder their full and effective participation in society on an equal basis with others (ESCWA and Washington Group on Disability Statistics, 2018). This in turn may influence the person with disabilities' attitudes, behaviours, experiences and opportunities.

3.1.1 Type and Onset of the Disability/Impairment

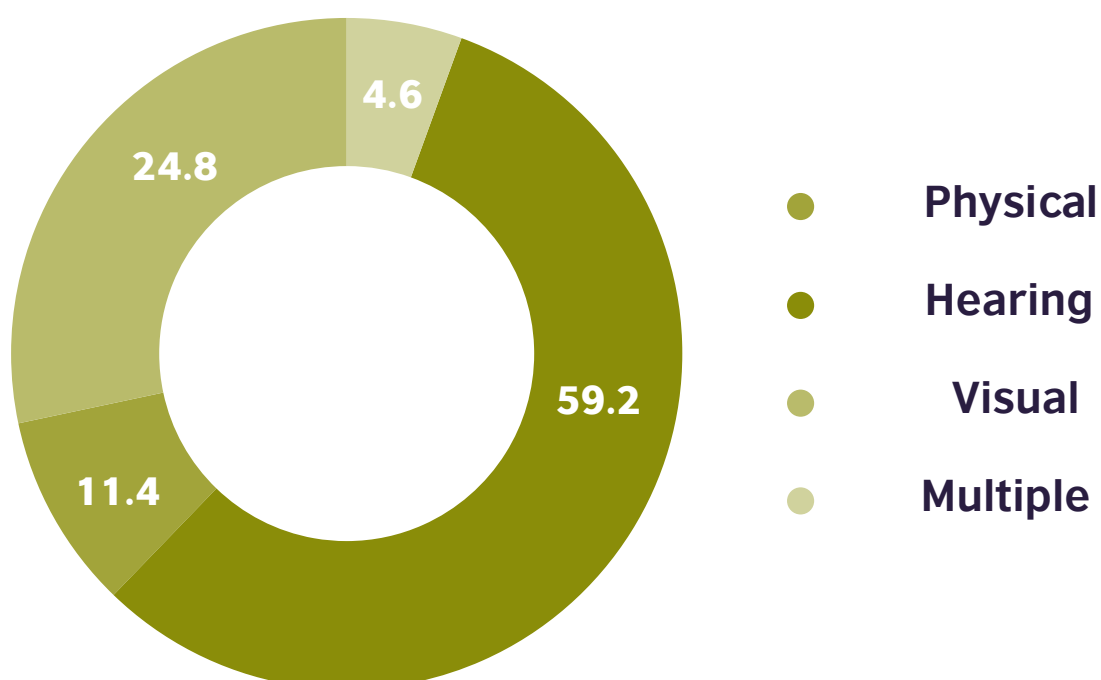
Physical disability/impairment was the most common type of disability among the survey respondents, followed by a large margin by visual disability/impairment. Of the 5,616 women interviewed, around 6 in 10 had a physical disability/impairment (59 percent), one quarter had a visual disability/impairment (25 percent) and 11 percent had a hearing disability/impairment. Five percent had multiple disabilities/impairments (Table 3.1 and Figure 3.1).

Table 3.1: Percent distribution of women by type and onset of disability/impairment, Egypt 2020

Type and onset of the disability/impairment					
Type of the disability/impairment					Total
	Physical	Hearing	Visual	Multiple	
Type of the disability/impairment					
Percentage	59.2	11.4	24.8	4.6	100.0
Onset of the disability/impairment ¹					
Since birth	28.6	68.8	27.0	26.7	32.7
Since childhood	23.0	22.2	22.0	17.4	22.4
Since youth	17.7	5.3	22.0	21.3	17.5
At an older age	31.0	3.9	29.1	38.0	27.7
Total number of women	3323	641	1394	258	5616

Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19-34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

¹ Some women with multiple disabilities/impairments gave more than one answer.

Figure 3.1: Percent distribution of women by type of disability/impairment, Egypt 2020


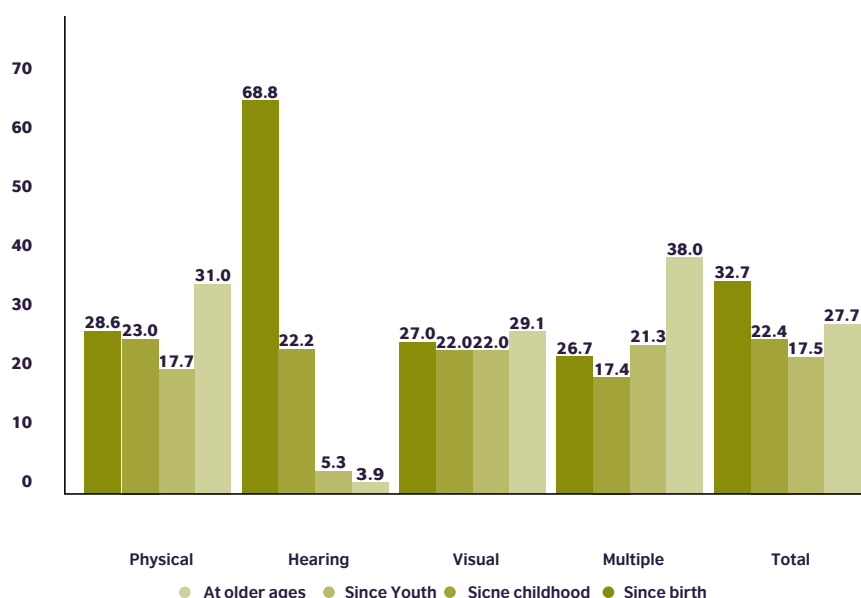
Characteristics of the Survey Respondents

The interviewed women were asked about the onset of their disability/impairment and the responses were classified into four categories: since birth, since childhood, since youth and at an older age. “Since birth” indicates that the woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until the woman was 18 years old. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 or above.

The women’s responses are provided in **Table 3.1**. The largest proportion of the women had had their disability/impairment since birth; one third of the respondents (33 percent). The proportion of women whose disability/impairment had begun at an older age (35 or above) was the second largest grouping (28 percent). Around a fifth had had their disability/impairment since childhood (22 percent), and 18 percent reported it had begun in their youth.

However, some variations existed among the various types of disabilities/impairments (**Figure 3.2**). Hearing disability/impairment typically began very early in the women’s lives, mostly at birth. Around 7 in 10 women with hearing disabilities/impairments (69 percent) reported that they had been born with the disability/impairment and more than one fifth (22 percent) said their disability/impairment had existed since childhood. The high proportion of women with hearing disabilities/impairments since birth might be due to heredity/genetic causes of hearing disability. According to WHO, hearing loss results from genetic factors in 40 percent of cases, while 17 percent result from causes related to birth (WHO, 2016). The proportion of women in the VAWWDS who reported that their disability/impairment had begun after their youth (35 or above) was greater among those with physical, visual or multiple disabilities/impairments than women who said their disability had existed since birth.

Figure 3.2: Percent distribution of women by type and onset of disability/impairment, Egypt 2020



Note: “Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

3.1.2 Intensity of the Disability/ Impairment

The survey assessed the intensity of woman's disabilities in the six core functional domains of seeing, hearing, communication, mobility (walking or climbing steps), using upper limbs, and self-care. Guided by the Washington Group on Disability Statistics' recommended question sets for the selected domains, the following was asked of all the women:

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Using your usual language, do you have difficulty communicating, for example understanding or being understood?
4. Do you have difficulty walking or climbing steps?
5. Do you have difficulty using your hands and fingers, such as picking up small objects, for example, a button or pencil, or opening or closing containers or bottles?
6. Do you have difficulty with self-care such as washing all over or dressing?

The six questions mentioned above were selected from the Washington Group on Disability Statistics' recommended question sets and extended sets on functioning, based on their relevance to the types of disabilities considered in the study. Each question had four response categories: (1) no difficulty; (2) some difficulty; (3) a lot of difficulty; and (4) cannot do at all.

The Washington Group on Disability Statistics recommends using the questions' response categories to measure disability in censuses and surveys, instead of asking yes/no screening questions such as "Do you have a disability?" The threshold for those with a disability is defined as those who answer the questions with "a lot of difficulty" or "cannot do at all" (ESCWA and Washington Group on

Disability Statistics, 2018). Therefore, women in this study who answered the questions with "a lot of difficulty" were considered to have "moderate disability" and those who answered with "cannot do at all" were considered to have "severe disability."

It was important to include self-care, such as washing all over and dressing, in the assessment for two reasons. First, because it could identify women with severe functional limitations in any domain, and second, because women incapable of self-care are considered an important group for policy considerations (ESCWA and Washington Group on Disability Statistics, 2018).

Since the current study deals with a sample of women identified by the Karama programme as having physical, visual, hearing or multiple disabilities, it was essential to capture the intensity of each of these types of disabilities. It was important to identify, for example, whether women with a visual disability had a lot of difficulty seeing even if wearing glasses (i.e. they had moderate disability) or could not see at all (i.e. they had severe disability). It was also crucial to identify the common types of disabilities/impairments among those with multiple disabilities, and whether women had other disabilities/impairments that were not considered by the Karama programme. However, it should be taken into consideration that the responses to the questions were based on women's reporting, i.e. their assessment of the level of their functional limitations.

The results of the assessment, classified by the type of disability/impairment, are illustrated in **Table 3.2**. As noted in the table, moderate disability (having a lot of difficulty doing the task) was significantly more common than severe disability (cannot do the task at all) among the sample, but the reverse was true for women with hearing disabilities/impairments. The most common intensity of disability among women with a hearing

disability/impairment was a severe level of disability. Around 47 percent of women who had a hearing disability/impairment reported that they could not hear at all, even if using a hearing aid; this proportion was 12 percentage points higher than women with hearing difficulties who indicated they had a lot of difficulty, i.e. a moderate level of disability (35 percent). The high proportion of women with severe hearing disabilities is probably due to the fact that people with hearing disabilities are usually considered by themselves, their families and local communities to be disabled only if they have severe, or to a lesser extent, moderate hearing loss. Those with mild hearing loss are usually not recognized or identified and accordingly do not enrol in disability support systems. This is not the case with visual and physical disabilities. Nearly 18 percent of women with hearing difficulty had no functional limitations or mild difficulty only when they used a hearing aid.

Although the most common level of disability among women with hearing disabilities/impairments was severe disability, only 1 in 10 of women with hearing disabilities had severe disability in communication with others. This is probably due to the fact that many women with severe hearing impairment learn to communicate in one way or another with other people (for example by using sign language), particularly within the family. Around 54 percent had moderate disability in communicating with others.

Regarding difficulty seeing, slightly less than one fifth of women with visual disabilities/impairments (18 percent) could not see at all and 58 percent had a lot of difficulty. Wearing glasses allowed 3 percent to have no difficulty seeing, and slightly more than one fifth (21 percent) to have only some difficulty (mild difficulty).

Mobility disability was more common among the survey respondents than other type of disabilities, and this figure broadly agrees

with the results of the 2017 census. Overall, two fifths of all the women interviewed (40 percent) had a lot of difficulty walking or climbing steps (moderate disability) and around 12 percent could not do so at all (severe disability).

Nearly a fifth of women with physical disabilities/impairments (19 percent) had severe disability in mobility and around 53 percent had moderate disability. The comparable proportions among those with disability in using their upper limbs were about 6 percent and 24 percent respectively.

Mobility disability was the most common type among women with multiple disabilities/impairments. Around 6 in 10 women (55 percent) among this group had moderate mobility disability and 15 percent had severe disability. Large proportions of women with multiple disabilities/impairments also had visual disability (47 percent had moderate disability and 9 percent had severe disability). Moreover, considerable proportions of women with multiple disabilities/impairments suffered from severe or moderate disability in using their upper limbs (around 22 percent).

The assessment revealed other disabilities/impairments reported by the women interviewed (**Table 3.2**). However, as noted above, the reporting of women was based on their own assessment of their difficulties. For example, 1 in 20 women with hearing disabilities/impairments or with physical disabilities/impairments also reported having a visual disability (a lot of difficulty or could not do it at all, even if using glasses). Nearly a quarter of women with visual disabilities/impairments mentioned having a mobility disability (21 percent had a lot of difficulty and 3 percent could not do at all). Nevertheless, mobility disability for women with visual disabilities might not reflect incapacity in use of legs for walking or climbing steps; it may rather be attributed to women with visual disabilities being unable to walk or climb steps independently.

Table 3.2: Percent distribution of women by intensity and type of disability/impairment, Egypt 2020

Intensity of the difficulty	Type of the disability/impairment				Total
	Physical	Hearing	Visual	Multiple	
Difficulty seeing, even if wearing glasses					
No difficulty	62.3	72.6	3.2	6.6	46.3
Some difficulty	32.2	22.6	20.9	36.8	28.5
Moderate disability (a lot of difficulty)	5.0	4.2	57.8	47.3	19.9
Severe disability (cannot do at all)	0.5	0.6	18.1	9.3	5.3
Difficulty hearing, even if using hearing aid					
No difficulty	87.0	2.5	84.0	59.7	75.3
Some difficulty	11.7	15.1	13.0	25.6	13.1
Moderate disability (a lot of difficulty)	1.1	35.3	2.6	9.3	5.8
Severe disability (cannot do at all)	0.2	47.1	0.4	5.4	5.8
Difficulty communicating with others (e.g., understanding or being understood)					
No difficulty	87.7	13.1	90.7	66.7	79.0
Some difficulty	9.6	23.5	7.2	20.9	11.1
Moderate disability (a lot of difficulty)	2.4	53.7	1.7	9.7	8.4
Severe disability (cannot do at all)	0.3	9.7	0.3	2.7	1.5
Difficulty walking or climbing steps					
No difficulty	6.7	74.4	39.1	9.3	22.6
Some difficulty	20.8	20.8	37.0	20.9	24.8
Moderate disability (a lot of difficulty)	53.2	4.8	21.0	55.1	39.8
Severe disability (cannot do at all)	19.3	0.0	2.9	14.7	12.8
Difficulty using hands and fingers for picking things such as buttons or pencil or opening or closing cans or bottles					
No difficulty	38.3	89.2	64.7	36.0	50.5
Some difficulty	31.6	7.6	26.2	28.3	27.4
Moderate disability (a lot of difficulty)	24.3	2.0	7.7	29.5	17.9
Severe disability (cannot do at all)	5.8	1.2	1.4	6.2	4.2
Difficulty with self-care such as washing all over or dressing					
No difficulty	35.5	93.9	57.0	27.9	47.1
Some difficulty	36.1	5.0	30.0	34.5	30.9
Moderate disability (a lot of difficulty)	20.8	1.1	11.0	29.1	16.6
Severe disability (cannot do at all)	7.6	0.0	2.0	8.5	5.4
Total					
%	100.0	100.0	100.0	100.0	100.0
Number of women	3323	641	1394	258	5616

Twenty-two percent of the survey respondents had moderate or severe disability with self-care tasks such as washing all over or dressing (17 percent had moderate disability and 5 percent had severe disability). Women with multiple disabilities/impairments and those with physical disabilities/impairments were more likely to have moderate or severe disabilities with self-care than women with visual or hearing disabilities/impairments. Around 38 percent of women with multiple disabilities/impairments and 28 percent of women with physical disabilities/impairments had a lot of difficulty with self-care or could not do it at all. On the other extreme, and as expected, almost all women with hearing disabilities/impairments had no difficulty or only some difficulty with their self-care.

3.1.3 Use of Assistive Devices

Around 3 in 10 women interviewed (29 percent) used assistive devices (e.g. wheelchairs, hearing aids, white canes, prostheses) (**Table 3.3**). Women with multiple disabilities/impairments and those with visual disabilities/impairments were

more likely to report using these devices (36 percent and 30 percent respectively) than their counterparts with physical or hearing disabilities/impairments.

Among those who reported using assistive devices, around 85 percent of women with visual disabilities/impairments relied on glasses and almost 2 percent used a white cane. Hearing aids were the most common device used by women with hearing disabilities/impairments who reported using assistive devices, at 87 percent. Sixteen percent relied on a mobile phone with a communication program and less than 2 percent had a cochlear implant.

Crutches/canes/walkers, classified as one type of device, were the most common device used for mobility, and wheelchairs were the second. Among women who reported using assistive devices, 50 percent of women with physical disabilities/impairments, 31 percent of women with multiple disabilities/impairments, and 10 percent of women with visual disabilities/impairments used crutches/canes/walkers for their mobility.

Table 3.3: Percent distribution of use of assistive devices by type of disability/impairment, Egypt 2020

Use of assistive devices and type of the assistive device used	Type of women’s disability/ impairment				Total
	Physical	Hearing	Visual	Multiple	
Use of assistive devices					
Yes	28.8	26.8	30.3	36.0	29.3
No	71.2	73.2	69.7	64.0	70.7
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	3323	641	1394	258	5616
Type of the assistive device used ¹					
Hearing aid	1.0	87.2	1.2	7.5	10.5
Mobile phone with a communication program	0.3	16.3	0.9	1.1	2.2
Eye glasses	9.8	8.7	84.6	50.5	31.2
White cane	1.1	0.0	1.7	2.2	1.2
Wheelchair	31.9	0.0	1.2	11.8	19.6
Crutches/cane/walker	49.9	0.0	10.0	31.2	33.4
Walking device (for one leg or the two legs)	10.2	0.0	0.0	2.2	6.1
Prosthesis (for one or two legs/one or two arms)	3.4	0.0	0.2	3.2	2.2
cochlear implant	0.0	1.2	0.0	0.0	0.1
Number of women using assistive devices	958	172	422	93	1645

¹ Total does not add to 100.0 percent because some women use more than one assistive device/tool.

Wheelchairs were used by nearly one third of women with physical disabilities/impairments (32 percent) who relied on assistive devices. One in 10 women with physical disabilities/impairments had a walking device for one leg or both legs (10 percent). Three percent of women with physical disabilities/impairments and 3 percent of those with multiple disabilities/impairments had prostheses for one or both legs, or for one or both arms.

Women with multiple disabilities/impairments who reported using assistive devices/tools mainly relied on glasses (51 percent) and crutches/canes/walkers (31 percent). Around 12 percent used a wheelchair. This finding is consistent with the

finding that mobility and visual disabilities/impairments are the most common types among women with multiple disabilities/impairments.

3.1.4 Experience of Disability/Impairment and Exposure to Violence

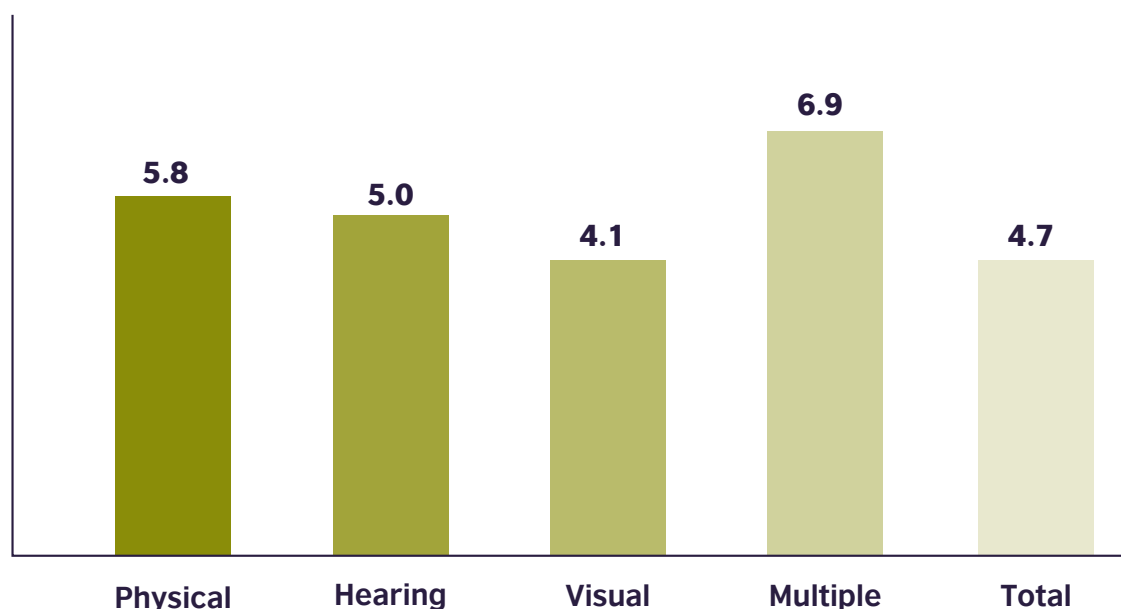
Women whose disability/impairment begun at any time after their birth were asked whether or not it resulted from exposure to violence. This information is of the utmost importance, as it is an indication of the severity of violence that the women had been subjected to.

Characteristics of the Survey Respondents

Five percent of the women interviewed reported that their disability/impairment had resulted from their exposure to violence **(Figure 3.3)**. This proportion increased to 6

percent for those with physical disabilities/impairments and to 7 percent among women with multiple disabilities/impairments.

Figure 3.3: Percentage of women whose disability¹ resulted from exposure to violence, by type of disability, Egypt 2020



¹ Refers to those whose disability/impairment occurred after birth.

3.2 Housing Characteristics

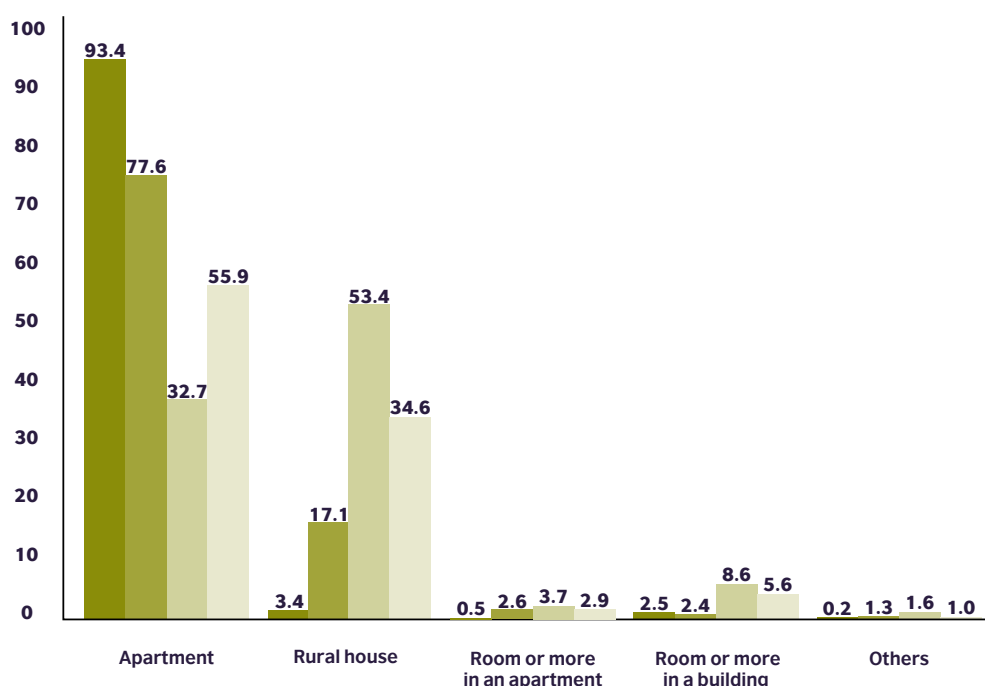
Inadequate housing conditions create major daily life obstacles for women with disabilities/impairments in particular. In light of this, the VAWWDS collected information on a range of housing characteristics. The distribution of the respondents according to different housing characteristics is presented in **Table 3.4**.

The table indicates that the majority of the survey respondents live in adequate housing conditions; however, geographic disparities do exist, with women in Upper Egypt less likely to live in adequate housing than those in other parts of the country.⁽¹⁾ More

than 9 in 10 women in total (91 percent) live in an apartment or in a stand-alone rural house (56 percent and 35 percent respectively). However, the proportion of women living in a rural house is significantly higher for women in Upper Egypt, at 53 percent, compared with around 17 percent in Lower Egypt and 3 percent in the urban governorates **(Figure 3.4)**. This may indicate that a high proportion of the sample of the women from Upper Egypt live in rural areas. The proportion of women in Upper Egypt who live in a room or more in a building was more than three times their counterparts in the urban governorates or in Lower Egypt.

⁽¹⁾ Upper Egypt, the region in the southern part of the country, is more rural than most other parts of Egypt, with significantly higher rates of poverty. Lower Egypt, in the northern part of the country, has less poverty and includes both urban and rural areas. The urban governorates include the country's major urban areas and have on average the lowest levels of poverty.

Figure 3.4: Percent distribution of women by type of dwelling and place of residence, Egypt 2020



With regard to the main roofing material, more than 7 in 10 women (73 percent) in the sample live in dwellings with a concrete cement floor. Disparities by the location of residence in this respect are clear and significant. The proportion of women in Upper Egypt who live in dwellings with a concrete cement floor (58 percent) is 30 percentage points lower than their counterparts in Lower Egypt (88 percent) and 37 percentage points lower than those in the urban governorates (95 percent).

Virtually all the women, regardless of their place of residence, had electricity in their home. Also, almost all women had natural gas/a butane gas cylinder for cooking, although this figure was slightly smaller in Upper Egypt (98 percent). The source of drinking water for 95 percent of women interviewed was a piped connection in the dwelling itself or to the plot. However, women in Lower Egypt had less access to drinking water piped into their dwelling or plot (91 percent versus 99 percent in the urban governorates and 97 percent in Upper Egypt). This finding is consistent with the findings of the 2014 Egypt Demographic and Health Survey (EDHS).

Almost all survey respondents had a toilet at home; around 51 percent had a toilet connected to a sewer network, and 49 percent had a toilet connected to a tank/vault. Toilets were more likely to be connected to a sewer network in the urban governorates and Lower Egypt (97 percent and 75 percent respectively), while only a quarter of women in Upper Egypt (24 percent) had a toilet that was connected to a sewer network.

Table 3.4 also shows that 8 in 10 women (80 percent) lived in dwellings with at least three rooms. Fifty-seven percent of women had two sleeping rooms and 11 percent had three or more rooms. Nevertheless, the adequacy of the number of rooms and sleeping rooms depends on the number of persons per room.

Around 9 in 10 women or more reported that the toilet or the kitchen in their dwellings was not shared with other households (92 percent and 89 percent respectively). However, the proportion of women who reported sharing the toilet or the kitchen was higher in Upper Egypt than in the other two regions.

Characteristics of the Survey Respondents

Table 3.4: Percent distribution of women by housing characteristics and place of residence, Egypt 2020

Housing Characteristics	Place of residence			Total
	Urban Governorates	Lower Egypt	Upper Egypt	
Type of dwelling unit				
Apartment	93.4	77.6	32.7	55.9
Rural house	3.4	17.1	53.4	34.6
Room or more in an apartment	0.5	2.6	3.7	2.9
Room or more in a building	2.5	2.4	8.6	5.6
Others	0.2	1.3	1.6	1.0
Total	100.0	100.0	100.0	100.0
Main Roofing material				
Concrete cement	94.6	87.7	57.6	72.8
Espartos bars	0.0	0.3	1.4	0.8
Wooden bars/tree braches	3.6	11.0	34.2	22.3
Tin bars	1.6	0.1	1.5	1.0
Hay/straw/palm/ mud	0.2	0.9	5.0	3.0
Others	0.0	0.0	0.2	0.1
Total	100.0	100.0	100.0	100.0
Availability of electricity				
Yes	100.0	99.9	99.6	99.7
No	0.0	0.1	0.4	0.3
Total	100.0	100.0	100.0	100.0
Source of drinking water				
Piped into dwelling/yard plot	99.3	91.0	96.9	94.9
Public tap	0.7	2.0	1.2	1.5
Water pump	0.0	3.0	1.4	1.9
Water seller/water cart	0.0	3.8	0.5	1.7
Mineral water	0.0	0.1	0.0	0.1
Total	100.0	100.0	100.0	100.0
Type of cooking fuel				
Gas cylinder/natural gas	100.0	99.4	97.7	98.5
Electricity	0.0	0.2	0.5	0.3
Kerosene	0.0	0.2	0.3	0.3
Wood/coal/agricultural wastes	0.0	0.1	1.4	0.8
Depends on others in cooking	0.0	0.1	0.1	0.1
Total	100.0	100.0	100.0	100.0

Toilet facility				
Toilet connected to sewer network	96.9	74.7	24.0	50.5
Toilet connected to tank/vault	3.1	25.1	75.6	49.1
Bucket/pit	0.0	0.2	0.3	0.3
Open area	0.0	0.0	0.1	0.1
Total	100.0	100.0	100.0	100.0
Number of rooms ¹				
1	3.1	2.7	5.1	4.0
2	12.5	13.1	19.0	16.1
3	57.6	52.2	44.7	48.8
4+	26.8	32.0	31.2	31.1
Total	100.0	100.0	100.0	100.0
Number of sleeping rooms				
1	12.0	23.4	41.8	31.8
2	70.5	63.6	50.1	57.3
3+	17.5	13.0	8.1	10.9
Total	100.0	100.0	100.0	100.0
Sharing toilet ²				
Not Shared	98.0	96.5	87.7	92.1
Shared	2.0	3.5	12.3	7.9
Total	100.0	100.0	100.0	100.0
Sharing kitchen				
Not Shared	94.9	93.6	84.6	89.0
Shared	1.1	3.3	10.6	6.9
No kitchen	4.0	3.2	4.8	4.1
Total %	100.0	100.0	100.0	100.0
Number of women	552	2149	2915	5616

¹ Does not include kitchen, hallways or bathrooms.

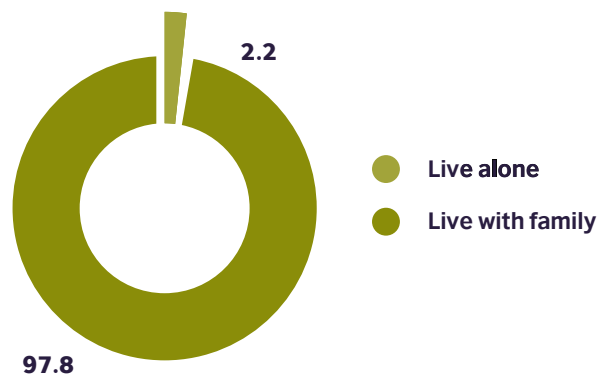
² For those who have a toilet connected to sewer network or a toilet connected to tank/vault

3.3 Living Arrangement

Living arrangements for women with disabilities/impairments might be an indication of the level of care and support they receive and the social communication

with others in their daily life. This in turn can reduce women's vulnerability to violence from their surrounding environment. Only 2 percent of the survey respondents lived alone (**Figure 3.5**).

Figure 3.5: Percent distribution of women by living arrangements, Egypt 202



3.4 Background Characteristics

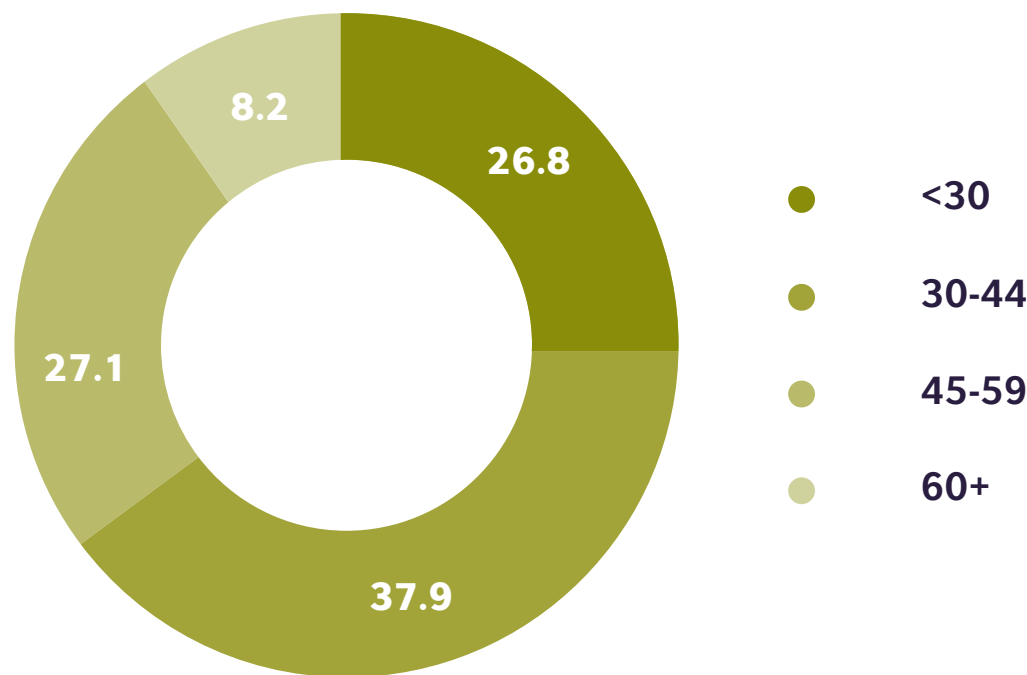
This section focuses on the distribution of the women interviewed by background characteristics. It then goes on to explore selected background characteristics for women with various onset timings and types of disabilities/impairments.

3.4.1 Distribution of the Survey Respondents by Background Characteristics

Table 3.5 shows the distribution of the women interviewed for the VAWWDS by age, marital status, place of residence, governorate, educational attainment and current work status.

As shown by the table and in **Figure 3.6**, around 27 percent of the survey respondents were under 30 years old at the time of the interview. Nearly two fifths (38 percent) were aged 30 - 44, and 27 percent were aged 45 - 59. Only around 8 percent were aged 60 or above (6.7 percent were aged 60 - 64 and only 1.5 percent were aged 65 or above). The pattern of the age structure of the 2020 VAWWDS respondents is similar to that of the 2015 Economic Cost of Gender-Based Violence Survey (ECGBVS) respondents.

Figure 3.6: Percent distribution of women by current age, Egypt 2020

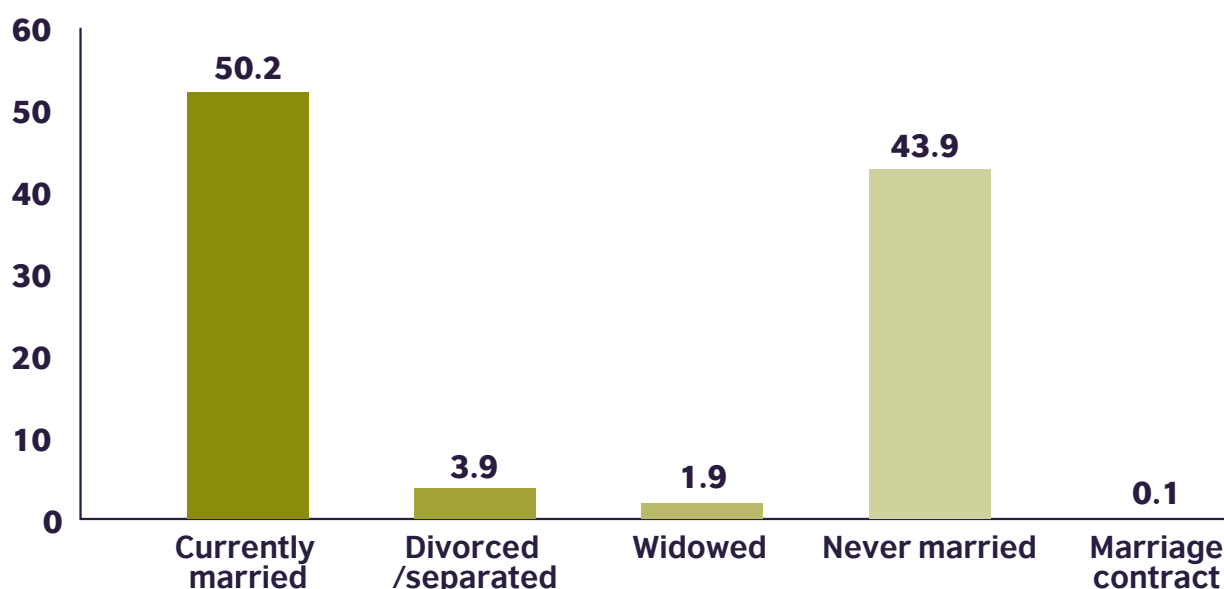


Half of the respondents were currently married and 44 percent had never been married. Divorced and separated women made up 4 percent of the survey sample. Around 2 percent were widows (**Figure 3.7**). The proportions of currently married and widowed women were significantly lower than the proportions indicated by the 2015 ECGBVS for women aged 18 - 64 (the proportions were 79 percent and 9 percent respectively in the ECGBVS), while the reverse was true for divorced/separated and never-married women (3 percent and 10 percent respectively in the ECGBVS). However, the

pattern of marital status reflected by the VAWWDS was largely expected and is not comparable with the pattern revealed by a nationally representative survey.

The low proportions of currently married and widowed women can most probably be attributed to the fact that many of those women have financial support either from their current husband or from their deceased husband's pension, and as a result they do not seek and are not entitled to receive financial assistance from the Karama programme. The reverse situation applies to never-married and divorced women.

Figure 3.7: Percent distribution of women by current marital status, Egypt 2020



Characteristics of the Survey Respondents

Table 3.5: Percent distribution of women by selected background characteristics, Egypt 2020

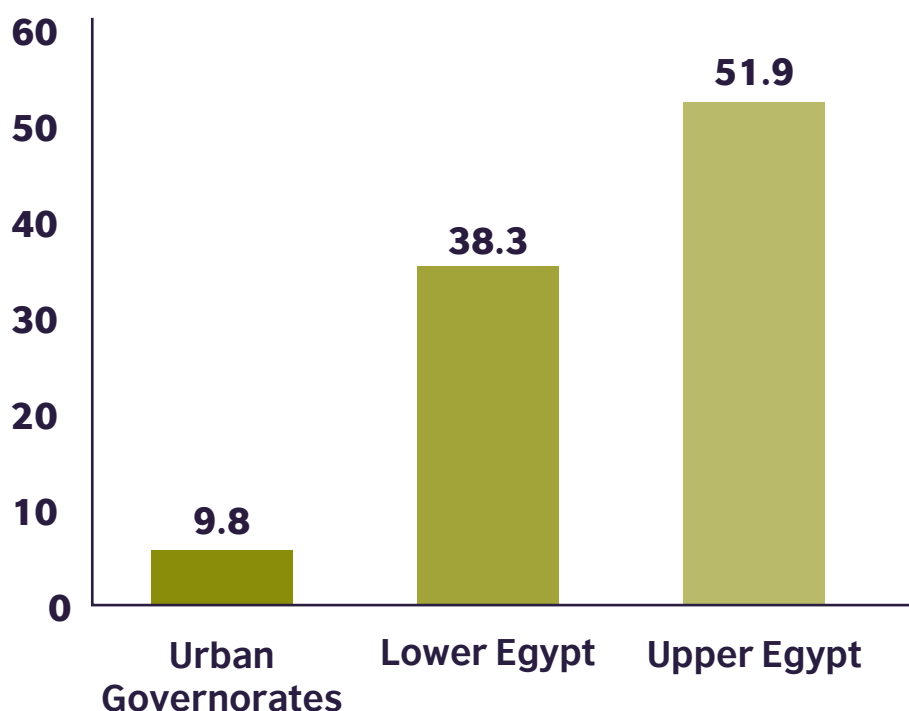
Background characteristics	Percentage	Number of women
Age		
18 - 19	4.1	232
20 - 24	11.6	649
25 - 29	11.1	623
30 - 34	13.8	775
35 - 39	13.8	773
40 - 44	10.3	579
45 - 49	9.0	508
50 - 54	8.9	500
55 - 59	9.2	514
60 - 64	6.7	375
65 +	1.5	88
Current marital status		
Currently married	50.2	2817
Divorced/separated	3.9	220
Widowed	1.9	107
Never married	43.9	2465
Marriage contract	0.1	7
Place of residence		
Urban Governorates	9.8	552
Lower Egypt	38.3	2149
Upper Egypt	51.9	2915
Governorate		
Urban Governorates		
Cairo	4.6	258
Alexandria	2.7	154
Port Said	1.3	74
Suez	1.2	66

Lower Egypt		
Damietta	1.8	103
Dakahlia	5.5	307
Sharkia	5.7	320
Kaloubia	3.9	219
Kafr-El-Sheikh	4.3	244
Gharbia	4.8	269
Menoufia	4.4	249
Behera	5.8	323
Isamilia	2.0	115
Upper Egypt		
Giza	3.6	202
Beni Suef	4.7	262
Fayoum	4.6	258
Menia	5.5	311
Assuit	4.6	260
Souhag	5.0	280
Qena	3.8	216
Luxor	9.7	583
Aswan	10.4	543
Educational attainment		
Illiterate	53.1	2980
Read and write	13.2	739
Primary/preparatory	6.7	375
Secondary/above intermediate and less than university		
university	23.4	1314
University and higher	3.7	208
Work status		
Currently working	4.5	253
Not currently working	14.9	835
Never worked	80.6	4528
Total	100.0	5616

The majority of the survey respondents were from Upper Egypt: women from this region made up 52 percent of the survey sample, compared with 38 percent from Lower Egypt and only 10 percent from the urban governorates (**Figure 3.8**). The distribution of the respondents by place of residence is

different from the distribution shown by the 2014 EDHS and the 2015 ECGBVS, in which the largest share of respondents were from Lower Egypt. The largest proportions of VAWWDS survey respondents at the governorate level were from Luxor and Aswan, with around 10 percent from each.

Figure 3.8: Percent distribution of women by place of residence, Egypt 2020

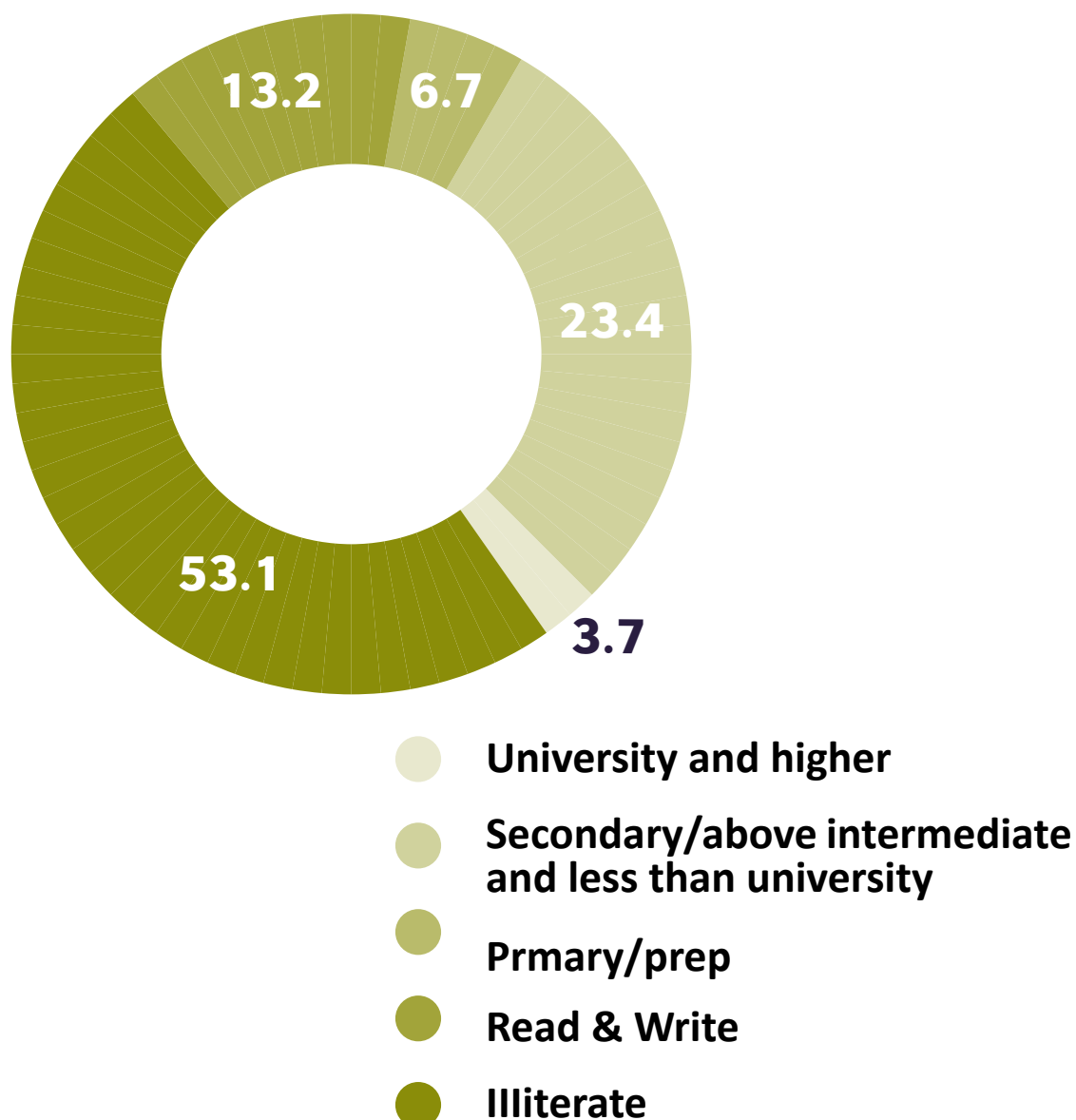


The categories of literacy status and educational level are shown in **Table 3.5**. To assess literacy status, women who had never been to school or had attended only the primary level were asked if they could read and write. Women who answered that they could not read and write were defined as illiterate.

Table 3.5 and Figure 3.9 indicate that the illiteracy rate is high among the survey respondents. Fifty-three percent of the survey respondents were illiterate, compared with the illiteracy rate among the 2015 ECGBVS survey of women aged 18 - 64 of 27 percent only. However, the high illiteracy rate among

the VAWWDS respondents was expected due to the combined effect of disability, poverty and place of residence (as noted above, most of the survey respondents were from Upper Egypt, the most disadvantaged region in the country). The second most common educational status among VAWWDS respondents was completion of at least secondary education, with a significantly lower proportion than the proportion in the 2015 ECGBVS. More than a quarter (27 percent) of VAWWDS respondents had completed at least secondary education, compared to about 46 percent of 2015 ECGBVS respondents.

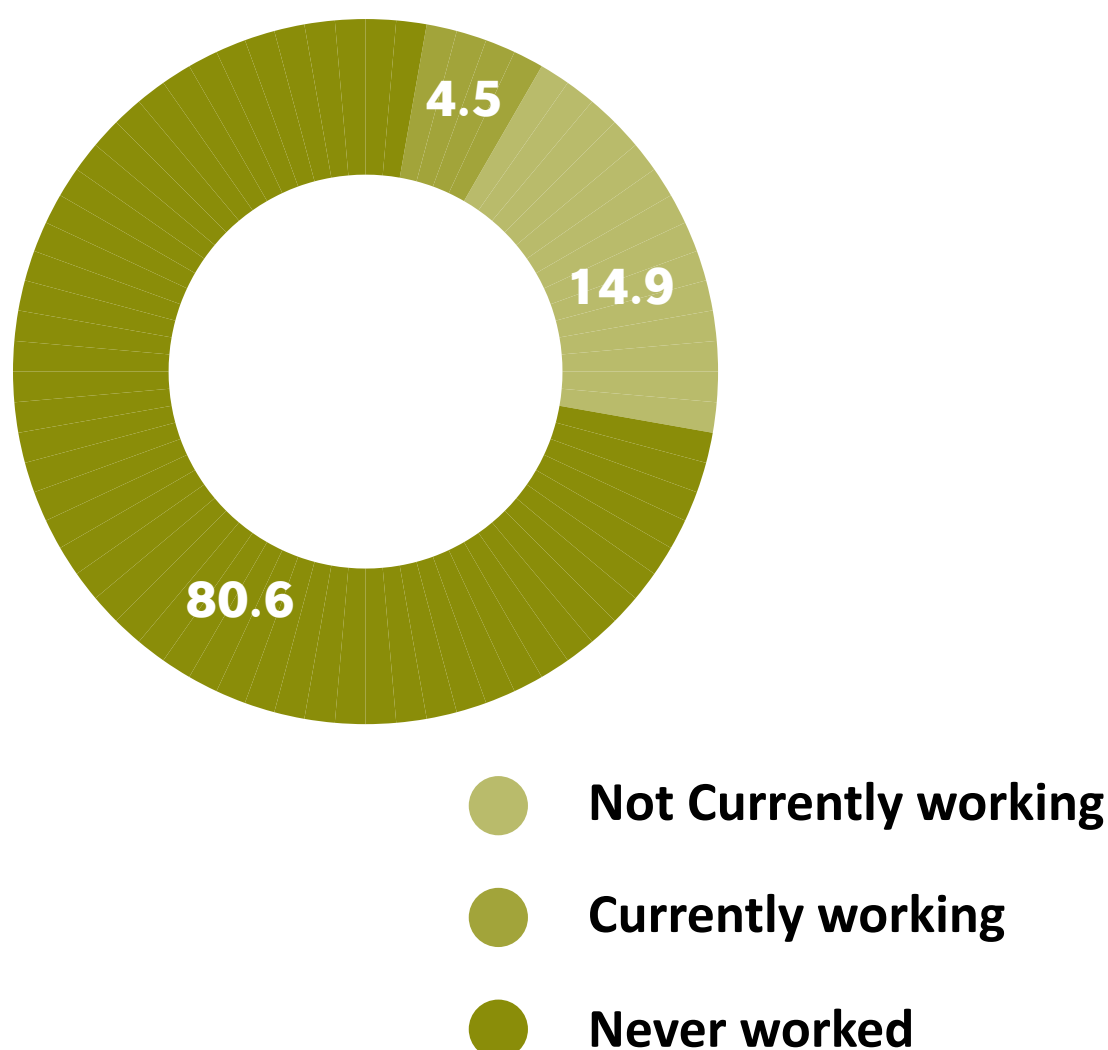
Figure 3.9: Percent distribution of women by educational attainment, Egypt 2020



Few respondents were working at the time of the survey, most in the informal sector. Five percent of the survey respondents were currently working, and 15 percent had worked in the past but were not currently working (**Table 3.5; Figure 3.10**). The

category of “currently working” included women who regularly worked prior to the time of the interview but were absent from work at the time of the interview for leave, illness, or similar reasons.

Figure 3.10: Percent distribution of women by current work status, Egypt 2020

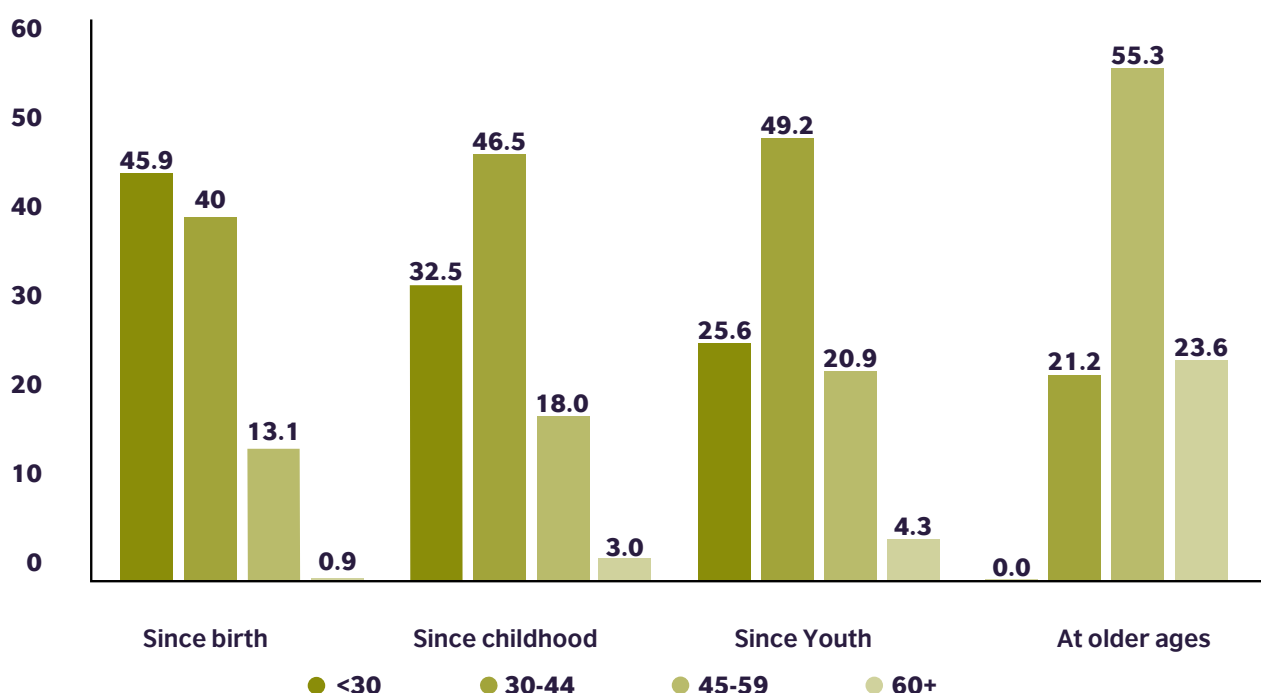


3.4.2 Background Characteristics by the Type and Onset of Women's Disabilities/impairments

Table 3.6 shows the distribution of women with the various onset timings and types of disabilities/impairments by current age, marital status and educational attainment. The table and the corresponding figures show the differences in the selected characteristics across the various types and onset ages of the respondents' disabilities/impairments.

Women who reported that they had been born with their disability/impairment were younger at the time of the survey than those whose disability had started later in their lives (**Figure 3.11**). The highest proportion of women with disability/impairment since birth were under 30 years old at the time of the survey (46 percent), followed by those in the age range 30 - 4 (40 percent). On the other hand, around 6 in 10 women (55 percent) who reported that their disability/impairment had started after their youth (at age 35+) were in the age range 45 - 59 at the time of the interview, and around a quarter (24 percent) were aged 60 or above.

Figure 3.11: Percent distribution of women by current age and age of onset of disability/impairment, Egypt 2020

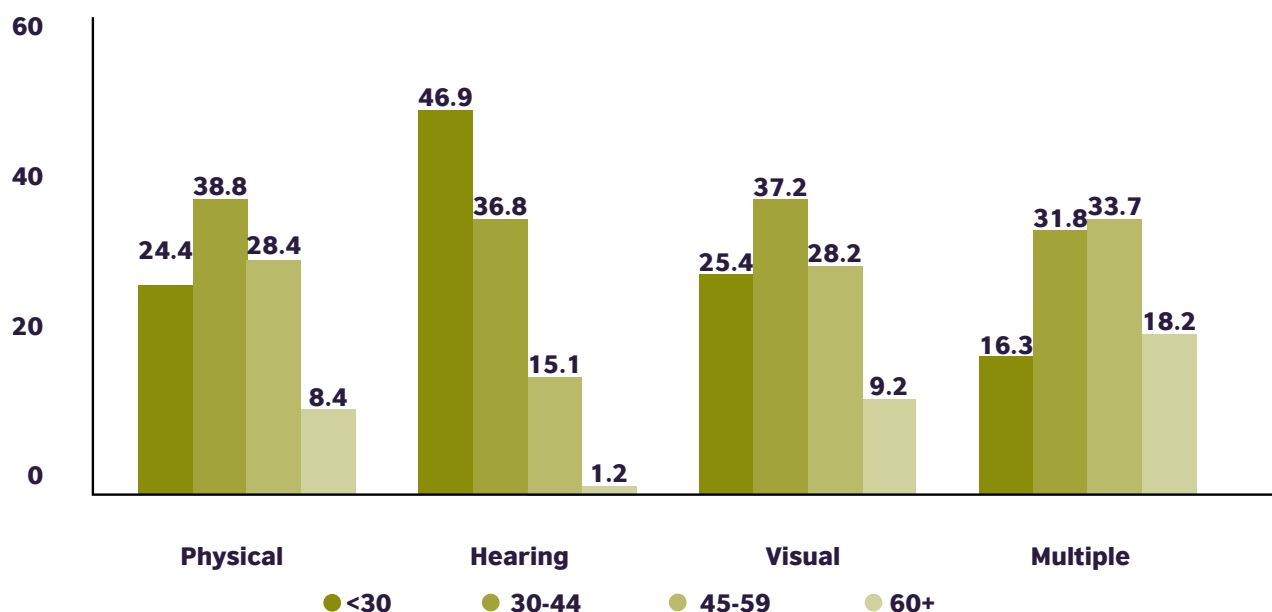


Note: “Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

Women with physical and visual disabilities/ impairments were most commonly in the age range 30 - 44 (39 percent and 37 percent respectively), followed by a pronounced margin by those aged 45 - 59 (28 percent for each type of disability). However, the age pattern was different for women with hearing disabilities/ impairments or multiple disabilities/ impairments (**Figure 3.12**). Women with hearing disabilities/ impairments were generally younger than women with other types of disabilities/ impairments, and

the reverse was evident for women with multiple disabilities/ impairments. Around 5 in 10 women (47 percent) with hearing disabilities/ impairments were under the age of 30, and the proportions of women in each age category decreased as the ages increased. For women with multiple disabilities/ impairments, more than half (52 percent) were aged 45 or above, with a considerable proportion aged 60 or above (18 percent). This finding was expected, as multiple disabilities may be developed with increasing age.

Figure 3.12: Percent distribution of women by current age and type of disability/impairment, Egypt 2020

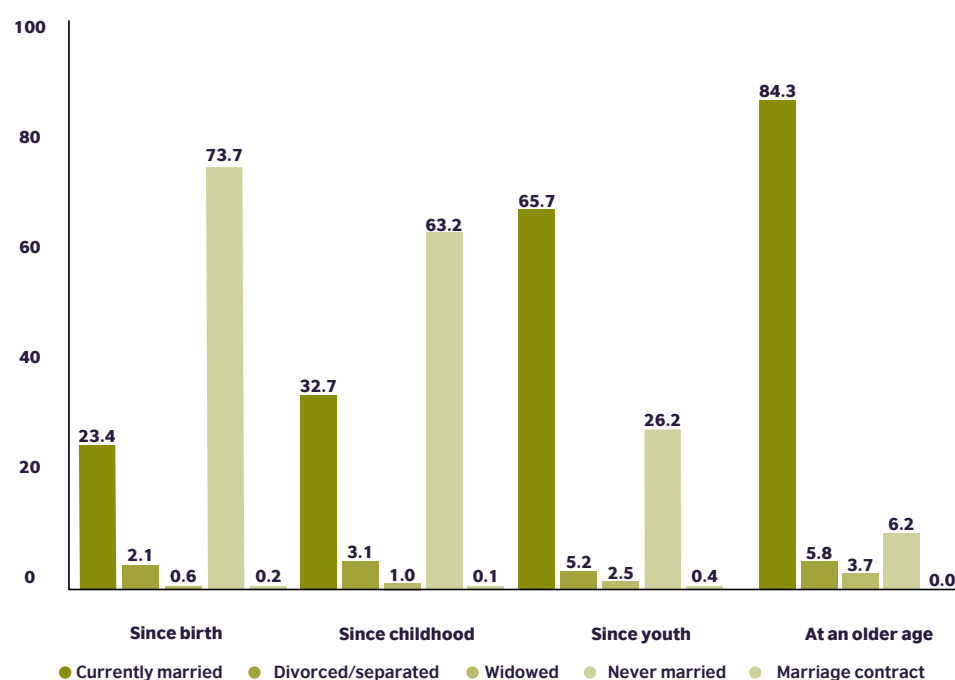


The majority of women whose disability/impairment had existed since birth or childhood, and women with hearing disabilities/impairments, had never married. This may be due to the younger age of these groups of women compared to others. Additionally, early onset of disability/impairment, or the existence of hearing disability/impairment, have a marked effect on the ability to communicate and are accordingly accompanied by social barriers. The earlier the development of the disability (genetically determined, during pregnancy, at birth or in early childhood), the more difficulties and barriers women with the disability face. This certainly affects their chances to develop social relationships and hence decreases marriage opportunities.

Around three quarters of women whose disability/impairment has existed since

birth (74 percent) and two thirds (63 percent) whose disability/impairment had occurred during childhood had never married (**Figure 3.13**). The comparable figures for currently married women were around one quarter (24 percent) and one third (33 percent) respectively. Similarly, around 63 percent of women with hearing disabilities/impairments had never married compared to only one third (33 percent) who were currently married (**Figure 3.14**). On the other hand, the vast majority of women whose disability/impairment has begun during or after their youth were currently married. Around 84 percent of women whose disability/impairment had begun when they were 35 years old or more, and two thirds of women whose disability/impairment had occurred during their youth (66 percent), were currently married.

Figure 3.13: Percent distribution of women by current marital status and age of onset of disability/impairment, Egypt 2020



Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Women with visual disabilities/impairments were more likely to be currently married than women with other types of disabilities/impairments (**Table 3.6; Figure 3.14**).

Figure 3.14: Percent distribution of women by current marital status and type of disability/impairment, Egypt 2020

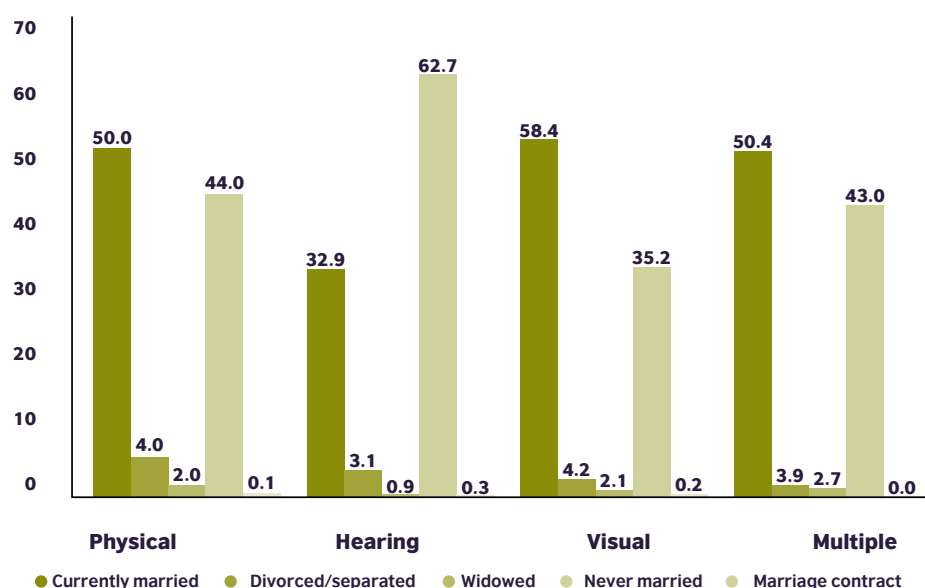


Table 3.6: Percent distribution of women by selected background characteristics and onset and type of disability/impairment, Egypt 2020

Selected background characteristics	Onset of the disability/impairment				Type of the disability/impairment			
	Since birth	Since childhood	Since youth	At older ages	Physical	Hearing	Visual	Multiple
Age								
<30	45.9	32.5	25.6	0.0	24.4	46.9	25.4	16.3
30 - 44	40.0	46.5	49.2	21.2	38.8	36.8	37.2	31.8
45 - 59	13.1	18.0	20.9	55.3	28.4	15.1	28.2	33.7
60+	0.9	3.0	4.3	23.6	8.4	1.2	9.2	18.2
Current marital status								
Currently married	23.4	32.7	65.7	84.3	50.0	32.9	58.4	50.4
Divorced/separated	2.1	3.1	5.2	5.8	4.0	3.1	4.2	3.9
Widowed	0.6	1.0	2.5	3.7	2.0	0.9	2.1	2.7
Never married	73.7	63.2	26.2	6.2	44.0	62.7	35.2	43.0
Marriage contract	0.2	0.1	0.4	0.0	0.1	0.3	0.2	0.0
Educational attainment								
Illiterate	50.7	46.2	38.8	70.3	52.8	48.4	53.7	64.3
Read and write	10.0	17.2	12.3	14.1	15.2	7.3	10.6	14.7
Primary/preparatory	7.3	6.8	10.8	3.5	6.4	10.6	6.0	4.3
Secondary/above intermediate and less than university	27.6	24.8	33.1	11.2	21.9	31.7	24.9	14.0
University and higher	4.4	5.0	5.1	0.9	3.6	2.0	4.8	2.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1839	1259	983	1558	3323	641	1394	258

Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

In terms of educational attainment, the most common status among the women interviewed was an inability to read or write, regardless of the timing of onset or type of their disability/impairment. However, pronounced variations were observed among the various sub-groups.

Women whose disability/impairment has begun at 35 years or older, and women with multiple disabilities/impairments, had the highest rates of illiteracy (70 percent and 64 percent respectively). This may be attributed to the older ages of the women in these categories compared to the other women

Characteristics of the Survey Respondents

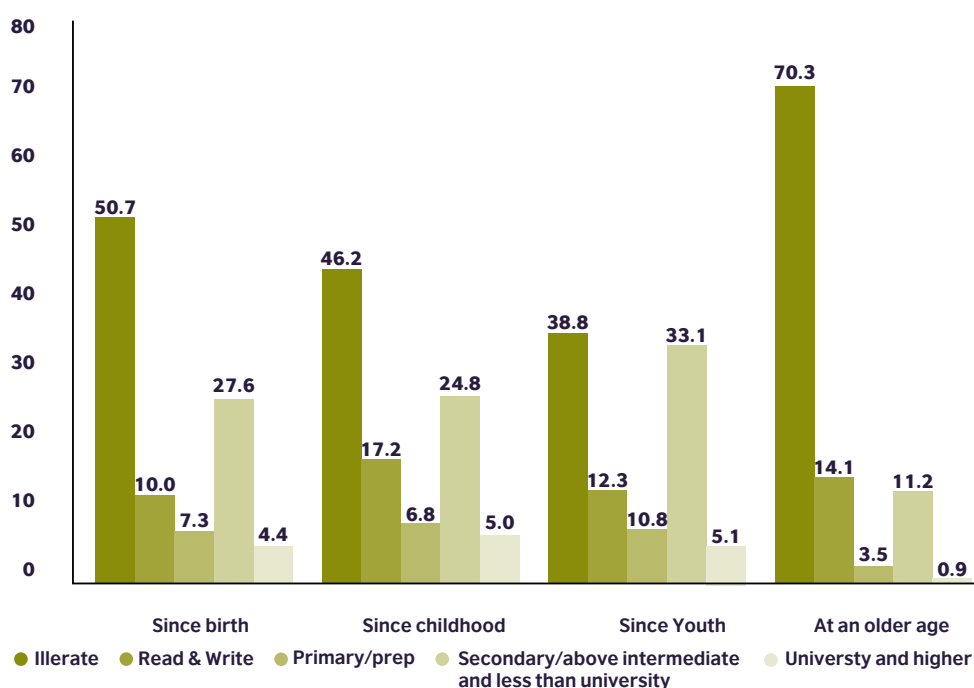
in the sample, as the younger generations in Egypt are better educated than the older generations.

The lowest rate of illiteracy and the highest proportion of women who had completed secondary education or more were found among women whose disability/impairment had occurred during their youth. The level of illiteracy among women whose disability/impairment had existed since their youth was 12 percentage points lower than their counterparts who were born with the disability/impairment (39 percent versus 51 percent respectively). In addition, the proportion of women who had had a disability since youth and who completed secondary education or above (a category that includes those who had two years of post-secondary education, but not higher education) was 5 percentage points

higher than the proportion among women who had had their disability/impairment since birth (33 percent and 28 percent respectively) (**Figure 3.15**). This finding seems logical, as many of these women had most probably finished their education before they acquired their disability.

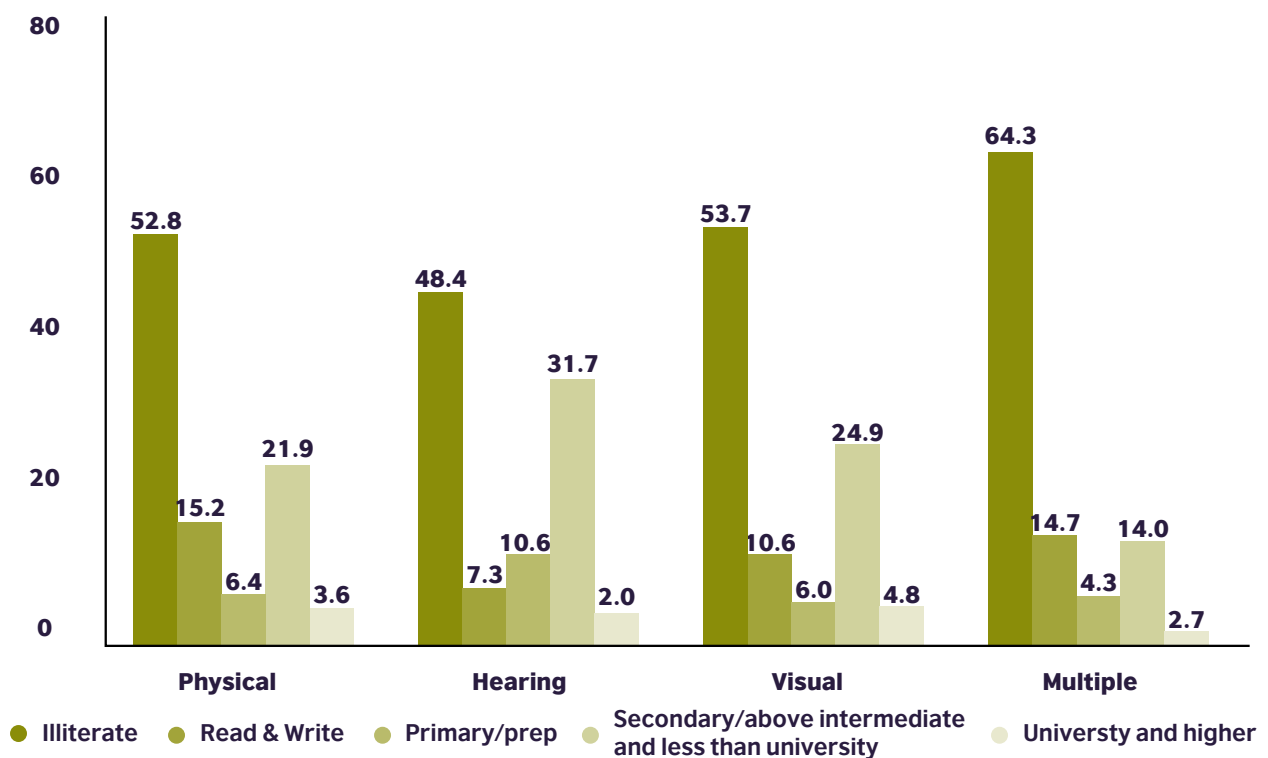
The proportions of women who had enrolled in school and completed their education were higher among women with hearing disabilities/impairments than other women in the survey sample (**Figure 3.16**). This may be attributed to the younger ages of women with hearing disabilities than women with other types of disabilities/impairments, and hence their better chances of education. Approximately 48 percent of women with hearing disabilities/impairments were illiterate, while around one third (32 percent) had completed secondary education.

Figure 3.15: Percent distribution of women by educational attainment and onset of disability/impairment, Egypt 2020



Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 3.16: Percent distribution of women by educational attainment and type of disability/impairment, Egypt 2020



3.5 Sense of Self-Esteem and Self-Confidence

High self-esteem and self-confidence can bring about many positive outcomes and benefits. They are integral to an individual's sense of their own value (Fox & Corbin, 1989; Sonstroem, 1997). People with low self-esteem or self-confidence often lapse into a mental state where they experience weakness, and this leads to further self-degradation. These people stay in their comfort zone, fearing failure and avoiding risk, and hence become vulnerable to adverse outcomes.

The VAWWDS accordingly assessed women's self-esteem and self-confidence. To do so, the women were asked two questions, affirmative answers to which are judged to function as proxies for these qualities: "Do you believe that you have good skills that other people may not have?" which relates

to self-esteem, and: "Do you believe that you are doing things you are proud of and other people are not capable of doing?" which relates to self-confidence.

The responses of the women according to the type, onset timing, and intensity of their disability/impairment are shown in **Table 3.7**. The results reflect low levels of self-esteem and self-confidence among the survey respondents: only 23 percent were assessed to have self-esteem and just over a quarter (27 percent) had self-confidence.

Women who had had their disability/impairment since birth or childhood and those with hearing disabilities/impairments had higher levels of self-esteem and self-confidence than other women. By contrast, women whose disability/impairment had occurred when they were 35 or above and women with multiple disabilities/impairments were the least likely to have a sense of self-esteem or self-confidence.

Characteristics of the Survey Respondents

Table 3.7: Percentage of women displaying self-esteem and self-confidence by age of onset, type and intensity of disability/impairment, Egypt 2020

Type, onset and intensity of the disability/impairment	Percentage of women who believe that they have good skills that other people do not (Self-esteem)	Percentage of women who believe that they are doing things they are proud of and other people are not capable to do (Self-confidence)	Number of women
Onset of the disability/impairment			
Since birth	28.2	29.4	1839
Since childhood	29.5	33.0	1259
Since youth	20.5	26.3	983
At older ages	13.0	20.7	1558
Type of the disability/impairment			
Physical	22.8	28.0	3323
Hearing	35.6	30.0	641
Visual	18.7	25.4	1394
Multiple	16.3	21.7	258
Intensity of the disability/impairment			
Difficulty seeing, even if wearing glasses			
No difficulty	25.9	27.8	2596
Some difficulty	21.3	27.8	1602
Moderate disability (a lot of difficulty)	17.1	24.6	1120
Severe disability (cannot do at all)	27.5	29.5	298
Difficulty hearing, even if using hearing aid			
No difficulty	22.3	27.0	4231
Some difficulty	20.0	28.1	734
Moderate disability (a lot of difficulty)	31.7	34.5	325
Severe disability (cannot do at all)	29.4	21.8	326
Difficulty communicating with others (e.g., understanding or being understood)			
No difficulty	22.5	27.7	4435
Some difficulty	20.2	25.8	625
Moderate disability (a lot of difficulty)	30.8	27.8	474
Severe disability (cannot do at all)	19.5	13.4	82
Difficulty hearing, even if using hearing aid			
No difficulty	22.3	27.0	4231
Some difficulty	20.0	28.1	734
Moderate disability (a lot of difficulty)	31.7	34.5	325
Severe disability (cannot do at all)	29.4	21.8	326

Difficulty walking or climbing steps			
No difficulty	30.2	31.6	1270
Some difficulty	22.0	27.9	1393
Moderate disability (a lot of difficulty)	20.9	25.6	2233
Severe disability (cannot do at all)	18.2	23.8	720
Difficulty using hands and fingers for picking things such as buttons or pencil or opening or closing cans or bottles			
No difficulty	26.5	28.8	2841
Some difficulty	18.5	25.1	1536
Moderate disability (a lot of difficulty)	21.4	27.7	1003
Severe disability (cannot do at all)	15.7	21.2	236
Difficulty with self-care such as washing all over or dressing			
No difficulty	28.4	31.5	2648
Some difficulty	19.3	25.3	1737
Moderate disability (a lot of difficulty)	16.5	21.2	930
Severe disability (cannot do at all)	15.3	20.9	301
Total	22.9	27.3	5616

Note: “Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

Around 3 in 10 women who reported that their disability/impairment occurred when they were children exhibited a sense of self-esteem and one third exhibited self-confidence, compared with only 13 percent and 21 percent respectively for women whose disability/impairment occurred at older ages. Thirty-six percent of women with hearing disabilities/impairments had a sense of self-esteem and 3 in 10 women (30 percent) showed self-confidence. Among women with multiple disabilities/impairments 16 percent showed self-esteem and 22 percent self-confidence (**Figure 3.17; Figure 3.18**). These findings may indicate that women’s sense of self-esteem

or self-confidence is inversely correlated with their age (as indicated above, women whose disabilities/impairments occurred since birth or childhood and women with hearing disabilities/impairments are younger than other women in the survey sample, and the reverse is true for women whose disabilities/impairments occurred at older ages and those with multiple disabilities/impairments). This finding might also indicate that the type of disability/impairment per se can affect women’s sense of self-esteem and self-confidence. For example, multiple disabilities/impairments may create a sense of weakness as many of the women in this category are not able to do basic tasks.

Characteristics of the Survey Respondents

Figure 3.17: Percentage of women who displayed self-esteem¹ and self-confidence² according to age of onset of disability/impairment, Egypt 2020

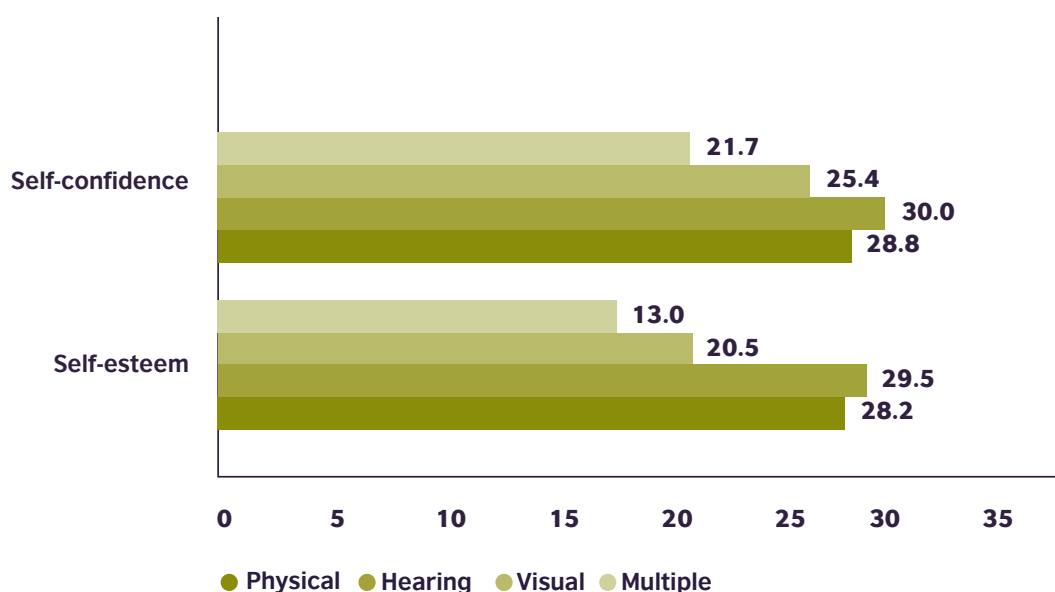


Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

¹ Measured by whether a woman believes that she has good skills that other people may not.

² Measured by whether a woman believes that she is doing things she is proud of and other people cannot do

Figure 3.18: Percentage of women who displayed self-esteem¹ and self-confidence² according to type of disability/impairment, Egypt 2020



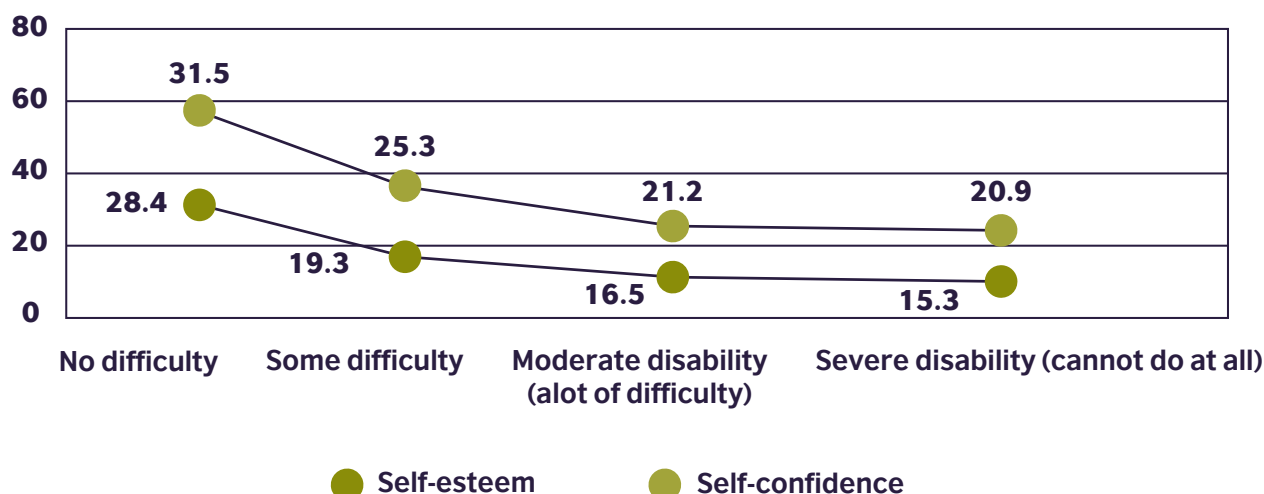
¹ Measured by whether a woman believes that she has good skills that other people may not.

² Measured by whether a woman believes that she is doing things she is proud of and other people cannot do.

Women with severe disabilities were less likely to have a sense of self-esteem or self-confidence than women with other degrees of intensity in most cases (**Table 3.7**). Levels

of self-esteem and self-confidence were inversely correlated with the intensity of difficulty in self-care tasks such as washing all over or dressing (**Figure 3.19**).

Figure 3.19: Percentage of women who displayed self-esteem¹ and self-confidence² according to their intensity of difficulty with self-care, Egypt 2020



¹ Measured by whether a woman believes that she has good skills that other people do not.

² Measured by whether a woman believes that she is doing things she is proud of and other people are not capable of doing.

3.6 Conclusion

Women with disabilities/impairments who are Karama programme beneficiaries face multiple layers of discrimination. In addition to their disabilities/impairments and poverty, they have a high rate of illiteracy, much higher than the average for women in general at the national level. This is concerning, given that women with disabilities are in particular need of being able to support themselves financially, and obtaining an education is therefore especially important for them. The international research suggests that

educating women with disabilities will allow them to treat their disabilities as an «inconvenience» rather than a handicap (Chambers, 1995, cited in Hagrass, 2004).

In addition, most women with disabilities who are Karama programme beneficiaries are from Upper Egypt, the most disadvantaged region of the country. The respondents also display low levels of self-confidence and self-esteem. These multiple challenges can increase the discrimination they face, and their marginalization and vulnerability to violence.



Chapter 4:

Autonomy in General Health Care and Reproductive Health Care Decision-making

Key findings

Women's autonomy in health care decision-making is extremely important for better health outcomes, and is a central component to achieve reproductive well-being. However, studies show that for women with disabilities their autonomy is limited. They have little to no control over their health decisions and are denied the right to make decisions about their reproductive health. The key findings from the survey highlights the respondents autonomy in health care and reproductive health care decision-making, and also their autonomy within family planning and childbearing preferences.

Key findings

- Just over a half of the 2020 VAWWDS respondents (54 percent) were the main decision makers concerning their own general health care.
- Eighty percent of currently married women had decision-making autonomy (they made decisions alone or jointly with their husbands) over their own reproductive health care.
- Women's decision-making autonomy over their general health care and their reproductive health care is higher among older generations.
- Fifty-six percent of married women aged 18 - 49 currently use family planning methods.
- The majority of ever-married women (aged 18 or above) have used family planning methods at some point (78 percent), regardless of the age of onset of their disability/impairment, or its type.
- The respondents have high levels of autonomy regarding family planning use; the majority of ever users made the decision to use contraception alone or jointly with their husbands (92 percent).
- Women whose disabilities/impairments had existed since birth, and those with hearing disabilities/impairments, had lower levels of decision-making autonomy over their own general health care, reproductive health care and family planning use.
- Exposure to pressure or violence to use or not use contraception was not common among the respondents.
- A high concurrence between the respondents and their husbands regarding childbearing desires was observed.
- A large percentage of women who wanted to have a child at any point in their lifetime, but whose husbands did not, were coerced by their husbands not to have children. Forty-six percent of their husbands coerced them through pressure or violence (through beating or threats of divorce). Two percent were exposed to pressure from their in-laws.
- Among women who had not wanted children, but were made to give birth, had their husbands satisfaction as their main motive (reported by 61%).
- Among women who had not wanted children but had gone on to bear children, 12 percent reported that their husbands' pressure or violence was a reason for not implementing their preference and 2 percent cited in-laws' pressure as the reason..

Women's autonomy in health care decision-making is extremely important for better health outcomes. Women's decision-making power regarding reproductive health rights is the central component to achieve reproductive well-being. However, women's inequitable status in society limits their autonomy in decision making about health care-seeking (Osamor and Grady, 2016). This might be amplified for women with disabilities. Evidence from other countries suggested that women with disabilities have limited autonomy and control over their health decisions, and are denied the right to make decisions about their reproductive health (e.g. Rodriguez, 2015; Inter-American Development Bank, 2019). This represents significant oppression and humiliation for women with disabilities.

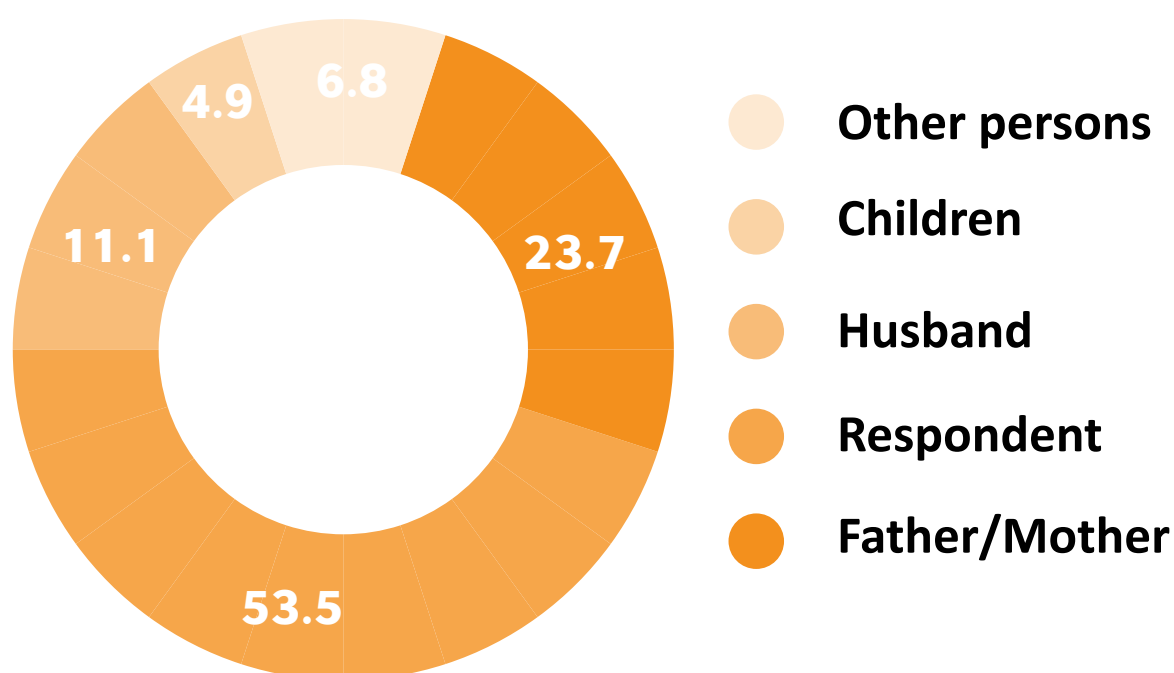
Within this context, the 2020 VAWWDS assessed to what extent the survey respondents have the decision-making autonomy regarding their own health care

and reproductive health care. The survey investigated also women's experience of family planning and childbearing preference and behaviors and whether they were subjected to any pressure or violence to not practicing their reproductive health rights. The results of this assessment are presented in this chapter.

4.1 General health care

To assess women's decision-making autonomy regarding their own health care, the 2020 VAWWDS asked all the women who usually makes the decisions regarding their general health care. Fifty-four percent of the survey respondents reported that they mainly make the decisions over their own health care (**Table 4.1**). The mother/father of the respondent usually makes the decisions regarding health care for around a quarter (24 percent) of the women, while the husband is the main decision maker for 11 percent of women (**Figure 4.1**).

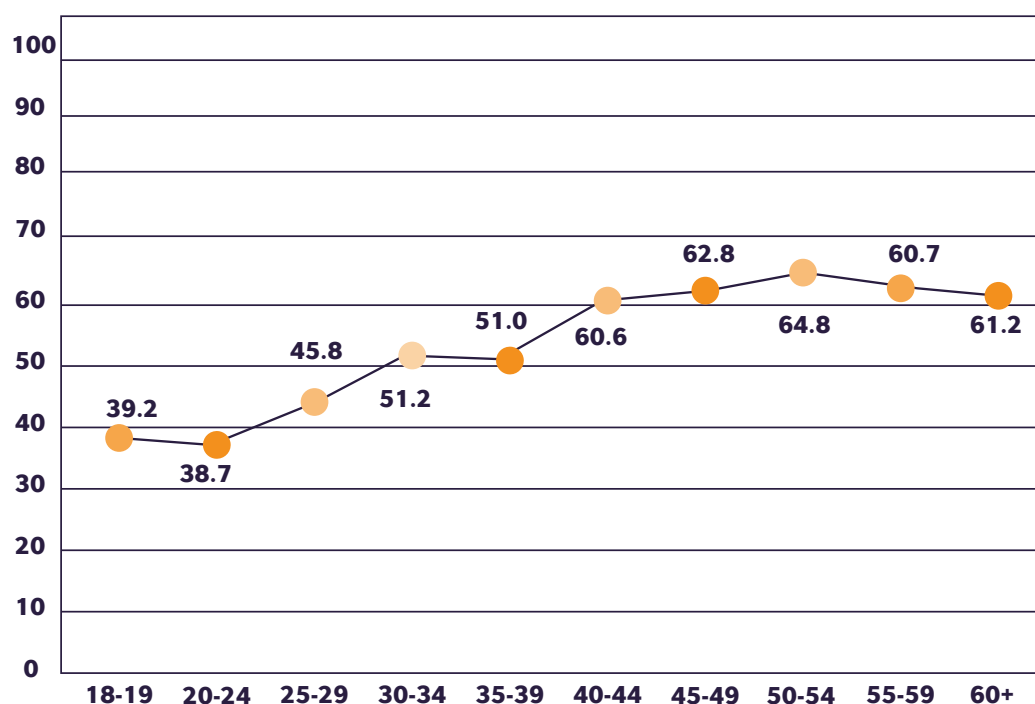
Figure 4.1: Percent distribution of women by the main person who makes decisions regarding their general health care, Egypt 2020



Women's autonomy in decision-making regarding their own health care is positively associated with their age, reaching its peak among women aged 50 - 54 and then declining slightly. A considerable proportion of women report that their offspring are the main decision makers regarding their

mothers' health care. The proportion of women who make their own decisions regarding their health care increases from 39 percent among women aged 18 - 19 to 65 percent for women in the age range 50 - 54, then declines to 61 percent for women aged 55 years or above (**Figure 4.2**).

Figure 4.2: Percentage of women who usually make decisions regarding their own health care, by current age, Egypt 2020



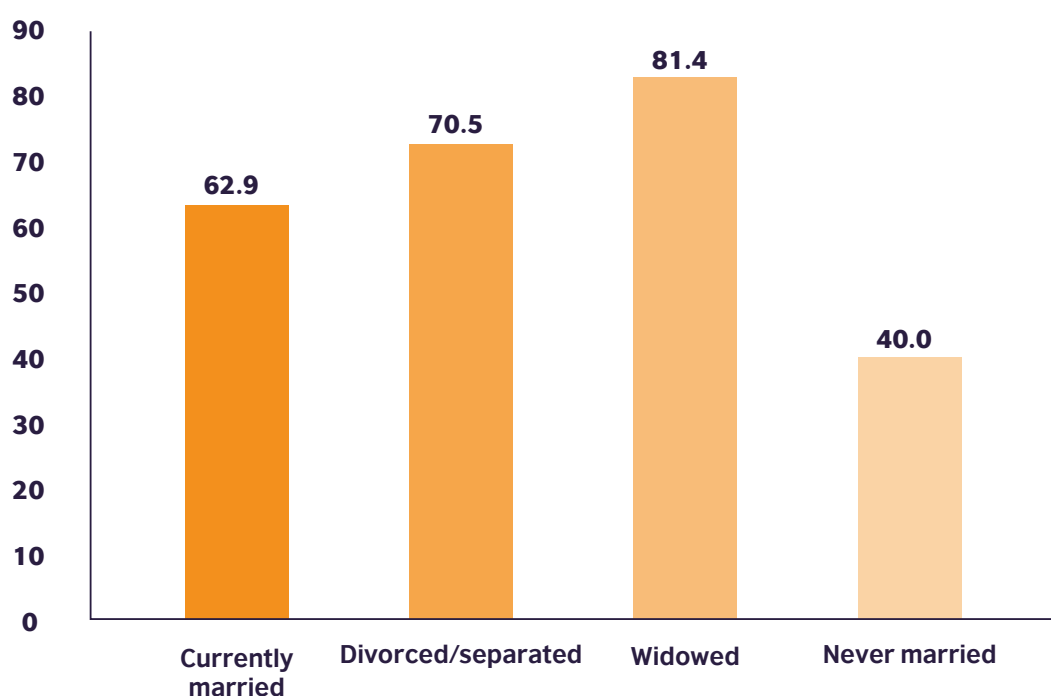
As shown in **Table 4.1**, 19 percent of women aged 55 - 59 and 16 percent of women aged 60 or above indicated that their children usually make the decisions regarding their health care. This finding was expected, as many elderly women are most probably looked after by their adult children. As expected, the role of a woman's parents in the decision-making process decreases as her age increases.

Among the marital status categories, widowed women were the most likely to have the decision-making authority for their own health care. More than 80 percent of widows reported that they were the main decision makers regarding their own health

care (**Figure 4.3**). On the other hand, never-married women were the least likely to have autonomy over their own health care (only 40 percent). This may be due to the concentration of never-married women at younger ages, while the reverse is true for widowed women. A parent was the main decision maker for health care for the highest proportion of never-married women (50 percent).

Around 7 in 10 divorced/separated women and approximately two thirds of currently married women (63 percent) had the authority of decision-making over their own health care. The woman's husband was the main decision-maker for 22 percent of respondents.

Figure 4.3: Percentage of women who usually make decisions regarding their general health care, by current marital status, Egypt 2020



Unexpectedly, the proportion of women who reported that they usually make the decisions concerning their health care on their own was higher in Upper Egypt (58 percent) than in Lower Egypt and the urban governorates (**Table 4.1**). The proportion in Upper Egypt was 11 percentage points higher than the proportion in Lower Egypt (47 percent) and about 4 percentage points higher than that in the urban governorates (54 percent). There are no noticeable differences in the age structure among the three regions (**as indicated by Table B.1 in Annex B**) that could provide an explanation for this finding.

The relationship between a woman's educational attainment and their autonomy over decision-making regarding their own health care is not precisely correlated (**Figure 4.4**). However, there are linkages; for example, illiterate women and those with just primary/preparatory education

are the least likely to have the authority in decision-making (50 percent of each) on their general health care, while the reverse is true for highly educated women (those who have an university education or more). In addition, the ability of women to read and write seems to have remarkable influence on their authority over decision-making. The proportion of women who could read and write and who were the main decision makers regarding their health care was 10 percentage points higher than their counterparts who were illiterate, and those who had primary/preparatory education (a higher level of educational attainment), and was even higher than among women with secondary or above intermediate education.

Women who displayed self-esteem or self-confidence were more likely to make decisions regarding their own health care than women who did not have these qualities (**Figure 4.5**).

Figure 4.4: Percentage of women who are the main decision makers regarding their own health care, by educational attainment, Egypt 2020

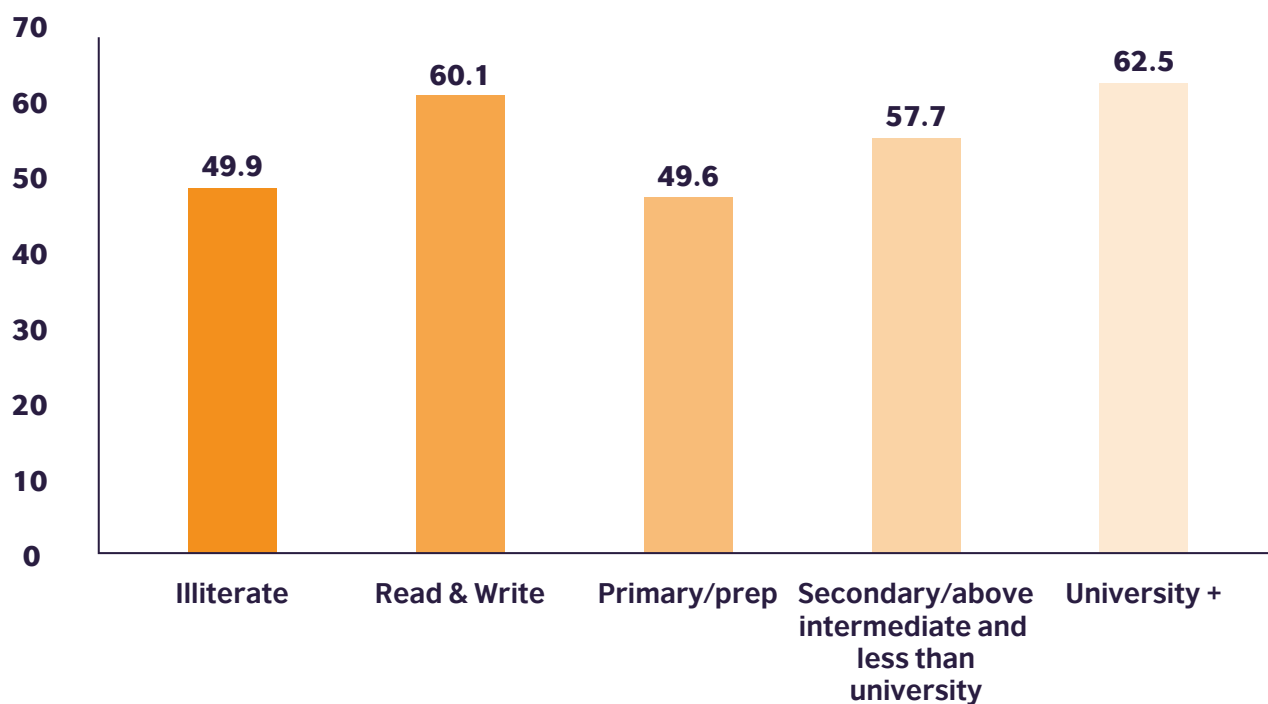
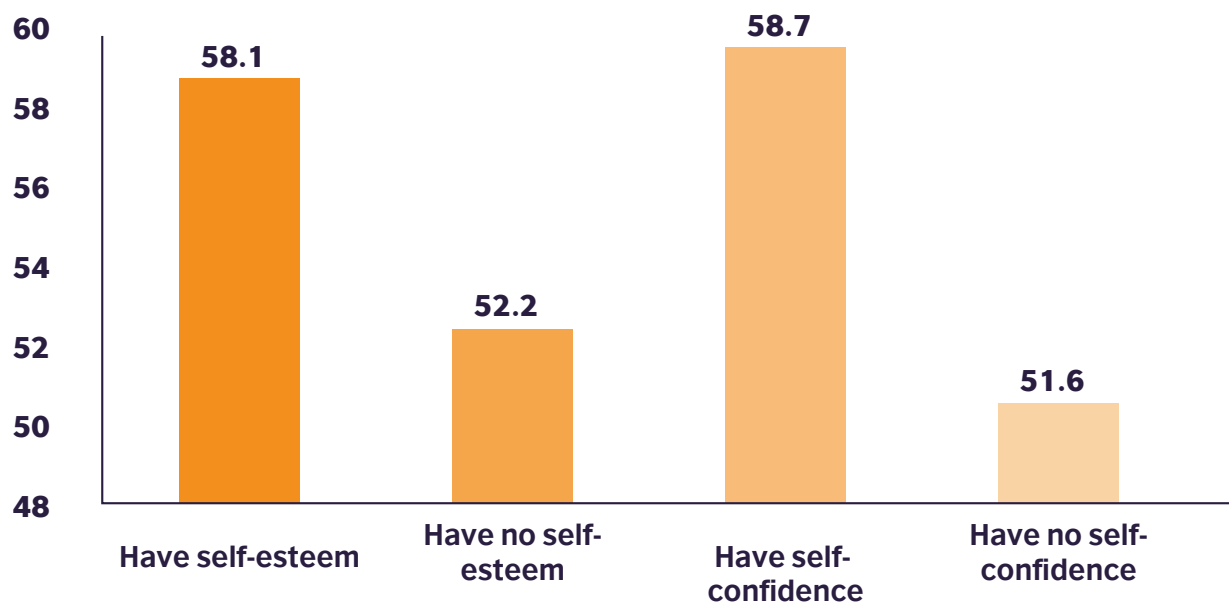


Figure 4.5: Percentage of women who are the main decision makers regarding their own health care, according to whether they display self-esteem¹ and self-confidence,² Egypt 2020



¹ Measured by whether a woman believes that she has good skills that other people do not.

² Measured by whether a woman believes that she is doing things she is proud of and other people are not capable of doing.

Women with hearing disabilities/ impairments or multiple disabilities/ impairments are much less likely to make decisions regarding their own health care than women with physical or visual disabilities/ impairments. The proportion of women who usually make the decisions regarding their own health care among women with hearing or multiple disabilities/ impairments was 45 percent and 44 percent respectively, while the comparable figures for women with physical or visual disabilities/ impairments were 54 percent and 58 percent (**Figure 4.6**). This finding was expected for women with hearing disabilities/ impairments as most of them are younger (**see Chapter 3**), a factor which is associated with lower levels of decision-making autonomy over their health care. Moreover, the poor ability of women with hearing disabilities to communicate with others and to express their own opinions may have a direct negative effect on

decision-making. Nonetheless, the older ages of women with multiple disabilities/ impairments compared to other women (**see Chapter 3**) does not seem to be a determinant for their autonomy in decision-making. It seems that other factors, such as their higher level of illiteracy and lower levels of self-confidence and self-esteem (**see Chapter 3**) contributed to their relatively low level of autonomy in decision-making regarding their own health care. Such factors may particularly affect women with multiple disabilities/ impairments and limit their trust and capacity to make decisions regarding their own concerns.

The higher level of women's autonomy in decision-making over their own health care among women with visual disabilities/ impairments and those with physical disabilities/ impairments might reflect their better ability to communicate, discuss and argue.

Figure 4.6: Percentages of women who are the main decision makers regarding their own health care, by type of disability/impairment, Egypt 2020

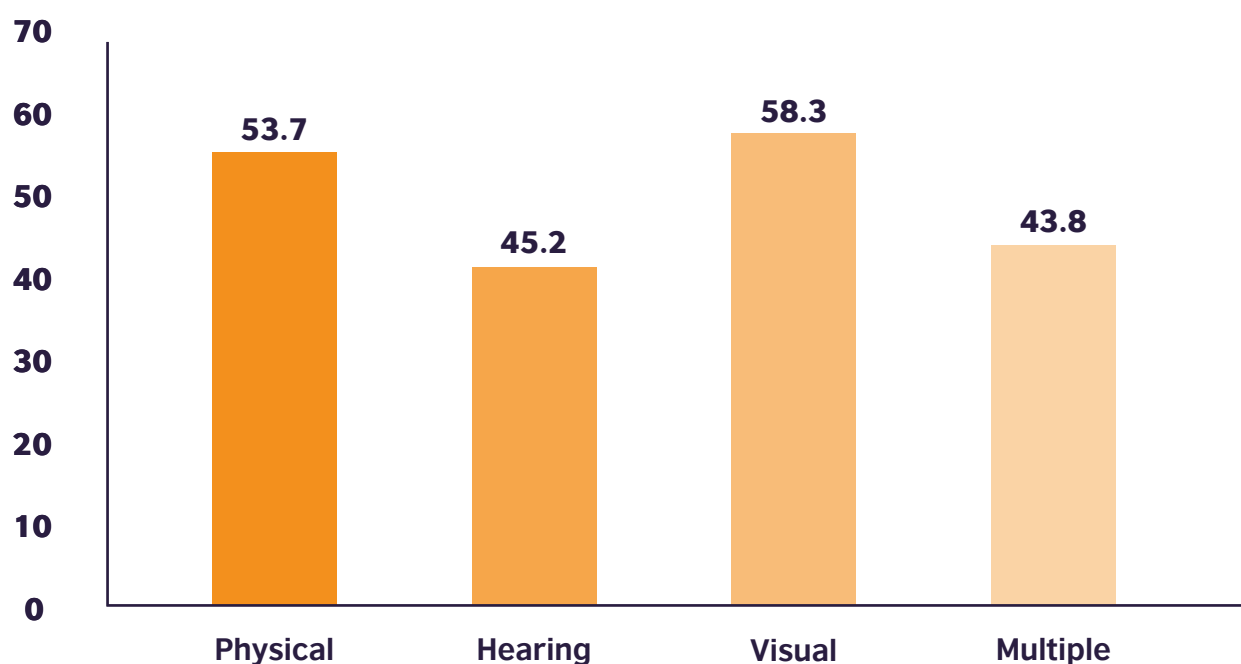


Table 4.1: Percent distribution of women by the person who usually makes decisions regarding their general health care, by selected characteristics and type of disability/impairment, Egypt 2020

Women's characteristics & type of disability/impairment	Person who usually takes the decision					Total	
	Father/mother	Respondent	Husband	Children (males & females)	Other persons	%	Number of women
Age							
18 - 19	58.2	39.2	1.3	0.0	1.3	100.0	232
20 - 24	53.9	38.7	3.7	0.0	3.7	100.0	649
25 - 29	39.5	45.8	6.9	0.2	7.6	100.0	623
30 - 34	29.5	51.2	12.9	0.1	6.3	100.0	775
35 - 39	26.1	51.0	13.6	0.8	8.5	100.0	773
40 - 44	16.8	60.6	11.2	4.0	7.4	100.0	579
45 - 49	9.1	62.7	13.2	6.5	8.5	100.0	508
50 - 54	2.6	64.8	16.0	8.2	8.3	100.0	500
55 - 59	2.1	60.7	13.2	18.5	5.5	100.0	514
60+	0.9	61.2	15.3	16.4	6.2	100.0	463
Current marital status							
Currently married	2.9	62.9	22.1	8.3	3.8	100.0	2817
Divorced/separated	13.2	70.5	0.0	10.9	5.4	100.0	220
Widowed	0.9	81.4	0.0	16.8	0.9	100.0	107
Never Married	49.8	40.0	0.0	0.0	10.2	100.0	2465
Marriage contract	*	*	*	*	*	*	7
Place of residence							
Urban governorates	26.8	54.0	7.6	6.3	5.3	100.0	552
Lower Egypt	26.6	46.8	14.2	4.6	7.7	100.0	2149
Upper Egypt	21.1	58.3	9.6	4.9	6.1	100.0	2915
Educational attainment							
Illiterate	22.7	49.9	11.2	7.4	8.8	100.0	2980
Read and write	20.7	60.1	9.7	4.6	4.9	100.0	739
Primary/ preparatory	32.0	49.6	12.5	1.1	4.8	100.0	375
Secondary/ above intermediate and less than university	25.1	57.7	11.8	1.2	4.2	100.0	1314
University and higher	26.8	62.5	8.7	0.0	2.0	100.0	208
Women believe that they have good skills that other people may not have (self-esteem)							
Yes	26.9	58.0	6.3	2.2	26.9	100.0	1288
No	22.8	52.1	12.6	5.7	22.8	100.0	4328

Women believe that they are doing things they are proud of and other people cannot do (Self-confidence)							
Yes	24.0	58.6	8.4	2.9	6.1	100.0	1532
No	23.7	51.5	12.2	5.7	6.9	100.0	4084
Type of women's disability							
Physical	22.9	53.7	11.7	5.1	6.6	100.0	3323
Hearing	38.4	45.3	4.7	1.2	10.4	100.0	641
Visual	18.2	58.3	12.7	5.5	53	100.0	1394
Multiple	27.9	43.8	11.6	8.5	8.2	100.0	258
Total	23.7	53.5	11.1	4.9	6.8	100.0	5616

4.2 Reproductive health care

The survey also asked currently married women who usually makes decisions regarding their reproductive health care, such as receiving antenatal/delivery care, postnatal care, family planning and treatment of vaginitis.

It is worth noting that currently married women who responded that they make decisions regarding their own reproductive health, alone or jointly with their husbands, are considered to have decision-making autonomy in this regard (e.g. El-Zanaty and Way, 2015a).

The responses to the question are provided in **Table 4.2** and are stratified by selected

characteristics of the survey respondents and the type of disability/impairment they have. As shown in the table, women's participation in decision-making regarding their own reproductive health care was relatively high. Eighty percent of currently married women have decision-making autonomy over their own reproductive health care (they make the decisions on their own or jointly with their husbands). The husband alone is the main decision maker regarding his wife's reproductive health care for 16 percent of currently married women (**Figure 4.7**). The high level of women's autonomy over their reproductive health is evident across categories of respondents with different characteristics, and across different types of disabilities/impairments.

Figure 4.7: Percent distribution of currently married women according to the person who makes decisions regarding their reproductive health care, Egypt 2020

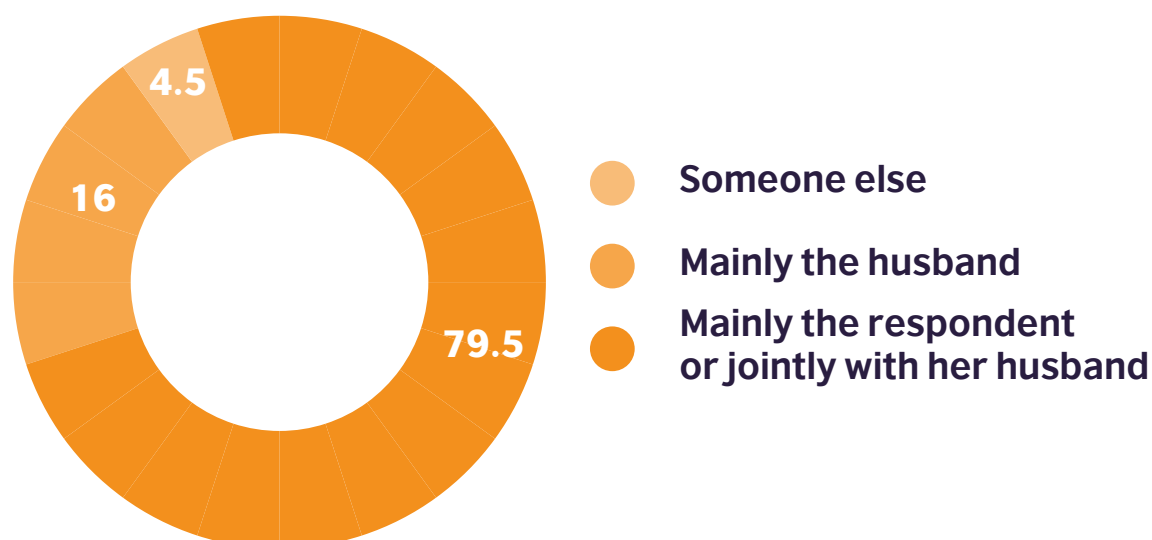


Table 4.2 shows that the proportion of women who have decision-making autonomy regarding their own reproductive health care generally increases with age. Notably, a sense of self-esteem or self-confidence does not seem to have an influence on levels of autonomy.

As expected, currently married women living in the urban governorates are more likely to be involved in the decision-making regarding their own reproductive health care than those in Lower or Upper Egypt. Eighty-six percent of currently married women in the urban governorates make the decisions concerning their own reproductive health care by themselves or jointly with their husbands, compared to 76 percent and 81 percent among their counterparts in Lower Egypt and Upper Egypt respectively.

As in the case of women's decision-making autonomy over their own non-reproductive health care, currently married women who can read and write but had not attained a higher educational level were more likely than their counterparts in other educational categories to be involved in the decision-making concerning their reproductive

health care. Eighty-two percent of currently married women who could read and write reported that they make the decisions regarding their own reproductive health care alone or jointly with their husbands, compared to about 75 percent of women with a primary or preparatory-level education. This confirms that the ability of women to read and write can have a positive impact on women's decision-making power.

Table 4.2 and Figure 4.8A show that currently married women with visual disabilities/impairments, and those with physical disabilities/impairments, have higher levels of decision-making autonomy over their own reproductive health care (81 percent and 79 percent respectively) than women with hearing or multiple disabilities/impairments (74 percent and 73 percent respectively). This is the same pattern as that in the data concerning women's autonomy over their general health care. As mentioned above, this may be due to women with visual or physical types of disabilities having a better ability to communicate, discuss and argue than those with hearing or multiple disabilities.

The proportion of women who said their husband was the sole decision maker concerning their reproductive health was lowest among women with hearing disabilities/impairments. However, the proportion of currently married women who indicated that other persons such as parents, in-laws or siblings mainly make the decisions regarding their reproductive

health care was higher among those with hearing disabilities/impairments (15 percent) than among their counterparts with other types of disabilities/impairments (**Figure 4.8B**). These women might be newly married and living in extended families in which older persons are the main decision makers, particularly in rural areas.

Figure 4.8 A: Percentage of currently married women who make decisions on their own or jointly with their husbands regarding their own reproductive health care, by type of disability/impairment, Egypt 2020

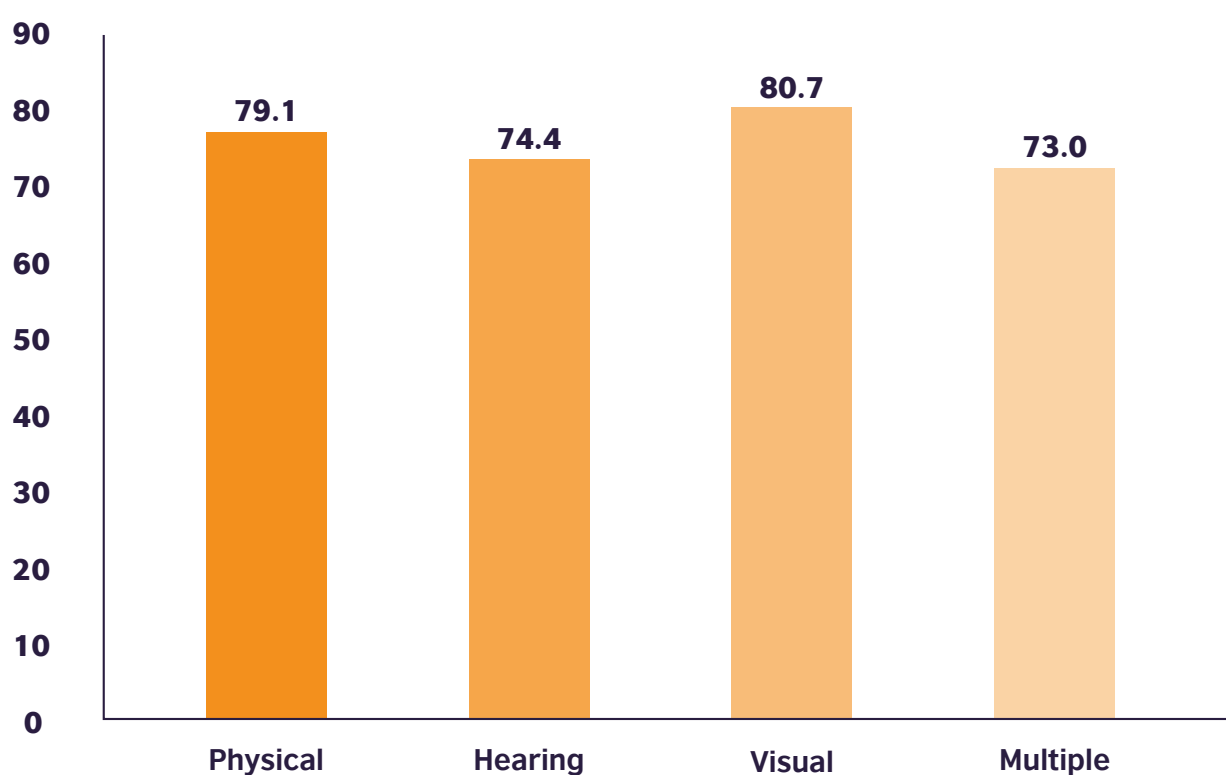


Figure 4.8 B: Percent distribution of currently married women by the main person who makes decisions regarding their reproductive health care, by type of disability/impairment, Egypt 2020

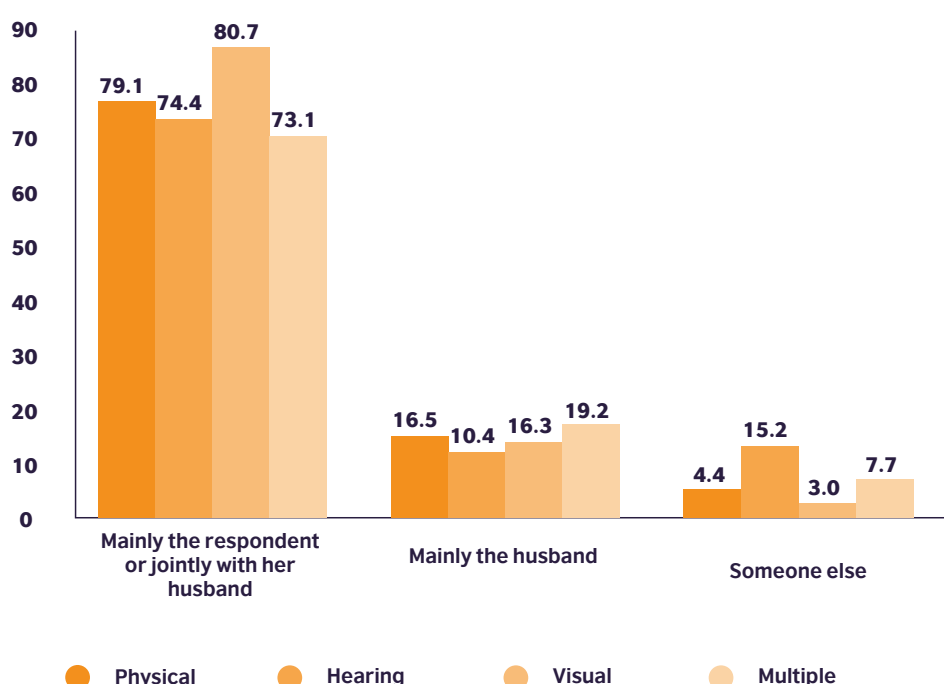


Table 4.2: Percent distribution of currently married women according to the person who usually makes decisions regarding their reproductive health care, by selected characteristics and type of disability/impairment, Egypt 2020

Women's characteristics & type of disability/impairment	Person who usually takes the decision			Total	
	Mainly the respondent or jointly with her husband	Mainly the husband	Someone else	Percentage	Number of currently married women
Age					
<25	72.3	16.3	11.4	100.0	123
25 - 29	71.3	17.6	11.1	100.0	216
30 - 34	76.3	16.4	7.3	100.0	342
35 - 39	79.5	16.9	3.6	100.0	361
40 - 44	81.1	16.3	2.6	100.0	307
45 - 49	81.4	15.1	3.5	100.0	311
50 - 54	82.8	14.4	2.8	100.0	360
55 - 59	80.2	17.0	2.8	100.0	424
60+	82.1	15.0	2.9	100.0	373

Place of residence					
Urban Governorates	86.0	10.4	3.6	100.0	2817
Lower Egypt	75.7	18.8	5.5	100.0	220
Upper Egypt	81.3	14.8	3.9	100.0	107
Educational attainment					
Illiterate	79.7	16.1	4.2	100.0	1490
Read and write	81.8	14.1	4.1	100.0	370
Primary/preparatory	74.8	18.6	6.6	100.0	183
Secondary+	78.8	16.3	4.9	100.0	774
Women believe that they have good skills that other people may not have (Self-esteem)					
Yes	80.8	13.2	6.0	100.0	516
No	79.1	16.7	4.2	100.0	2301
Women believe that they are doing things they are proud of and other people cannot do (Self-confidence)					
Yes	78.5	15.8	5.7	100.0	703
No	79.7	16.1	4.2	100.0	2114
Type of the disability/impairment					
Physical	79.1	16.5	4.4	100.0	814
Hearing	74.4	10.4	15.2	100.0	211
Visual	80.7	16.3	3.0	100.0	1662
Multiple	73.1	19.2	7.7	100.0	130
Total	79.5	16.0	4.5	100.0	2817

4.3 Family planning

This section investigates the current status of contraceptive use among the currently married survey sample of reproductive age women (18 - 49). It then explores family planning use during women's lifetimes among ever-married women (currently married, divorced/separated, and widowed) and decision-making regarding use, and to what extent these vary by the age of onset and type of the women's disabilities/impairments. Also, the reasons for using or not using contraception are investigated.

4.3.1 Current Status of Family Planning Use

The 2014 EDHS was the most recent survey that provided data on family planning

use, and since then no surveys have been conducted to collect data on this topic. The 2020 VAWWDS therefore offered a good opportunity to provide policymakers with data about the current status of family planning in the groups covered by the survey.

The findings from the VAWWDS indicate that around 8 in 10 currently married women aged 18 - 49 have used a contraceptive method at any point during their lifetime; 56 percent were currently using contraceptives (i.e they reported use at the time of the survey), and 23 percent had used contraceptives in the past (**Table 4.3**). The level of current use (56 percent) is 2.5 percentage points lower than the rate recorded by the 2014 EDHS among currently married women aged 15 - 49 (58.5 percent) and exactly the same as the level as among the the poorest women in the same survey.

Autonomy In General Health Care And Reproductive Health Care Decision-Making

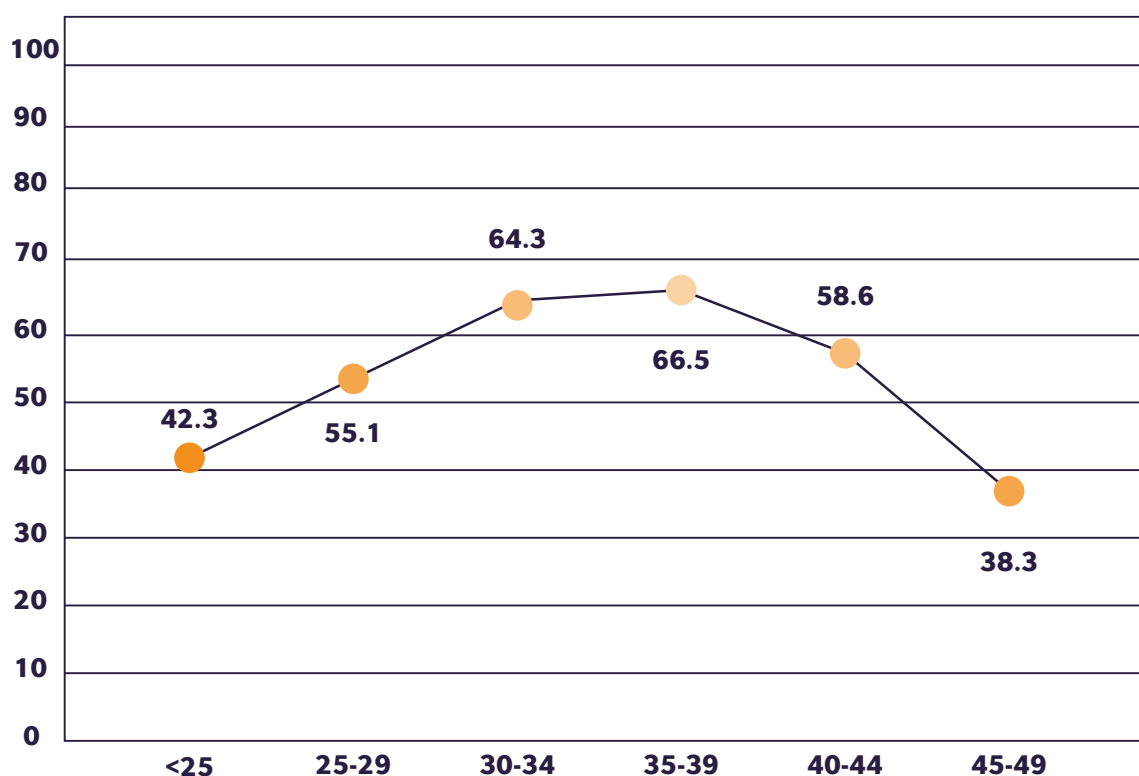
Current use rises with age, from 42 percent of women below 25 to a peak of 67 percent of women aged 35 - 39, then declines to

nearly 38 percent among women aged 45 - 49 (**Figure 4.9**). This pattern is consistent with the patterns indicated by the 2014 EDHS.

Table 4.3: Percent distribution of currently married women by current status of family planning use and age, Egypt 2020

Women's current age	Use of contraceptive methods			Total	
	Currently using	Used in the past	Never used	%	Number of currently married women
Currently married women					
<25	42.3	8.9	48.8	100.0	123
25 - 29	55.1	19.9	25.0	100.0	216
30 - 34	64.3	13.5	22.2	100.0	342
35 - 39	66.5	17.7	15.8	100.0	361
40 - 44	58.6	25.7	15.6	100.0	307
45 - 49	38.3	46.0	15.8	100.0	311
Total	56.0	23.3	20.7	100.0	1660

Figure 4.9: Percentage of currently married women who are currently using family planning methods, by women's age, Egypt 2020



4.3.2 Ever Use of Family

Planning and Associated Decision-Making

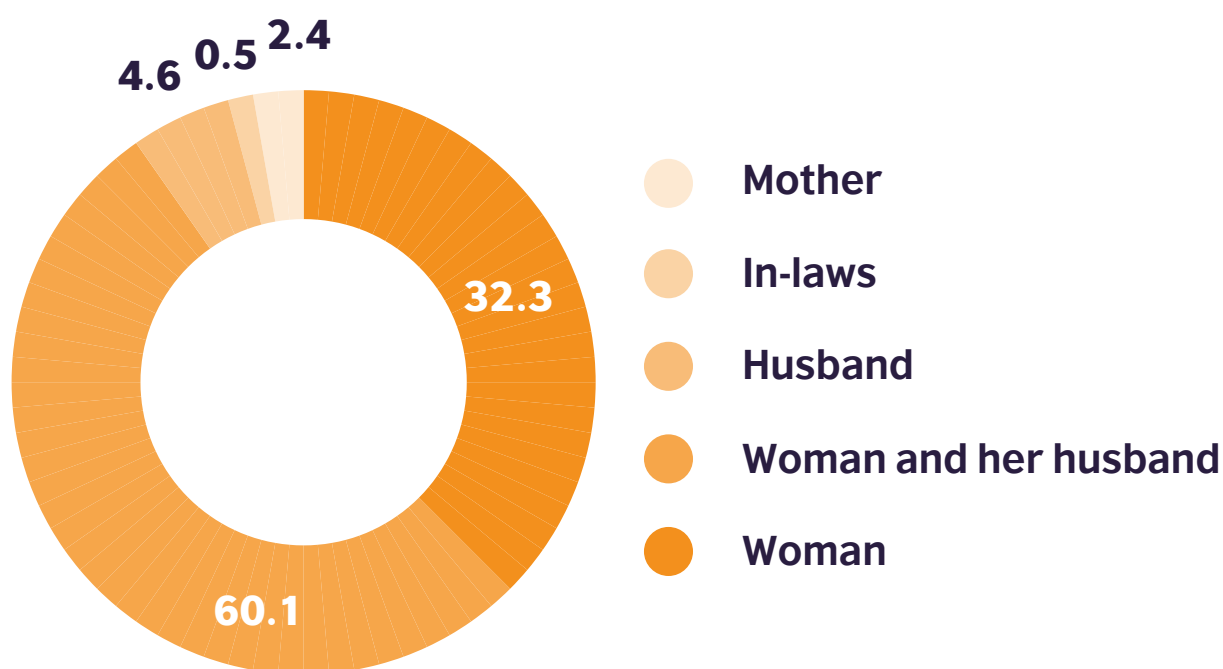
Table 4.4 shows the percent distribution of ever-married women (aged 18+) by their experience of family planning during their lifetime, and the person who makes the decision regarding their use. The findings presented in the table are stratified by the timing of the onset of the woman's disability and the type of disability/impairment to show whether women's experience of family planning use and the associated decision-making vary by these factors or not. The timing of onset of a woman's disability/impairment is of particular importance in the analysis as it provides a rough indication of whether a certain experience during a woman's lifetime occurred while she had the disability/impairment or before she acquired it.

The majority of ever-married women had used contraceptive methods at some point (78 percent) regardless of the timing of the onset of their disability/impairment, or the type of disability. However, as expected,

women whose disabilities/impairments had existed since birth or since childhood, and those with hearing disabilities/impairments, were less likely to have ever used family planning, as these groups of women were concentrated at younger ages than other women in the survey sample (see Chapter 3). It was therefore expected that the proportion of newly married women without children or who had not achieved their desired family size would be higher among these groups than among the other women.

The 2020 VAWWDS asked ever-married women who had ever used family planning who had made the decision to use such methods at the last time of use. The responses provided in **Table 4.4** and **Figure 4.10** show that the women had a high level of autonomy regarding family planning use, which is consistent with the findings of the EDHS for currently married women aged 15 - 49 at the national level. The vast majority of ever users were involved in the decision to use contraception (92 percent), either making it on their own (32 percent) or jointly with their husband (60 percent).

Figure 4.10: Percent distribution of ever-married women who have ever used a contraceptive method,¹ by the person who made the decision regarding use,² Egypt 2020



¹ Includes current users and past users.

² In the last time of use.

Among the women who had ever used family planning, those whose disabilities/ impairments had existed since birth and those who had hearing disabilities/ impairments were less likely than other women in the survey sample to participate in the decision-making concerning family planning. Eighty-nine percent of ever-users of family planning whose disability/

impairment had existed since birth and 86 percent of those with hearing disabilities/ impairments participated in the decision-making regarding their use of contraception (they took the decision alone or jointly with their husbands). The comparable percentage was 93 percent for women with both physical and visual disabilities/ impairments.

Table 4.4: Percent distribution of ever-married women by status of family planning use during their lifetime and the person who made the decision regarding use, by onset and type of disability/impairment, Egypt 2020

Status of use/ decision-making of use	Onset of the disability/ impairment				Type of the disability/impairment				Total
	Since birth	Since childhood	Since youth	At an older age	Physical	Hearing	Visual	Multiple	
Family planning use during women's lifetime									
Ever used ¹	68.8	73.9	80.4	80.1	79.3	62.4	77.5	79.6	77.5
Never used	31.3	26.1	19.6	19.9	20.7	37.6	22.5	20.4	22.5
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women	480	460	726	1496	1859	237	901	147	3144
Person who made the decision regarding use of contraceptive methods²									
Respondent	33.0	28.2	31.8	33.4	32.9	27.7	32.1	30.8	32.3
Respondent and husband (joint decision)	55.8	62.4	61.0	60.6	60.5	58.1	60.5	58.1	60.1
Husband	7.0	6.2	3.6	3.9	4.1	8.8	4.4	6.0	4.6
In-laws	1.2	1.5	0.3	0.2	0.3	8.8	0.6	0.9	0.5
Mother	3.0	1.8	3.3	2.0	2.2	3.4	2.4	4.3	2.4
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever users¹	330	340	584	1199	1475	148	698	117	2438

Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

¹ Includes current users and past users.

² At the last time of use.

4.3.3 Reasons for use and Non-use of Family Planning Methods

In order to explore whether women were subjected to pressure or coercion to use or not use contraception, women who had ever used a contraceptive method were asked about the main reason for use the last time they did so. Women who had never

used any family planning methods were asked about the main reason for their non-use.

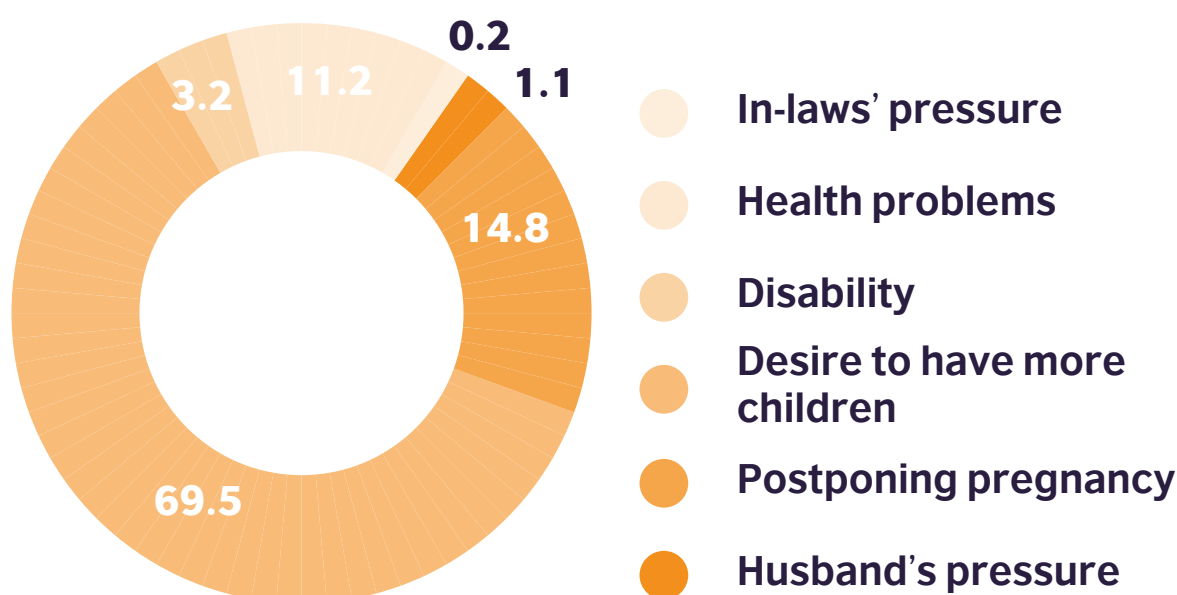
Respondents' exposure to pressure or coercion to use or not use contraceptive methods was not common. Only 1 percent of ever users reported being subject to pressure from their husband or in-laws to

use family planning methods (**Figure 4.11**), and 3 percent of never users were exposed to different forms of pressure and coercion from their husbands (pressure/disapproval, threats of divorce, physical violence) or in-laws' pressure to not use contraceptive methods (**Figure 4.12**). This finding is consistent with the relatively high levels of women's autonomy over family planning use, as indicated above.

The main reason for use among ever users of family planning was to stop childbearing

(they did not wish to have more children), followed by a large margin by a desire to postpone pregnancy (**Figure 4.11**). Around 7 in 10 ever users (current users and past users) of family planning had ever used contraceptive methods to stop childbearing, and 15 percent had used such methods for birth spacing. Health problems and the woman's disability were mentioned by 11 percent and 3 percent respectively as reasons for family planning use

Figure 4.11: Percent distribution of ever-married women who have ever used family planning,¹ by main reason for use,² Egypt 2020



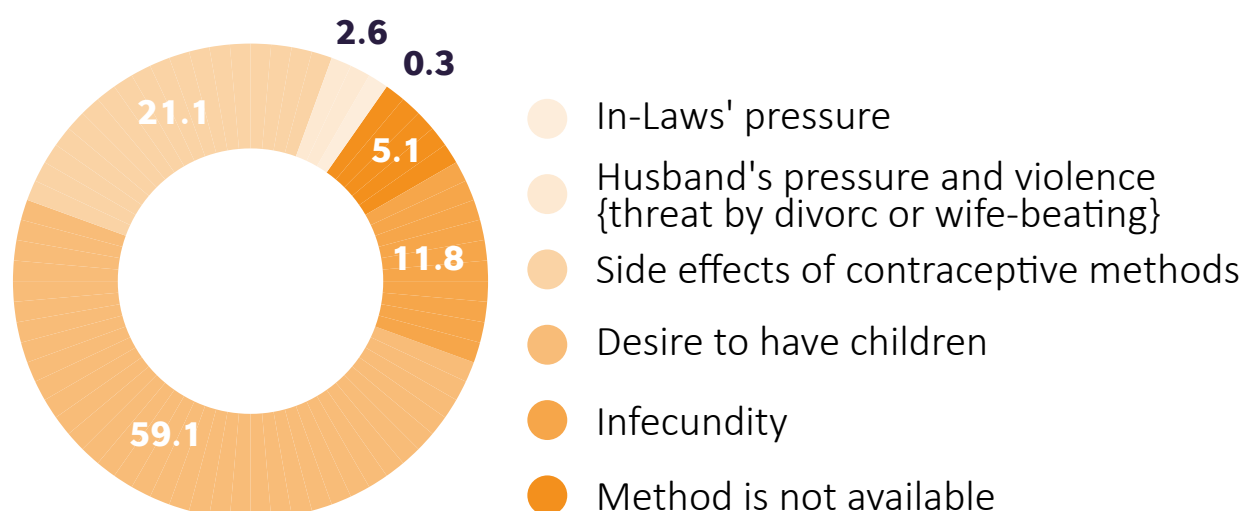
¹ Includes current users and past users.

² In the last time of use.

The desire to have children was the main reason for never using family planning (59 percent) (**Figure 4.12**). A considerable proportion of respondents mentioned side effects of family planning methods as their main reason for never using contraception: around one fifth of never users cited this

reason (21 percent). This finding is consistent with those of the EDHS. Infecundity was cited by more than 1 in 10 never users (12 percent). Five percent reported the unavailability of contraceptives as a reason for never using them.

Figure 4.12: Percent distribution of ever-married women who have never used family planning methods, by main reason for non-use, Egypt 2020



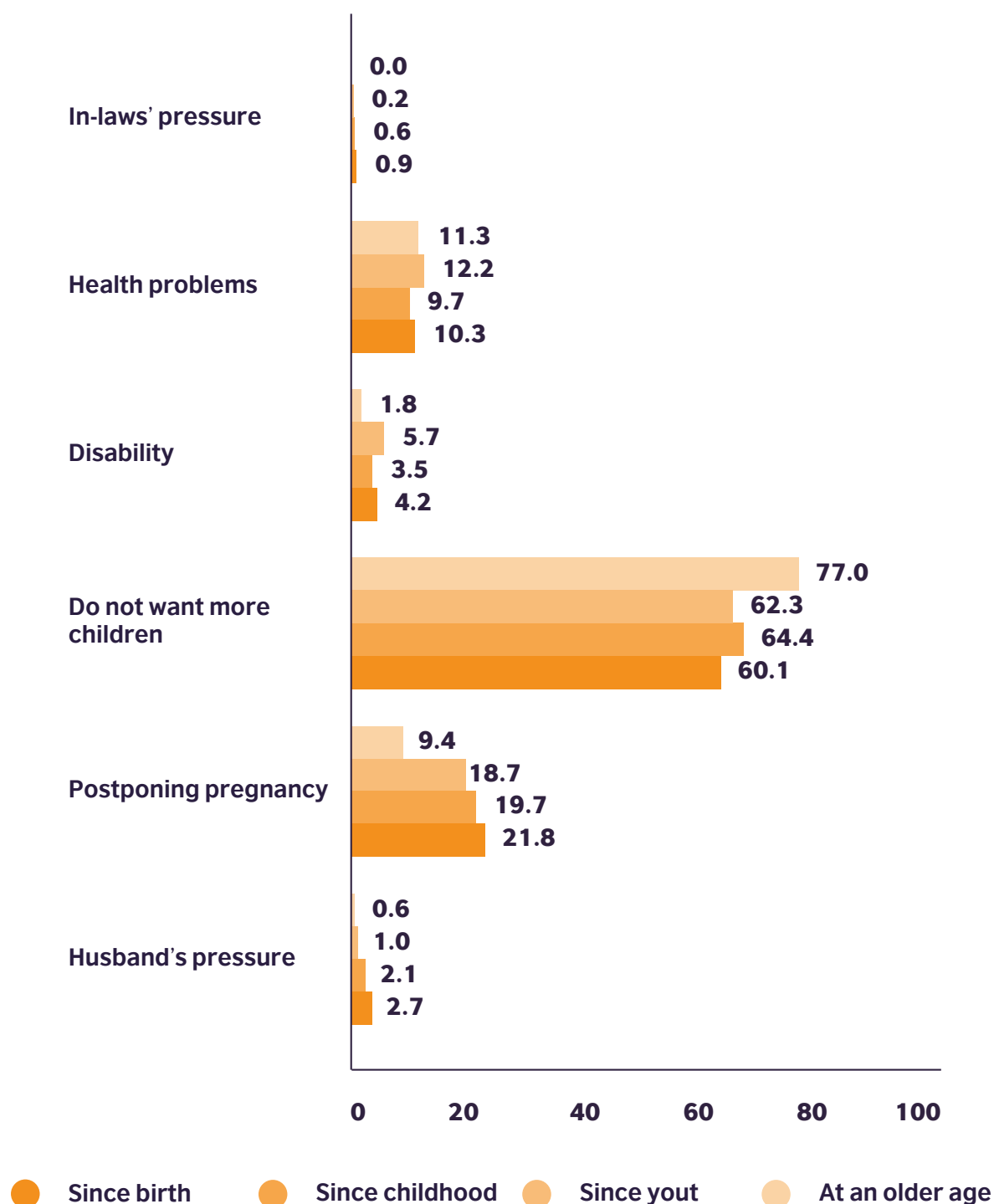
The main reasons for using contraception are similar among ever-users, regardless of differences in the type or age of onset of their disabilities/impairments (**Table 4.5; Figures 4.13 and 4.14**). However, women whose disabilities/impairments have existed since birth, and those with hearing disabilities/impairments, were less likely to use family planning methods to cease childbearing and more likely to use them to postpone pregnancy than women whose disabilities/impairments occurred later in life or who had other types of disabilities/impairments. This finding was expected, as these groups of women were younger than other women in the survey sample, and thus most probably had not yet achieved their desired family size.

Few women reported husbands' or in-laws' pressure as a reason for using

family planning, regardless of the onset or type of their disability/impairment. However, women with hearing disabilities/impairments and those who had had their disabilities/impairments since birth were more likely than other women to mention pressure from their husband (4 percent and 3 percent respectively) or from in-laws (1 percent for both groups) as a reason for their using contraception. This finding can also be explained by the younger ages of these women.

Disability as a reason for using family planning was cited by few women, but ever users of contraception whose disability/impairment had existed since youth, and those with physical disabilities/impairments, were more likely to cite this reason (6 percent and 4 percent respectively) than other women.

Figure 4.13: Percent distribution of ever-married women who have ever used¹ family planning methods by the main reason for use,² by onset of disability/impairment, Egypt 2020

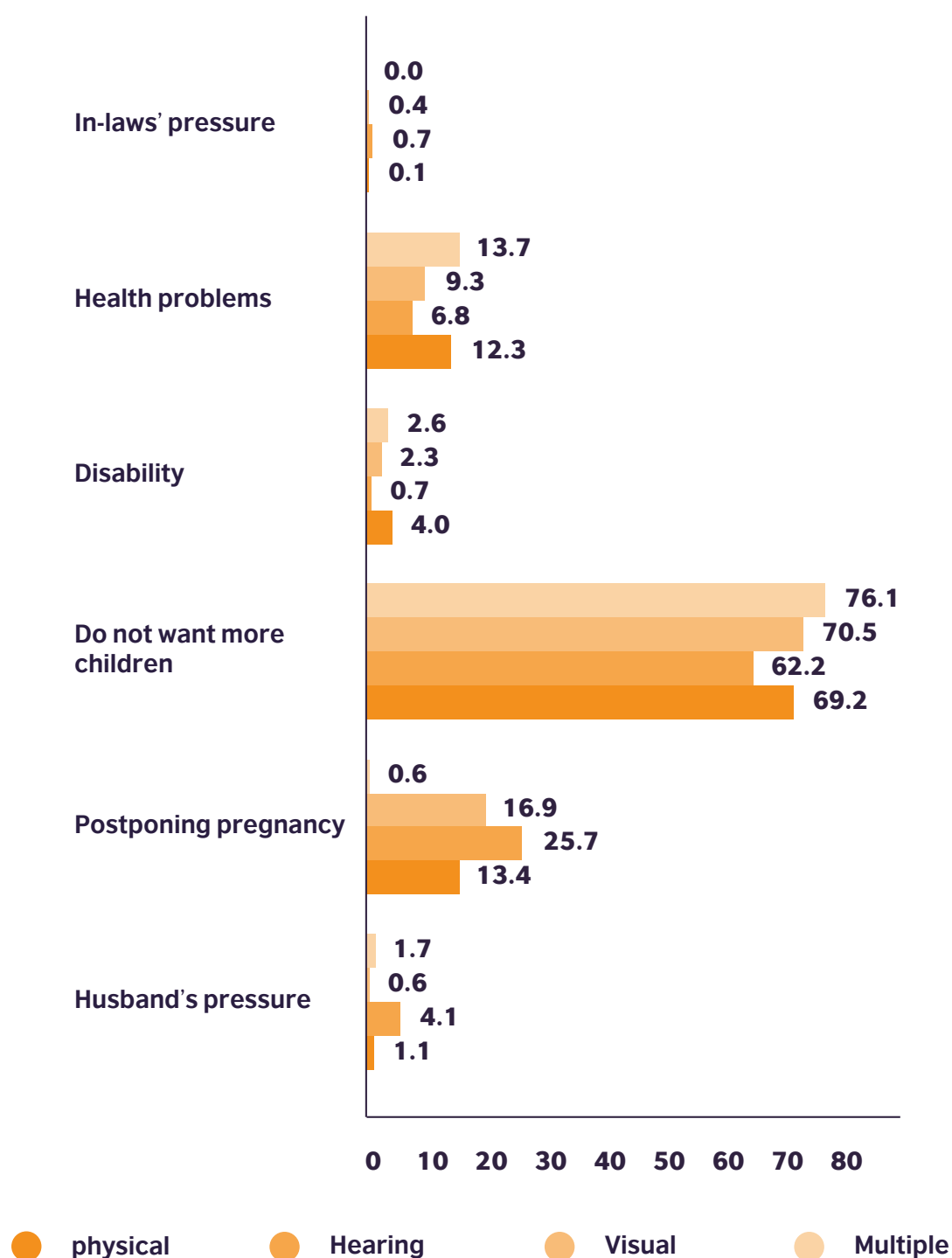


Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

¹ Includes current users and past users.

² At the last time of use.

Figure 4.14: Percent distribution of ever-married women who have ever used¹ family planning methods, by main reason for use² and type of disability/impairment, Egypt 2020



¹ Includes current users and past users.

² At the last time of use.

Table 4.5: Percent distribution of ever-married women who have ever used¹ family planning methods by main reason for use,² and by onset and type of disability/impairment, Egypt 2020

Main reason for use of contraceptive methods	Onset of the disability/impairment				Type of the disability/impairment			
	Since birth	Since childhood	Since youth	An older age	Physical	Hearing	Visual	Multiple
Husband's pressure	2.7	2.1	1.0	0.6	1.1	4.1	0.6	1.7
Postponing pregnancy	21.8	19.7	18.7	9.4	13.4	25.7	16.9	6.0
Do not want more children	60.1	64.4	62.3	77.0	69.2	62.2	70.5	76.1
Disability	4.2	3.5	5.7	1.8	4.0	0.7	2.3	2.6
Health problems	10.3	9.7	12.2	11.3	12.3	6.8	9.3	13.7
In-laws' pressure	0.9	0.6	0.2	0.0	0.1	0.7	0.4	0.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever users ¹	330	340	584	1199	1475	148	698	117

Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

¹ Includes current users and past users.

² At the last time of use.

Table 4.6 shows the patterns of the reasons for respondents' never use of family planning, by the age of onset and the type of their disability/impairment. As expected, women with disabilities/impairments since birth and those with hearing disabilities/impairments were more likely than other women in the survey sample to never use contraception because of the desire to have children (70 percent for each). The side effects of contraceptive methods were more frequently mentioned as the reason for never using them by women whose

disability/impairment had occurred after their youth (at age 35 or above) and women with physical disabilities/impairments (25 percent and 24 percent respectively). Similarly, these two groups of women were more likely than other women to report that unavailability of a family planning method was the reason for never using contraception: this reason was given by 10 percent of women whose disability/impairment started after their youth and by 7 percent of women with physical disabilities/impairments.

Table 4.6: Percent distribution of ever-married women who have never used family planning methods, by reasons for non-use and by timing of onset and type of disability/impairment, Egypt 2020

Main reason for non-use of contraceptive methods	Onset of the disability/impairment				Type of the disability/impairment			
	Since birth	Since childhood	Since youth	At older ages	Physical	Hearing	Visual	Multiple
Desire to have children	70.0	65.0	64.8	48.1	55.2	69.7	61.6	(60.0)
Side effects of contraceptive methods	18.7	15.8	21.8	24.6	23.7	21.3	17.2	(13.3)
Husband's pressure and coercion (disapproval/pressure, threat with divorce, wife-beating)	2.0	2.4	2.1	2.7	2.4	2.2	3.5	(3.3)
In-laws' pressure	0.0	0.0	0.7	0.3	0.0	0.0	1.0	(0.0)
Method is not available	0.7	1.7	2.1	10.1	6.5	1.1	3.9	(6.7)
Infecundity	8.7	15.0	7.7	13.8	12.2	5.6	12.8	(16.7)
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of never users	150	120	142	297	384	89	203	30

Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

() Based on less than 50 cases.

4.4 Childbearing preferences and behaviours

To assess ever-married respondents' autonomy over their childbearing behaviour and to explore whether they had ever been subjected to pressure or violence for not implementing their childbearing preferences, the 2020 VAWWDS investigated whether women's childbearing preferences had ever been different from their husbands' (had the woman ever wanted to have children while her husband did not, and vice versa). If this situation had occurred, to what extent had the women's childbearing preferences been translated into actual childbearing behaviours, and what were the reasons for not implementing women's childbearing desires?

4.4.1 Women's versus husbands' childbearing preferences and the consequent childbearing behaviours

The findings presented in **Table 4.7** and **Figure 4.15** show a high concurrence between the survey respondents and their husbands regarding their childbearing preferences. When there were disagreements, men tended to want more children than their spouses. Only 5 percent of ever-married women were in the category of having ever wanted to have children while their husbands did not, compared to 8 percent of women whose husbands had ever wanted to have children while they did not. This

finding is in agreement with the finding indicated by the 2015 Egypt Health Issues Survey (EHIS),⁽¹⁾ which indicated a high level of wife-husband agreement regarding their desired number of children, and a tendency of husbands to desire more children when there was discordance.

Among the few women whose childbearing desires had ever been different from their husbands at any point in their lifetimes, a considerable proportion did not implement their childbearing desires. Fifty-seven percent of women who had ever wanted to have children did not give birth, and 46 percent of women who had ever wanted

not to have children gave birth. However, significant proportions of husbands also did not see their childbearing preferences translated into actual behaviour (**Figure 4.16**). This finding may indicate that those couples who had ever experienced initial disagreement concerning their childbearing preferences might have reached a satisfactory joint decision through negotiation. Nonetheless, women were somewhat more likely than their husbands to not implement their own childbearing desires, which might reflect to some extent the imbalance in power and control between women and their husbands.

Figure 4.15: Percent distribution of ever-married women according to their childbearing preferences versus their husbands' Egypt 2020



⁽¹⁾ The 2015 EHIS shared the same national sample as the 2014 EDHS. It covered women and men aged 15 - 59 and collected information on specific infectious and non-communicable diseases, on family planning and childbearing, on women's reproductive health concerns, and on FGM.

Figure 4.16: Percent distribution of ever-married women whose childbearing preferences have ever been different from their husbands', by the consequent childbearing behaviours, Egypt 2020

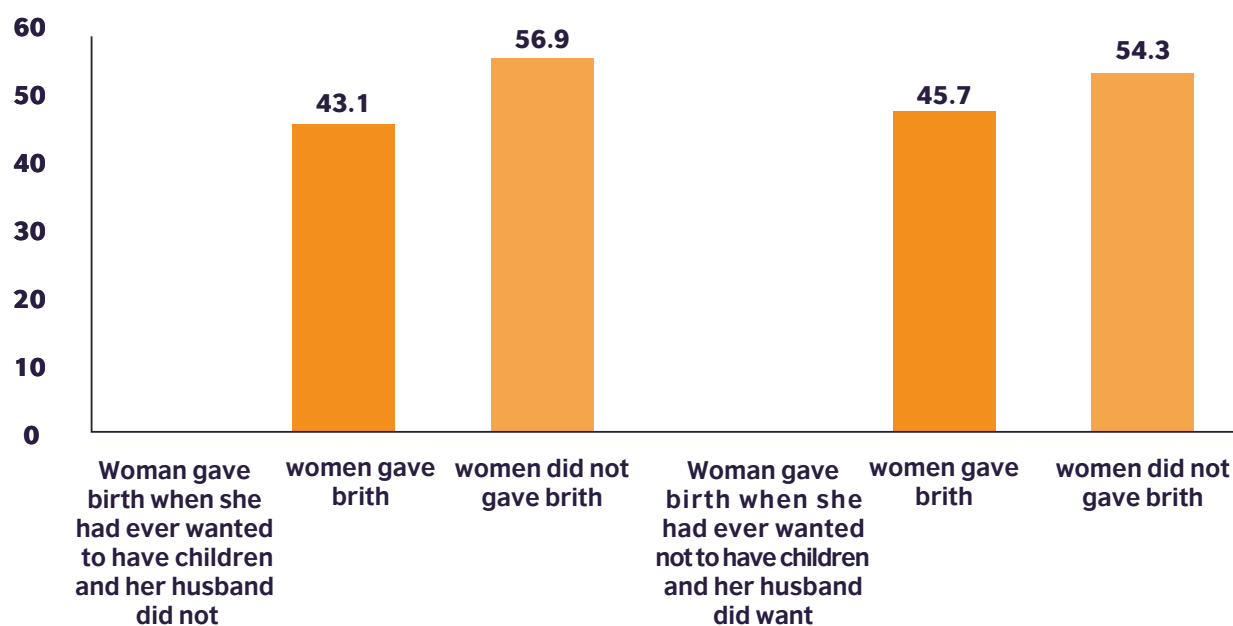


Table 4.7: Percent distribution of ever-married women according to their childbearing preference versus their husbands and the consequent childbearing behaviours, Egypt 2020

Indicator	%
Women who did want children and her husband did not want	
Yes	4.9
No	95.1
Total %	100.0
Number of ever married women	3144
Woman gave birth when she wanted to have children and her husband did not want	
Yes	43.1
No	56.9
Total %	100.0
Number of ever married women who ever wanted to have children and their husbands did not want	153
Women who did not want children and her husband did want	
Yes	7.9
No	92.1
Total %	100.0
Number of ever married women	3144
Woman gave birth when she wanted not to have children and her husband did want	
Yes	45.7
No	54.3
Total %	100.0
Number of ever married women who ever wanted not to have children and their husband wanted to have	247

4.4.2 Reasons for not implementing childbearing preferences

In spite of the high level of autonomy among the respondents concerning use of contraception and the high concordance between them and their husbands regarding childbearing preferences (as indicated above), a large proportion of the few women who had ever wanted to have children at any point in their lifetime, but whose husbands did not, were coerced not to have children (**Table 4.8; Figure 4.17**).

Around 5 in 10 (46 percent) of the women who had ever wanted to have children and did not implement their childbearing preferences (i.e. they did not bear children) were coerced by their husbands not to have children, through pressure or violence (through physical violence or threats of divorce). Two percent were exposed to in-laws' pressure not to bear children. Six percent did not implement their childbearing preferences because of disability-related reasons and 14 percent did not do so because of health issues.

Fertility-related reasons were mentioned by 31 percent of women: 24 percent could not get pregnant, and 8 percent were infecund.

On the other hand, the husband's satisfaction was the main motive (reported by 61 percent) for giving birth by women who had ever wanted not to have children but whose husbands had wanted to have children (**Figure 4.18**). The differences in the main motives between the two groups of women, women who had ever wanted to have children and those who had ever wanted not to have children, for not implementing their childbearing preferences may reflect the norms around gender inequality that prevail in patriarchal societies like Egypt.

The husband's pressure or violence as a reason for giving birth among women who had ever wanted not to was cited by 12 percent, while 2 percent were subjected to pressure from in-laws to give birth. A remarkable proportion of women who had ever wanted not to have children (26 percent) said it was God's will to get pregnant while they did not want to have children.

Figure 4.17: Percent distribution of ever-married women who have ever wanted to have children and did not give birth, by the main reason for not doing so, Egypt 2020

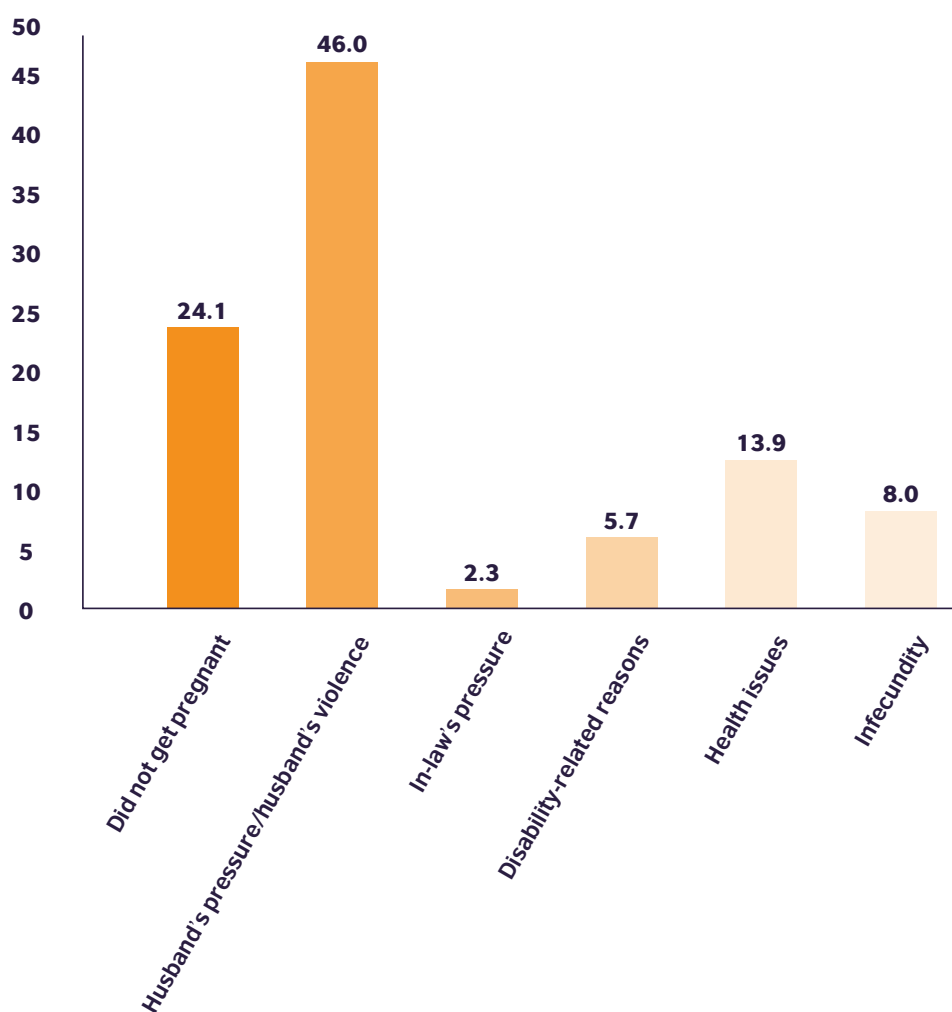


Figure 4.18: Percent distribution of ever-married women who have ever wanted not to have children but did give birth, by the main reason for doing so, Egypt 2020

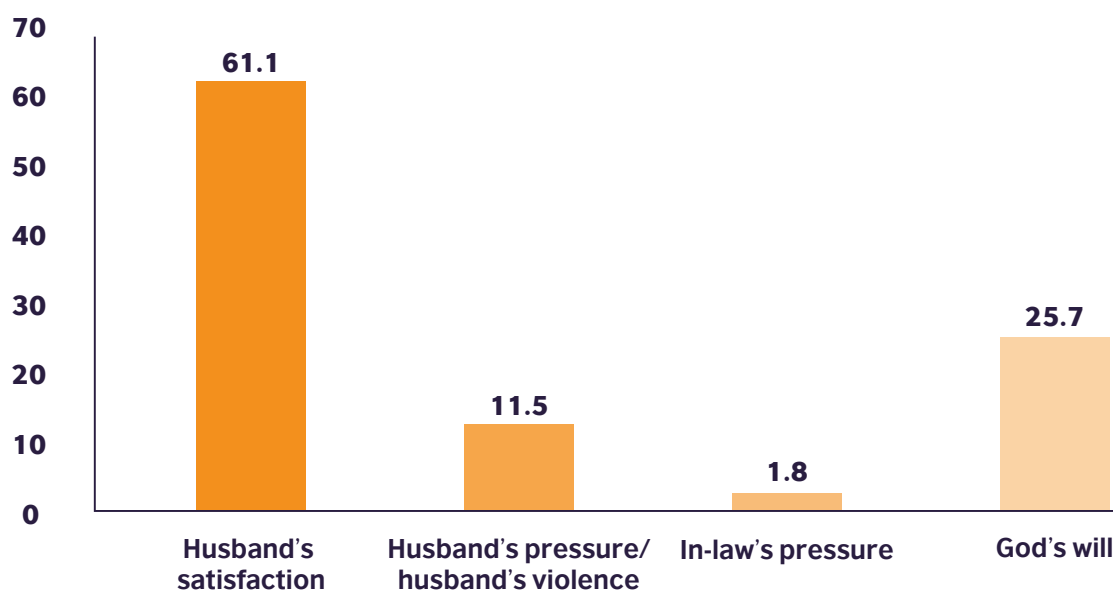


Table 4.8: Percent distribution of ever-married women whose childbearing preferences have ever been different from their husbands', and who did not implement their desires, by the main reasons for doing so, Egypt 2020


Main reasons for not giving birth among women who have ever wanted to have children	Percentage of women	Main reasons for giving birth among women who did not want to have children	Percentage of women
Did not get pregnant	24.1	Husband satisfaction	61.1
Husband threatened with divorce	11.5	Husband threatened with divorce	4.4
Husband beat her	4.6	Husband beat her	2.7
Husband's pressure	29.9	Husband's pressure	4.4
In-laws' pressure	2.3	In-laws' pressure	1.8
Disability-related reasons	5.7	God's will	25.7
Health issues	13.9		
Infecundity	8.0		
Total %	100.0	Total %	100.0
Number of ever married women who have ever wanted to have children and did not give birth	87	Number of ever married women who have ever wanted not to have children and gave birth	113

4.5 Conclusion

Most of the currently married women interviewed with disabilities who are Karama programme beneficiaries had a high level of decision-making autonomy over their own reproductive health, particularly regarding family planning use. They either made such decisions alone or jointly with their husbands. Exposure to pressure or violence to use or not use contraception was not common among the survey respondents. Moreover, there was a high concurrence between the survey respondents and their husbands regarding childbearing preferences, which reflects the findings for women in general at the national level. However, a high proportion of the few women who said they had ever wanted to have children at any point in their lifetime but that their husbands had not, had been exposed to coercion from their

husbands through pressure or violence (beating or threats of divorce) in order to not give birth. On the other extreme, the husband's satisfaction was the main reason for giving birth cited by women who had ever wanted not to have children but whose husbands had wanted children. The differences in the main motives between the two groups of women, women who had ever wanted to have children and those who had ever wanted not to have children, for not implementing their childbearing preferences may reflect the norms around gender inequality that prevail in patriarchal societies like Egypt.

Notably, the ability of the respondents to be able read and write seems to have had a remarkable positive influence on their authority over decision-making regarding their own general health care and their reproductive health care.



Chapter 5: Access To Services, Assistance With Daily Activities, And Challenges In Dealing With Others Or Moving Outside The Home

Key findings

Persons with disabilities encounter a range of barriers in their daily life, and many of them need assistance from others in performing their daily activities. Yet, they do not have equal access to health care, education, and employment opportunities. Persons with disabilities lack of access to services and lack of mobility adds to the multiple layers of discrimination they face. In light of this, this chapter explores the access of women interviewed to various services, assistance with daily activities, and challenges in dealing with others or moving outside the home.

Key findings

- Financial and medical services were the major services received by the 2020 VAWWDS respondents, regardless of their age or the type of their disability/impairment.
- Only 12 percent of women aged 18-19 and 8 percent of those aged 20 - 24 reported receiving educational services. Very few women, regardless of their age, received occupational training, and negligible numbers used recreational and sports services.
- The governmental sector is the main source of the various services received by the survey respondents, with 94 percent of women reporting receiving their services from this sector.
- The majority of the respondents perceived the quality of the service they received as good regardless of the type or the source of the service. However, respondents perceived the services they received from the governmental sector as of lesser quality than those provided by the private sector or NGOs.
- Significant proportions of the respondents had unmet need (they need a service but are not receiving it) for various services. Although the majority of the respondents receive financial and medical services, most of them still have unmet need for these services (54 percent for financial services and 53 percent for medical services).
- Considerable proportions of women below 35 years old reported they had a need for increasing the proportion of people with disabilities in jobs, for occupational training and for social services.
- Women with physical, visual or multiple disabilities/impairments were more likely than women with hearing disabilities/impairments to have unmet need for medical and financial services. They also more likely to have unmet need for convenient arrangements in governmental and private facilities and in public places, as well as for elderly and disabled people's seating on public transport.
- Women with hearing disabilities/impairments were more likely to have unmet need for assistive devices/tools (38 percent), financial support for these devices (17 percent) and other services such as occupational training and work opportunities (32 percent), social services (32 percent) and increasing the proportion of people with disabilities in jobs (31 percent).
- The vast majority of the respondents needed assistance from others in basic daily activities (80 percent) regardless of their age or the type of their disability/impairment.
- For women with physical, visual or multiple disabilities/impairments, moving outside the home was the top task that they needed assistance with.

Communication with others was the major task that women with hearing disabilities/impairments depended on others for help with (reported by 93 percent).

- The vast majority of women who need assistance in the basic activities of daily life received the assistance from their own household.
- Most women faced problems in communicating with others or moving

outside the home (57 percent), particularly those with hearing and multiple disabilities/impairments (69 percent and 66 percent respectively).

- The main problem faced by women with physical, visual or multiple disabilities/impairments was the unavailability of companions to escort them while moving outside home, while the unavailability of sign language interpreters was the major problem for women with hearing disabilities/impairments.

According to a report by WHO and the World Bank (WHO and the World Bank Group, 2011), many persons with disabilities do not have equal access to health care, education, and employment opportunities and do not receive the disability-related services that they require. Moreover, persons with disabilities encounter a range of barriers in their daily life, and many of them need assistance from others in performing their daily activities. Withholding access to basic services and to the necessary assistance adds to the multiple layers of discrimination and marginalization of these people, which in turn increases their vulnerability to violence.

In light of this perspective, this chapter explores the access of women interviewed for the 2020 VAWWDs to various services, including the services they receive, the source of these services, their perception of the quality of the services they obtain, and the women's unmet need. This chapter also investigates to what extent the women interviewed need assistance in performing

basic needs of daily life, the types of daily activities they need assistance with, and who provides this assistance. Finally, the chapter looks at the challenges encountered by women with disabilities/impairments in their daily life. The women's age and the type of their disability/impairment seem to be the most critical determinants for the type of services they receive, their unmet need and their needed support in daily life tasks. These two factors are therefore considered in the analysis of the data presented in this chapter.

The information provided in this chapter will help identify areas for potential interventions to address the needs of women with disabilities/impairments. Moreover, the information on assisting women with disabilities/impairments in basic daily tasks and the type of assistance provided is of particular importance. This information helps to understand the dynamics within the disabled women's households and to explore their effects on women's exposure to violence in the subsequent chapters.

5.1 Services received and unmet need

The 2020 VAWWDS asked the women interviewed whether they received any services or benefits from a governmental body, a private organization, or from the NGO sector. Those who responded positively were asked about the type of service(s) they received and the type of service provider. Women were also asked to rate the quality of each service they obtained from each source (governmental, private and NGO sectors) as either excellent, good or bad. They were then asked about the service(s) they needed but had not yet received (unmet need).

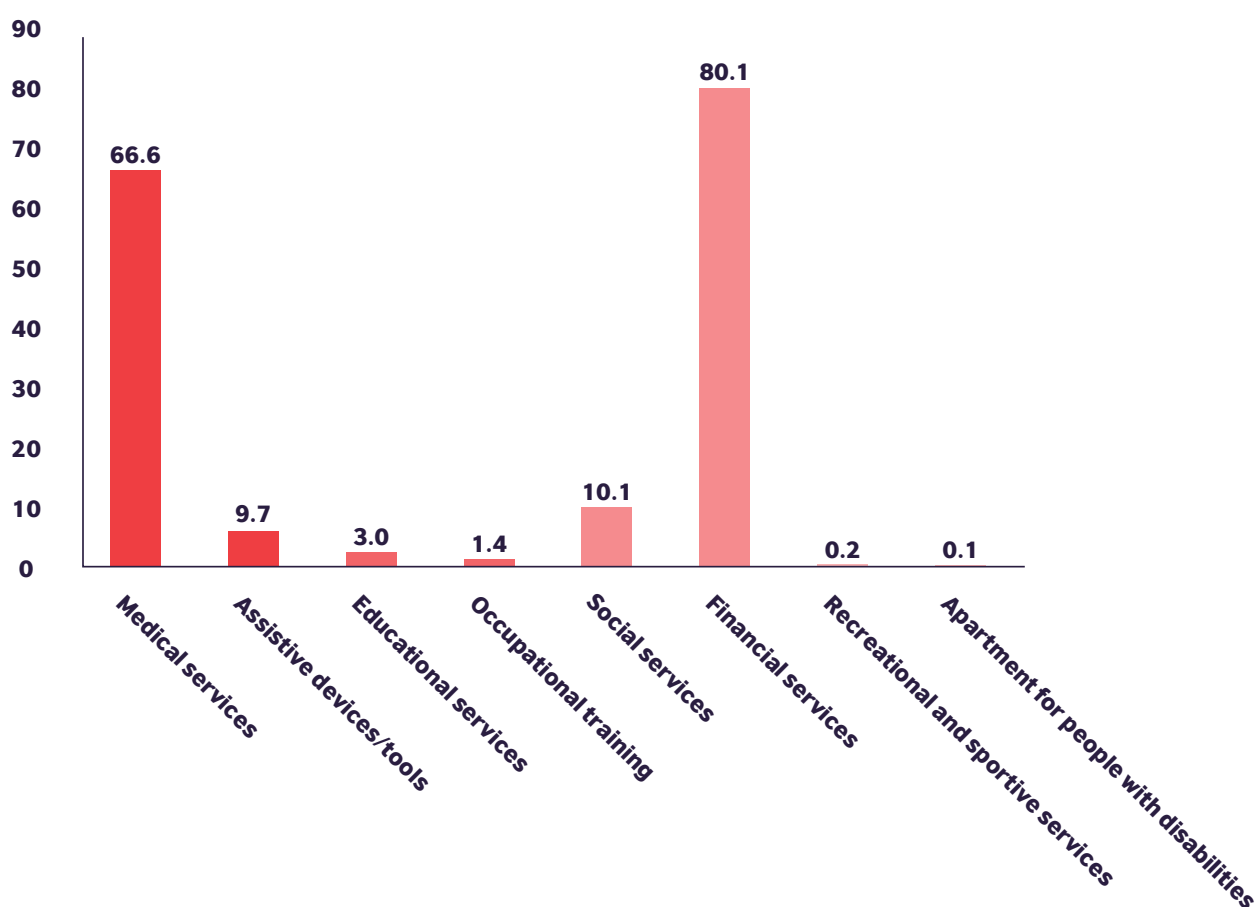
5.1.1 Types of services received

Eighty-three percent of the women received services or benefits from a governmental, private or NGO sector body (**Table 5.1**), with financial benefits and medical services the most common services received by

survey respondents (**Figure 5.1**). Since all the survey respondents are Karama programme beneficiaries (i.e. those who receive social security support from Karama), it was expected that all of them would have reported that they received financial benefits (Karama's social security support and possibly loans/grants or other forms of financial assistance from other programmes/organizations). However, only 8 in 10 women reported that they received financial benefits. Women who did not mention receiving financial benefits might not be able to go on their own to get the funds because of their difficulty in moving outside the home and might delegate someone else to get their payments, and hence they may have not considered themselves as receiving these services.⁽¹⁾ Moreover, some women might intentionally not have mentioned receiving financial services because they believed that keeping silent could entitle them to additional benefits.

⁽¹⁾ According to an official from the Ministry of Social Solidarity, Karama beneficiaries aged 18+ go to the post office and present their identification card and a card received from the ministry to get their benefits. Adult people who are not able to go to the post office because of their severe difficulties/disabilities can delegate someone to get them their financial dues. This delegation is renewed every three months

Figure 5.1: Percentage of women who receive services, by the type of service(s)¹ they receive, Egypt 2020



¹ The sum of the percentages exceeds 100.0 percent because some women obtained more than one service..

Around two thirds of women (67 percent) reported receiving medical services (e.g. medical examinations, lab tests, x-rays, surgical operations, physiotherapy, speech sessions and hearing rehabilitation). Around 10 percent of women said they received services related to assistive devices/tools and a similar proportion received social services (e.g. disability cards for theatres, clubs and other recreational activities). As expected, the proportion of women receiving medical services increases with age (**Table 5.1**) due to the increased likelihood of illness. On

the other hand, women aged 45 years and over, particularly those aged 55 - 59, were less likely than younger women to report receiving financial benefits. This might support the theory, mentioned above, that older women delegate someone to get their financial benefits and hence did not report receiving such financial services. An additional possibility might be that older women are more likely to intentionally not mention receiving financial support because they believe that by keeping silent they may be able to secure additional benefits.

Table 5.1: Percent distribution of women by whether they receive services and by the type of services, according to age, Egypt 2020

Receiving services/ Type of the services received	Women's age										Total
	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+	
Women receive services from governmental, private or NGO sector											
Yes	86.2	86.1	85.4	83.5	83.3	81.2	81.5	80.6	78.4	85.3	83.1
No	13.8	13.9	14.6	16.5	16.7	18.8	18.5	19.4	21.6	14.7	16.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	232	649	623	775	773	579	508	500	514	463	5616
Type of the services obtained¹											
Medical services	55.0	63.0	63.2	67.5	64.1	64.5	71.7	72.7	71.2	71.4	66.6
Assistive devices/tools	15.5	13.1	11.7	8.2	6.5	8.3	10.1	8.9	7.2	11.6	9.7
Educational services	11.5	8.1	5.3	3.4	1.2	0.6	1.2	0.5	0.7	0.0	3.0
Occupational training	1.0	2.3	3.0	2.2	1.4	1.1	1.2	0.5	0.2	0.0	1.4
Social services	17.0	13.2	14.3	9.0	9.3	9.8	8.0	7.4	7.7	7.8	10.1
Financial services	82.0	80.9	81.2	81.9	81.2	81.5	78.7	78.9	73.4	79.2	80.1
Recreational and sportive services	1.0	0.4	0.4	0.5	0.2	0.0	0.2	0.0	0.0	0.0	0.2
Apartments for disabled people	0.0	0.2	0.0	0.2	0.0	0.2	0.5	0.0	0.0	0.0	0.1
Number of women reported receiving services	200	559	532	647	644	470	414	403	403	395	4667

¹ The sum of the percentages exceeds 100.0 percent because some women obtained more than one service.

Receiving educational services (e.g. enrolment in general schools, disability-specialized schools, universities/higher educational institutes and postgraduate studies; attending literacy classes) and social services (e.g. disability cards for theatres, clubs and other recreational means) was more common among younger women, but the proportions overall were low. For example, only 12 percent of women aged 18 - 19 and 8 percent of those aged 20 - 24 were enrolled in educational institutions/programmes. This finding, in addition to the illiteracy rate of 53 percent among the survey sample **(see Chapter 3)** reflects how the education of women with disabilities, particularly the poor, has been devaluated. Very few women reported receiving occupational training and negligible proportions received recreational and sports services, reflecting the devaluation of these services also for women with disabilities, and their difficulty in accessing them.

Looking at the impact of the type of disability/impairment **(Table 5.2)**, it is clear that women with hearing disabilities/impairments are considerably less likely to receive medical services than women with other types of disabilities/impairments. Sixty percent of women with hearing disabilities/impairments received medical services, compared to 70 percent of women with multiple or visual disabilities/impairments. On the other hand, women with hearing disabilities/impairments were significantly more likely to receive educational services than other women. Twelve percent of women with hearing disabilities/impairments received educational services compared to around 1 - 2 percent of women with other types of disabilities. This is expected due to the concentration of women with

hearing disabilities/impairments at younger ages than other women **(see Chapter 3)**. They presumably have better health and some of them are still completing their education. The lower proportion of women with hearing disabilities/impairments who reported receiving medical services could also be attributed to the fact that hearing impairments are usually stable and do not need specific medical interventions, apart from hearing aids. These women may also not seek out medical services because most would need a sign language interpreter to do so, and such interpreters are not easily available. They may also have concerns about privacy, given the presence of the interpreter. By contrast, the higher proportions of women with physical, visual or multiple disabilities/impairments who received medical services is most probably due to the fact that their disabilities/impairments were more likely to occur at older ages **(see Chapter 3)**, in many cases as a result of the development of specific conditions such as stroke, arthritis or diabetes that need regular medication and health care. These women most probably also need specific disability-related interventions such as physiotherapy and treatment of diabetic retinopathy. Moreover, women with multiple disabilities/impairments are older on average than women with other types of disabilities/impairments **(see Chapter 3)**, which might be associated with the development of other diseases as well.

Women with hearing disabilities/impairments were also more likely to seek assistive devices/tools-related services (16 percent), social services (13 percent) and recreational and sports services **(Table 5.2)**.

Table 5.2: Percent distribution of women according to whether they receive services and the type of services, according to type of disability/impairment, Egypt 2020

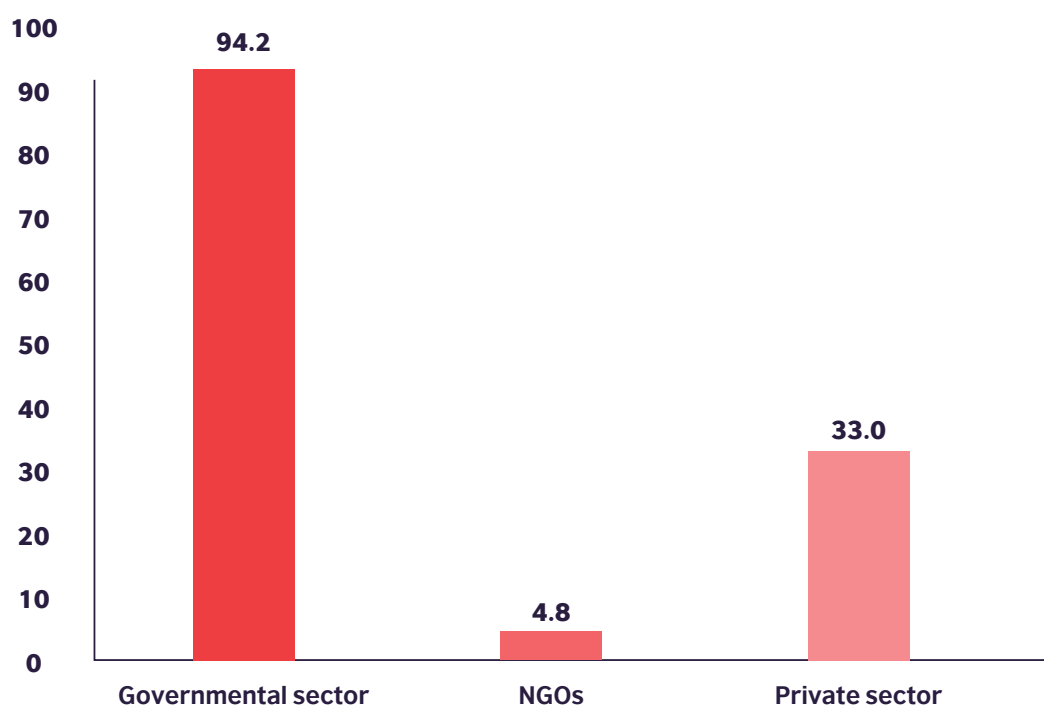
Receiving service(s)/Type of service(s) received	Type of the disability/impairment				Total
	Physical	Hearing	Visual	Multiple	
Women receive service(s) from governmental, private or NGO sector					
Yes	83.7	81.6	82.2	84.1	83.1
No	16.3	18.4	17.8	15.9	16.9
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	3323	641	1394	258	5616
Type of service (s) obtained¹					
Medical services	66.2	59.8	70.2	70.0	66.6
Assistive devices/tools	9.6	16.4	6.8	10.6	9.7
Educational services	1.9	11.7	2.0	1.4	3.0
Occupational training	1.7	1.3	1.0	0.0	1.4
Social services	9.8	13.4	9.1	12.4	10.1
Financial services	80.8	81.6	78.5	74.7	80.1
Recreational and sportive services	0.1	1.3	0.0	0.5	0.2
Apartments for disabled people	0.1	0.0	0.2	0.0	0.1
Number of women who reported receiving services	1146	523	2781	217	4667

¹ The sum of the percentages exceeds 100.0 percent because some women obtained more than one service.

5.1.2 Source and Quality of Services Received

The governmental sector was the main source of the various services received by the survey respondents, with 94 percent of women reporting that they receive their

services from this sector (**Figure 5.2**). This was expected because the governmental sector is the most affordable provider of services for the poor. One third of women get their services from the private sector, while only 5 percent get their services from NGOs.

Figure 5.2: Percentage of women who receive services by the type of service provider,¹ Egypt 2020

¹ The sum of the percentages exceeds 100.0 percent because some women obtained more than one service.

The majority of the respondents perceived the quality of the service they received as good, regardless of the type or the source of the service (**Table 5.3**). However, services provided by the governmental sector were perceived to be of lesser quality than those provided by the private sector or by NGOs. For example, whereas 97 percent and 91 percent of women who received medical services from the private sector or from NGOs respectively reported that the services they received were of excellent or good quality, only 81 percent who receive the same services from the governmental sector described them as excellent or good. Similarly, of the women who received financial benefits, 93 percent who received

them from the private sector and 85 percent who received them from NGOs rated the quality of the services as excellent or good, compared to 76 percent of those who obtained them from the governmental sector.

Regarding the quality of the different types of services, the respondents rated the quality of the medical services they received higher than other types of services. However, considerable numbers of women who received medical or other services from the governmental sector rated these services as of bad quality. Between 19 percent and 27 percent of women who received different services from the governmental sector perceived these services to be of bad quality.

Table 5.3: Percentage of women who receive services by their opinion of the quality of the services, by type of service and type of service provider, Egypt 2020

Type of the source providing the service /assessment of the service quality	Type of service received					
	Medical services	Assistive devices/ tools	Educational services	Social services	Financial services	Others
Governmental Sector						
Excellent	14.7	17.7	25.4	15.8	14.8	23.3
Good	66.2	55.6	55.4	62.9	61.6	54.8
Bad	19.1	26.7	19.2	21.3	23.7	21.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Number of cases who reported receiving the service from governmental sector ¹	2583	243	130	418	3579	73
NGOs						
Excellent	24.0	22.8	*	26.2	18.6	*
Good	66.7	63.2	*	60.7	66.3	*
Bad	9.3	14.0	*	13.1	15.1	*
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Number of cases who reported receiving the service from NGOs ¹	75	57	13	61	86	9
Private sector						
Excellent	42.1	34.5	*	(39.6)	27.1	*
Good	55.0	56.6	*	(47.9)	66.1	*
Bad	2.9	8.8	*	(12.5)	6.8	*
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Number of cases who reported receiving the service from private sector ¹	1347	249	18	48	295	9

Note: An asterisk indicates a figure is based on fewer than 25 responses /women and has been suppressed, and figures in parentheses are based on 25 - 49 cases.

¹ The total number of cases is different from the total number of the survey respondents (5,616) because some women reported receiving more than one service from more than one source.

5.1.3 Unmet Need for Services

Considerable numbers of the survey respondents had unmet need (they needed the service but were not receiving it) for various services, particularly financial and medical services (**Table 5.4**). Although large majorities of women reported receiving financial and medical services (80 percent

and 67 percent respectively), as indicated above, most women still had an unmet need for these services. As seen from the data presented in **Table 5.4**, 54 percent of respondents said that they needed financial services but had not obtained them. A similar proportion (53 percent) reported their unmet need for medical services.

Table 5.4: Percentage of women by their unmet need for various services,¹ according to their age, Egypt 2020

Type of services ¹ women have unmet need for	Women's age										Total
	18 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60+	
Medical services	51.7	49.2	46.4	49.8	48.8	53.4	55.5	57.2	58.6	59.8	52.5
Assistive devices/tools	24.6	23.0	22.2	23.5	22.0	20.2	22.0	19.6	20.4	25.7	22.2
Educational services	13.8	7.7	7.7	7.1	5.7	4.5	4.1	2.2	1.2	1.5	5.3
Occupational training/ employment	23.7	28.8	23.4	23.0	18.6	11.9	8.5	3.0	0.8	1.3	15.1
Social services	27.2	22.8	21.2	20.9	19.8	14.9	18.7	16.6	12.6	10.6	18.4
Financial services	44.8	47.1	48.2	53.2	53.4	57.0	59.3	59.6	62.6	54.9	54.1
Recreational and sportive services	9.5	4.8	5.6	3.0	2.7	0.7	1.8	1.4	0.2	0.2	2.7
Increasing the proportion of people with disabilities in jobs	32.8	31.7	28.7	24.8	21.1	16.8	12.2	7.4	5.1	4.5	18.9
Preparing special places in the governmental and private facilities for people with disabilities to finalize their requirements without tiredness	17.7	14.0	14.0	13.4	14.4	12.6	16.9	16.2	17.9	15.1	14.9
Activation of using elderly and disabled people's seats in public transportation	9.5	8.8	10.8	8.3	11.1	7.8	11.4	13.6	14.8	13.6	10.8

Preparing the corridors, streets, buildings, public toilets, gardens and alike for facilitating movement	14.2	12.8	11.2	11.6	12.8	11.7	16.1	14.4	13.4	14.5	13.1
Installment of audio-visual alerts on traffic signs and pedestrian crossings to help people with hearing or visual disabilities during crossing	11.6	8.2	8.5	8.3	8.0	6.4	8.3	5.6	6.4	6.0	7.6
Provision of financial support for disabled people's devices and tools	16.8	15.3	16.7	14.7	12.7	13.1	13.6	13.6	11.9	11.0	13.9
Others	5.6	7.4	6.9	4.9	7.5	8.5	6.5	4	6.2	4.8	6.3
Do not need service	5.2	5.5	7.2	5.9	6.3	5.4	4.9	6.4	5.1	7.3	6.0
Do not know	1.3	1.8	2.1	1.8	1.6	1.4	1.6	2.2	1.8	1.9	1.8
Number of women	232	649	623	775	773	579	508	500	514	463	5616

¹ The sum of the percentages exceeds 100.0 percent because some women obtained more than one service.

Among the other services, the need for assistive devices/tools-related services was the most common response (22 percent), followed by increasing the proportion of people with disabilities in jobs (19 percent) and the need for social services such as disability cards for theatres, clubs and other recreational activities (18 percent). Fifteen percent of women stated an unmet need for occupational training and work opportunities. The same percentage said they required the implementation of special facilities in governmental and private facilities for persons with disabilities to complete their business without over-exertion. Fourteen percent said they needed financial support to buy assistive devices/tools. Eleven percent indicated they needed seating for the elderly and people with disabilities on public transportation and 13 percent said they needed streets, buildings, public toilets and parks to be adapted for facilitating movement.

The data presented in **Table 5.4** by the women's ages indicate that the need for financial and medical services was the top priority among women of all age groups, but the demand for these services was most common among women aged 40 years and over. The ranking of most needed services differed across the various age groups. The need for increasing the proportion of people with disabilities in jobs came in third for women below 35 years old, with between one quarter and one third of women in these age categories reporting their need for this service. In addition, considerable proportions of women below 35 reported their unmet need for occupational training and social services (e.g. disability cards for theatres, clubs and other recreational activities). The creation of specific seating for the elderly and people with disabilities on public transport was more likely to be needed by women aged 50 years and over than by younger women. No clear pattern

was observed for unmet need for assistive devices/tools by women's age.

The unmet need for medical and financial services was more common among women with physical, visual or multiple disabilities/impairments than women with hearing disabilities/impairments (**Table 5.5**). For example, while 56 percent of women with visual disabilities/impairments, 52 percent of women with physical disabilities/impairments and 53 percent of women with multiple disabilities/impairments declared their need for medical services, the comparable proportion among women with hearing disabilities/impairments was 45 percent. The same factors mentioned above as possible reasons for the variations in utilization of medical services according to types of disability/impairment may also apply here.

The unmet need for the other services also differed by type of disability. Women who suffered from physical, visual or multiple disabilities/impairments were more likely than women with hearing disabilities/impairments to have unmet need for convenient arrangements in governmental and private facilities and in the public places as well as for the provision of seats for elderly and people with disabilities on public transport. For example, while 13 - 16 percent of these women indicated their need for

adapting streets, buildings, public toilets, and parks, among others, for facilitating movement, only 6 percent of women with hearing disabilities/impairments indicated the same need. On the other hand, women with hearing disabilities/impairments were more likely than other women to mention their need for assistive devices/tools (38 percent) and financial support for these devices (17 percent). Women with hearing disabilities/impairments were also much more likely than other women to mention their need for the services that are associated with their younger ages, such as educational services (11 percent), occupational training and work opportunities (32 percent), social services (32 percent), increasing the proportion of people with disabilities in jobs (31 percent), and recreational and sports services (8 percent).

Fifteen percent of women with visual disabilities/impairments and 14 percent with hearing disabilities/impairments said they required the instalment of audio-visual alerts on traffic signs and pedestrian crossings to help during crossing roads. These relatively low percentages might reflect that most women with visual or hearing disabilities/impairments in the survey sample either do not really need these adaptations or they were not very aware of them and therefore did not perceive a need for them.

Table 5.5: Percentage of women by their unmet need for various services,¹ according to type of disability/impairment, Egypt 2020

Type of services ¹ women have unmet need for	Type of the disability/impairment				Total
	Physical	Hearing	Visual	Multiple	
Medical services	52.1	44.8	56.0	52.5	52.5
Assistive devices/tools	20.4	37.6	18.4	22.2	22.2
Educational services	4.0	11.2	6.3	5.3	5.3
Occupational training	12.5	31.5	14.6	15.1	15.1
Social services	16.6	32.3	16.9	18.4	18.4
Financial services	54.1	47.9	57.1	54.1	54.1
Recreational and sportive services	2.2	8.4	1.9	2.7	2.7
Increasing the proportion of people with disabilities in jobs	17.1	31.0	18.9	18.9	18.9
Preparing special place in the governmental and private entities for disabled people to finalize their requirements without tiredness	14.5	10.5	18.0	14.9	14.9
Activation of using elderly and disabled people's seats in public transportation	11.5	3.6	12.9	10.8	10.8
Preparing the corridors, streets, buildings, public toilets, gardens and alike for facilitating movement	13.2	5.6	16.5	13.1	13.1
Installment of audio-visual alerts on traffic signs and pedestrian crossings to help people with hearing or visual disabilities during crossing	3.5	13.7	14.9	7.6	7.6
Provision of financial support for disabled people's devices and tools	12.4	16.5	15.4	13.9	13.9
Do not need service	6.3	5.6	5.7	6.0	6.0
Others	6.1	3.3	4.5	5.4	5.4
Do not know	2.0	0.6	1.7	1.8	1.8
Total number of women	3323	641	1394	258	5616

¹ The sum of the percentages exceeds 100.0 percent because some women listed more than one service.

5.2 Assistance in daily activities

The 2020 VAWWDS asked the women interviewed whether they needed assistance from their own household or someone outside their household in performing their basic daily activities. Those who responded affirmatively to the question were asked to report the type of activities with which they needed assistance. The women were then asked about each reported activity, whether they received the assistance in performing that activity from their own household, outside the household, or both, and who the main person was who provided the assistance.

5.2.1 Need for assistance in daily activities

The vast majority of the women interviewed said they needed assistance from others in performing daily activities (80 percent) regardless of their age or type of disability/impairment (**Table 5.6**). Almost no differences exist among the various age groups of women below 50 years old regarding need for assistance in daily activities. However, the need for assistance from others increases among older women from 79 percent of women aged 40 - 49 to 84 percent of women in aged 50 - 59 and 89 percent of women 60 and above (**Figure 5.3**)

Figure 5.3: Percentage of women who need assistance in performing their daily activities, by age, Egypt 2020

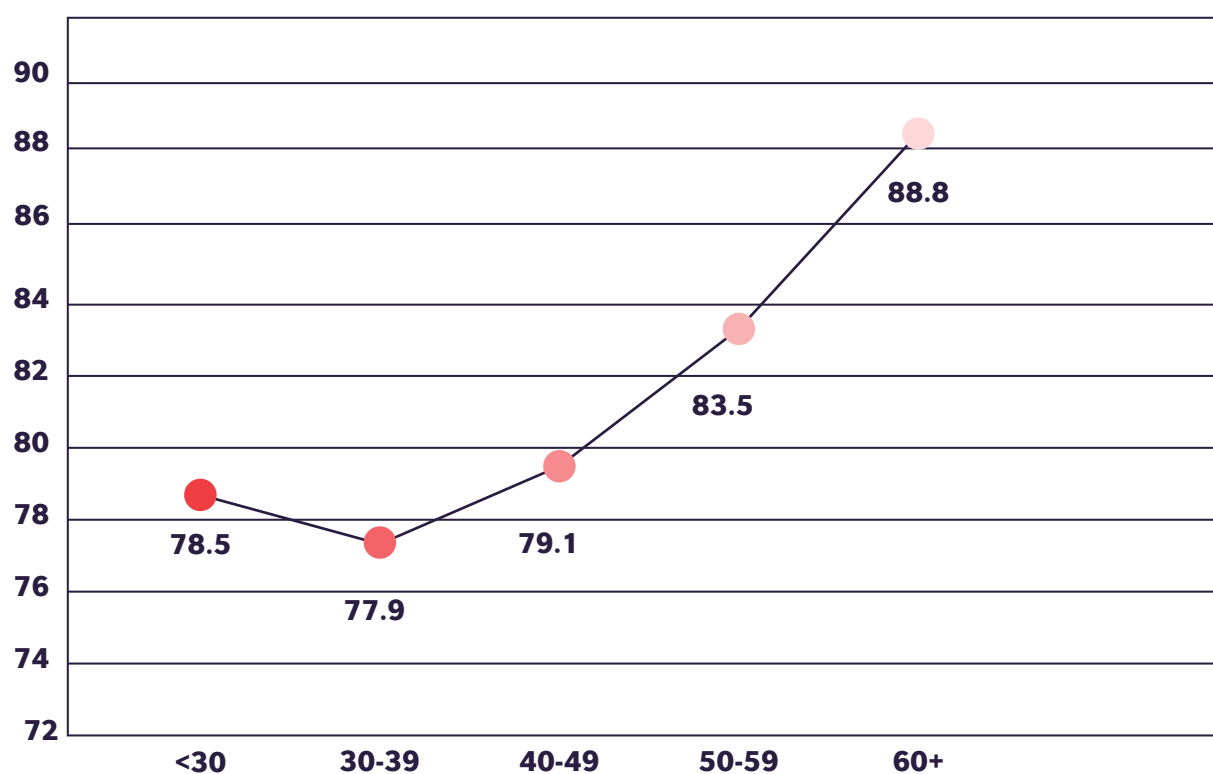


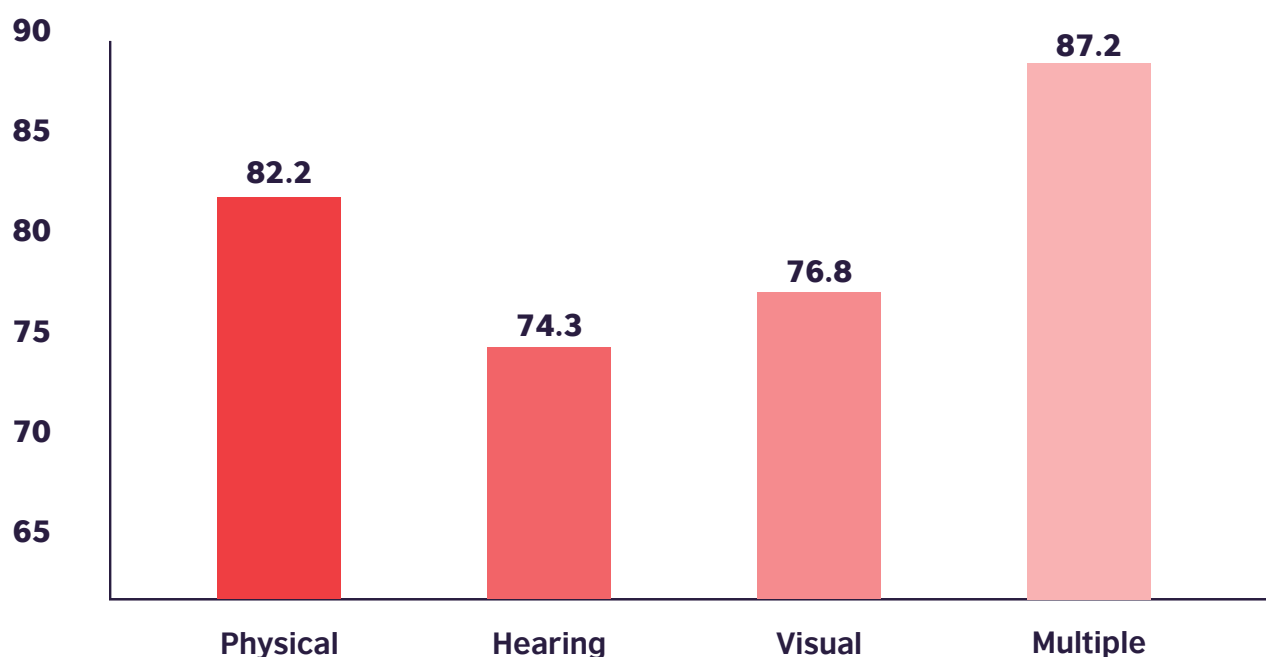
Table 5.6: Percent distribution of women by whether they need assistance from others in performing their daily activities, according to age and type of disability/impairment, Egypt 2020

Women's age/type of the disability/impairment	Need assistance in daily activities		Total	
	Yes	No	Percentage	Number of women
Women's age				
<30	78.5	21.5	100.0	1504
30 - 39	77.9	22.1	100.0	1548
40 - 49	79.1	20.9	100.0	1087
50 - 59	83.5	16.5	100.0	1014
60+	88.8	11.2	100.0	463
Type of the disability/impairment				
Physical	82.3	17.7	100.0	3323
Hearing	74.3	25.7	100.0	641
Visual	76.8	23.2	100.0	1394
Multiple	87.2	12.8	100.0	258
Total	80.2	19.8	100.0	5616

Women with multiple disabilities/impairments are more likely to depend on others in the basic activities of daily life than women with other types of disabilities/impairments, while the reverse is true for women with hearing disabilities/impairments (**Figure 5.4**). This pattern was expected due to the age structure of these two groups of women, as well as the nature of their disabilities/impairments. Women with hearing disabilities/impairments are of younger ages and the nature of their disabilities do not restrict their mobility, which is needed to perform many daily

activities. On the other hand, women with multiple disabilities/impairments are more likely to be older, and they mainly suffer from mobility and visual disabilities (**see Chapter 3**) which limit their ability to complete their daily activities. Eighty-seven percent of women with multiple disabilities/impairments needed assistance from others in performing daily activities, while the comparable proportion among women with hearing disabilities/impairments was 74 percent. Women with physical disabilities/impairments were second highest, at 82 percent.

Figure 5.4: Percentage of women who need assistance in performing their daily activities, by type of disability/impairment, Egypt 2020



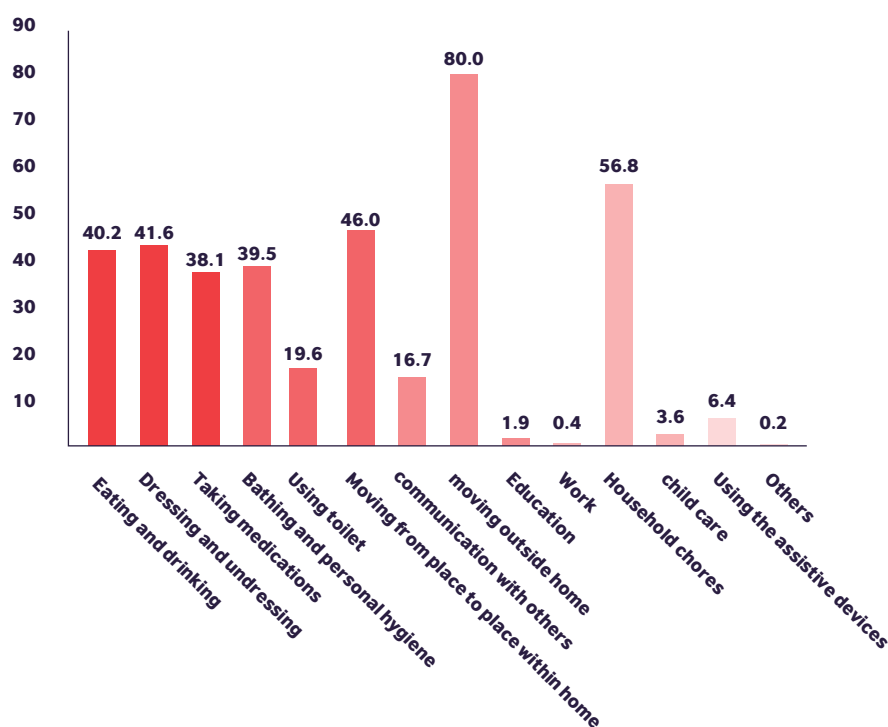
5.2.2 Types of daily activities requiring assistance

Moving outside the home was the main activity the survey respondents said they needed assistance with, at 80 percent of the women who said they needed assistance from others with basic daily tasks. Significant proportions of women needed assistance from others in performing many other daily activities as well. For example, around 6 in 10 women needed assistance with household chores (57 percent) and nearly 5

in 10 women needed assistance in moving around within their home (46 percent). Around two fifths needed assistance in eating and drinking, dressing or undressing, taking medication, and bathing and personal hygiene (**Table 5.7; Figure 5.5**).

A fifth of women (20 percent) who said they needed assistance in performing their daily activities needed assistance from others when using the toilet, while 17 percent needed assistance in communication with others.

Figure 5.5: Percentage of women who need assistance in performing their daily activities, by the type of activity they need assistance with, Egypt 2020



Note: The sum of the percentages exceeds 100.0 percent because some women reported their need for assistance in more than one activity.

As expected, the pattern and intensity of the assistance needed depended on the type of the woman's disability/impairment. Women with hearing disabilities/impairments typically needed assistance from others with different daily activities than women with other types of disabilities/impairments, with communication with others coming first (expressed by 93 percent). Moving outside the home was also cited by a high proportion of women with hearing disabilities/impairments (78 percent), which is most probably associated with their need for assistance in communication with others. Assistance in performing the majority of the other activities was indicated by very few women in comparison with the proportions reported by women with physical, visual or multiple disabilities/impairments.

For women with physical, visual or multiple disabilities/impairments, moving outside the home was the most cited task with which they needed assistance. Help with house chores was second for women with physical or visual disabilities/impairments (64 percent and 61 percent respectively). Around two thirds of women with multiple disabilities/impairments and around a half of women with physical disabilities/impairments and visual disabilities/impairments needed assistance with mobility within the home.

Assistance in eating and drinking, dressing and undressing, taking medication/drugs, and bathing and personal hygiene was needed by considerable proportions of women, particularly those with multiple disabilities/impairments. For instance,

around 6 in 10 women with multiple disabilities/impairments (58 percent), more than a half of women with physical disabilities/impairments (51 percent), and around a third of women with visual disabilities/impairments (32 percent) depended on others in their dressing or undressing.

Around 3 in 10 women with multiple disabilities/impairments, a quarter of women with physical disabilities/impairments and around 1 in 10 women with visual disabilities/impairments needed assistance in using the toilet.

Table 5.7: Percentage of women who need assistance in performing their daily activities by the type of activity they need assistance with, according to type of disability/impairment, Egypt 2020

Daily activities women need assistance in ¹	Type of the disability/impairment				Total
	Physical	Hearing	Visual	Multiple	
Eating and drinking	45.5	3.2	39.9	54.2	40.2
Dressing and undressing	50.9	2.7	31.6	57.8	41.6
Taking medications/drugs	40.3	16.0	37.9	58.2	38.1
Bathing and personal hygiene	48.4	5.0	28.3	56.4	39.5
Using toilet	24.9	2.3	11.5	29.3	19.6
Moving from place to place within home	51.9	0.0	47.5	64.0	46.0
Communication with others	7.4	92.9	5.5	22.7	16.7
Moving outside home	79.7	77.9	81.4	81.3	80.0
Education	1.5	4.8	2.1	0.0	1.9
Work	0.4	0.0	0.8	0.0	0.4
House chores	63.8	6.3	61.4	56.9	56.8
Child care	3.7	4.8	3.6	0.4	3.6
Using the assistive devices	8.5	0.6	3.6	6.7	6.4
Others	0.1	0.6	0.2	0.0	0.2

Note: The sum of the percentages exceeds 100.0 percent because some women reported their need for assistance in more than one activity.

5.2.3 Assistance providers

Almost all the women who needed assistance with basic daily tasks received the assistance from someone within their own household, regardless of the type of activity with which they needed assistance (**Table 5.8**). This was expected since almost all the survey respondents live with others (**only 2 percent live alone; see Chapter 3**).

The highest proportion of the few women who got assistance in performing their daily activities from outside their own household was among those who needed education-related assistance (9 percent). This is probably due to the fact that some of the survey respondents are still completing their education and they may receive assistance in the form of private tutorials.

Table 5.8: Percent distribution of women who need assistance in performing daily activities according to whether the assistance is from their own household, outside the household, or both, by the type of activity they need assistance with, Egypt 2020

Daily activities women need assistance in	Assistance got from:			Total	
	Household	Outside household	Both	Percentage	Number of cases who reported their need for assistance in performing a specific activity ¹
Feeding and drinking	96.2	3.2	0.6	100.0	1809
Dressing and undressing	97.0	2.5	0.5	100.0	1872
Taking medications and treatments	97.0	2.3	0.8	100.0	1715
Bathing and personal hygiene	97.0	2.6	0.4	100.0	1778
Using toilet	98.0	1.7	0.3	100.0	881
Moving from place to place within home or building	96.0	3.1	0.9	100.0	2071
Communication with others	94.6	3.3	2.1	100.0	983
Moving outside home	95.3	3.5	1.3	100.0	3604
Education	89.7	9.2	1.1	100.0	87
Work	*	*	*	*	20
Household chores	94.5	4.5	1.0	100.0	2559
Child care	94.5	4.3	1.2	100.0	164
Using the assistive devices	96.9	3.1	0.0	100.0	289
Others	*	*	*	*	8

Note: An asterisk indicates a figure is based on fewer than 25 cases and has been suppressed.

¹ The total number of cases exceeds the number of the survey respondents because some women reported their need for assistance in more than one activity.

For most of the daily activities women said they needed assistance with, parents were the main carers, followed by children (**Table 5.9**). Other relatives (but not siblings, aunts and uncles) play an obvious role in helping women in activities such as eating and drinking, dressing and undressing, taking medications, bathing and personal hygiene and using the toilet. For example, more than a fifth of women (22 percent) reported that other relatives were the main people

who assisted them in eating and drinking. Husbands and older children were the main people who assisted with childcare, reported by 30 percent and 24 percent of the women respectively. Children, siblings and husbands were the main people who assisted the women in their work, which may indicate that these women work in the informal sector, where familial relationships are particularly common.

Table 5.9: Percent distribution of women who need assistance in daily activities according to the main person who provides the assistance, by the type of activity they need assistance with Egypt 2020

Daily activities women need assistance in	Main person provides the assistance									Total
	Parents	Siblings	Uncles/ aunts	Other relatives	Friends/ neighbors	In-laws	Husband	Children	%	Number of cases who reported their need for assistance in performing a specific activity ¹
Feeding and drinking	32.2	10.3	0.3	22.1	0.6	0.7	6.5	27.4	100.0	1809
Dressing and undressing	36.6	11.7	0.2	17.2	0.5	0.4	8.9	24.6	100.0	1872
Taking medications and treatments	33.2	9.8	0.4	16.9	0.6	0.4	12.7	25.9	100.0	1715
Bathing and personal hygiene	38.1	11.6	0.4	17.8	0.5	0.3	7.1	24.3	100.0	1778
Using toilet	43.2	10.6	0.2	17.4	0.2	0.1	8.9	19.4	100.0	881
Moving from Place of residence to Place of residence within home	34.1	14.8	0.5	13.9	1.0	0.6	15.5	19.7	100.0	2071
Communication with others	49.9	16.3	0.9	9.3	1.7	2.5	8.8	10.6	100.0	983
Moving outside home	33.2	16.3	0.7	11.8	1.2	0.5	17.0	19.2	100.0	3604
Education	57.1	23.8	1.2	7.1	6.0	0.0	1.2	3.6	100.0	87
Work	10.0	25.0	0.0	0.0	5.0	0.0	20.0	40.0	100.0	20
Household chores	22.0	10.9	0.2	0.0	24.3	1.2	0.9	7.7	100.0	2559
Child care	18.6	3.1	0.6	12.4	1.2	9.9	30.4	23.6	100.0	164
Using the assistive devices	40.3	12.0	0.4	9.9	1.1	0.0	12.0	24.4	100.0	289
Others	*	*	*	*	*	*	*	*	*	8

Note: An asterisk indicates a figure is based on fewer than 25 cases and has been suppressed.

¹ The total number of cases exceeds the number of the survey respondents because some women reported their need for assistance in more than one activity.

5.3 Challenges in dealing with others or moving outside the home

Most women with disabilities face problems in dealing with others or moving outside their home (57 percent), particularly those with hearing or multiple disabilities/ impairments (69 percent and 66 percent respectively) (**Figure 5.6**).

The most frequently problem reported by the women interviewed was the unavailability of someone who could escort them when moving outside their home (reported by 63 percent) (**Figure 5.7**). This problem was the most common among women with multiple or visual disabilities/ impairments, with around three quarters citing it. Dealing with pitying looks from others was also a major problem faced by women with disabilities/ impairments (reported by 54 percent), particularly among women with physical disabilities/ impairments (57 percent).

Due to the different nature of their disabilities, their younger ages, and consequently their different needs, the types of problems faced by women with hearing disabilities/ impairments were

somewhat different to those of women with other types of disabilities/ impairments. The main problem faced by women with hearing disabilities/ impairments was the unavailability of a sign language interpreter, reported by around 7 in 10 women (69 percent). More than half complained about pitying looks from others (52 percent) and around 4 in 10 women (39 percent) had problems with the unavailability or to escort them when moving outside their home. In comparison with women with other types of disabilities/ impairments, a high proportion of women with hearing disabilities/ impairments complained of being confined to specific jobs and activities, or their lack of integration within society. Twenty-two percent of women with hearing disabilities/ impairments reported this problem, compared to only 8 - 9 percent of women with other types of disabilities/ impairments. Moreover, the proportion of women who complained that tasks were not delegated to them or who said others doubted their capabilities was higher among women with hearing disabilities/ impairments than women with other types of disabilities/ impairments.

Figure 5.6: Percentage of women who face problems both in dealing with others and in moving outside home, by type of disability/impairment, Egypt 2020

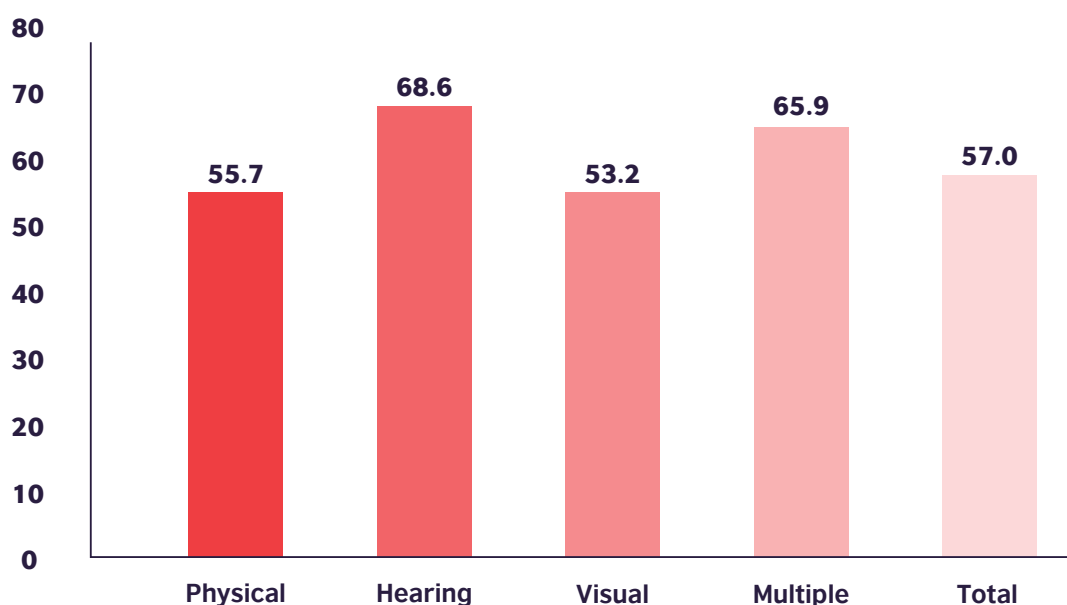
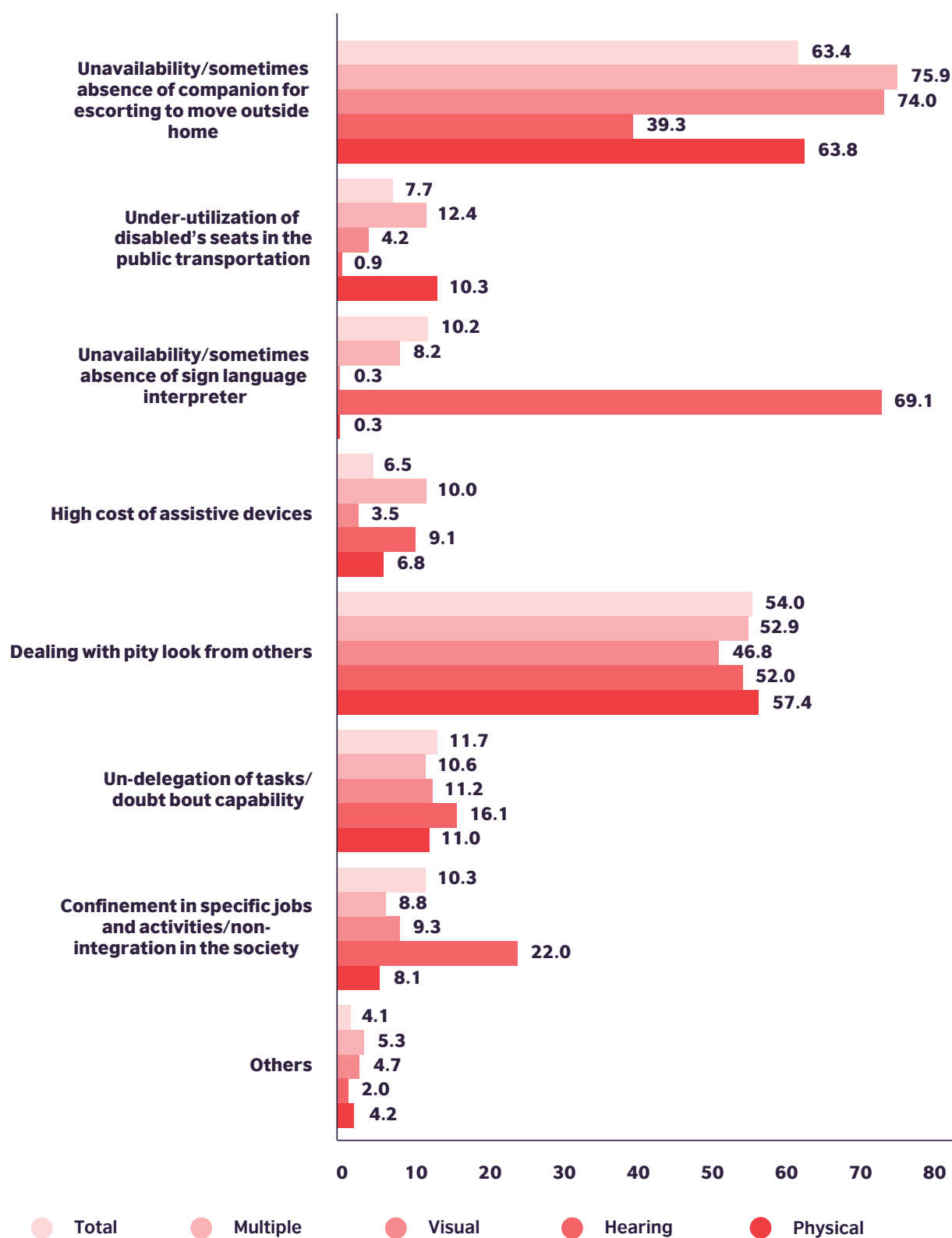


Figure 5.7: Percentage of women who face problems in dealing with others or moving outside home, by the type of problem they face and the type of disability/impairment, Egypt 2020



5.4 Conclusion

Although the majority of the survey respondents reported receiving financial and medical services, most of them still had an unmet need for further services in these categories. Women with hearing disabilities/impairments were less likely than women with physical, visual, or multiple disabilities/impairments to both receive and have unmet needs for medical services. This could be due to the fact that hearing impairments are usually stable and do not need particular medical interventions, apart from hearing aids. In addition, the women in the survey sample with hearing disabilities/impairments were younger on average than the other women and hence are less likely to have other health issues.

A low number of the women surveyed received educational services. These low proportions, combined with the high literacy rate (see Chapter 3) reflect the fact that the education of women with disabilities, particularly those from poorer communities, has not been prioritized. Research suggests that, if women with disabilities cannot continue their education, training for basic work at an early age can encourage them to be socially independent and can help them integrate into the mainstream of

society as productive members who do not need to rely on sympathy (Hagrass, 2004). Occupational training can also help women with disabilities to find appropriate jobs and hence be economically independent. However, very few women with disabilities surveyed, regardless of their age, had obtained occupational training. This is despite the fact that a considerable proportion of the women below 35 years old indicated their need for occupational training. Moreover, negligible proportions were accessing recreational and sports services. This also reflects a devaluation of the idea of providing these services to such women, as well as the difficulties they may face in accessing these services.

Most women with disabilities face problems in dealing with others or moving outside the home. The most common challenge women with physical, visual or multiple disabilities faced was the absence of a companion to escort them in moving outside the home, while the absence of sign language interpreters was the major problem faced by women with hearing disabilities/impairments. Dealing with pitiful looks from others was a challenge faced by women with disabilities in general, regardless of their type of disability.

Chapter 6: Harmful Traditional Practices

Key findings

Harmful practices may be described as all types of violations against. These harmful traditional practices vary from culture to culture, and in Egypt the most common harmful traditional practices against women and girls are female genital mutilation (FGM), forced marriage and child marriage. The key results from the survey found that harmful traditional practices were most common among older women, those from Upper Egypt, illiterate women, and women whose disabilities/impairments had occurred at an older age. Furthermore, eighteen percent of the women surveyed had married before reaching the age of 18.

Key findings

- Eighty percent of the 2020 VAWWDS respondents had undergone FGM.
- The majority of ever-married women had consented freely to their marriages. However, 14 percent said they had been forced to marry their current or most recent husband.
- Women who displayed a sense of self-esteem or self-confidence were significantly less likely to have experienced forced marriage than women who did not.
- Eighteen percent of the women had married before reaching the age of 18.
- Harmful traditional practices were most common among older women, those from Upper Egypt, illiterate women, women whose disabilities/impairments had occurred at an older age..

All violations against women and girls may be described as harmful practices. These harmful traditional practices vary from culture to culture, but may include early/child marriage, forced marriage and marriage by abduction/rape, female genital mutilation (FGM), “honour” crimes, and female infanticide. Harmful traditional practices are largely carried out without the consent of the woman/girl involved and thus constitute violence against them and are a violation of their personal dignity and human rights, as set out in the Universal Declaration of Human Rights.⁽¹⁾

FGM, forced marriage and child marriage are among the most common harmful traditional practices against women and girls in Egypt.⁽²⁾ These practices have received global attention due to their severe and negative impacts on the health and well-being of girls and women in general.

This chapter presents the findings of the 2020 VAWWDS on the prevalence of FGM, forced marriage and child marriage are prevalent among the survey respondents and how these practices vary by women’s characteristics and the characteristics of their disability/impairment.

6.1 Female genital mutilation

FGM (also referred to as female genital cutting) has no health benefits but creates many health risks, including potentially severe physical and psychological complications. The practice of FGM is traditional in Egypt, and adherence to the custom remains widespread despite the government banning the practice (El-Zanaty and Way, 2015a).

In 2008, Law No. 12 of 1996 (the Child’s Law) was amended to include an article that criminalized FGM, making it a misdemeanour offense. Furthermore, this article was incorporated into the Penal Code to ensure that existing articles that address deliberate bodily injury be applied to FGM. The legislation stipulated punishments including a prison sentence ranging from three months to two years, or a fine ranging from 1,000 to 5,000 Egyptian pounds (EGP), for anyone who causes an injury which is punishable by the articles of the Penal Code through performing FGM.

In 2016, the government amended the law criminalizing FGM, designating the practice a felony and mandating stricter punishments

¹ International Planned Parenthood Federation, “Harmful traditional practices affecting women & girls”. Available at: https://www.ippf.org/sites/default/files/harmful_traditional_practices.pdf.

² Stop Violence Against Women, “Types of Harmful Practices”. Available at: https://www.stopvaw.org/harmful_practices.

for those convicted of performing the procedure. The amendment to the law criminalizing FGM, which had been a misdemeanour since 2008, increased prison terms for practitioners who perform the procedure to between five and seven years. The amendment also imposes a stricter penalty of up to 15 years' imprisonment if the practice leads to death or a «permanent deformity.» Those who «escort» girls to the procedure can also face sentences ranging from one to three years.⁽³⁾

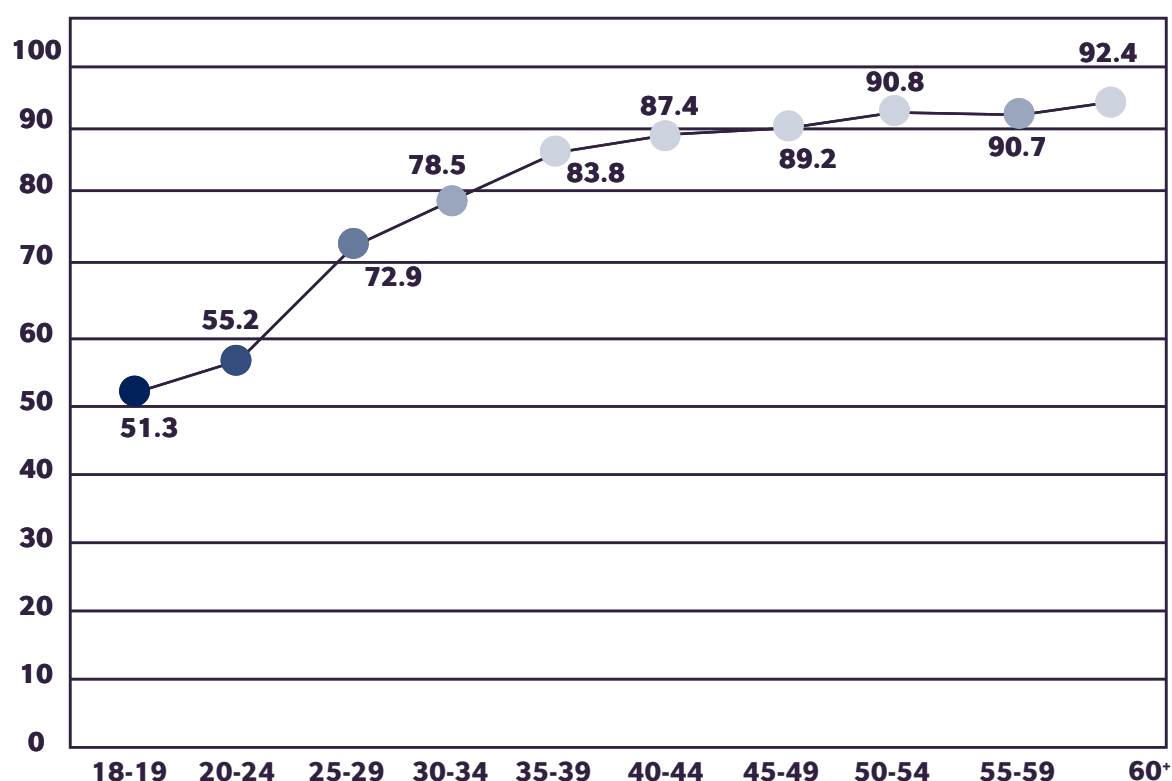
6.1.1 Prevalence of FGM and differentials by women's background characteristics

The experience of FGM was common among the survey respondents, with 80 percent reporting they had been subjected to it (**Table 6.1**). However, this figure is around 10 percentage points lower than the figure in the 2015 ECGBVS, a national survey, which was 89.5 percent for women aged 18 - 64. The different results from a survey in 2015 and one in 2020 cannot be interpreted

as a result of the recent intensive efforts to combat FGM, as these efforts target young girls, not the age range of the 2020 VAWWDS respondents.

Strong correlation can be seen between some background characteristics of the women in the VAWWDS and whether they reported experiencing FGM. The results presented in **Table 6.1** and **Figure 6.1** document a significant decline in FGM across generations, although FGM still affects a majority of the younger generation. The same finding was noted by other, national surveys, including the 2014 EDHS and the 2015 ECGBVS. More than half of the 2020 VAWWDS respondents in the age range 18 - 24, and around three quarters aged 25 - 29, had been subjected to FGM. The proportion of women who reported that they had experienced FGM exceeded 90 percent among women aged 50 years and over. The lower rates of FGM among the 2020 VAWWDS respondents than among the 2015 ECGBVS respondents were observed across the various age groups (**see Table B.2 in Annex B**).

³ 28 Too Many (April 2017). "Country Profile: FGM in Egypt". Available at: <https://www.refworld.org/pdfid/5a17ef454.pdf>.

Figure 6.1: Percentage of women who have been subject to FGM, by age, Egypt 2020

The highest prevalence of FGM in the VAWWDS survey sample was among widowed women (94 percent), while never-married women had a significantly lower rate (67 percent) than women in other marital status categories (**Table 6.1**). This might be due to the concentration of never-married women at younger ages, and younger women are less likely to have experienced FGM, as explained above. The reverse is true for widowed women, who are typically older. The pattern is exactly the same as that indicated by the 2015 ECGBVS and even has comparable proportions (95 percent of widowed women and 65 percent of never-married women in the ECGBVS had undergone FGM).

At the regional level, women from Upper Egypt were significantly more likely to have experienced FGM than women from the urban governorates or Lower Egypt (**Figure 6.2**). The rate of FGM among women in Upper Egypt (85 percent) was 24 percentage points higher than the rate among women in the urban governorates (61 percent) and 7 percentage points higher the rate for women in Lower Egypt (78 percent).

Across the educational attainment categories, the highest prevalence of FGM was among illiterate women (82 percent), and the lowest rate was among women with university or higher qualifications (69 percent). These patterns are in line with those of the 2015 ECGBVS.

Figure 6.2: Percentage of women who have experienced FGM, by place of residence, Egypt 2020

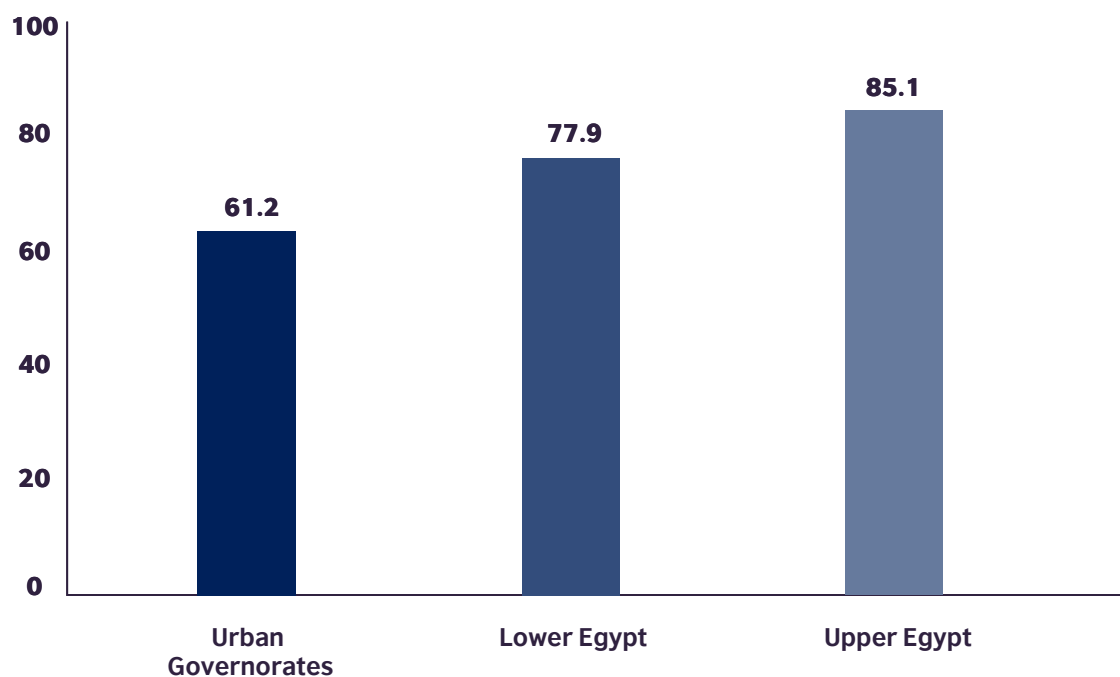


Table 6.1: Percentage of women (aged 18+) who have undergone FGM, according to selected background characteristics, Egypt 2020

Background characteristics	Percentage of women who have undergone FGM	Number of women
Women's age***		
18 - 19	51.3	232
20 - 24	55.2	649
25 - 29	72.9	623
30 - 34	78.5	775
35 - 39	83.8	773
40 - 44	87.4	579
45 - 49	89.2	508
50 - 54	90.8	500
55 - 59	90.7	514
60+	92.4	463
Current marital status***		
Currently married	90.3	2817
Divorced/separated	86.8	220
Widowed	93.5	107
Never married	67.1	2465
Marriage contract	*	7

Place of residence***		
Urban Governorates	61.2	552
Lower Egypt	77.9	2149
Upper Egypt	85.1	2915
Educational attainment***		
Illiterate	81.5	2980
Read and write	79.7	739
Primary/preparatory	74.7	375
Secondary/above intermediate and less than University	80.1	1314
University and higher	68.8	208
Total	80.0	5616

*** $P < 0.001$

6.1.2 Differentials in FGM by characteristics of women's disability/impairment

Like the differentials by women's background characteristics, a clear and significant association was observed between women undergoing FGM and the age of onset of their disability/impairment (**Table 6.2; Figure 6.3**). The lowest rate of FGM was among women who were born with their disability/impairment (68 percent) and the highest rate was reported by women whose disability/impairment started after their youth (age 35 or above) (93 percent). This finding can probably be attributed to the association between the onset timing of the disability/impairment and women's age, as women whose disability/impairment has existed since birth were younger on average than those whose disability/impairment had occurred later in life (**see Chapter 3**). The lower rate of FGM among women whose disability/impairment had existed since birth might also be attributed to the fact that, in some communities, there

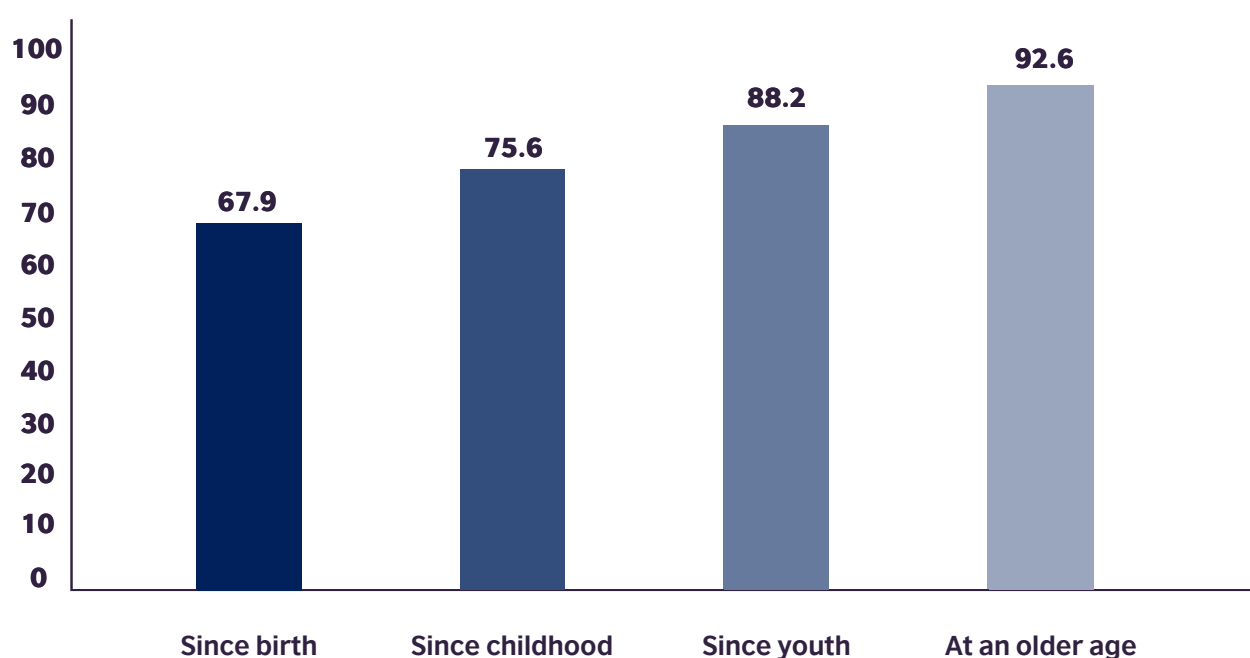
may be an assumption that girls born with disabilities will not have sexual desires or experiences like girls without disabilities. Thus, they will not be subjected to sexual exploitation (rape/abuse) and accordingly they do not need the protection provided by the FGM. This may therefore explain the significant decline in the prevalence of FGM among the survey respondents compared to that shown by the 2015 ECGBVS, given that a significant proportion of the VAWWDS respondents had had their disabilities/impairments since birth (**see Chapter 3**).

Although it was expected that women with multiple disabilities/impairments would have higher rates of FGM than other women due to their older ages and higher illiteracy rates (**see Chapter 3**), **Table 6.2 and Figure 6.4** show that women with visual disabilities/impairments were significantly ($p < 0.05$) more likely to experience FGM (84 percent) than other women. No noticeable differences in the FGM rates were observed among women with other types of disabilities/impairments. The effect of the type of disability/impairment on the

prevalence of FGM may be explained by the traditional norms around gender in these communities. Girls with visual impairments cannot defend themselves from potential sexual assault or seduction and should be protected by keeping them away from sexual feelings and desires, perceived as harmful in this way of thinking. Girls with hearing

impairments look normal and tend to resist and refuse to be led by others, and can see danger coming and protect themselves, and girls with mobility or multiple disabilities/ impairments look different and, in this line of thinking, will not desire to have sexual experiences nor attract men who could commit acts of sexual violence against them.

Figure 6.3: Percentage of women who have undergone FGM, by the age of onset of disability/impairment, Egypt 2020



Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 6.4: Percentage of women who have undergone FGM, by type of disability/impairment, Egypt 2020

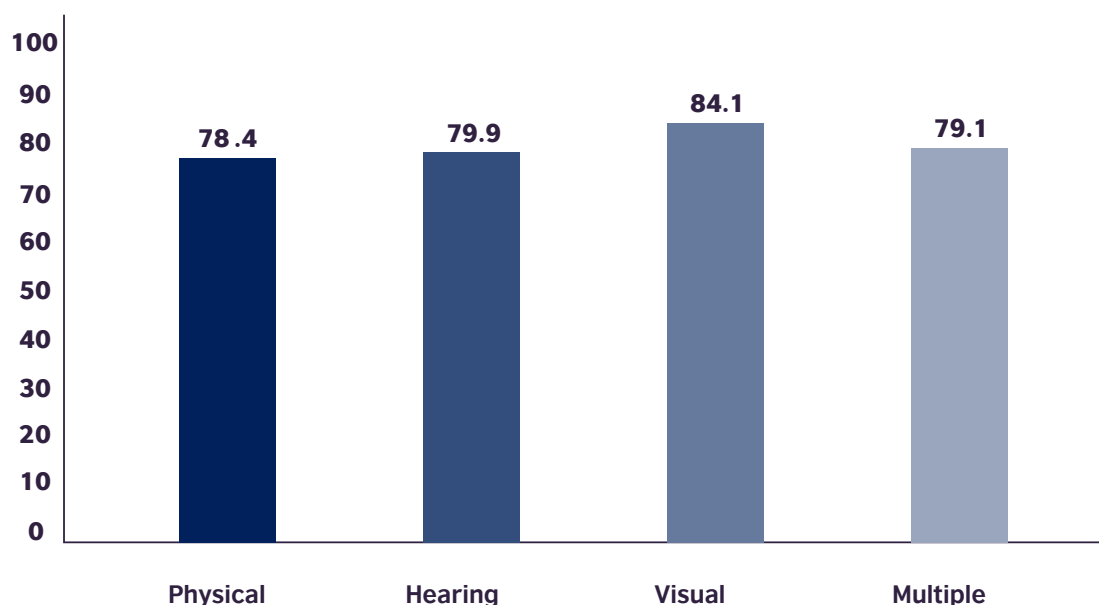


Table 6.2: Percentage of women who have undergone FGM, according to the onset timing and type of disability/impairment, Egypt 2020

Onset and type of disability	Percentage of women who have undergone FGM	Number of women
Onset of the disability/impairment***		
Since birth	67.9	1839
Since childhood	75.6	1259
Since youth	88.2	983
At older ages	92.6	1558
Type of the disability/impairment**		
Physical	78.4	3323
Hearing	79.9	641
Visual	84.1	1394
Multiple	79.1	258
Total	80.0	5616

*** $P < 0.001$

** $p < 0.05$

Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

6.2 Forced marriage

A forced marriage is defined as a marriage in which one or both spouses do not consent freely to the union. Entry into such marriages is often accompanied by physical, mental and/or emotional pressure and coercion from family members. Forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in finding and choosing a spouse. Forced marriage is a form of human rights abuse, since it violates the principle of the freedom and autonomy of individuals. The Universal Declaration of Human Rights states that a person's right to choose a spouse and enter freely into marriage is central to his/her life and dignity, and his/her equality as a human being⁽⁴⁾.

Egypt ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981, and this treaty obligates states to ensure free and full consent to marriage. Egypt has also committed to eliminate forced and early child marriage by 2030, in line with target 5.3 of the Sustainable Development Goals⁽⁵⁾.

6.2.1 Prevalence of Forced Marriage

The majority of ever-married women in the survey sample aged 18 years or over had consented freely to their current or most recent marriage (85 percent) (**Table 6.3; Figure 6.5**). That is, the woman chose her husband, both woman and husband chose each other, or the woman's family sought her consent and approval for an arranged marriage. However, 11 percent of respondents reported that their consent to marry their current or most recent husband had never been sought, and 3 percent said that their consent had been sought and

they had refused, but that the marriage had nevertheless taken place. Women who had not consented freely to their marriage (i.e. who had been forced to marry their husbands) are defined here as those whose consent had never been sought before the marriage, and those women whose consent had been sought but had not been given. This means that 14 percent of ever-married women in the survey sample had been forced to marry their current or most recent husband. This figure is higher than the 10.5 percent rate reported by the 2015 ECGBVS. The higher rate of forced marriage among the 2020 VAWWDS respondents might reflect families forcing women with disabilities to marry due to a fear that if the woman refuses the marriage proposal, she might not get another chance to marry because of her disability.

Table 6.3: Percent distribution of ever-married women according to whether their consent was sought to marry their current or most recent husbands, Egypt 2020

Women's consent to marriage	Percentage
Consent sought and given	85.2
Consent never sought	11.4
Consent sought but refused	2.9
Did not recall	0.5
Total	
%	100.0
Number of ever-married women	3144

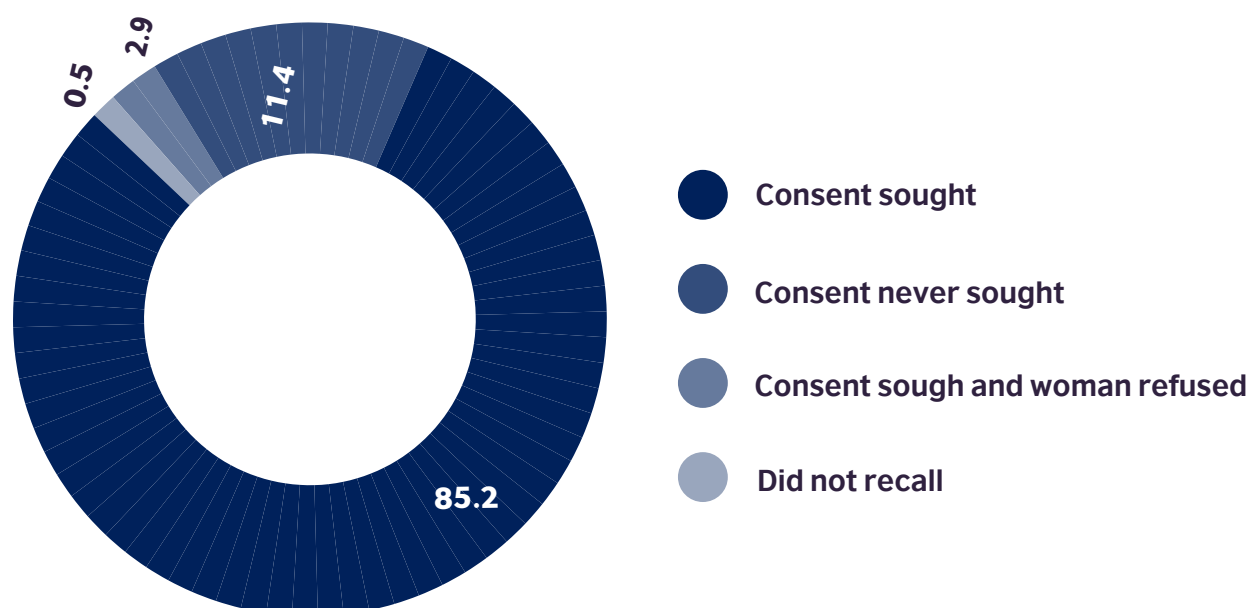
Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but refused, however the marriage took place.

⁴ "Forced marriage", Wikipedia. Available at: https://en.wikipedia.org/wiki/Forced_marriage

⁵ Girls Not Brides, "Egypt Child Marriage Rates". Available at: <https://www.girlsnotbrides.org/child-marriage/egypt/>

Figure 6.5: Percent distribution of ever-married women according to whether their consent was sought to marry their current or most recent husbands, Egypt 2020



Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but refused, however the marriage took place.

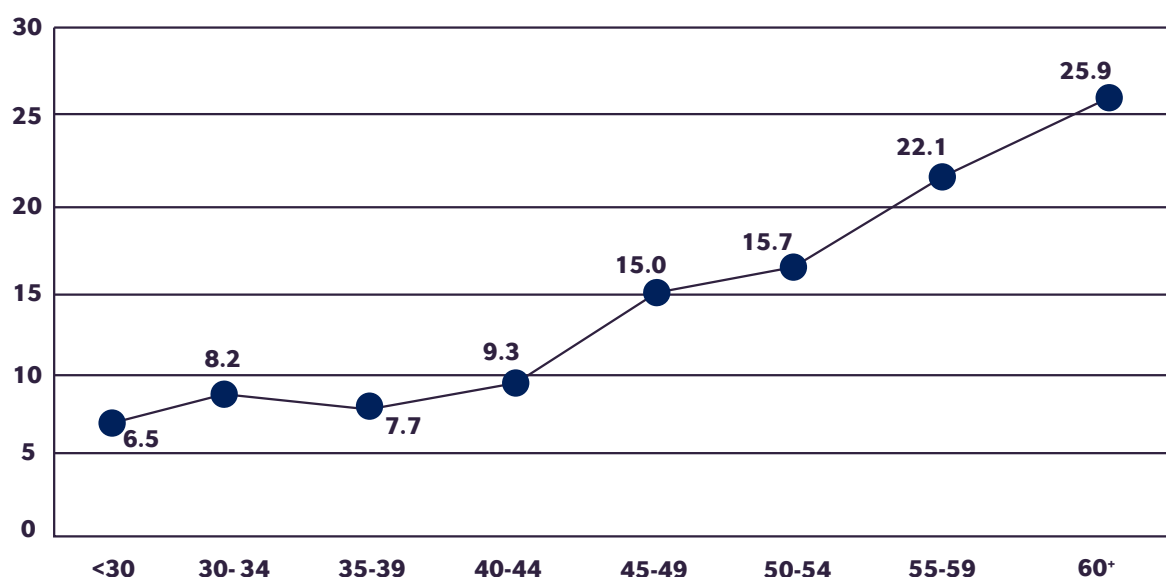
6.2.2 Differentials in forced Marriage by Women's Background Characteristics and Self-esteem/Self-confidence

Table 6.4 shows the variations in the proportions of ever-married women who had been forced to marry their current or most recent husbands by the women's background characteristics and whether they displayed a sense of self-esteem and self-confidence.

Forced marriage was significantly associated with the current age of the woman, as the table and **Figure 6.6** show. The level of forced marriage rises with women's age, from 7 percent among ever-married women below 30 years old to 26 percent among those aged 60 or over. This finding testifies to the significant decline in forced marriage across generations.

The same pattern was observed in the results of the 2015 ECGBVS at the national level—younger women were less likely to report experiencing forced marriage.

Figure 6.6: Percentage of ever-married women who had been forced to marry their husband, by women's current age, Egypt 2020



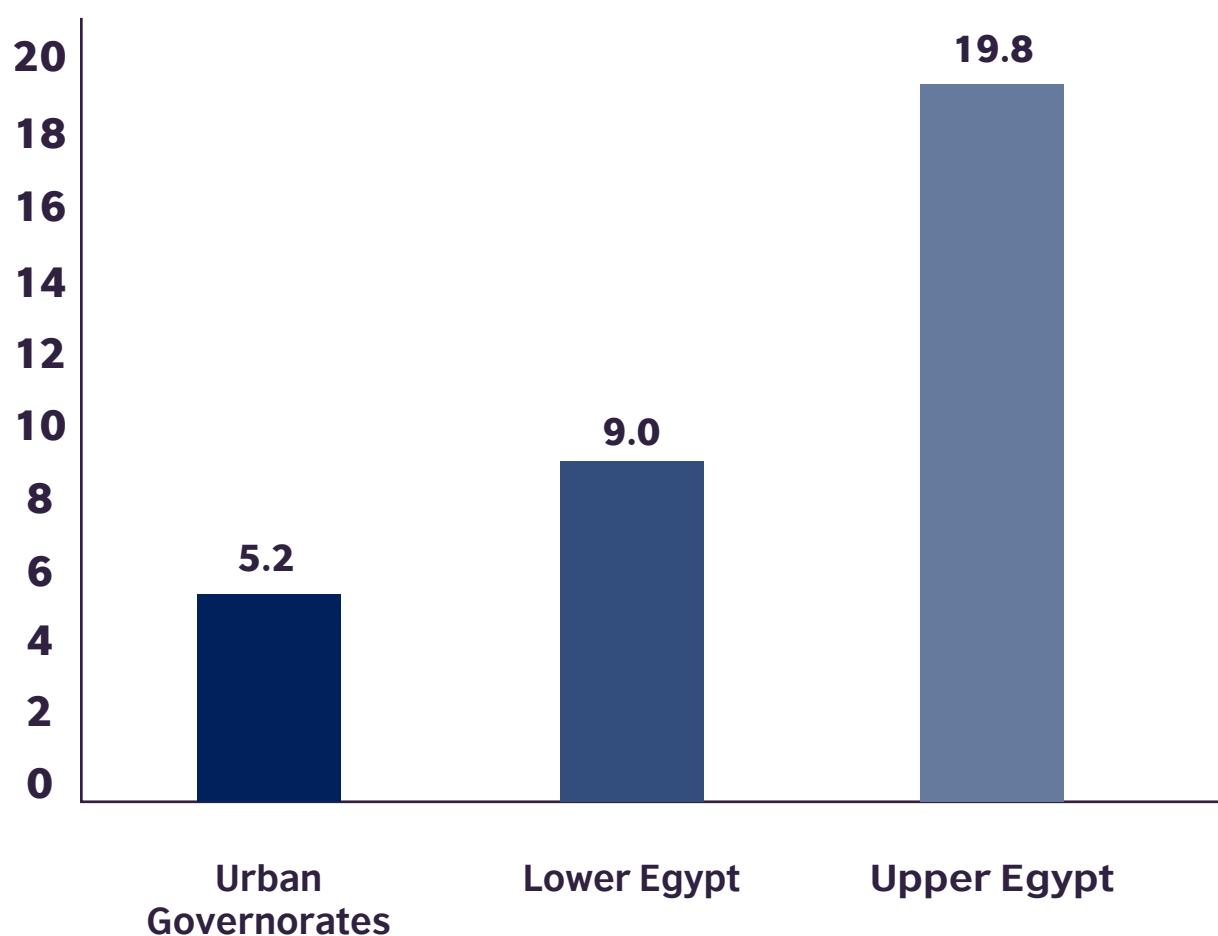
Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but refused, however the marriage took place.

Divorced/separated and widowed women were somewhat more likely than currently married women to disclose experiences of forced marriage, but the variations are not significant. As expected, the prevalence of forced marriage was significantly higher in Upper Egypt than in the urban governorates

or Lower Egypt. Twenty percent of ever-married married women from Upper Egypt were forced to marry their current or most recent husbands compared to 5 percent in the urban governorates and 9 percent in Lower Egypt (**Figure 6.7**).

Figure 6.7: Percentage of ever-married women who had been forced to marry their husband, by place of residence, Egypt 2020



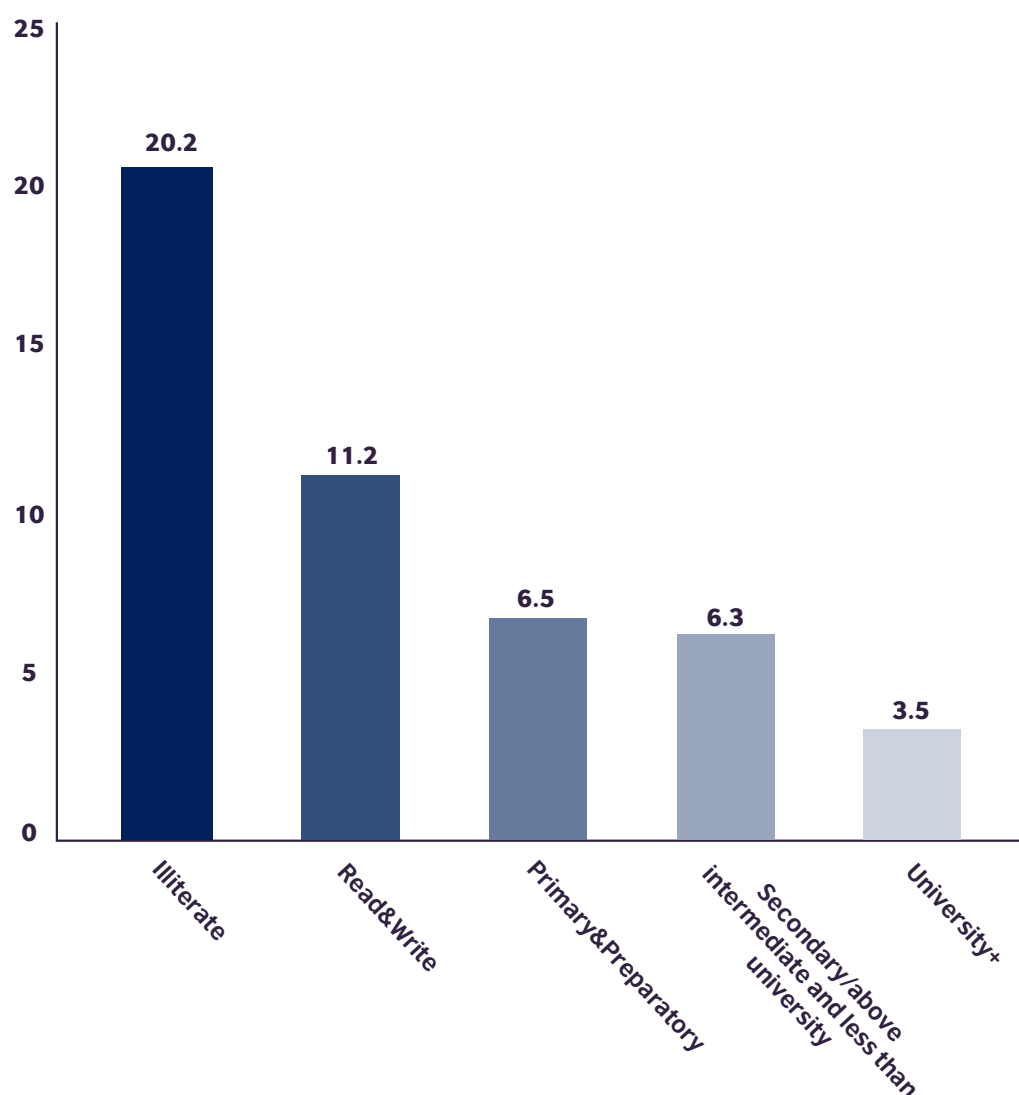
Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but refused, however the marriage took place

Forced marriage is significantly associated with women's educational attainment, as **Table 6.4** and **Figure 6.8** show. The proportion of forced marriage victims decreases sharply as the educational level of the women increases. One fifth of illiterate

women (20 percent) were victims of forced marriage compared to only 7 percent of women with primary or preparatory education and 4 percent of women who were university graduates or above.

Figure 6.8: Percentage of ever-married women who had been forced to marry their husband, by women's educational attainment, Egypt 2020



Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but denied, however the marriage took place.

Women who displayed a sense of self-esteem and self-confidence were significantly less likely than women who did not to report experiencing forced marriage. The rate of forced marriage by women's age, marital status, place of residence and educational

attainment (**Table 6.4 and its corresponding figures**) are similar to the patterns indicated by the 2015 ECGBVS (the 2015 ECGBVS did not collect data on women's self-esteem or self-confidence)..

Table 6.4: Percentage of ever-married women who had been forced to marry their husband, by selected background characteristics and women's sense of self-esteem and self-confidence, Egypt 2020

Background characteristics	Percentage of ever-married women who had been forced to marry their husband	Number of ever-married women
Women's age***		
<30	6.5	372
30 - 34	8.2	366
35 - 39	7.7	403
40 - 44	9.3	344
45 - 49	15.0	346
50 - 54	15.7	401
55 - 59	22.1	475
60+	25.9	437
Current marital status		
Currently married	14.0	2817
Divorced/separated	17.3	220
Widowed	15.9	107
Place of residence***		
Urban Governorates	5.2	270
Lower Egypt	9.0	1238
Upper Egypt	19.8	1636
Educational attainment***		
Illiterate	20.2	1681
Read and write	11.2	419
Primary/preparatory	6.5	199
Secondary/above intermediate and less than university	6.3	759
University and higher	3.5	86

Women believe that they have good skills that other people do not (Self-esteem) ***		
Yes	12.0	577
No	14.8	2567
Women believe that they are doing things they are proud of and other people are not capable to do (Self-confidence) ***		
Yes	13.4	774
No	14.6	2370
Total	14.3	3144

*** $P < 0.001$

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

Women forced to marriage are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but denied, however the marriage took place.

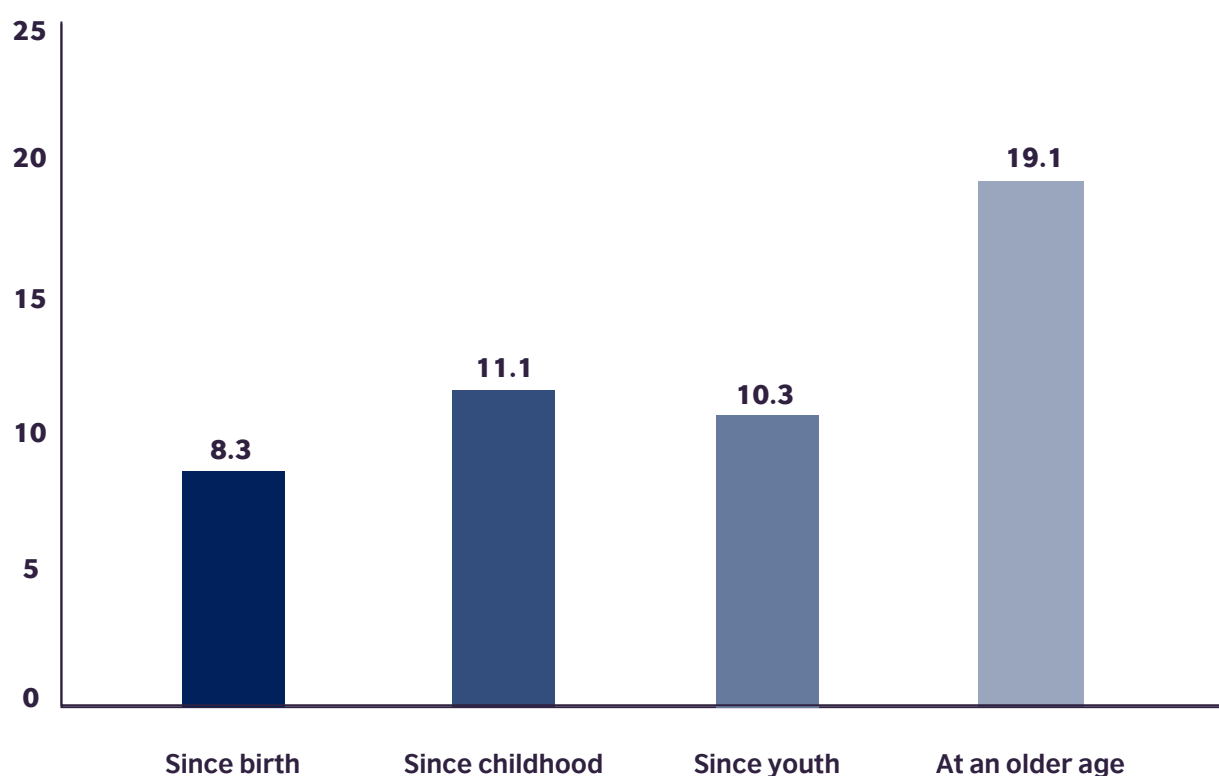
6.2.3 Differentials in Forced Marriage by Characteristics of Women's Disability/impairment

The patterns of variation in experience of forced marriage by the age of onset and type of the women's disabilities/impairments, are similar to the patterns of FGM. Across the different categories of onset timing, the lowest rate of forced marriage was among women whose disabilities/impairments had existed since birth, while the highest rate was reported by women whose disabilities/impairments had taken place after their youth (age 35 or above), at 8 percent and 19 percent respectively (**Table 6.5 and Figure 6.9**). The higher rate of forced marriage among the 2020 VAWWDS respondents than among the 2015 ECGBVS respondents can therefore not be explained by the disability factor. It could rather be explained by the higher illiteracy and poverty rates of the VAWWDS respondents than those responding to the national survey, as these factors are associated with the practice of forced marriage.

Regarding the variations in the rates of forced marriage by the type of disability/impairment, women with visual disabilities/

impairments were more likely to experience forced marriage than other women, while the reverse was true for women with hearing disabilities/impairments (**Figure 6.10**). The rate of forced marriage among women with visual disabilities/impairments was double the rate among women with hearing disabilities/impairments (18 percent versus 9 percent). This might be due to the way the families see girls with disabilities. Girls with visual impairments are looked at as weak, i.e. more vulnerable to danger and in need of protection, understood to mean being married as soon as possible, even if through force. Furthermore, according to the traditional mindset of people in these communities, these girls can be easily forced to do things, as they may not be able to resist much, and they can be forced to engage in sexual contact through clear verbal instructions and threats, as they have normal communication skills. This puts them more at risk of sexual violation. On the other hand, girls with hearing disabilities/impairments are seen as stronger, more resistant and more "stubborn" due to their communication difficulties. According to this mindset, these girls would probably resist being forced, and they are also difficult to force through verbal instructions or threats because of the communication gap.

Figure 6.9: Percentage of ever-married women who had been forced to marry their husband, by the age of onset of disability/impairment, Egypt 2020

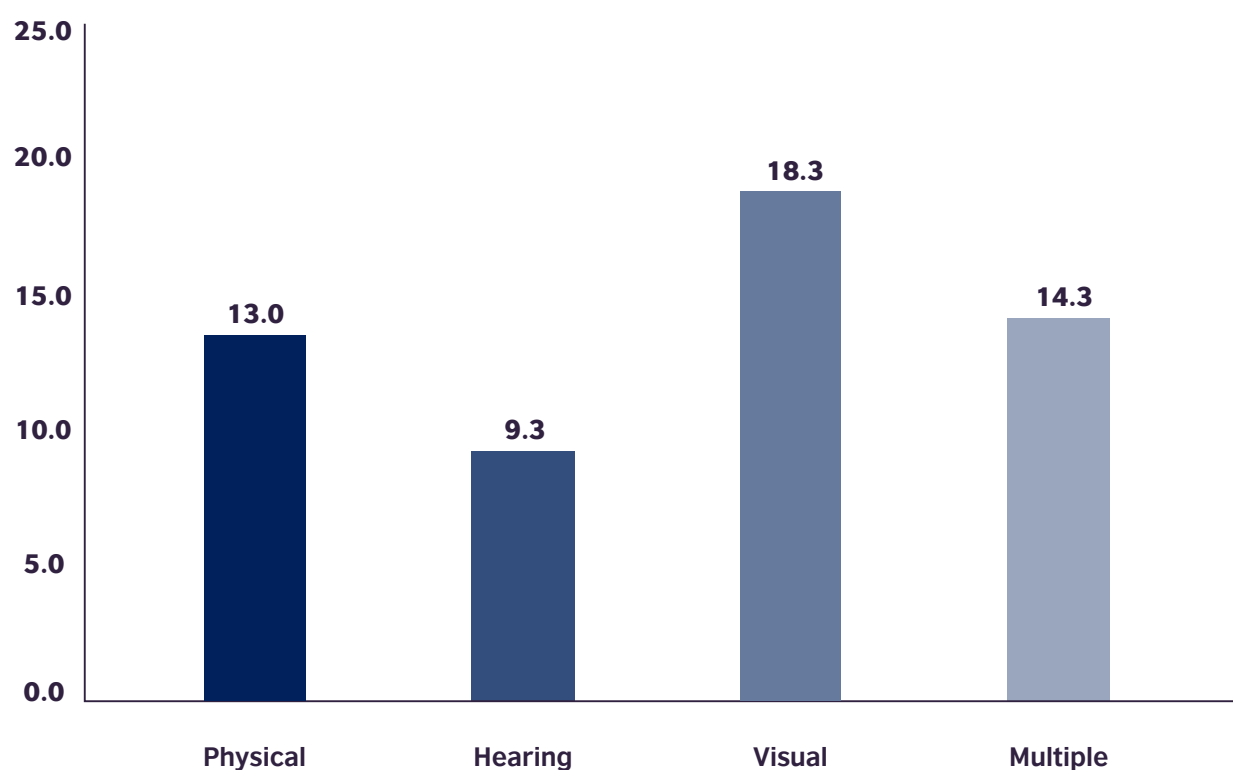


Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the women was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but denied, however the marriage took place.

Figure 6.10: Percentage of ever-married women who had been forced to marry their husband, by type of disability/impairment, Egypt 2020



Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but denied, however the marriage took place.

Table 6.5: Percentage of women who were forced to marry their husband, by age of onset and type of disability/impairment, Egypt 2020

Onset and type of disability/impairment	Percentage of ever-married women who had been forced to marry their husband ¹	Number of ever-married women
Onset of the disability/impairment ***		
Since birth	8.3	480
Since childhood	11.1	460
Since youth	10.3	726
At older ages	19.1	1496
Type of the disability/impairment ***		
Physical	13.0	1859
Hearing	9.3	237
Visual	18.3	901
Multiple	14.3	147
Total	14.3	3144

*** $P < 0.001$

Note: Husband refers to the current husband for currently married women and the most recent husband for divorced, separated or widowed women.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

¹ *Women forced to marry are those whose consent had never been sought before the marriage, as well as those women whose consent was sought but denied, however the marriage took place.*

6.3 Child Marriage

The internationally recognized definition of a child, as established by the Convention of the Rights of the Child, is all human beings under 18 years of age. This is also the legal definition used around the world (Convention on the Rights of the Child, 1989). Child marriage is therefore any marriage where at least one of the parties is under 18 years of age.⁽⁶⁾

Egypt ratified the Convention on the Rights of the Child in 1990 and the African Charter on the Rights and Welfare of the Child in 2001. The latter also includes a prohibition on child marriage. In addition, Egypt has committed to eliminate child marriage and forced marriage by 2030, in line with target 5.3 of the Sustainable Development Goals.⁽⁷⁾ Moreover, Egypt's Child Law of 2008 sets the minimum age for marriage at 18 years for both sexes. In order to address the problem of child marriage, the government of Egypt has imposed severe penalties on people who back these unions, including prison sentences of up to seven years, as well as fines.⁽⁸⁾ However, despite these efforts, the prevalence of child marriage in Egypt for girls, remains high, and is particularly common in *urfi* or customary forms of marriage.

Child marriage is a violation of human rights and is rooted in gender inequality and the

belief that girls and women are inferior to boys and men. The problem is fuelled by poverty, lack of education, cultural norms, and insecurity.⁽⁹⁾

Child marriages can have severe health, psychological, emotional, financial, and legal consequences, particularly for girls. Child marriage usually results in early childbearing, which can have major consequences for the health of mother and baby. Complications from pregnancy and childbirth are among the leading causes of death in girls aged 15 to 19 (WHO, n.d.). Evidence shows that girls who marry before the age of 18 are more likely to experience unwanted pregnancies, are vulnerable to sexually transmitted diseases, and are at higher risk of sexual and reproductive health morbidities and maternal mortality. Infants born to teenage mothers are up to 80 percent more likely to die within their first year than are infants born to mothers aged 20 to 29 (McDevitt, 1996).

Child marriage can often affect girls' social development, bringing social isolation, an interruption in her education, and limiting her changes to advance in her career. Child marriage can force girls into a life of reduced changes, at can put her at an increased risk of violence, abuse, poor health, or dying young.⁽¹⁰⁾

⁶ Office of the High Commissioner for Human Rights (OHCHR). "Human Rights, child, early and forced marriage, including in humanitarian settings". Available at: <https://www.ohchr.org/en/issues/women/wrgs/pages/childmarriage.aspx>

⁷ Girls Not Brides, "Egypt Child Marriage Rates". Available at: <https://www.girlsnotbrides.org/child-marriage/egypt/>

⁸ Egypt Today, "Government's efforts to fight early marriage," January 23, 2019. Available at: <https://www.egypttoday.com/Article/1/63762/Government%E2%80%99s-efforts-to-fight-early-marriage>

⁹ Girls Not Brides. "Why Does Child Marriage Happen?" Available at: <https://www.girlsnotbrides.org/why-does-it-happen/>

¹⁰ Girls Not Brides, "Why Does Child Marriage Happen?" Available at: <https://www.girlsnotbrides.org/why-does-it-happen/>

6.3.1 Prevalence of child marriage and differentials by women's background characteristics

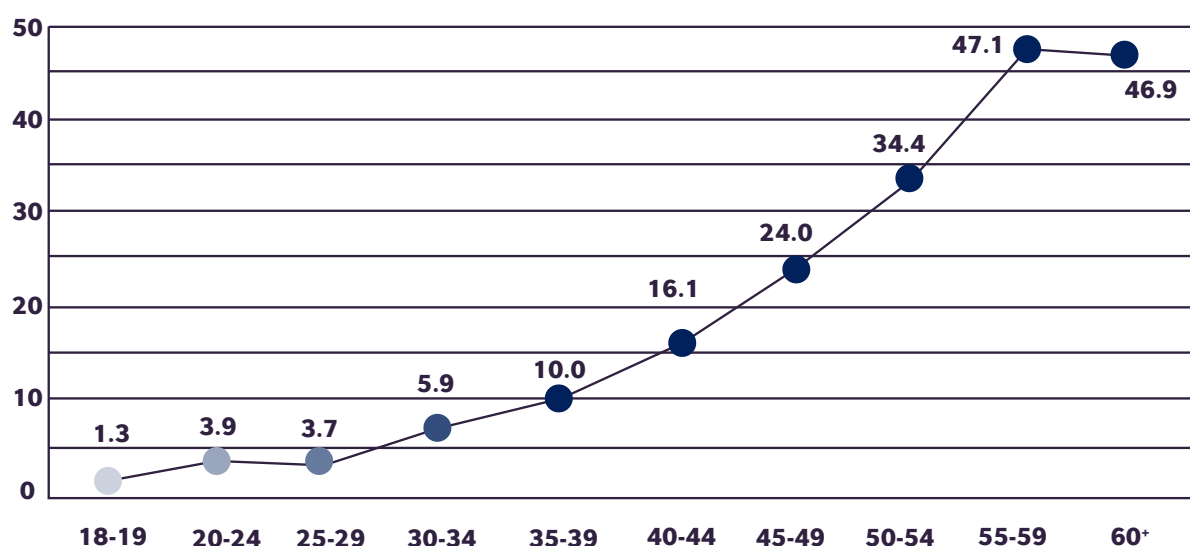
Eighteen percent of the VAWWDS survey respondents had married before reaching the age of 18 (**Table 6.6**). This is lower than the percentage reported in the national surveys. In the 2015 ECGBVS, 27 percent of respondents aged 18 - 64 had married before reaching 18. In the 2014 EDHS, among women in the age range 15 - 49, 24 percent reported that they had married under the age of 18. The lower rate of child marriage among the 2020 VAWWDS respondents is likely to relate to the disabilities of this cohort; women with disabilities/impairments may take a longer time than women without disabilities to find a spouse due to social stigma, and a high proportion of the survey respondents said their disability/impairment had occurred before

their marriage, i.e. since birth or childhood.

The patterns of child marriage by women's age, place of residence and educational attainment, indicated in Table 6.6, are similar to the patterns of FGM and forced marriage by the same variables, and similar to the patterns revealed by the 2015 ECGBVS at the national level. Certain characteristics in women's age, place of residence and educational attainment are significantly correlated with child marriage.

The experience of child marriage dropped sharply from 47 percent among women who were 55 years or over at the time of the interview to 16 percent among women in the age range 40 - 44 and to 1 percent among women aged 18 - 19 (**Figure 6.11**). This pattern, alongside the relationship between FGM/forced marriage and women's age, confirm a declining trend in traditional harmful practices across generations.

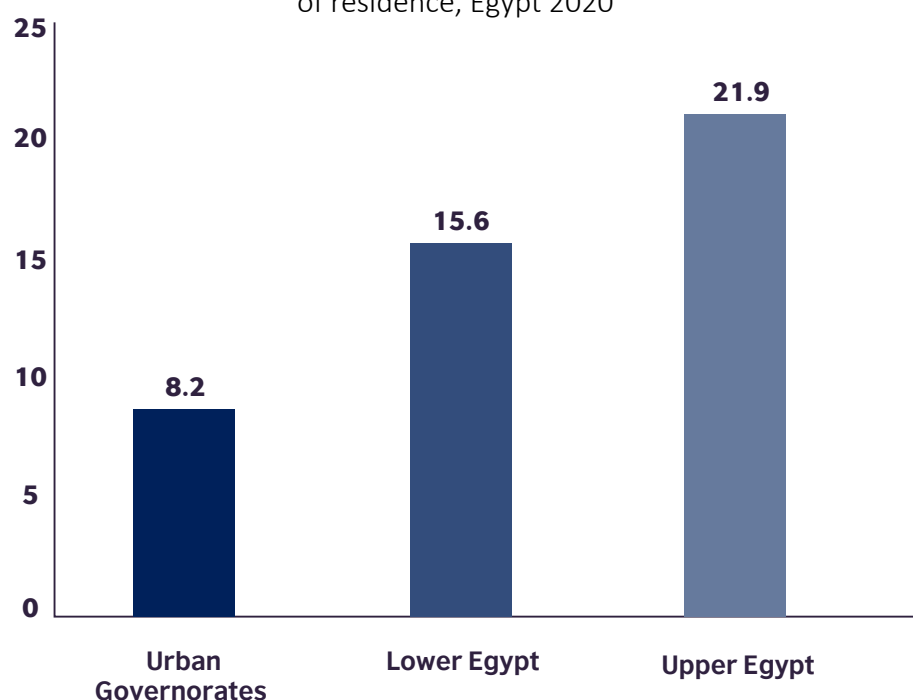
Figure 6.11: Percentage of women who were first married before age 18, by current age, Egypt 2020



The rate of child marriage was considerably higher among women in Upper Egypt (22 percent) than among women in the urban governorates (8 percent), and 6 percentage

points higher than the rate among women in Lower Egypt (16 percent) (**Table 6.6; Figure 6.12**).

Figure 6.12: Percentage of women who were first married before age 18, by place of residence, Egypt 2020



The survey also found that being illiterate or being able to read or write but lacking any other education strongly correlates with being married while still a minor (**Table 6.6 and Figure 6.13**). Conversely, higher levels of education were correlated with lower levels of child marriage. While a quarter of

illiterate women (25 percent) and around a fifth of women who could only read and write (22 percent) were married before age 18, the comparable rate among women who had graduated from university was less than 1 percent.

Figure 6.13: Percentage of women who were first married before age 18, by women's educational attainment, Egypt 2020

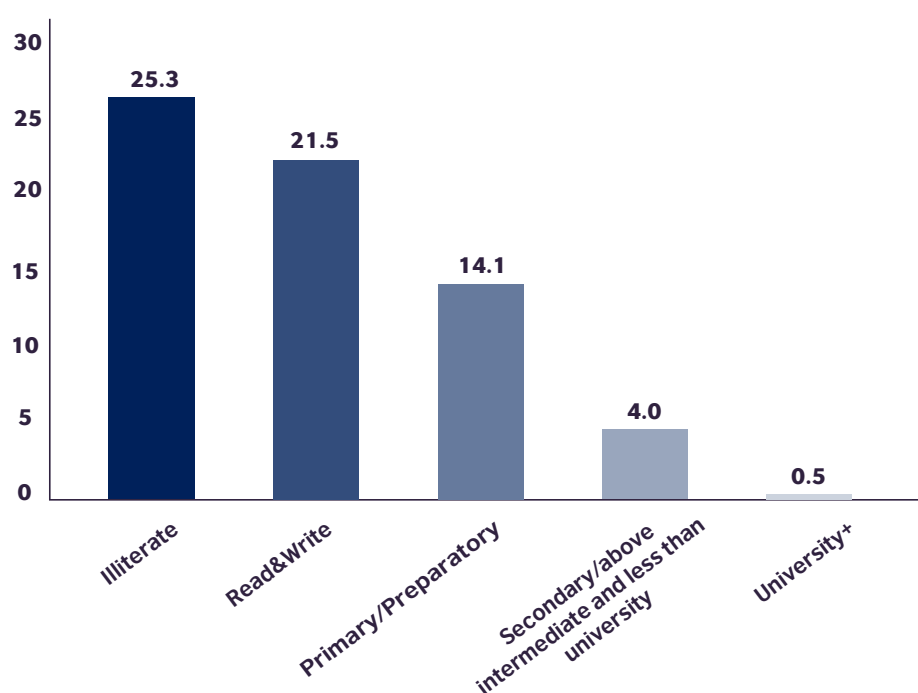


Table 6.6: Percentage of women who were first married before age 18, according to selected background characteristics, Egypt 2020

Background characteristics	Percentage of women who were first married before age 18	Number of women
Women's age***		
18 - 19	1.3	232
20 - 24	3.9	649
25 - 29	3.7	623
30 - 34	5.9	775
35 - 39	10.0	773
40 - 44	16.1	579
45 - 49	24.0	508
50 - 54	34.4	500
55 - 59	47.1	514
60+	46.9	463
Place of residence***		
Urban Governorates	8.2	552
Lower Egypt	15.6	2149
Upper Egypt	21.9	2915
Educational attainment***		
Illiterate	25.3	2980
Read and write	21.5	739
Primary/preparatory	14.1	375
Secondary/above intermediate and less than university	4.0	1314
University and higher	0.5	208
Total	18.2	5616

6.3.2 Differentials in child marriage by characteristics of women's disability/impairment

Like FGM and forced marriage, child marriage was significantly more common among women whose disability/impairment had occurred after their youth and among women with visual disabilities/impairments (**Table 6.7; Figures 6.14 and 6.15**). On the other hand, child marriage was least common among women whose disabilities/impairments had existed since birth and among those with hearing disabilities/impairments.

Forty-four percent of women whose disabilities/impairments had occurred at age 35 or above had married before reaching the age of 18, compared to only 3 percent of women whose disabilities/impairments had existed since birth (**Figure 6.14**). As illustrated by **Table 6.7 and Figure 6.15**, the rate of child marriage among women with visual disabilities/impairments was almost double the rate for women with multiple disabilities/impairments and around nine times the rate among women with hearing disabilities/impairments (46 percent, 24 percent and 5 percent respectively).

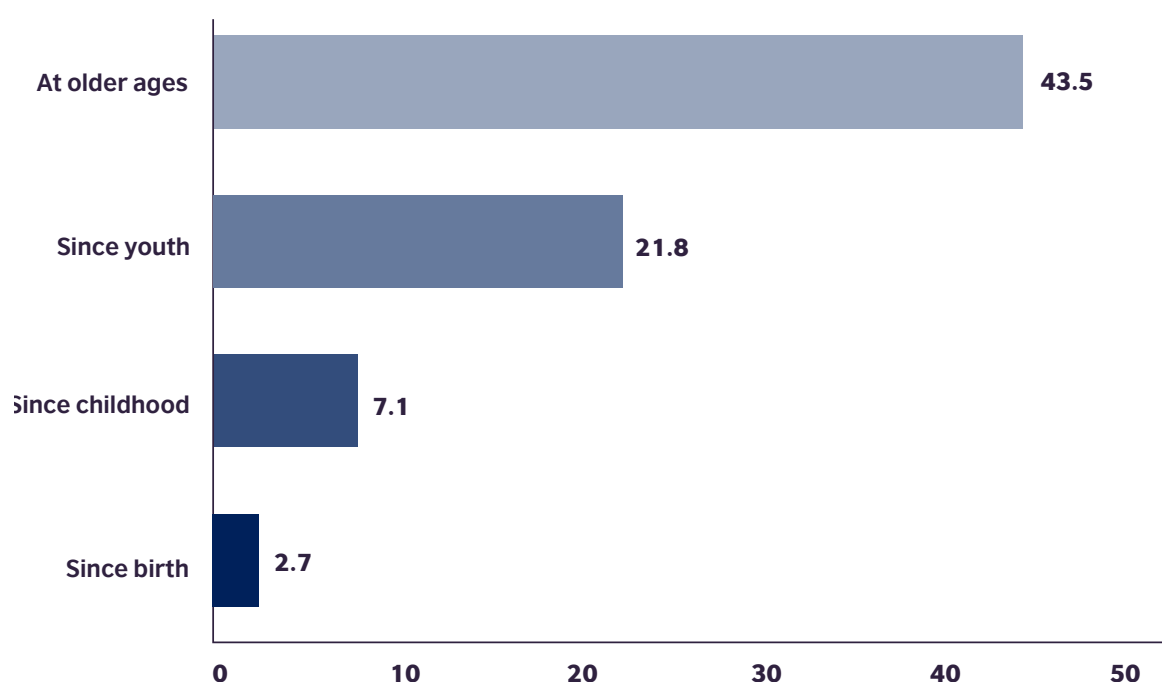
Table 6.7: Percentage of women who were first married before age 18 according to the age of onset and type of disability/impairment, Egypt 2020

Onset and type of women's disability/impairment	Percentage of women who were first married before age 18	Number of women
Onset of disability/impairment ***		
Since birth	2.7	1839
Since childhood	7.1	1259
Since youth	21.8	983
At an older age	43.5	1558
Type of disability/impairment ***		
Physical	8.5	3323
Hearing	5.3	641
Visual	46.0	1394
Multiple	23.6	258
Total	18.2	5616

*** $P < 0.001$

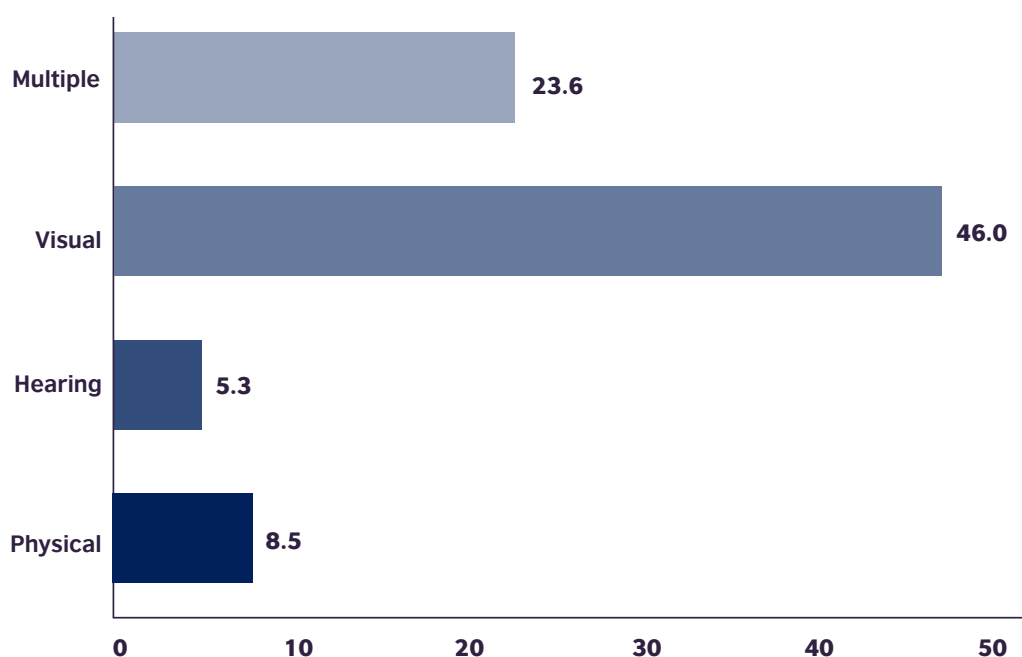
Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the woman was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 6.14: Percentage of women who were first married before age 18, according to the age of onset of the disability/impairment, Egypt 2020



Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 6.15: Percentage of women who were first married before age 18, according to the type of disability/impairment, Egypt 2020



6.4 Conclusion

A clear, significant correlation can be demonstrated between women's age and harmful traditional practices, reflecting a declining trend in these practices among younger generations. Despite this, the number of younger women in the VAWWDS survey sample who had undergone FGM were still a majority, albeit a smaller majority than among older cohorts. This pattern is evident for women and girls in general (as reflected in the findings of the 2015 ECGBVS, a national survey) as well as among women with disabilities.

The overall rates of FGM across the various age groups in the VAWWDS survey were lower than the comparable rates at the national level, and the rate of FGM among women whose disabilities/impairments had existed since birth was lower than the rate among other women. This may be attributable to attitudes in some communities that the girls with disabilities will not have sexual feelings or sexual experiences like girls without disabilities. In this line of thinking, FGM, considered a way to protect girls from being subjected to sexual exploitation, will not be needed, as the girls will not be subjected to these risks. The younger age of the women who were born with disabilities than the other women in the sample (as indicated

by the survey's findings) could be another contributing factor.

The rate of forced marriage among women with disabilities who were surveyed for the VAWWDS was higher than the average rate at the national level, but the reverse was true for child marriage. A high proportion of the respondents had had their disability/impairment since birth or childhood, i.e. before their marriage. The lower rate of child marriage among the respondents, therefore, might be due to the lack of potential grooms at an early age, as a result of the social stigma around disability. The higher rate of forced marriage might be due to the same social stigma, and the sense that if the woman refuses the marriage proposal, she might not get another chance to marry because of her disability.

More women with visual disabilities/impairments reported experiencing harmful traditional practices than women with other types of disabilities. A higher educational level was a protective factor against practicing harmful traditional practices, reducing the chance of experiencing them. The place of residence was also significant, with these practices significantly most common in Upper Egypt. A sense of self-esteem and self-confidence was also a protective factor against forced marriage.

Chapter 7: Factors Associated With Spousal Violence

Key findings

Domestic violence against women continues to be common and accepted in many societies, and research shows that it has serious consequences for women's mental and physical health, including their reproductive and sexual health. Most violence against women is intimate partner violence, and for women with disabilities they are also exposed to other forms of violence that are specific to people with disabilities. The key results from the survey found that around 61 percent of ever-married women have experienced some form of spousal violence in their life

Key findings

- Around 61 percent of ever-married women have experienced some form of spousal violence, with 54 percent reporting they have been subjected to emotional violence, 43 percent reporting physical violence, 34 percent reporting disability-based violence and 20 percent reporting experiencing sexual violence.
- Fourteen percent of ever-married women have experienced all four types of spousal violence (emotional, physical, disability-based and sexual) at some point in their lifetime.
- Thirty-six percent have been subjected to spousal violence recently (during the past 12 months), with 30 percent subject to emotional violence, 22 percent to disability-based violence, 16 percent to physical violence, and 9 percent to sexual violence.
- The majority of women who had experienced spousal violence in the past 12 months had experienced this violence on more than one occasion.
- Marital and financial controlling behaviours exerted by the husband, a woman's acceptance of wife-beating, and a woman's fear of her husband all increased the likelihood of a woman's exposure to spousal violence.
- The highest rate of all types of spousal violence over women's lifetimes (including violence during pregnancy) was reported by divorced and separated women.
- Women under 35 years of age were more likely than older women to have experienced spousal violence recently.
- Exposure to spousal emotional and physical violence during women's lifetimes was more common among women with visual disabilities/impairments than women with other types of disabilities/impairments.
- Women with hearing disabilities/impairments were more likely than women with other types of disabilities/impairments to have ever or have recently experienced sexual violence, disability-based violence and multiple different types of violence. Women with hearing disabilities/impairments were also more likely to have experienced recent episodes of physical violence.
- Considerable proportions of women with multiple disabilities/impairments and women with severe disabilities experienced emotional, physical, disability-based or sexual violence from their husbands during the year prior to the survey:
 - Thirty-one percent of women with multiple disabilities/impairments were subjected to spousal violence in the 12 months prior to the survey.
 - Half of women with severe hearing disabilities (50 percent), one third of women with severe disabilities in performing self-care tasks (33 percent) and 22 - 29 percent of women with other severe disabilities had experienced some form of spousal violence in the 12 months prior to the survey.
- Thirteen percent of women who had ever been pregnant had experienced physical violence during their pregnancy inflicted by their husbands, and most reported that this violence had occurred more than once.
- The rate of physical violence committed by husbands during women's pregnancies was significantly higher for women below the age of 25 (with 21 percent reporting) than older women.
- Nearly a third of women who had experienced physical or sexual spousal violence had been injured as a result of spousal violence (32 percent). Around two thirds of these women had been injured more than once (64 percent).
- Two thirds (66 percent) of the women who had been assaulted and injured by their husbands needed medical services, while 14 percent of the injured women did not receive medical care despite requiring it.
- Thirteen percent of spousal violence victims who depended on their husbands to perform daily activities believed that their dependence on their husbands had had an impact on their exposure to spousal abuse.
- Twenty-two percent of spousal violence victims believed that their disability had an impact on their exposure to spousal violence.

Domestic violence continues to be frighteningly common and to be accepted as normal behaviour within many societies. Increasing amount of research has highlighted that domestic violence is a major contributor to ill health among women. It has serious consequences for women's mental and physical health, including their reproductive and sexual health, and may increase vulnerability to HIV. In addition, children who witness domestic violence may develop serious emotional, behavioural, developmental or academic problems (WHO, 2010; WHO, 2016b).

Most violence against women is intimate partner⁽¹⁾ violence. Intimate partner violence occurs in all countries, irrespective of social, economic, religious or cultural contexts. Globally, up to 38 percent of murders of women are committed by an intimate partner (WHO, 2016b).

In the findings of the 2005 EDHS and the 2014 EDHS, more than 7 in 10 women identified their current or former husband as the perpetrator of at least one episode of physical violence they had experienced since age 15. The 2015 ECGBVS indicated that around 46 percent of ever-married women aged 18 - 64 in Egypt had ever experienced some form of emotional, physical or sexual violence from their husbands.

Given this perspective, the 2020 VAWWDS included a series of questions related to violence against women perpetrated by husbands. The questions regarding spousal violence were addressed to ever-married women about their current husband, if they were currently married, or their last or any previous husband, if divorced, separated or widowed. As highlighted earlier (**see Chapter 1**), women with disabilities

experience the same types of gender-based violence as women who do not have disabilities, but are also exposed to other forms of violence that are specific to people with disabilities. The VAWWDS therefore assessed the different types and forms of gender-based violence and disability-based violence to which women with disabilities/ impairments had been subjected.

This chapter presents the findings of the survey regarding the prevalence of spousal violence, the patterns of women's experience of spousal violence, the women's perception of the impact of their disability on their exposure to spousal violence, and the severity of the spousal violence reported.

7.1 Prevalence of spousal violence

Prevalence estimates of emotional, physical and sexual violence perpetrated by husbands (the respondent's current, last or any previous husband, as applicable) were obtained in the VAWWDS by asking direct, clearly worded questions about the respondent's experience of specific acts that are defined by the Guidelines for Producing Statistics on Violence against Women (United Nations, 2014) and which were used in the 2014 EDHS and the 2015 ECGBVS.

For physical violence, ever-married women were asked whether their current, last or any previous husband had ever:

- slapped her, or thrown something at her that could hurt
- pushed, shoved or pulled her hair

¹ The United Nations Guidelines for Producing Statistics on Violence against Women (United Nations, 2014) defines "intimate partner" as a person with whom a woman maintains an intimate relationship, whether formally (marriage), through a cohabiting relationship or by regular or steady dating. Countries adapt the definition of "intimate partner" according to their cultural settings. In Egypt and in this study an intimate partner is defined as a woman's husband.

- punched her with a fist or something else that could hurt
- kicked, dragged or beaten her up
- choked or burnt her on purpose
- threatened her with, or actually used a gun, knife or another weapon against her.

Sexual violence by the husband was defined by the following three behaviours:

- being physically forced to have sexual intercourse with her husband when she did not want to
- having sexual intercourse because she was afraid of him if she refused
- being physically forced to perform other sexual acts that she found degrading or humiliating her.

The specific acts of emotional abuse included the following:

- being insulted or made to feel bad about herself
- being belittled or humiliated in front of others
- being scared or intimidated on purpose (for example by yelling and smashing things)
- being threatened with harm (directly or indirectly, in the form of a threat to hurt someone she cared about).

Acts of disability-based violence were defined according to the earlier literature and the study's disability expert⁽²⁾. Ever-married women were asked whether her current, last or any previous husband had ever:

- destroyed or threatened to destroy her assistive devices or tools
- exposed her to insult or degradation because of her disability/impairment

- controlled her assistive devices/tools against her will
- ignored her, e.g. did not give her enough attention, ignored fulfilling her needs
- prevented her from accessing food, medicines, or assistive devices/tools
- exposed her to negative discrimination or discrimination in treatment between her and the other members of the family
- refused to help when she needed assistance
- prevented her from performing daily activities inside or outside the home
- checked her phone
- prevented her from seeing or contacting people
- locked her up or prevented her from leaving her home or her room.

Information was also collected about the frequency and the timing of the violence, allowing the analysis of the extent to which different forms of violence occurred in the 12 months prior to the interview versus over the woman's lifetime. Experience of violence during the 12 months before the survey provides an indication of the scope of the current problem for use in programme planning aiming at tackling violence against women.

Table 7.1 illustrates the proportions of women who had ever experienced episodes of emotional, physical, sexual and disability-based violence committed by their husbands, by frequency of the experience. Overall, 61 percent of ever-married women had been subjected to at least one episode of emotional, physical, sexual or disability-based violence perpetrated by their current, last or any previous husband. Thirty-six percent reported the occurrence of this violence during the 12 months prior to the survey.

² Dr. Abdel Hamid Kabesh, MD, Physical Medicine and Rehabilitation Consultant, Disability Expert

Regarding women's experience of gender-based violence (including emotional, physical and sexual violence) inflicted by their husbands, 60 percent of ever-married respondents reported having been subjected to at least one episode of physical, emotional or sexual violence by their current, last or any previous husband, and one third (33 percent) experienced this violence during the year prior to the survey. These proportions are significantly higher than the proportions in the 2015 ECGBVS at the national level for women aged 18 - 64, where the comparable figures were around 46 percent and 24 percent respectively. These considerable differences in the prevalence of gender-based violence reported by the 2015 ECGBVS respondents and the 2020 VAWWDS respondents cannot be explained by the differences in the age range of the respondents of the two surveys, or questions about the husband who committed the violence. As pointed out in Chapter 7, the 2015 ECGBVS addressed the questions relating to spousal violence to women aged 18 - 64 about their current husband for currently married women and the most recent husband for divorced/separated and widowed women. The 2020 VAWWDS addressed such questions to women aged 18 years and over about their current, last or any previous husband.

However, the proportion of VAWWDS respondents aged over 64 was only 1.5 percent of the sample (as indicated in Chapter 3). The vast majority of the ever-married women covered by the 2020 VAWWDS had married only once (93 percent). Moreover, Table B.3 in Annex B indicates that the vast majority of the different types of spousal violence had been committed by the current husband for currently married women or by the most recent husband for divorced/separated and widowed women. Therefore, it can be concluded that poor women with disabilities/impairments are significantly more likely than other women to experience gender-based violence.

Emotional violence was the most common type of spousal violence reported by survey respondents. Fifty-four percent of ever-married women had experienced some form of emotional violence from their husbands at some point in their lifetime, and 30 percent had experienced this violence recently. This finding is in line with the findings of the 2015 ECGBVS, but with a much higher prevalence. The proportion of the 2015 ECGBVS respondents who reported their exposure to spousal emotional violence at any point during their lifetime was 43 percent, and the proportion who reported the violence had reoccurred within the 12 months prior to the survey was 22 percent.

Table 7.1 Percentage of ever-married women who have experienced various forms of violence committed by their husbands, during their lifetime and in the 12 months preceding the survey, Egypt 2020

Type and form of violence	Ever	In the past 12 months;			
		Once	A few times ¹	Many times ²	At least once
Emotional violence					
Any emotional violence	54.4	NC	NC	NC	29.5
Insulted her or made her feel bad about herself	51.1	1.2	10.1	14.6	26.0
Belittled or humiliated her in front of other people	35.8	1.1	5.6	11.2	18.0
Scared or intimidated her on purpose (e.g. through yelling and smashing things)	29.3	0.9	4.9	9.9	15.6
Threatened to hurt her or others she cared about	13.0	0.6	1.9	3.8	6.4
Physical violence					
Any physical violence	43.3	NC	NC	NC	15.6
Slapped her or threw something at her that could hurt	38.0	2.2	4.5	5.4	12.2
Pushed, shoved, or pulled her hair	29.0	1.4	4.0	5.0	10.4
Punched her with his fist or with other objects that could hurt	25.3	1.5	3.2	4.3	9.0
Kicked, dragged or beat her up	17.6	1.1	2.2	3.2	6.5
Choked or burned her on purpose	5.1	0.4	0.6	0.7	1.7
Threatened her with or actually used a knife, gun or other weapon against her	3.6	0.3	0.3	0.5	1.1
Sexual violence					
Any sexual violence	20.1	NC	NC	NC	8.9
Physically forced her to have sexual intercourse with him when she did not want to	14.2	0.5	2.9	2.7	6.1
Had sexual intercourse with him because she was afraid of him if she refused	15.0	0.7	2.6	2.9	6.2
Physically forced her to perform other sexual acts that she found degrading or humiliating	4.1	0.1	0.6	1.1	1.8
Specific forms of disability-based violence					
Any specific form of disability-based violence	33.5	NC	NC	NC	21.6
Destroyed or threatened to destroy her assistive devices or tools	2.5	0.3	0.3	0.7	1.3

Factors Associated With Spousal Violence

Exposed her to insult or degradation because of her disability/impairment	17.4	1.0	3.2	7.2	11.4
Controlled her assistive devices/tools against her will	1.4	0.0	0.3	0.4	0.6
Ignored her, e.g. did not give her enough attention, ignored fulfilling her needs	13.1	0.3	2.4	5.1	7.7
Prevented her from accessing food, medicines, or assistive devices/tools	3.3	0.2	0.4	1.1	1.7
Exposed her to negative discrimination or discrimination in treatment between her and the other members of the family	10.0	0.4	1.3	3.5	5.2
Refused to help when she needed assistance	13.3	0.9	2.0	5.3	8.1
Prevented her from performing daily activities inside or outside home	5.1	0.1	0.9	1.9	2.9
Checked her phone	4.5	0.1	0.6	2.1	2.8
Prevented her from seeing or contacting people	6.7	0.3	0.8	2.2	3.3
Locked her up or prevented her from leaving her home or her room	4.2	0.1	0.3	1.0	1.5
Multiple types of violence committed by husband					
Physical and sexual violence	17.2	NC	NC	NC	5.6
Physical and disability-based violence	26.8	NC	NC	NC	10.9
Sexual and disability-based violence	16.0	NC	NC	NC	6.8
Physical, sexual and emotional violence	16.3	NC	NC	NC	5.2
Physical, sexual, emotional and disability-based violence (All 4)	14.2	NC	NC	NC	4.7
Any form of physical, sexual or emotional violence (At least 1 of 3)	59.9	NC	NC	NC	33.0
Any form of physical, sexual, emotional or disability-based violence (At least 1 of 4)	61.2	NC	NC	NC	36.4
Number of ever-married women	3,144				

Note: Husband refers to current, last or any previous husband, as applicable.

NC: Not computable due to the inability to attribute aggregate figures representing the frequency of all acts of violence.

¹ *A few times refers to 25- times.*

² *Many times refers to six or more times.*

As indicated by the data presented in **Table 7.1** and **Figure 7.1A**, spousal emotional violence against women most often took the form of the husband insulting the woman or making her feel bad about herself. More than half of the women (51 percent) reported that their current, last or any previous husband had insulted them or made them feel bad about themselves. Considerable proportions of women also reported that their husbands had belittled or humiliated them in front of other people (36 percent) or scared or intimidated them on purpose (29 percent). Thirteen percent reported that their husbands had threatened to hurt them or others they cared about. This pattern is exactly the same as the patterns reflected by the 2014 EDHS and the 2015 ECGBVS. Table B.4 in Annex B provides a comparison between the prevalence of the different types and forms of spousal violence as reported by the 2020 VAWWDS and the 2015 ECGBVS.

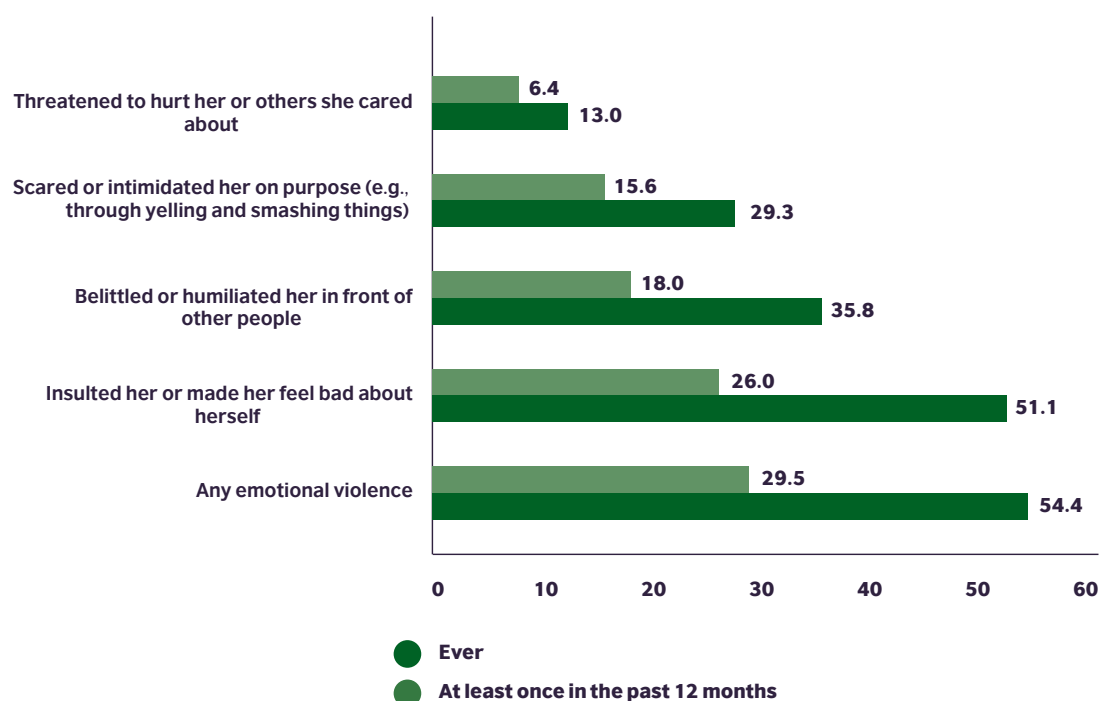
Forty-three percent of ever-married women in the VAWWDS survey said they had experienced at least one act of physical

assault from their husbands in their lifetimes, and 16 percent were subjected to this violence during the previous year. The comparable proportions indicated by the 2015 ECGBVS were about 32 percent and 12 percent respectively. The most common form of physical violence committed by husbands was being slapped or having something thrown at them (38 percent) and being pushed, shoved or having their hair pulled (29 percent). Severe physical violence³ was also reported by some women. A quarter of ever-married women (25 percent) said they had been punched by their husbands, or their husbands had hit them with other objects that could hurt, and about 18 percent had been kicked, dragged or beaten up. Five percent had been choked or burned on purpose (compared to around 1 percent among the 2015 ECGBVS respondents) and 4 percent disclosed that their husbands had threatened them with or actually used a knife, gun or other weapon against them (**Figure 7.1B**). The same pattern was in both the 2014 EDHS and the 2015 ECGBVS.

³ The severity of a physically violent act is ranked according to its likelihood of causing physical injuries (United Nations, 2014). Being slapped, pushed or shoved are defined as moderate physical violence, while being hit with a fist, kicked, dragged, threatened with a weapon, or having a weapon used against oneself is defined as severe physical violence.

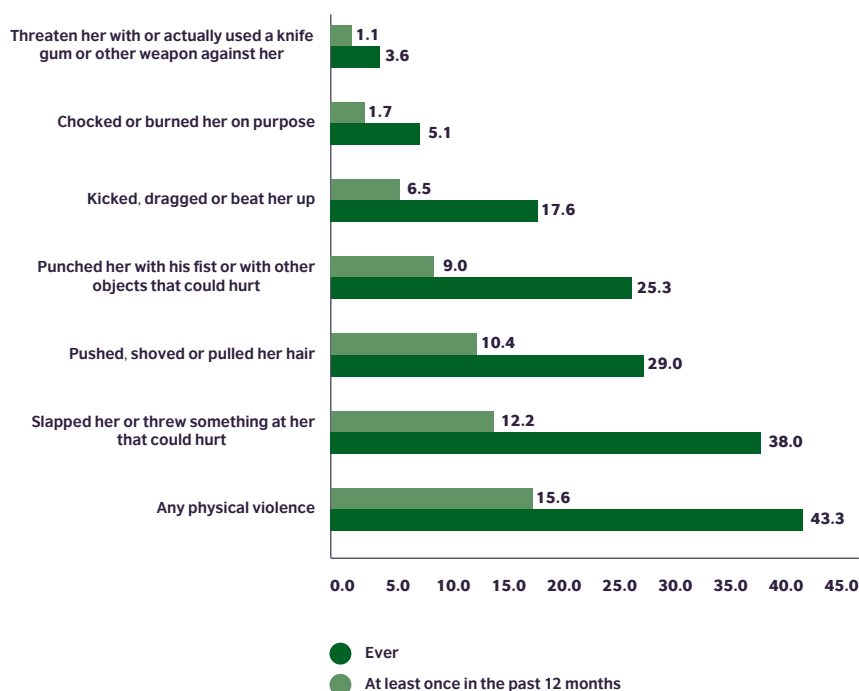
Factors Associated With Spousal Violence

Figure 7.1A Percentage of ever-married women who have experienced different forms of emotional violence committed by their husbands, during their lifetime and in the 12 months preceding the survey, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Figure 7.1B Percentage of ever-married women who have experienced various forms of physical violence committed by their husbands, during their lifetime and in the 12 months preceding the survey, Egypt 2020

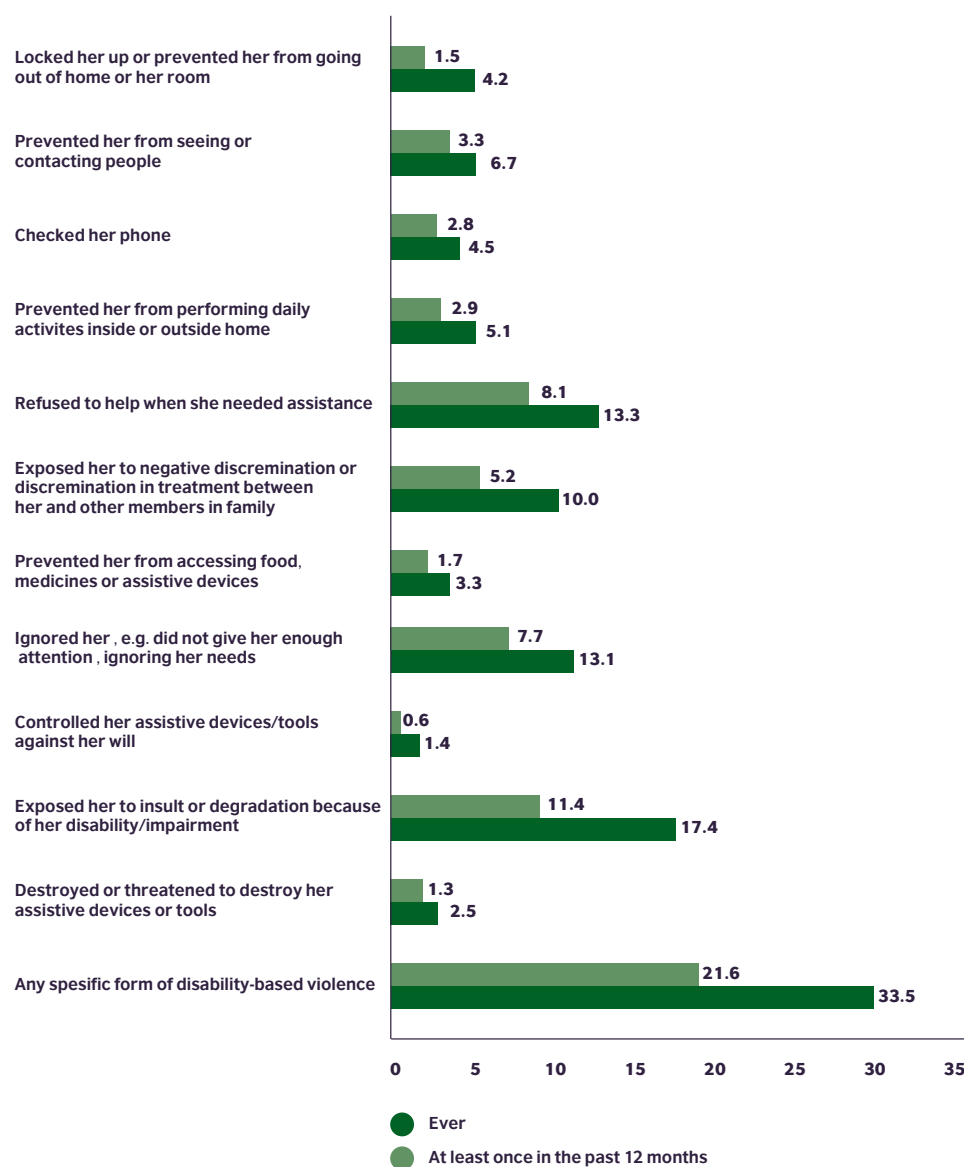


Note: Husband refers to current, last or any previous husband, as applicable.

A significant proportion of the 2020 VAWWDS respondents had experienced disability-based spousal violence during their lifetimes. Thirty-four percent of ever-married women reported that they had experienced at least one act of violence related to their disability from their husbands at some point in their lifetime, and 22 percent of ever-married women were subjected to this violence recently (during the 12-month period prior to the survey), meaning that around 65 percent of women who have ever experienced disability-based

violence during their lifetimes were exposed to it recently. The most frequently reported forms of disability-based violence the women disclosed were husbands exposing them to insults or degradation because of their disabilities/impairments (17 percent); husbands ignoring them or their needs (13 percent); husbands refusing to help when they needed assistance (13 percent); husbands exposing them to negative discrimination or discrimination in treatment between them and the other members of the family (10 percent) (Figure 7.1C).

Figure 7.1C Percentage of ever-married women who have experienced various forms of disability-based violence committed by their husbands, during their lifetime and in the 12 months preceding the survey, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

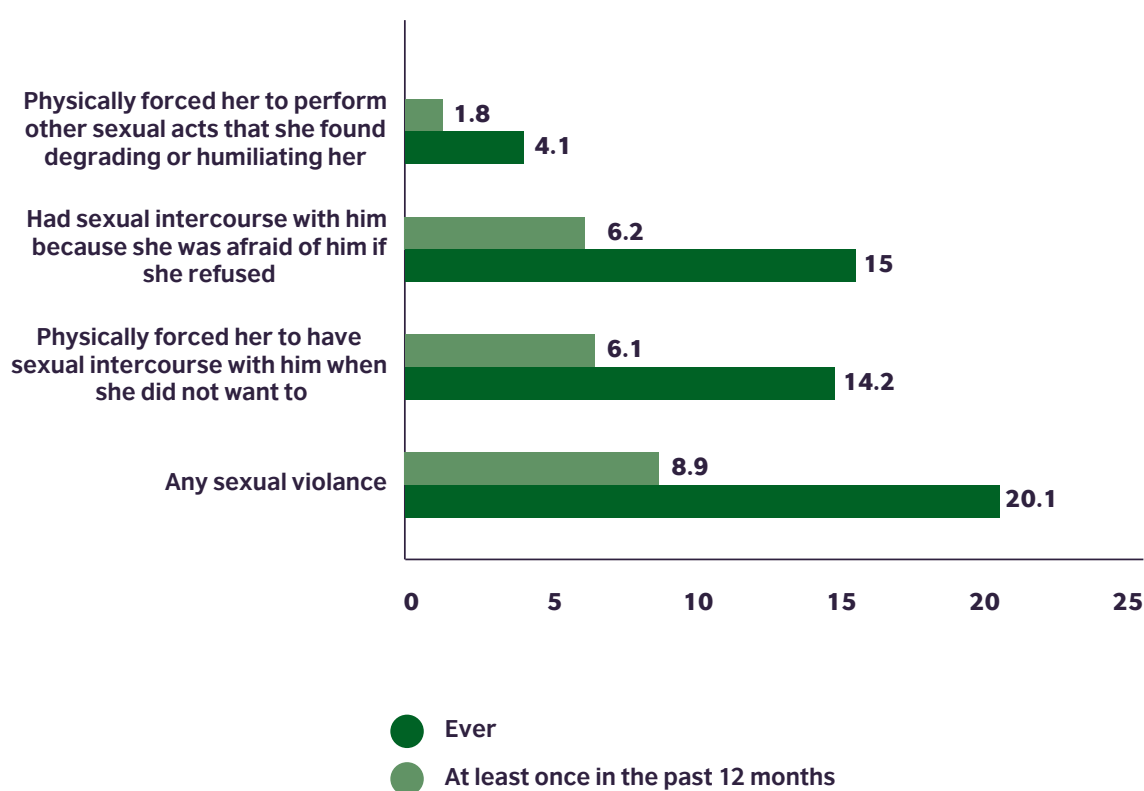
Factors Associated With Spousal Violence

Sexual violence perpetrated by the husband was less common than emotional, physical or disability-based violence. One fifth of women had experienced an act of sexual violence perpetrated by their husbands (20 percent), and slightly less than half of this violence (9 percent) took place during the 12 months prior to the survey.

Fifteen percent of ever-married women reported having had sexual intercourse with

their husbands because they were afraid of them if they refused, and 14 percent reported being physically forced by their husbands to have intercourse when they did not want to. Relatively few women (4 percent) reported being forced by husbands to perform sexual behaviours that they found degrading or humiliating (**Figure 7.1D**). The 2014 EDHS and the 2015 ECVBS revealed almost the same pattern.

Figure 7.1D Percentage of ever-married women who experienced various forms of sexual violence committed by their husbands, during their lifetime and in the 12 months preceding the survey, Egypt 2020

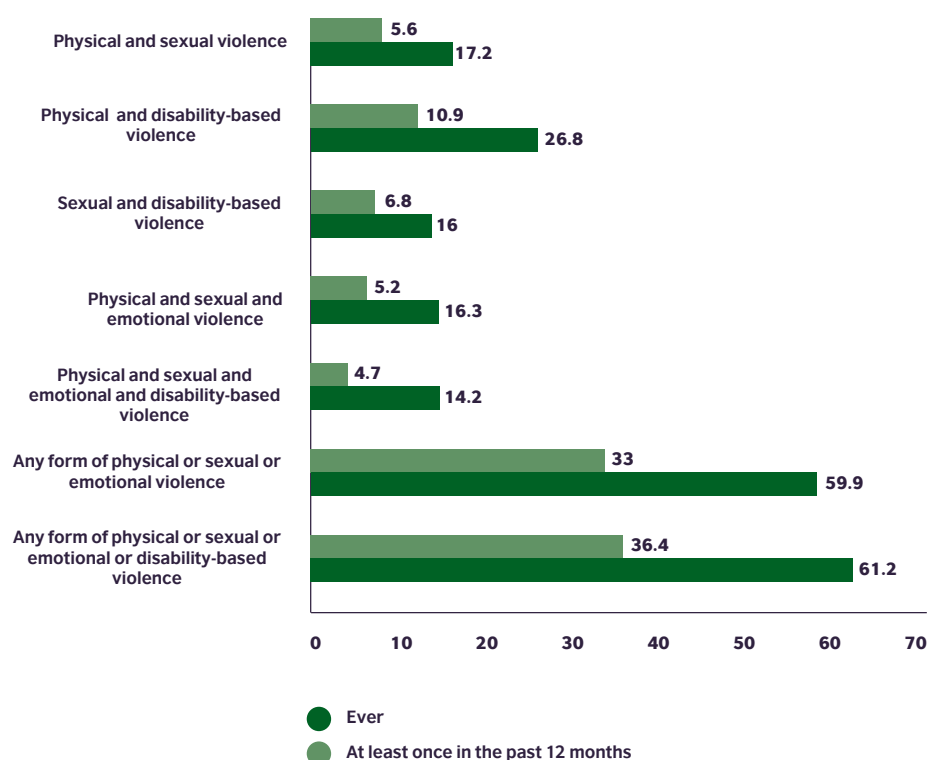


Note: Husband refers to current, last or any previous husband, as applicable.

Acts of emotional, physical, sexual and disability-based violence committed by a spouse reflect a pattern of continuing abuse. The majority of women who experienced a violent act in the past 12 months were subjected to that act many times (defined as six or more times). For example, 15 percent of women reported that their husbands had insulted them or made them feel bad about themselves six or more times during the year, and 10 percent experienced this act 2 to 5 times, while only 1 percent of women experienced this act once during the same period. Similarly, 7 percent of women disclosed that their husbands exposed them to insult or degradation because of their disability many times (six or more times) during the past year, 3 percent were subjected to this act a few times (2 - 5 times), and only 1 percent experienced this act once during the same period. The number of 2020 VAWWDS respondents who reported being subjected to frequent recent abuse by their husbands was greater than those among the 2015 ECGBVS respondents who reported the same. This finding indicates that poor women with disabilities not only face more spousal violence than other women, but also more frequent abuse.

Women sometimes suffer from more than one type of violence inflicted by their husbands, as Table 7.1 and Figure 7.2 show. More than a quarter (27 percent) of women disclosed experiencing both physical and disability-based violence from their husbands in their lifetime, and 11 percent experienced these two types of violence during the 12 months prior to the survey. Seventeen percent reported their exposure to physical and sexual violence from their husbands, and 16 percent had been subjected to physical, emotional and sexual violence. The prevalence of respondents reporting experiencing all three of these types of violence from their husbands was higher among the 2020 VAWWDS respondents than the 2015 ECGBVS respondents **(as indicated by Table B.4 in Annex B)**. Fourteen percent of women in the VAWWDS sample said they had been victims of all four types of violence (emotional, physical, sexual and disability-based), and 5 percent of women had experienced the four types of spousal violence recently. It can therefore be concluded that poor disabled women are more likely to experience different forms and multiple types of spousal abuse, and more frequent occurrences of such abuse, than other women.

Figure 7.2 Percentage of ever-married women who have experienced multiple types of violence committed by their husbands, during their lifetime and in the 12 months preceding the survey, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

7.2 Patterns in women's experience of spousal violence

This section examines the relationships between the experiences of women with disabilities of the different types of spousal violence and the women's background characteristics, empowerment indicators, the characteristics of their disabilities/ impairments, and their dependence on their husbands for the basic activities of daily life.

7.2.1 Violence committed by husbands according to women's background characteristics

Table 7.2 and Table 7.3 demonstrate the variations in the proportions of ever-married women in the VAWWDS sample

who have experienced various types of spousal violence by selected background characteristics, both during their lifetimes as a whole and recently (during the year prior to the survey).

Table 7.2 shows that the proportions of women who had experienced various forms of violence perpetrated by their current, last or any previous husband do not vary consistently with age.

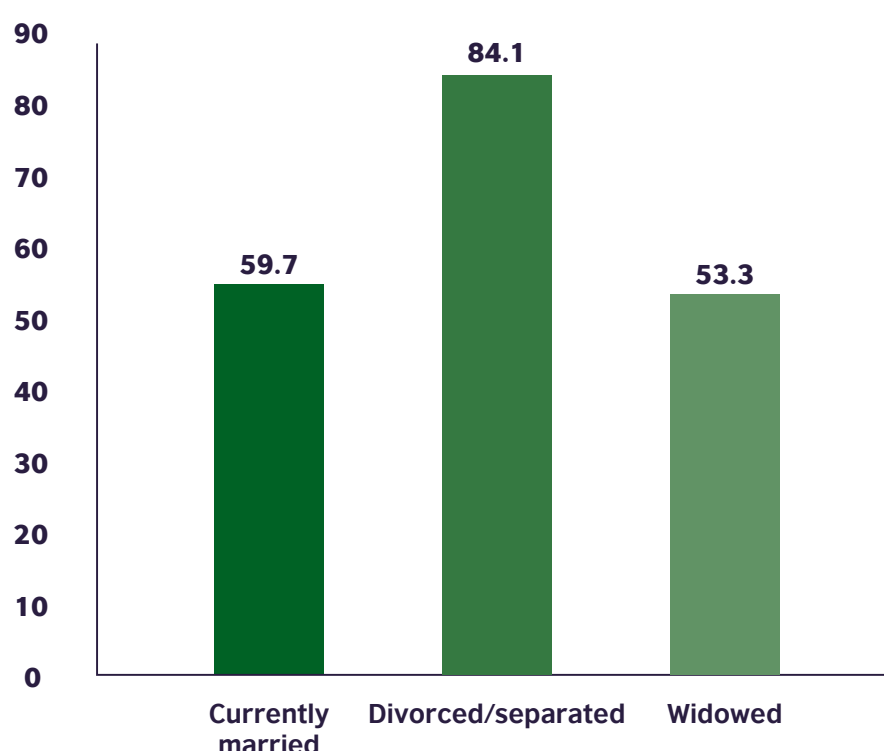
Divorced and separated women were exposed to the highest rates of all types of spousal violence, which is consistent with the results of the 2014 EDHS and the 2015 ECGBVS. Eighty-four percent of divorced/separated women reported having experienced at least one act of emotional, physical, sexual or disability-based violence from their former husbands, compared to 60 percent of currently married women and 53 percent of widows (**Figure 7.3**).

Seventy-two percent of divorced/separated women had experienced at least one act of disability-based violence, and 70 percent had been subjected to physical violence. Thirty-eight percent had been subjected to the four types of violence (physical, emotional, sexual and disability-based) versus 13 percent of currently married women and 11 percent of widows.

These high levels of spousal violence, as well as the high levels of marital controlling behaviours (see Table 7.1 in Chapter 7), financial control exerted by the husband (see Table 7.3 in Chapter 7), and the frequent fear of the husband (see Table 7.7 in Chapter 7) reported by divorced/separated women might be attributed to the

fact that divorced or separated women are more willing to disclose their experiences with their former husbands because their marriages have broken down as a result of their husbands' violence. The findings of the survey indicate that husbands' violence is a major reason for divorce/separation, with around one third of divorced/separated women reporting this factor as being behind the end of their marriage (data are not shown in a table). On the other hand, widowed women reported the lowest rate of spousal violence compared to divorced/separated and currently married women. This might be explained by the fact that widows are less willing to disclose their experiences of spousal violence with their deceased husbands.

Figure 7.3 Percentage of ever-married women who have ever experienced any form of spousal violence, according to current marital status, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Factors Associated With Spousal Violence

Women from Lower Egypt reported a lower level of exposure to the different types of spousal violence over their lifetimes than women from the urban governorates or from Upper Egypt, a reversal of the results of the 2015 ECGBVS.

Women whose educational level is defined as being able to read and write were generally

more likely to have been subjected to the different types of violence perpetrated by their husbands at some point, but no systematic pattern was revealed by the other educational attainment categories. This pattern is consistent to some extent with the pattern indicated by the 2015 ECGBVS.

Table 7.2 Percentage of ever-married women who have ever experienced various types of violence committed by their husbands, according to selected background characteristics, Egypt 2020

Background characteristics	Type of violence									No. of ever-married women
	Emotional	Physical	Sexual	Disability-based	Physical and sexual	Physical and disability-based	Sexual and disability-based	Physical, sexual, emotional and disability-based (All 4)	Any form of physical, sexual, emotional or disability-based (At least 1 of 4)	
Age										
<25	44.8	36.6	20.1	34.3	17.9	26.9	16.4	15.7	52.2	134
25 - 29	55.9	41.6	29.0	36.6	23.5	29.4	23.9	18.9	64.3	238
30 - 34	52.5	41.3	21.6	34.2	18.9	27.9	17.5	16.7	59.8	366
35 - 39	52.9	40.4	21.6	34.5	17.4	27.0	16.4	14.1	61.0	403
40 - 44	55.2	44.5	19.8	36.3	16.9	27.9	16.3	14.2	63.1	344
45 - 49	55.5	45.1	20.8	38.7	17.1	31.5	17.1	15.0	62.7	346
50 - 54	58.1	46.9	17.2	32.2	15.2	26.9	13.5	12.2	63.3	401
55 - 59	54.3	42.9	16.6	27.6	14.5	22.5	12.8	11.4	60.0	475
60+	54.5	45.3	18.8	31.1	16.9	24.5	14.6	13.3	60.4	437
Marital status										
Currently married	53.0	41.3	18.4	30.8	15.5	24.5	14.1	12.5	59.7	2,817
Divorced/separated	77.3	70.0	44.5	72.3	40.0	60.9	41.8	37.7	84.1	220
Widowed	43.9	40.2	15.9	24.3	14.0	18.7	12.1	11.2	53.3	107

Place of residence										
Urban governorates	53.0	48.9	24.8	32.2	21.9	30.0	18.9	17.8	61.5	270
Lower Egypt	50.6	41.7	19.5	31.5	16.6	25.4	15.6	13.7	58.6	1,238
Upper Egypt	57.4	43.6	19.8	35.1	16.8	27.4	15.8	14.0	63.1	1,636
Educational attainment										
Illiterate	54.9	45.4	18.7	31.9	16.0	26.1	14.3	12.8	61.8	1,681
Read and write	58.7	48.0	22.2	35.8	20.5	30.1	18.6	17.4	64.4	419
Primary/ preparatory	53.3	40.2	22.1	37.2	18.6	28.6	19.1	16.1	57.8	199
Secondary/ above intermediate and less than university	51.8	38.5	21.5	34.1	17.9	26.7	17.1	14.9	59.4	759
University and higher	47.7	29.1	20.9	37.2	14.0	23.3	18.6	14.0	58.1	86
Total	54.4	43.3	20.1	33.5	17.2	26.8	16.0	14.2	61.2	3,144

Note: Husband refers to current, last or any previous husband, as applicable.

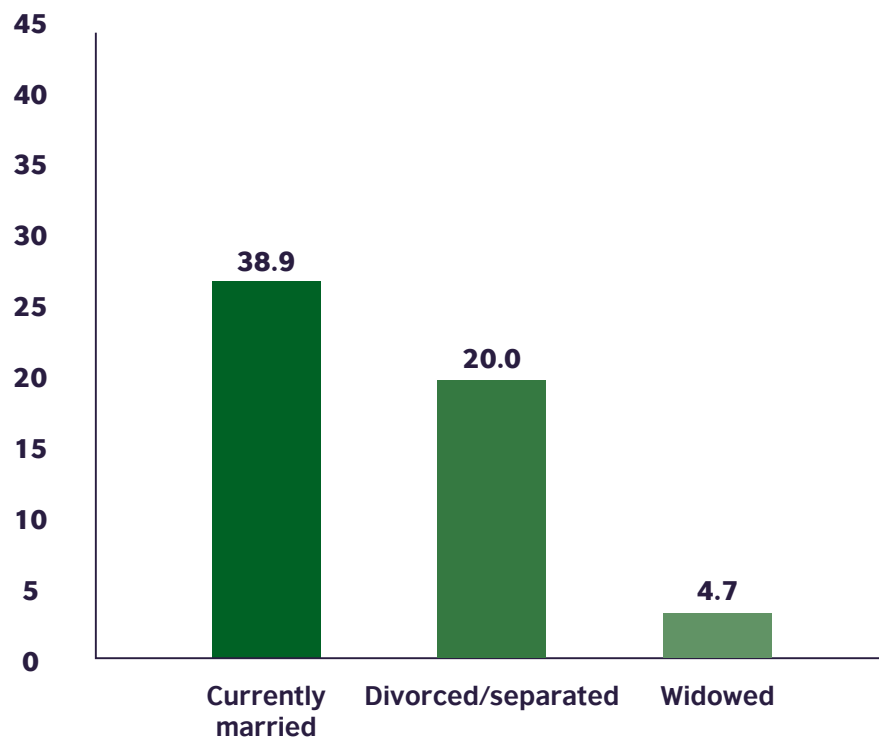
The patterns of recent spousal violence by women's age, marital status and educational attainment are different from the patterns of spousal violence women reported over their whole lifetimes. As shown in **Table 7.3**, youth is a risk factor for spousal violence victimization, with women under 35 being at the highest risk of experiencing abuse in the past year and thus tending to suffer more from the effects of violence on childbearing, reproductive health and well-being. This pattern may reflect in part the fact that younger men tend to be more violent than older men, and that spousal violence starts early in many relationships. This finding may also emerge because younger women are more willing to disclose violence (NCW and CAPMAS, 2016). On the other hand, women aged 55 years or older were the least likely to report experiencing a recent episode of spousal violence. The same pattern was evident in the results of the 2015 ECGBVS.

Unlike spousal violence during women's lifetimes, currently married women were significantly more likely to have recently experienced any type of spousal violence

than divorced/separated women or widowed women. For example, while around 4 in 10 currently married women (39 percent) had experienced at least one episode of physical, emotional, sexual or disability-based violence from their husbands within the year prior to the survey, one fifth of divorced or separated women and around 5 percent of widows reported the same (**Figure 7.4**). This finding was expected because the marriages of many of the divorced or widowed women had most probably ended before the year prior to the survey, and hence they had not experienced recent violence. This result is also in line with the findings of both the 2014 EDHS and the 2015 ECGBVS.

As in the 2015 ECGBVS, women with secondary education or intermediate education (but below higher education) were more likely to experience recent spousal violence than illiterate women, those who could read and write (but lacked a primary school certificate) and women with a university degree or more advanced education.

Figure 7.4 Percentage of ever-married women who have experienced any form of violence committed by their husbands during the past 12 months, according to current marital status, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Factors Associated With Spousal Violence

Table 7.3 Percentage of ever-married women who have experienced various types of violence committed by their husbands in the past 12 months, according to selected background characteristics, Egypt 2020

Background characteristics	Type of violence									No. of ever-married women
	Emotional	Physical	Sexual	Disability-based	Physical and sexual	Physical and disability-based	Sexual and disability-based	Physical, sexual, emotional and disability-based (All 4)	Any form of physical, sexual, emotional or disability-based (At least 1 of 4)	
Age										
<25	35.8	26.1	14.9	28.4	12.7	18.7	11.2	10.4	41.8	134
25 - 29	42.9	27.3	21.4	28.2	16.8	19.7	16.8	13.4	51.3	238
30 - 34	37.7	24.0	12.3	23.8	9.6	15.8	9.0	7.9	44.0	366
35 - 39	36.0	18.4	10.7	24.1	7.2	12.7	7.9	6.2	42.7	403
40 - 44	32.8	20.1	10.8	25.3	6.1	14.5	8.4	4.4	41.0	344
45 - 49	29.2	12.7	10.7	25.4	4.0	10.1	7.8	4.0	38.2	346
50 - 54	26.7	12.0	5.7	19.5	3.2	9.0	5.2	3.2	31.7	401
55 - 59	18.9	7.2	3.4	14.5	0.8	3.8	2.5	0.8	25.7	475
60+	19.0	7.8	1.6	15.8	0.7	5.3	0.9	0.2	25.4	437
Marital status										
Currently married	31.7	16.4	9.4	22.6	5.9	11.4	7.1	4.9	38.9	2,817
Divorced/separated	14.1	12.3	5.9	17.3	5.0	9.5	5.9	4.5	20.0	220
Widowed	2.8	0.9	0.0	4.7	0.0	0.9	0.0	0.0	4.7	107
Place of residence										
Urban governorates	33.0	20.4	8.9	20.4	5.9	12.6	6.7	5.2	39.6	270
Lower Egypt	27.9	15.5	8.5	20.3	5.7	10.8	6.7	4.6	34.2	1,238
Upper Egypt	30.1	14.9	9.2	22.9	5.5	10.7	6.8	4.6	37.5	1,636

Educational attainment										
Illiterate	25.0	12.1	6.4	18.9	3.5	7.9	4.8	2.8	32.1	1,681
Read and write	32.9	17.2	9.3	24.6	6.7	12.9	7.6	6.0	40.1	419
Primary/ preparatory	37.7	25.6	13.6	28.6	10.1	17.6	11.6	8.0	43.2	199
Secondary/ above intermediate and less than university	35.6	20.7	12.6	24.2	8.8	15.2	9.4	7.4	42.3	759
University and higher	27.9	9.3	10.5	22.1	3.5	7.0	8.1	3.5	33.7	86
Total	29.5	15.6	8.9	21.6	5.6	10.9	6.8	4.7	36.4	3,144

Note: Husband refers to current, last or any previous husband, as applicable.

7.2.2 Violence perpetrated by husband according to women's empowerment indicators

The 2020 VAWWDS findings presented in Table 7.4 echo the findings of the 2014 EDHS, the 2015 ECGBVS and other studies (e.g. WHO, 2005; WHO, 2010; United Nations Development Fund for Women, 2010) regarding the clear association between the number of marital and financial controlling behaviours exhibited by husbands, and both wives' acceptance of wife-beating and wives' exposure to spousal violence.

Table 7.4 shows that the more marital or financial controlling behaviours demonstrated by the husbands, the higher the likelihood of their wives' exposure to the different and multiple types of spousal violence. For instance, the rate of exposure to any of the four forms of violence, emotional, physical, sexual or disability-based violence, among women who reported at least three controlling behaviours displayed by their husbands **(a list of these behaviours is shown in Table 7.1)** was 95 percent, compared to 43

percent among women who reported no spousal controlling behaviour. All women reporting three or four financial controlling behaviours displayed by their husbands **(a list of these behaviours is shown in Table 7.3)** had experienced at least one form of the four types of spousal violence, and around two thirds (65 percent) had been subjected to all four types of violence.

Similarly, women's acceptance of wife-beating is correlated with violence against them. For example, the rate of exposure to any emotional, physical, sexual or disability-based violence inflicted by the husbands among women who accept wife-beating in three or more specific circumstances was around 16 percentage points higher than the rate among women who did not agree with wife-beating for any reason (71 percent versus 55 percent respectively). Also, the rate of experiencing the four types of violence among women who believed wife-beating can be justified in three circumstances or more was 5 percentage points higher the rate among those who did not accept wife-beating (17 percent versus 12 percent respectively). No noticeable

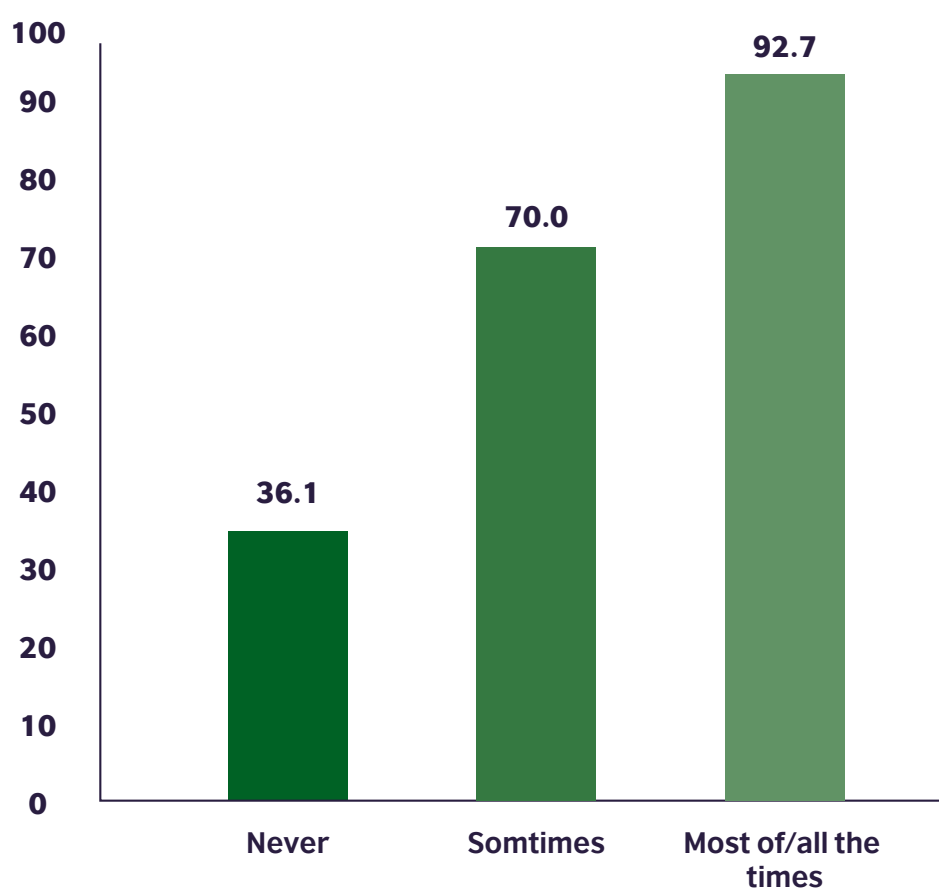
Factors Associated With Spousal Violence

variations in the prevalence of the different types of spousal violence exist by whether the women justify wife-beating in one circumstance or more (12- circumstances or 3+). This finding therefore indicates that acceptance of wife-beating among the 2020 VAWWDS respondents is most probably an important risk factor for women's exposure to spousal violence, regardless of the number of specific circumstances for which they considered this practice justified.

In line with the findings of the 2014 EDHS, the VAWWDS showed that women's fear of their husbands increases the likelihood of their experience of different and multiple

types of violence from their husbands. A strong relationship was observed (**see Table 7.4**) between spousal violence and a woman's admission that she feared her husband. For instance, the percentage of women who had experienced at least one act of emotional, physical, sexual or disability-based violence was 36 percent among women who said they had never been afraid of their husbands compared to 70 percent among women who had sometimes been afraid of their husbands and 93 percent among women who admitted being afraid of their husband most of/all of the time (**Figure 7.5**).

Figure 7.5 Percentage of ever-married women who have ever experienced any form of violence committed by their husbands, according to women's fear of their husbands, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Although women's empowerment is most probably a protective factor against their exposure to spousal violence, as indicated, for example, by the indicators relating to husbands' controlling behaviours and financial control, women's acceptance of wife-beating, and women's fear of their husbands, the survey results presented

in **Table 7.4** do not reflect this for the indicators measuring women's self-esteem and self-confidence. Women who displayed a sense of self-esteem or self-confidence were generally more likely to disclose having experienced spousal violence during their lifetime than women who did not display these characteristics.

Table 7.4 Percentage of ever-married women who have ever experienced various types of violence committed by their husbands, according to selected empowerment indicators, Egypt 2020

Indicator	Type of violence									No. of ever-married women
	Emotional	Physical	Sexual	Disability-based	Physical and sexual	Physical and disability-based violence	Sexual and disability-based violence	Physical, sexual, emotional and disability-based (All 4)	Any form of physical, sexual, emotional or disability-based (At least 1 of 4)	
Number of marital controlling behaviours¹ demonstrated by husband										
0	36.3	28.3	9.3	17.6	7.4	13.7	6.3	5.3	42.7	1,859
1 - 2	75.0	59.6	29.0	46.0	24.1	36.3	22.1	19.3	84.6	845
3+	90.9	75.2	48.6	76.1	45.2	64.1	45.2	41.8	94.8	440
Number of financial controlling behaviours² demonstrated by husband										
0	47.0	35.4	13.7	24.6	11.3	18.4	9.8	8.5	54.1	2,549
1 - 2	82.1	73.5	41.5	65.6	36.1	56.8	35.5	31.6	89.7	468
3+	99.2	90.6	70.1	92.9	66.1	85.8	67.7	64.6	100.0	127
Number of circumstances in which wives believe wife-beating is justified³										
0	48.8	36.0	16.9	29.1	14.4	22.5	13.7	12.2	54.8	1,899
1 - 2	61.9	53.2	24.6	44.5	21.0	35.6	20.2	17.6	71.1	357
3+	63.2	54.8	25.1	38.4	21.6	32.5	19.1	17.1	71.1	888

Factors Associated With Spousal Violence

Women's fear of their husbands										
Never	26.6	21.8	6.9	13.7	4.6	8.6	4.1	2.9	36.1	1,342
Sometimes	63.8	43.7	18.9	34.6	15.2	25.3	13.7	11.6	70.0	1,010
Most of the time/all of the time	89.5	79.4	44.1	65.6	41.0	59.7	39.2	36.7	92.7	791
Do not remember	*	*	*	*	*	*	*	*	*	1
Women believe that they have good skills that other people do not (self-esteem)										
Yes	54.4	44.9	27.0	38.8	22.9	32.1	22.9	19.4	62.9	577
No	54.3	42.9	18.5	32.3	15.9	25.7	14.5	13.0	60.8	2,567
Women believe that they are doing things they are proud of and other people are not capable of doing (self-confidence)										
Yes	53.1	44.2	24.3	36.8	19.9	29.7	20.4	16.9	61.3	774
No	54.8	43.0	18.7	32.4	16.3	25.9	14.6	13.3	61.2	2,370
Total	54.4	43.3	20.1	33.5	17.2	26.8	16.0	14.2	61.2	3,144

Note: Husband refers to current, last or any previous husband, as applicable.

¹ According to the women's reporting—see Table 7.1.

² According to the women's reporting—see Table 7.3.

³ According to the women's reporting—see Table 7.5.

7.2.3 Spousal violence by characteristics of women's disabilities/ impairments

7.2.3.1 Spousal violence by onset and type of women's disabilities/impairments

Table 7.5 shows the proportions of women who experienced different types of violence, and multiple types, from their current, last or any previous husband during their lifetime, and recently, according to the onset and type of their disabilities/impairments.

Regarding the onset of women's disabilities/impairments, the data presented in **Table 7.5**

and **Figure 7.6A** indicate that the prevalence of physical and emotional spousal violence during women's lifetimes was higher among women whose disabilities/impairments started when they were aged 35 years or over than among women whose disabilities began earlier in life or were present since birth. This reflects the cumulative experience of spousal violence suffered by these women, as they are concentrated at older ages than the other women in the survey sample (**see Chapter 3**). Nearly 6 in 10 women whose disabilities/impairments started at age 35 or above had experienced a form of emotional violence (58 percent) and around 5 in 10 (46 percent) had been subjected to physical violence. However, women with disabilities/impairments that had existed since birth were more likely than

women whose disabilities occurred later in life to report their exposure at any point in their marriage to sexual violence from their husbands. Twenty-three percent of women with disabilities/impairments since birth reported having been subjected to an act of sexual violence from their husbands, which was 5 percentage points higher than the proportion reported by women whose disabilities/impairments started at the age of 35 or above. This is probably because women with disabilities/impairments since birth are a younger cohort than other women in the survey sample, and hence may be more daring in disclosing their exposure to sexual violence, while older women are embarrassed to disclose such experiences.

The likelihood of recent exposure to the various and multiple types of spousal violence was the highest among women with disabilities/impairments since birth (**Figure 7.6B**). For instance, more than two fifths of women with disabilities/impairments since birth (43 percent) were subjected during the year preceding the survey to at least one act of emotional, physical, sexual or disability-based violence by their husbands. The comparable figures among women whose disabilities/impairments occurred at different stages of their lives ranged between 34 and 38 percent. The higher rate of recent experience of spousal violence among women with disabilities/impairments since birth was expected and is in line with the higher risk of recent spousal violence among younger women (**which is indicated by the data presented in Table 7.3**), since, as mentioned, women with disabilities since birth are younger on average than the other women in the survey.

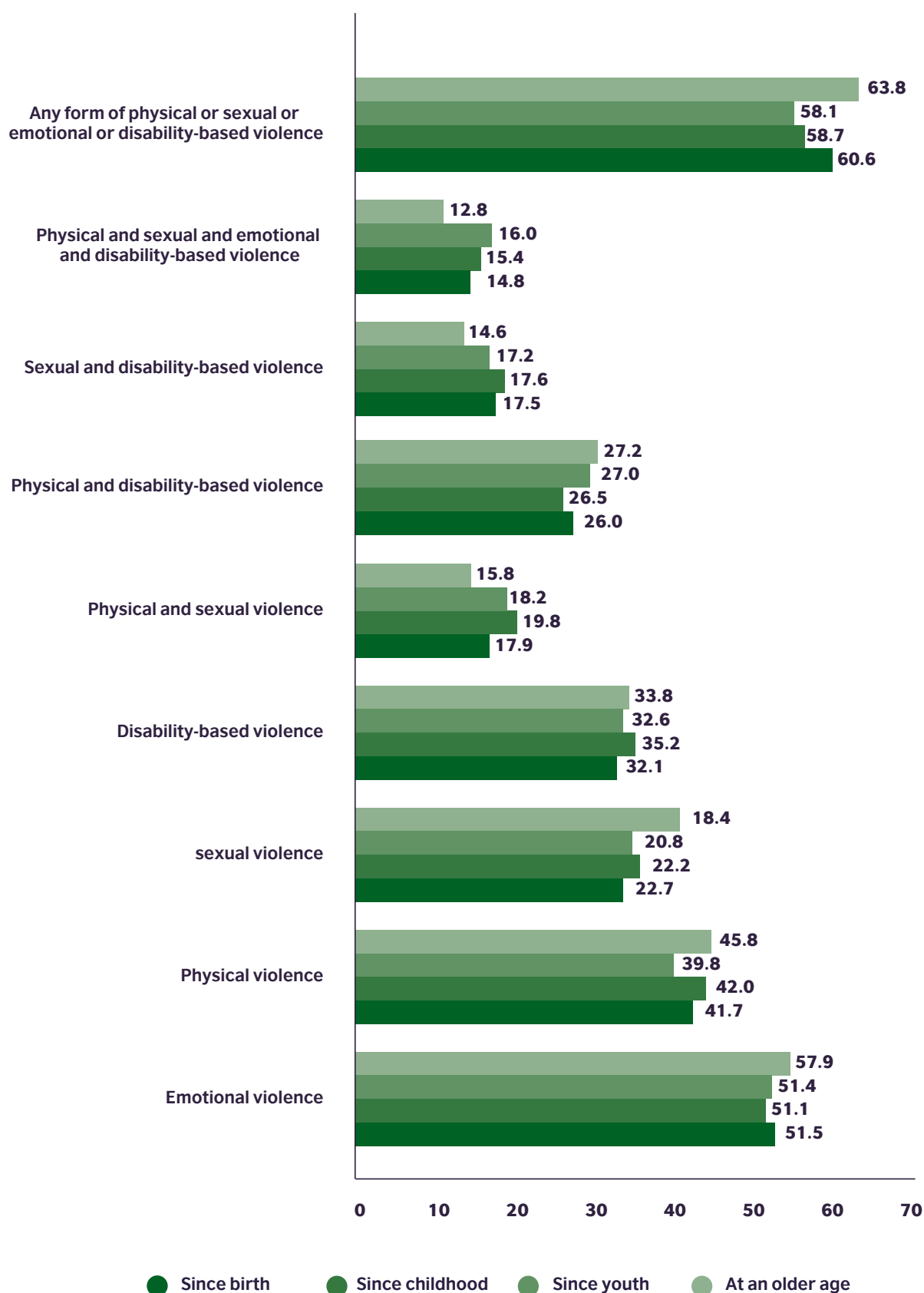
In terms of disability type, women with visual disabilities/impairments reported the highest rates of emotional and physical violence from their husbands experienced over their lifetime (**Figure 7.7A**). Around 6 in 10 ever-married women with visual disabilities/impairments had ever

experienced an act of emotional violence (58 percent), and 46 percent had experienced at least one act of physical violence. Women with visual disabilities/impairments were also more likely than women with other types of disabilities to experience recent episodes of emotional violence by their husbands, with 32 percent reporting this experience (**Figure 7.7B**). However, the findings in **Table 7.5, Figure 7.7A and Figure 7.7B** demonstrate that women with hearing disabilities/impairments were the most likely to have experienced sexual violence, disability-based violence or combined types of violence by their husbands, both over their lifetimes and recently. Exposure to recent acts of physical violence was also more prevalent among women with hearing disabilities/impairments.

Considerable proportions of women whose disabilities/impairments began at an older age (35 or above) and women with multiple disabilities/impairments were subjected to recent episodes of violence committed by their husbands (**Figure 7.6B and Figure 7.7B**). Thirty-four percent of women whose disabilities/impairments occurred at age 35 or above and 31 percent of women with multiple disabilities/impairments experienced a form of spousal violence during the 12 months prior to the survey. Twenty-one percent and 22 percent respectively experienced at least one act of disability-based violence. In addition, more than 1 in 10 women of each group had experienced recent episodes of physical violence. This reflects some husbands' cruelty in committing violence against women who are older (as indicated earlier, women whose disabilities/impairments occurred at 35 or above and women with multiple disabilities/impairments were older than other women in the survey sample) and with multiple disabilities/impairments that are most probably associated with ill health.

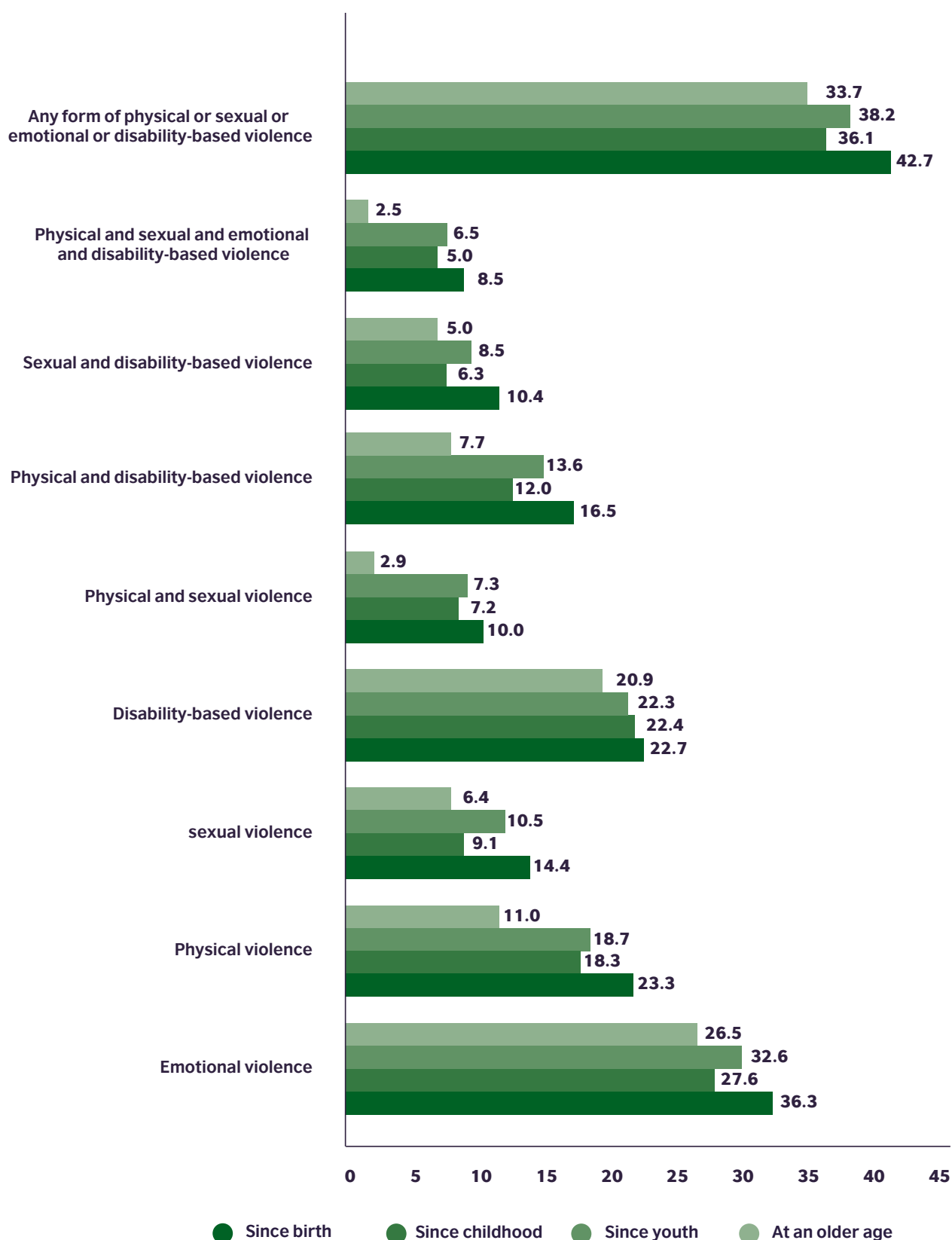
Factors Associated With Spousal Violence

Figure 7.6A Percentage of ever-married women who have ever experienced various types of violence committed by their husbands, according to onset of disability/impairment, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

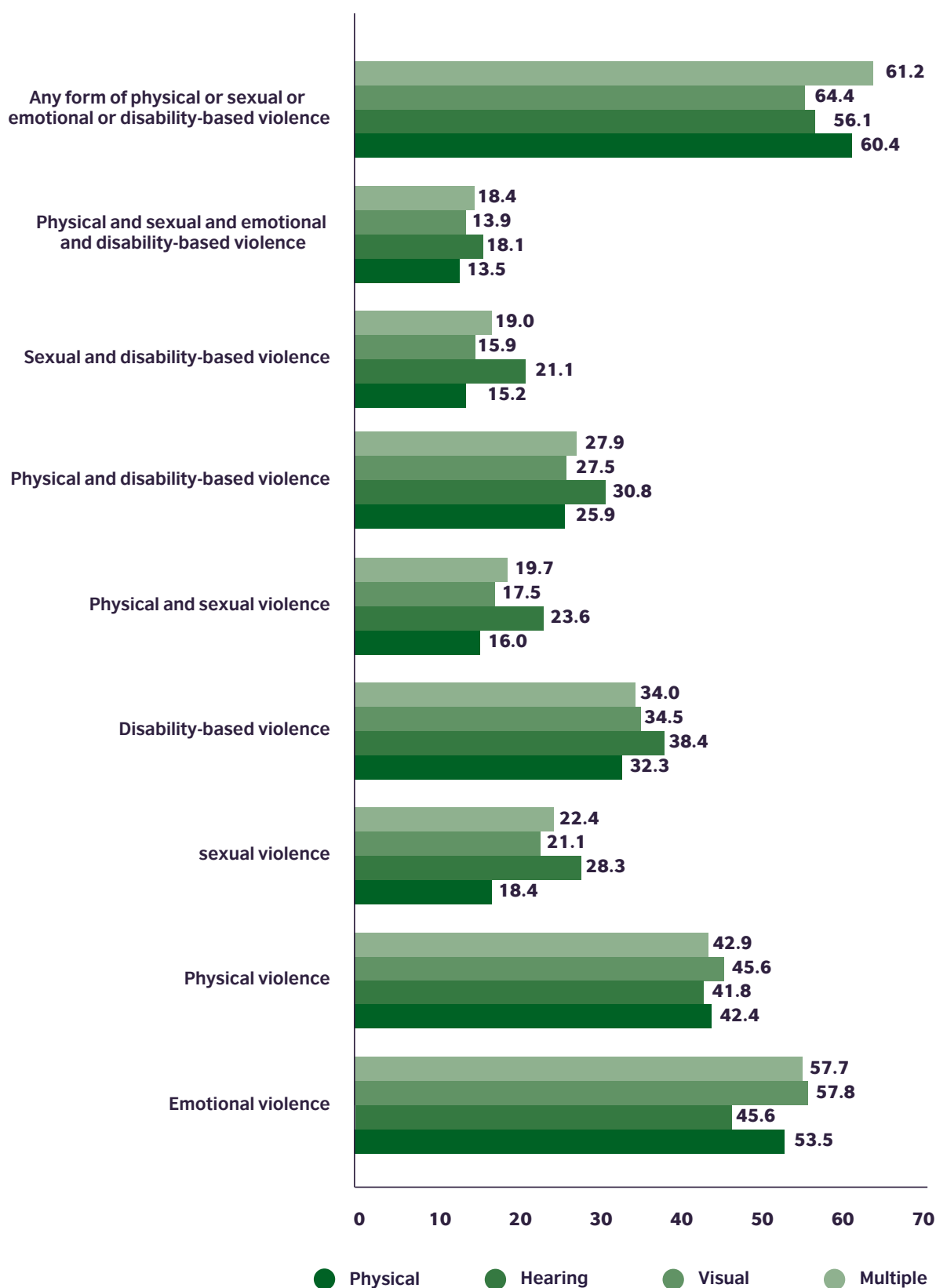
Figure 7.6B Percentage of ever-married women who have experienced various types of violence committed by their husbands during the past 12 months, according to the onset of disability/impairment, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

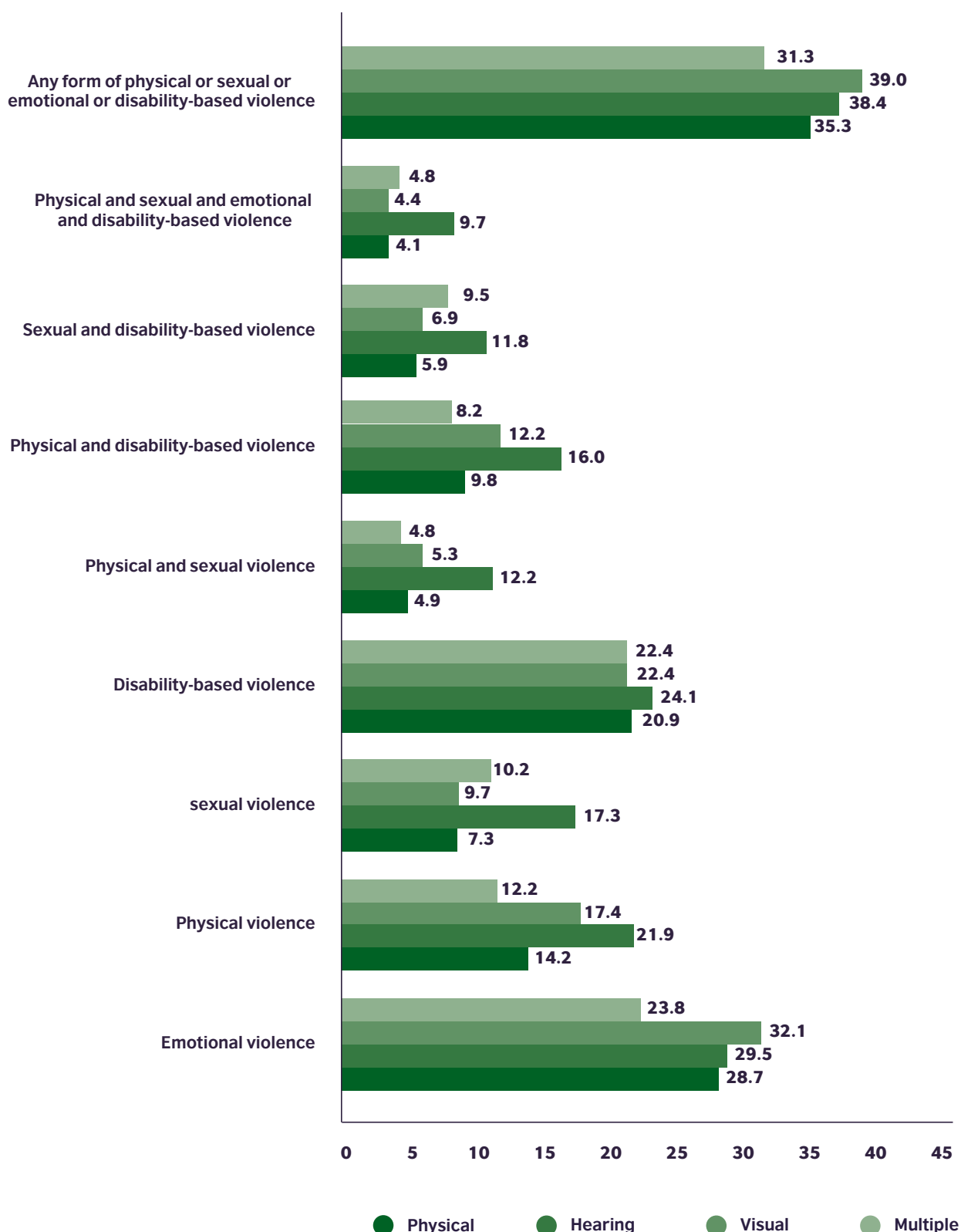
Factors Associated With Spousal Violence

Figure 7.7A Percentage of ever-married women who have ever experienced various types of violence committed by their husbands, according to type of disability/impairment, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Figure 7.7B Percentage of ever-married women have experienced various types of violence committed by their husbands during the past 12 months, according to type of disability/impairment, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Factors Associated With Spousal Violence

Table 7.5: Percentage of ever-married women who have experienced various forms of violence committed by their husbands, according to onset and type of disability/impairment, Egypt 2020

Type of violence	Onset of disability/impairment				Type of disability/impairment				Total
	Since birth	Since childhood	Since youth	At an older age	Physical	Hearing	Visual	Multiple	
Emotional violence									
Ever	51.5	51.1	51.4	57.9	53.5	45.6	57.8	57.7	54.4
In the past 12 months	36.3	27.6	32.6	26.5	28.7	29.5	32.1	23.8	29.5
Physical violence									
Ever	41.7	42.0	39.8	45.8	42.4	41.8	45.6	42.9	43.3
In the past 12 months	23.3	18.3	18.7	11.0	14.2	21.9	17.4	12.2	15.6
Sexual violence									
Ever	22.7	22.2	20.8	18.4	18.4	28.3	21.1	22.4	20.1
In the past 12 months	14.4	9.1	10.5	6.4	7.3	17.3	9.7	10.2	8.9
Disability-based violence									
Ever	32.1	35.2	32.6	33.8	32.3	38.4	34.5	34.0	33.5
In the past 12 months	22.7	22.4	22.3	20.9	20.9	24.1	22.4	22.4	21.6
Physical and sexual violence									
Ever	17.9	19.6	18.2	15.8	16.0	23.6	17.5	19.7	17.2
In the past 12 months	10.0	7.2	7.3	2.9	4.9	12.2	5.3	4.8	5.6
Physical and disability-based violence									
Ever	26.0	26.5	27.0	27.2	25.9	30.8	27.5	27.9	26.8
In the past 12 months	16.5	12.0	13.6	7.7	9.8	16.0	12.2	8.2	10.9
Sexual and disability-based violence									
Ever	17.5	17.6	17.2	14.6	15.2	21.1	15.9	19.0	16.0
In the past 12 months	10.4	6.3	8.5	5.0	5.9	11.8	6.9	9.5	6.8

Physical, sexual, emotional and disability-based violence (All 4)									
Ever	14.8	15.4	16.0	12.8	13.5	18.1	13.9	18.4	14.2
In the past 12 months	8.5	5.0	6.5	2.5	4.1	9.7	4.4	4.8	4.7
Any form of physical, sexual, emotional or disability-based violence (At least 1 of 4)									
Ever	60.6	58.7	58.1	63.8	60.4	56.1	64.4	61.2	61.2
In the past 12 months	42.7	36.1	38.2	33.7	35.3	38.4	39.0	31.3	36.4
Number of ever-married women	480	460	726	1,496	1,859	237	901	147	3,144

Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

7.2.3.2 Spousal violence by intensity of women’s disabilities/impairments

Table 7.6 shows to what extent women with different degrees of disability intensity were subjected to recent episodes of spousal violence. The intensity of the difficulty might change over time, e.g. from mild difficulty to moderate disability or moderate to severe disability, and accordingly, the analysis focused on women’s experience of any spousal violence that occurred during the year prior to the survey, in order to investigate the status of the intensity of their disability/impairment at the time of their exposure to the violence. This in turn helps to roughly understand the relationship between the intensity of women’s disabilities/impairments and their exposure to this violence.

As noted in the table, significant proportions of women with severe disabilities experienced spousal violence during the year preceding the survey, reflecting again some husbands’ cruelty in committing violence against these vulnerable women. Experience of any form of physical, sexual, emotional or disability-based violence was most common among women with severe hearing disabilities and those with moderate communication disabilities (50 percent and 46 percent respectively). One third of women with severe disabilities with regard to self-care tasks (33 percent) and 22 - 29 percent of women with severe disabilities in seeing, walking or climbing steps or using hands and fingers to pick up things reported being recently subjected to any form of spousal violence.

Twenty-six percent of women with severe hearing disabilities had been exposed to

Factors Associated With Spousal Violence

physical violence from their husbands, 24 percent to disability-based violence, and 15 percent to both types of violence. Around a quarter of women with severe disabilities with regard to self-care tasks (24 percent), around a fifth of women with severe disability in walking or climbing steps, and

around a fifth of those with severe disability in using their hands were subjected to disability-based violence. Thirteen percent of women with severe disability in seeing and 11 percent of women with severe disability using their hands had experienced physical violence from their husbands.

Table 7.6 Percentage of ever-married women who experienced various forms of violence committed by their husbands during the 12 months prior to the survey, according to intensity of the disability, Egypt 2020

Intensity of women's disability	Type of violence									No. of ever-married women
	Emotional	Physical	Sexual	Disability-based	Physical and sexual	Physical and disability-based	Sexual and disability-based	Physical, sexual, emotional and disability-based (All 4)	Any form of physical, sexual, emotional or disability-based (At least 1 of 4)	
Difficulty seeing, even if wearing glasses										
No difficulty	29.2	17.3	9.4	21.3	6.9	11.9	7.1	5.5	36.7	1,177
Some difficulty	30.8	14.4	8.5	22.8	4.9	10.6	6.9	4.4	37.3	1,052
Moderate disability (a lot of difficulty)	29.5	15.0	9.4	22.0	5.0	10.2	6.7	4.1	36.7	806
Severe disability (cannot do at all)	19.3	12.8	2.8	11.0	2.8	8.3	2.8	2.8	22.0	109
Difficulty hearing, even if using hearing aid										
No difficulty	29.7	15.3	8.2	21.3	5.3	10.7	6.3	4.4	36.6	2,430
Some difficulty	27.8	13.9	9.1	22.7	5.1	10.1	7.6	4.4	34.3	475

Factors Associated With Spousal Violence

Moderate disability (a lot of difficulty)	27.2	19.0	12.2	21.8	8.8	15.0	10.2	8.2	30.6	147
Severe disability (cannot do at all)	35.9	26.1	20.7	23.9	12.0	15.2	10.9	7.6	50.0	92
Difficulty communicating with others (e.g. understanding or being understood)										
No difficulty	29.9	15.2	8.3	21.5	5.2	10.6	6.4	4.4	36.7	2,750
Some difficulty	19.8	13.9	8.9	19.4	4.6	9.7	6.8	3.4	27.0	237
Moderate disability (a lot of difficulty)	37.0	24.7	17.8	27.4	13.0	17.8	12.3	10.3	45.9	146
Severe disability (cannot do at all)	*	*	*	*	*	*	*	*	*	11
Difficulty walking or climbing steps										
No difficulty	34.1	20.8	11.8	24.3	7.9	14.1	9.0	6.9	42.0	610
Some difficulty	30.9	17.9	11.3	23.7	7.2	12.8	8.1	5.4	38.6	857
Moderate disability (a lot of difficulty)	28.1	13.2	7.3	19.7	4.2	9.2	5.8	3.8	34.1	1,383
Severe disability (cannot do at all)	22.1	9.9	3.1	19.0	2.7	6.8	3.1	2.4	29.3	294
Difficulty using hands and fingers for picking up things such as buttons or pencils or opening or closing cans or bottles										
No difficulty	29.2	16.9	9.9	21.8	6.5	11.7	7.3	5.2	36.8	1,485
Some difficulty	29.9	14.4	8.2	21.3	4.7	10.3	6.4	4.1	36.2	1,018
Moderate disability (a lot of difficulty)	31.6	15.1	8.2	22.1	5.3	9.9	6.6	4.6	37.4	548
Severe disability (cannot do at all)	18.3	10.8	4.3	19.4	3.2	10.8	4.3	3.2	24.7	93
Difficulty with self-care such as washing all over or dressing										
No difficulty	33.4	18.7	11.8	24.0	7.5	13.1	9.0	6.2	40.4	1,478

Factors Associated With Spousal Violence

Some difficulty	28.7	14.8	7.4	20.3	4.7	10.5	5.6	4.0	34.8	1,105
Moderate disability (a lot of difficulty)	19.7	9.5	4.6	16.9	2.6	5.9	3.7	2.2	28.0	461
Severe disability (cannot do at all)	26.0	7.0	1.0	24.0	1.0	6.0	1.0	1.0	33.0	100
Total	29.5	15.6	8.9	21.6	5.6	10.9	6.8	4.7	36.4	3,144

7.2.4 Spousal violence and dependence on husbands for basic daily activities

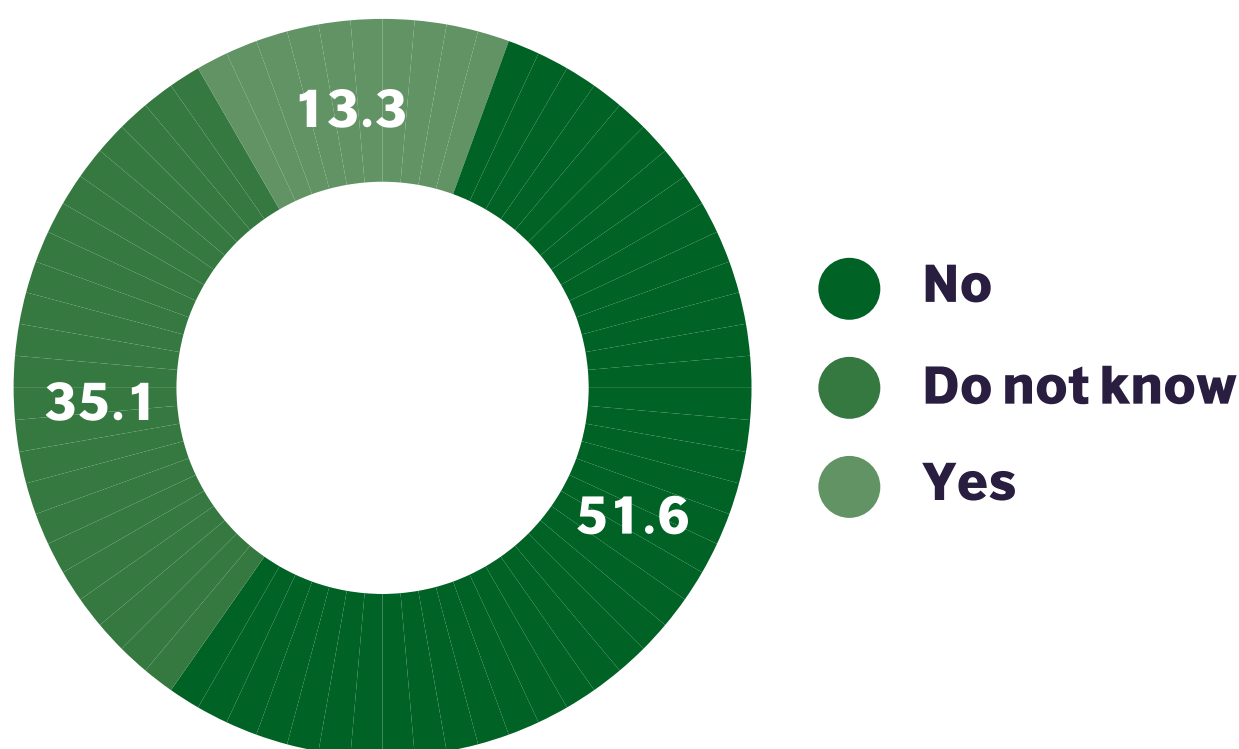
Women who reported that they depended on their current husband (or had depended on their last or any previous husband) for the basic activities of daily life (e.g. eating and drinking, dressing or undressing, moving from place to place within the home) and who said they had ever experienced spousal violence were asked whether they believed

that their dependence on their husbands had an impact on their exposure to abuse⁽⁴⁾ by them. Women who provided an affirmative response to the question were then asked why they believed so.

Thirteen percent of women who said they depended on their husbands for performing daily activities believed that their dependence on their husbands had influenced their exposure to abuse (**Figure 7.8**) while 52 percent said they did not believe it had, and 35 percent said they did not know.

⁴ The term "violence" was not used when asking questions relating to violence because of its subjective perceptions.

Figure 7.8 Percent distribution of ever-married women who have ever experienced spousal violence and who depend (or depended on) on their husbands in performing basic daily activities, according to whether they believe their dependence on their husbands influenced their exposure to abuse, Egypt 2020

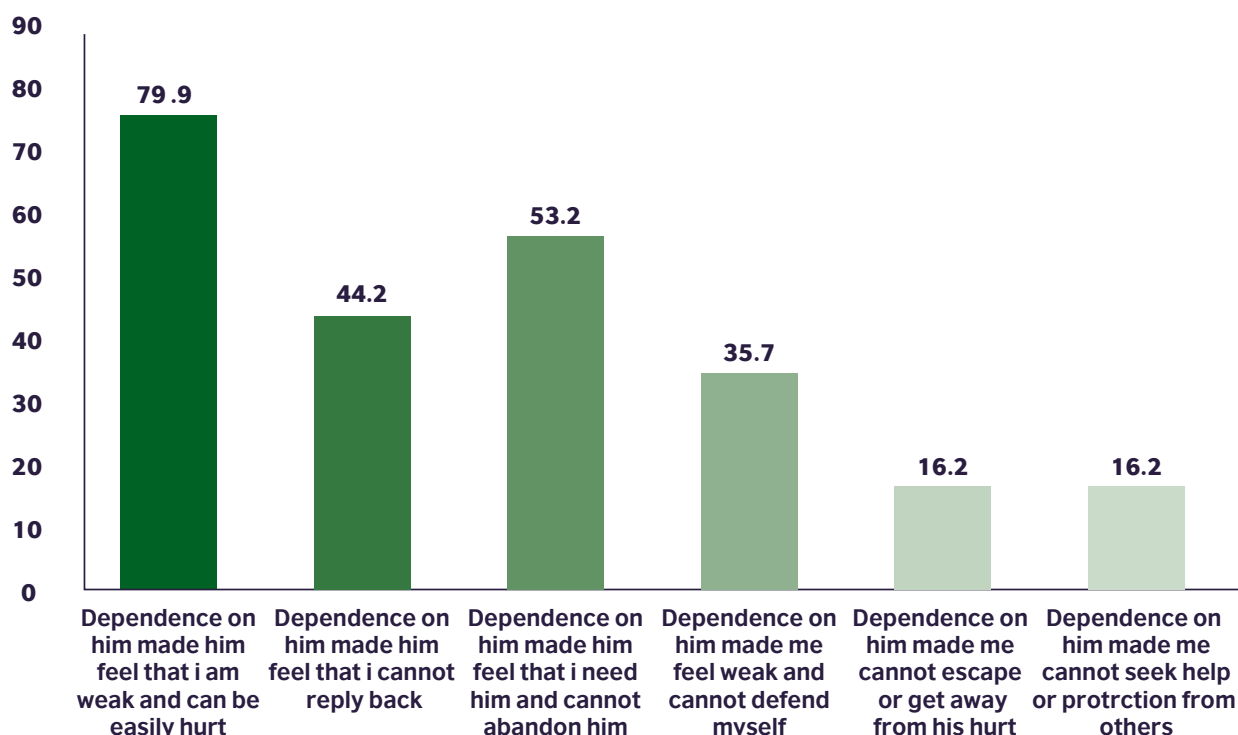


Note: Husband refers to current, last or any previous husband, as applicable.

The few women who believed that their dependence on their husband influenced their exposure to abuse gave reasons as to why (**Figure 7.9**), and these reasons reflect the challenges these women face in confronting or escaping spousal violence. For example, 8 in 10 women said that dependence on their husband made the

husband feel that the woman was weak and could be easily hurt. More than half said that dependence on their husband made him feel that his wife needs him and would not be able to leave him. Forty-four percent said that dependence on their husband made him feel that she would not be able to answer back.

Figure 7.9 Percentage of ever-married women who have ever experienced spousal violence and depend (or depended) on their husbands in performing basic daily activities, and who believe that their dependence on their husbands influenced their exposure to abuse, according to their reported reasons,¹ Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

¹ Some women reported more than one reason.

The data presented in **Table 7.7** are consistent with the findings demonstrated by **Figure 7.9** and may confirm that husbands who assist their wives who have disabilities in performing their daily activities are less likely to be violent towards them than husbands who did not provide such assistance. **Table 7.7** shows that the prevalence of various types of spousal violence against women, both over the women's lifetimes and recently, was lower

among women who reported that they depended on their current (or last, or any previous) husband in basic activities of daily life than women who reported not depending on their husbands. However, this does not exclude the possibility that some women with disabilities/impairments, even if the number is low, cannot end or escape spousal violence because of their dependence on their husbands.

Table 7.7 Percentage of ever-married women who experienced various types of spousal violence, by dependence status on their husband in performing basic daily activities, Egypt 2020

Type of violence	Dependence status		Total
	Depend/depended on their husband in performing basic daily activities	Do not depend/did not depend on their husband in performing basic daily activities	
Emotional violence			
Ever	50.3	56.7	54.4
In the past 12 months	27.1	30.9	29.5
Physical violence			
Ever	40.4	45.0	43.3
In the past 12 months	13.4	16.9	15.6
Sexual violence			
Ever	17.4	21.7	20.1
In the past 12 months	9.3	8.7	8.9
Disability-based violence			
Ever	28.1	36.6	33.5
In the past 12 months	18.2	23.6	21.6
Physical and sexual violence			
Ever	14.1	19.0	17.2
In the past 12 months	5.6	5.6	5.6
Physical and disability-based violence			
Ever	22.1	29.6	26.8
In the past 12 months	8.6	12.3	10.9
Sexual and disability-based violence			
Ever	13.1	17.7	16.0
In the past 12 months	6.9	6.7	6.8
Physical, sexual, emotional and disability-based violence (All 4)			
Ever	11.0	16.0	14.2
In the past 12 months	4.7	4.7	4.7

Factors Associated With Spousal Violence

Any one of physical, sexual, emotional or disability-based violence (At least 1 of 4)			
Ever	58.4	62.9	61.2
In the past 12 months	34.5	37.5	36.4
Number of ever-married women	1,156	1,988	3,144

Note: Husband refers to current, last or any previous husband, as applicable.

7.3 Women's perceptions of the impact of disability on their exposure to spousal violence

Ever-married women who have been subjected to at least one act of emotional, physical, sexual or disability-based violence perpetrated by their current, last or any previous husband during their lifetime were asked whether they believe that their disability influenced their exposure to this act. Women who provided an affirmative response were further asked about the reasons for their belief.

As noted in **Table 7.8**, the majority of the respondents believed that their disability had no influence on their exposure to their husbands' abusive behaviours. However, a considerable proportion did believe so, particularly women whose disabilities/impairments had existed since birth or childhood, as well as women with hearing disabilities/impairments. Twenty-two percent

of spousal violence victims believed that their disability impacted their exposure to this violence, and around 3 in 10 women whose disability had existed since birth or childhood (26 percent and 28 percent respectively) and a quarter of women with hearing disabilities/impairments (25 percent) believed this.

Like the reasons women cited for their belief that dependence on their husbands had influenced their exposure to abuse, the majority of women who believed that their disability had influenced their exposure to spousal violence thought that disability made their husbands feel that they were weak and could be easily hurt (reported by 81 percent). Fifty-six percent of the women believed that their disability made their husbands feel that they could not answer back, and 55 percent thought that their disability made their husbands feel that they were weak and could not defend themselves. The same pattern was evident regardless of the age of onset or type of disability.

Table 7.8 Percent distribution of ever-married women who have ever experienced any form of spousal violence according to whether they believe that their disability has/had an impact on their exposure to violence by their husbands, and percentage of women who believe that by their cited reasons,¹ according to onset and type of disability/impairment, Egypt 2020

Item	Onset of disability				Type of disability				Total
	Since birth	Since childhood	Since youth	At an older age	Physical	Hearing	Visual	Multiple	
Women believe that their disability has/had an impact on their exposure to any act of violence by their husbands									
Yes	26.4	28.1	23.4	17.9	20.9	24.6	22.4	22.2	21.7
No	72.2	69.3	74.9	81.3	77.6	71.6	76.9	77.8	77.0
Do not know	1.4	2.6	1.7	0.8	1.4	3.7	0.7	0.0	1.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women who have ever experienced any form of emotional, physical, sexual or disability-based violence perpetrated by their husbands	291	270	422	954	1,122	133	580	90	1,925
Women's cited reasons¹ for their belief that their disability has/had an impact on their experience of violence perpetrated by their husband									
The disability makes/made him feel that I am weak and can be easily hurt	83.1	80.3	82.8	80.7	83.0	(84.8)	79.2	*	81.3
The disability makes/made him feel that I cannot answer back	66.2	61.8	50.5	50.9	51.1	(75.8)	57.7	*	55.5
The disability makes/made him feel that I need him and cannot abandon him	58.4	42.1	47.5	39.2	43.4	(42.4)	50.0	*	45.2
The disability makes/made me feel weak and like I cannot defend myself	62.3	53.9	59.6	48.0	50.2	(72.7)	56.2	*	54.5
The disability means I cannot/could not escape or get away from his abuse	26.0	14.5	18.2	19.3	19.1	(9.1)	22.3	*	19.4
The disability means I cannot/could not seek help or protection from others	14.3	9.2	18.2	18.7	16.2	(15.2)	15.4	*	16.3

Factors Associated With Spousal Violence

Do not know	0.0	2.6	0.0	1.2	1.3	(0.0)	0.0	*	0.9
Number of spousal violence victims who believe that their disability has/had an impact on their exposure to spousal violence	77	76	99	171	235	33	130	20	418

Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

** Indicates that the proportion is based on fewer than 25 cases and has been suppressed.*

() Figures in parentheses are based on 25 - 49 cases.

¹ Some women reported more than one reason.

7.4 Severity of spousal violence

Investigation of the severity of violence against women in general and women with disabilities in particular is instrumental, as it can help to guide the development of prevention programmes and to serve as inputs in the training programmes of organizations seeking to provide responses and interventions addressing the problem (United Nations, 2014).

It is crucial to explore the injuries that result from specific acts of violence, as well as the frequency of occurrence and any corresponding need for medical treatment or hospitalization. It is also important to identify violence that took place at specific life stages, such as during pregnancy. In addition, acts of hitting with a fist or object, kicking, dragging or beating up, choking, deliberately burning and threatening with or using a knife, gun or other weapon are de facto considered acts of severe physical violence regardless of the consequences, owing to their much higher associated risk of injuries and mental health consequences (United Nations, 2014). The prevalence and the frequency of occurrence of these acts

among the 2020 VAWWDS respondents was explored per the different forms of spousal violence in the first section of this chapter. This section therefore focuses on women’s experience of spousal physical violence during pregnancy and the injuries resulting from spousal violence.

7.4.1 Experience of spousal physical violence during pregnancy

Violence during pregnancy is an indicator of severe violence, since it suggests a callous disregard not only for the woman but also for her unborn child (United Nations, 2014). **Table 7.9** shows the prevalence and the variations in physical violence against women during pregnancy by their husbands, by selected demographic characteristics and the onset and type of the women’s disabilities/impairments.

As noted in the table, a considerable proportion of women who have ever been pregnant have been subjected to physical violence by their husbands during pregnancy, mostly more than once. Thirteen percent of

women who have ever been pregnant had experienced physical violence during their pregnancy inflicted by their husbands, and more than 60 percent of those women (8 percent of all ever-married women) had been subjected to this violence more than once.

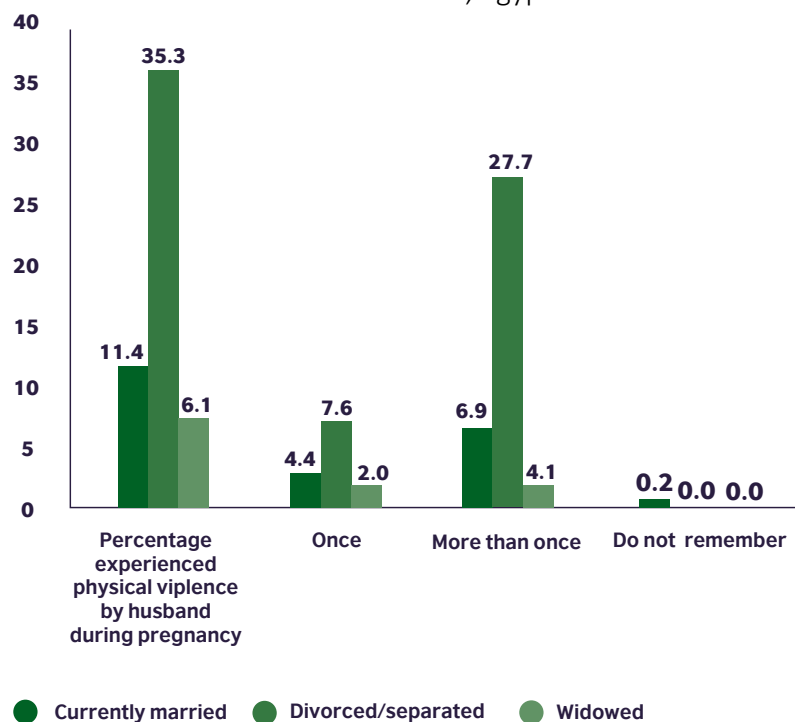
The experience of physical violence committed by husbands while they were pregnant was significantly higher among women below 25 years old (21 percent) than among older women. This finding is consistent with the findings of the 2014 EDHS and in line with the higher rate of recent spousal violence among young women, which again confirms that youth is a risk factor for spousal violence victimization.

The rates of physical violence during pregnancy and the frequency of its occurrence were the highest among divorced/separated women. This is consistent with the other findings regarding the experience of divorced/separated women of different types of violence and of multiple types of violence, of marital and

financial controlling behaviours displayed by their former husbands, and of their frequent fear of their former husbands. The high rates of violence in pregnancy experienced by divorced/separated women, alongside the earlier findings, again confirm that divorced/separated women are more willing to disclose their experience with their former husbands as their marriages have ended or broken down due to their former husbands' violence.

As indicated in **Table 7.9** and **Figure 7.10**, the proportion of divorced/separated women who reported having ever experienced physical violence during pregnancy from their former husbands was more than three times the proportion of currently married women and about six times the proportion of widows (35 percent, 11 percent and 6 percent respectively). Twenty-eight percent of divorced/separated women had experienced physical violence from their former husbands during pregnancy more than once, compared to 8 percent who had been subjected to this violence once only.

Figure 7.10 Percentage of ever-married women who have ever experienced physical violence perpetrated by their husbands during pregnancy, by frequency of occurrence and according to current marital status, Egypt 2020



Factors Associated With Spousal Violence

Table 7.9 Percentage of ever-married women who have ever experienced physical violence perpetrated by their husbands during pregnancy, by frequency of occurrence and according to selected demographic characteristics and onset and type of disability/impairment, Egypt 2020

Demographic characteristics & onset and type of disability/impairment	Percentage who experienced physical violence from husband during pregnancy	Frequency of occurrence			No. of women who have ever been pregnant
		Once	More than once	Do not know/do not remember	
Age					
<25	21.3	11.1	10.2	0.0	108
25 - 29	12.0	3.4	8.2	0.5	208
30 - 34	11.7	5.2	6.2	0.3	325
35 - 39	16.6	5.7	10.9	0.0	368
40 - 44	12.9	4.7	7.8	0.3	319
45 - 49	12.0	3.8	7.9	0.3	316
50 - 54	13.2	5.4	7.8	0.0	372
55 - 59	10.1	2.8	7.0	0.2	457
60+	11.6	3.1	8.5	0.0	414
Marital status					
Currently married	11.4	4.4	6.9	0.2	2,604
Divorced/separated	35.3	7.6	27.7	0.0	184
Widowed	6.1	2.0	4.1	0.0	98
Onset of disability/impairment					
Since birth	14.9	5.0	9.7	0.2	423
Since childhood	13.2	4.5	8.2	0.5	402
Since youth	12.0	4.5	7.4	0.2	664
At an older age	12.4	4.3	8.0	0.1	1,414
Type of disability/impairment					
Physical	12.4	5.1	8.1	0.2	1,722
Hearing	14.4	4.8	9.1	0.5	209
Visual	13.5	5.1	8.1	0.2	823
Multiple	11.3	3.0	7.5	0.8	133
Total	12.8	4.5	8.1	0.2	2,887

Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19-34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

Experience of spousal physical violence during pregnancy was more common and more frequent among women with disabilities/impairments since birth and those with hearing disabilities/impairments than women whose disabilities/impairments occurred later in their lives or women with other types of disabilities/impairments. The younger ages of women whose disabilities had existed since birth and those with hearing disabilities/impairments, as discussed above **(and see Chapter 3)** in comparison to the other women could partially explain their higher experience of recent spousal violence and exposure to physical violence in pregnancy (during the year prior to the survey) than the women whose disabilities had occurred later in their life and the women with other types of disabilities.

7.4.2 Injuries resulting from spousal violence

Women who had ever been subjected to physical or sexual physical perpetrated by their current, last or any previous husband were asked if they had experienced any

injuries as a result. Women who had experienced injuries were asked about the frequency of occurrence, the type of injuries, and whether the injuries occurred during the 12-month period prior to the survey, or before that period. Women who said they had been subject to physical or sexual violence were also asked whether medical care was needed and obtained, and if it was not obtained, what the reason was for not doing so. Finally, injured victims who needed medical care, regardless of whether they obtained it or not, were asked whom they reported their injury to.

Around a third of women who had experienced physical or sexual spousal violence had been injured (32 percent) as a result of this violence **(Table 7.10)⁵**. Almost two thirds of these women had been injured more than once (64 percent). Women with multiple disabilities/impairments and women whose disabilities/impairments had begun in their youth (aged 19 to 34) were more likely to have ever experienced injuries resulting from their husbands’ abuse (reported by 44 percent and 41 percent respectively).

⁵ The 2020 VAWWDS and 2015 ECGBVS data are not comparable in this regard because the questions in the ECGBVS covered the experience of emotional, physical and sexual spousal violence.

Factors Associated With Spousal Violence

Table 7.10 Percentage of ever-married women who have ever experienced injuries resulting from spousal violence,¹ and percent distribution of women who experienced those injuries, by frequency of injury occurrence, according to onset and type of disability/impairment, Egypt 2020

Indicator	Onset of disability/impairment				Type of disability/impairment				Total
	Since birth	Since childhood	Since youth	At an older age	Physical	Hearing	Visual	Multiple	
Experience of injuries due to spousal violence¹									
Percentage of ever-married women who had been injured as a result of spousal violence ¹	31.4	26.6	41.2	30.8	31.5	31.3	32.1	44.3	32.3
Number of ever-married women who have experienced spousal violence ¹	226	214	313	744	853	112	455	70	1,490
Frequency of injury occurrence due to spousal violence¹									
Once	25.4	28.1	30.2	25.2	27.0	(25.7)	28.1	(25.8)	27.2
More than once	64.8	66.7	62.8	63.9	61.1	(65.7)	67.8	(64.5)	63.7
Do not remember	9.9	5.3	7.0	10.9	11.9	(8.6)	4.1	(9.7)	9.1
Number of ever-married women who have experienced injuries due to spousal violence¹	71	57	129	230	270	35	146	31	482

Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

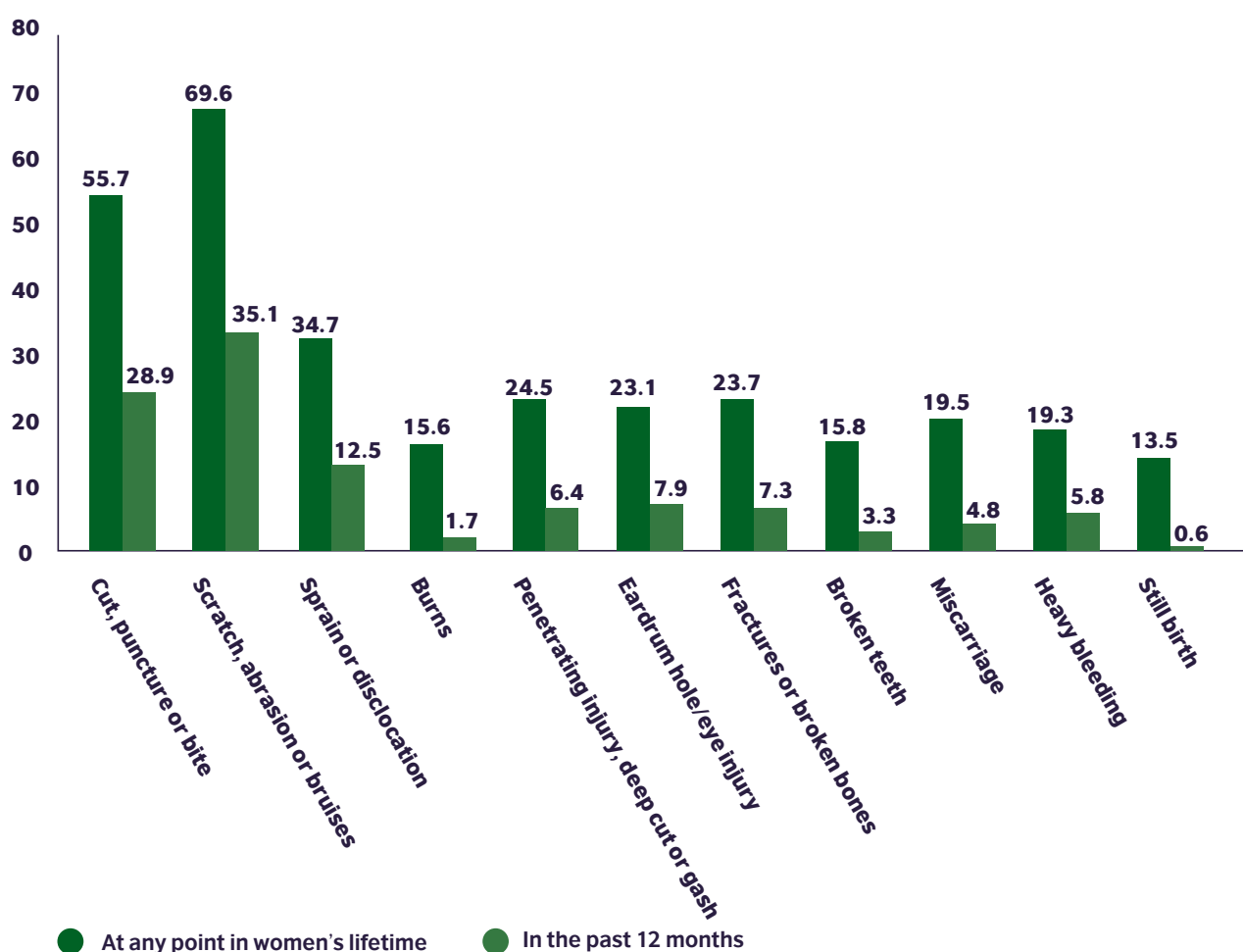
() Figures in parentheses are based on 25 - 49 cases.

¹ Any form of physical or sexual violence.

In terms of the type of injuries that occurred, scratches, abrasions or bruises were the most common (**Figure 7.11**). These injuries were reported by 7 in 10 women who had been injured by their husbands at any point in their lifetime, and around 4 in 10 women had experienced this type of injury during the 12 months prior to the survey. However, significant proportions of women had experienced more severe injuries

during their marriage. For example, 24 percent of injured victims had experienced fractures or broken bones, and 7 percent had experienced these injuries in the 12 months prior to the survey. Around a fifth of injured victims had experienced miscarriage as a result of the violence, and a similar proportion had experienced heavy bleeding. Fourteen percent had experienced stillbirth.

Figure 7.11 Percentage of ever-married women who have ever experienced certain injuries as a result of spousal violence,¹ by type of injury and whether the injury occurred at any point in the woman's lifetime or in the past 12 months, Egypt 2020



Note: Spouse refers to current, last or any previous husband, as applicable.

¹ Any form of physical or sexual violence.

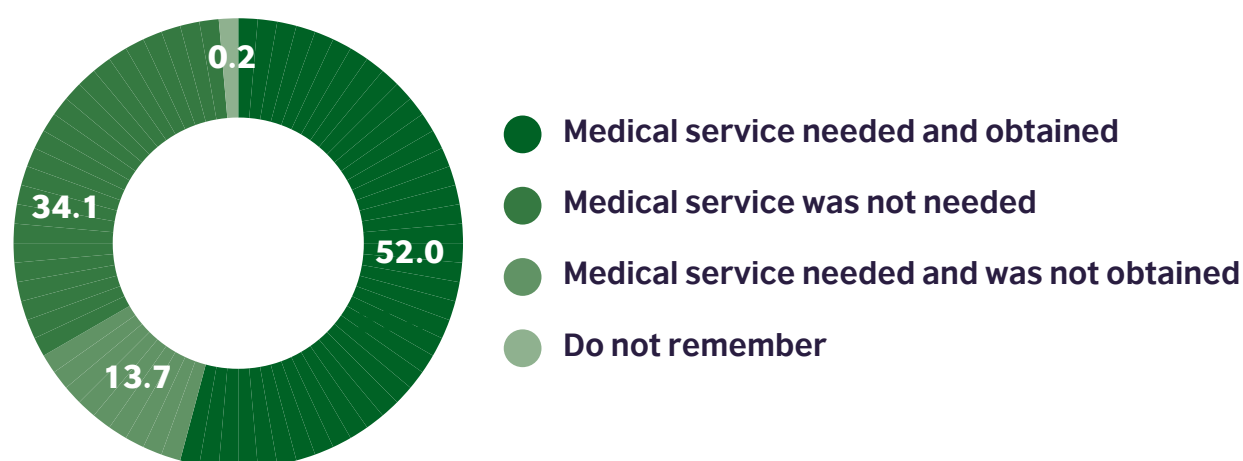
Factors Associated With Spousal Violence

Two thirds (66 percent) of the 482 cases of injuries needed medical care (**Figure 7.12**). Medical services were needed and obtained by 52 percent of the victims, while 14 percent did not receive medical care, although it was needed.

As shown in **Figure 7.13**, financial reasons were cited as a barrier by 4 out of 10 injured women who did not receive the medical care they needed. The husbands' refusal for their abused wives either to get the

needed medical care (36 percent) or to go out in general (15 percent) was also a major challenge. This finding reflects the cruelty of those husbands, not only in subjecting their wives to severe violence, but also in depriving them of receiving the required medical care. Women's inability to go out because of their disability was a reason for not obtaining the needed medical care for 9 percent of the respondents.

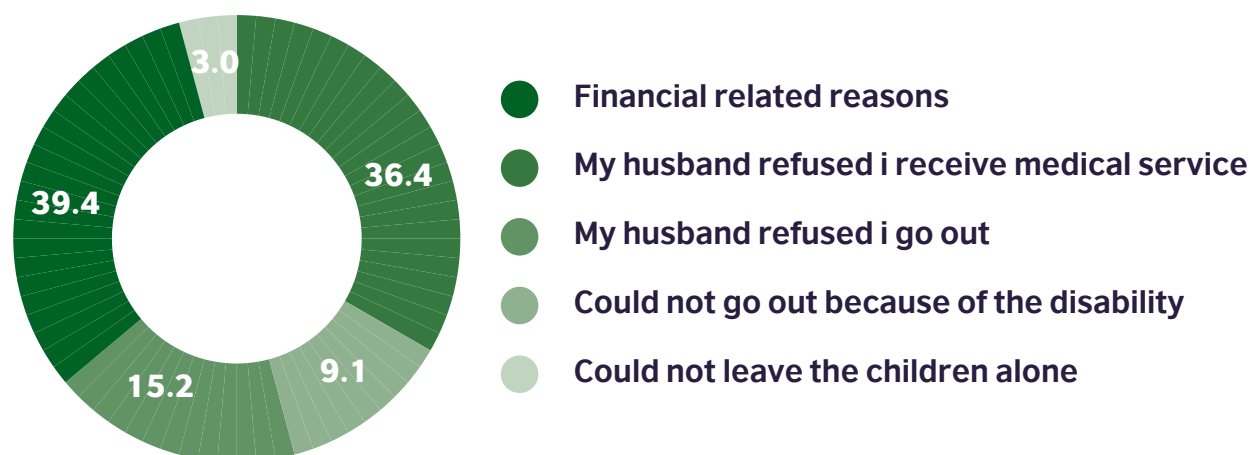
Figure 7.12: Percent distribution of ever-married women who experienced injuries resulting from spousal violence,¹ by need for and access to medical services, Egypt 2020



Note: Spouse refers to current, last or any previous husband, as applicable.

¹ Any form of physical or sexual violence.

Figure 7.13 Percent of ever-married women who have ever experienced injuries resulting from spousal violence¹ and needed medical services but did not obtain them, by the reasons for not obtaining, Egypt 2020



Note: Spouse refers to current, last or any previous husband, as applicable.

¹ Any form of physical or sexual violence.

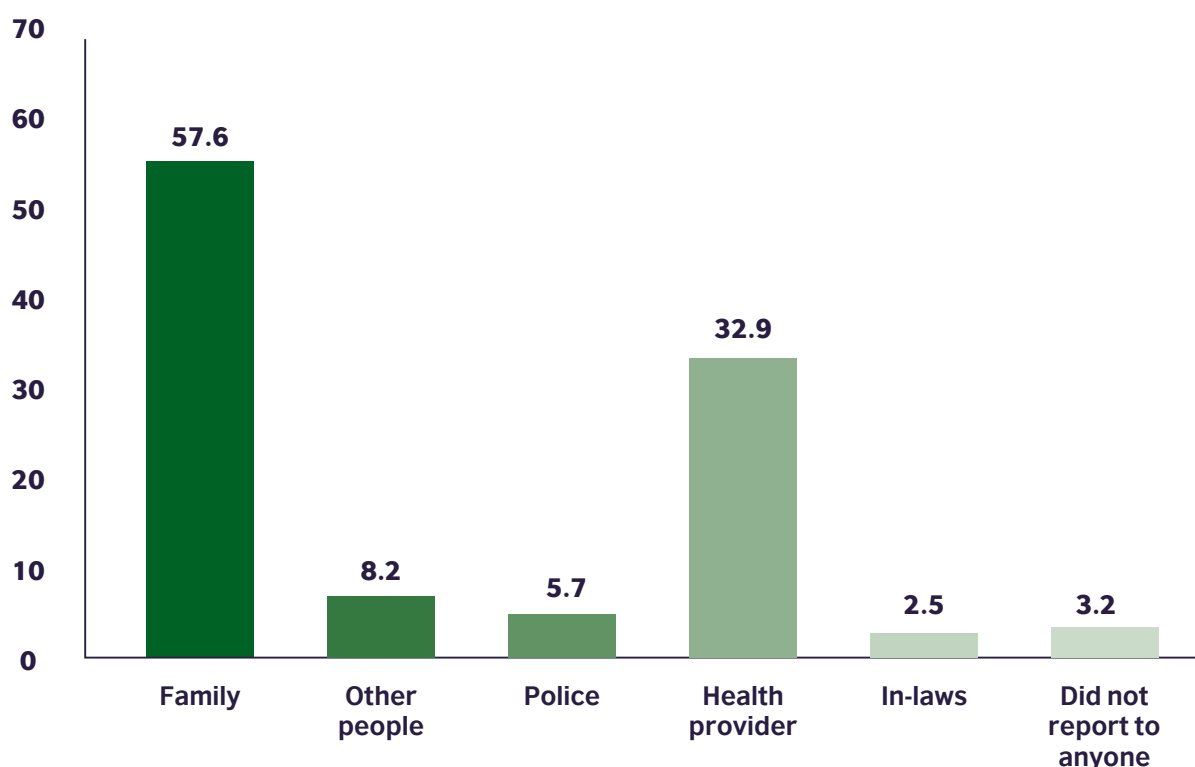
² Some women reported more than one reason.

Regarding the responses of women who were injured and needed medical services, **Figure 7.14** shows that the victim's family was the main avenue she resorted to: around 6 in 10 women (58 percent) said that they reported their injury to their own family. This finding is consistent with the findings of the 2005 EDHS, the 2014 EDHS and the 2015 ECGBVS, as well as research in many countries. However, the exact figures are not directly comparable with the ECGBVS, because the questions that were asked in this regard in the ECGBVS were addressed to women who had ever experienced any form of emotional, physical or sexual violence regardless of the consequence (whether it

resulted in injuries or not), and therefore do not directly compare with the questions in the VAWWDS, which were addressed to women who had been injured.

A third of injured VAWWDS respondents who needed medical care reported their injury to a health care provider (33 percent), while only 6 percent reported the assault to the police. This reflects the passivity of women towards their experience of spousal violence, even when the violence is severe. This, in turn, most probably increases the likelihood of exposure to spousal violence, particularly among women with disabilities/ impairments.

Figure 7.14 Percentage of ever-married women who have ever experienced injuries resulting from spousal violence¹ and needed medical services, according to the people² they reported the injury to, Egypt 2020



Note: Spouse refers to current, last or any previous husband, as applicable.

¹ Any form of physical or sexual violence.

² Some women reported to more than one person.

7.5 Conclusion

The majority of ever-married women in the VAWWDS survey sample have ever been subjected to at least one episode of emotional, physical, sexual or disability-based violence perpetrated by their husbands. A significant proportion of those women had experienced this violence recently (during the 12 months prior to the survey). Acts of emotional, physical, sexual and disability-based violence committed by a spouse reflect a pattern of continuing abuse. The majority of women who experienced violent behaviours by their husbands in the past 12 months were subjected to these behaviours many times (six or more times). Women sometimes suffer from more

than one type of spousal violence. Some women also report experiencing severe spousal violence. For example, considerable proportions have experienced physical violence during pregnancy and injuries that required medical care.

A considerable proportion of women with multiple disabilities and women with severe difficulties in terms of the intensity of their disabilities had been subjected to recent episodes of violence committed by their husbands. This reflects some husbands' cruelty in committing violence against particularly vulnerable women.

The findings of the 2020 VAWWDS, when compared with the finding of the 2015 ECGBVS, confirm that poor disabled women

are more likely to experience different forms and multiple types of spousal abuse than women in general at the national level, and to experience abuse more frequently.

Also notable is that youth is a risk factor for spousal violence victimization, with women under 35 being at the highest risk of experiencing abuse in the past year and thus tending to suffer more from the effects of violence on childbearing, reproductive health and well-being. This pattern may reflect in part a tendency among younger

men to be more violent than older men, and the fact that violence tends to start early in many relationships. These findings may also emerge because younger women are more willing to disclose violence than older women (National Council for Women and CAPMAS, 2016).

Marital and financial controlling behaviours exerted by husbands, women's acceptance of wife-beating, and women's fear of their husbands all increase the likelihood of women's exposure to spousal violence.

Chapter 8:

Spousal Violence

Key findings

A number of different factors are associated with spousal violence. The 2020 VAWWDS collected information from previous studies in Egypt and research in other countries. This chapter explores to what extent these factors are prevalent among the women interviewed. Results from the survey found that the most common controlling behaviours exerted by the husband over his wife were an insistence on knowing where she was all the time (26 percent), requiring her to ask his permission to seek health care (25 percent) and getting angry if she talked to another man (22 percent). Overall, 16 percent of ever-married women indicated that their husbands exercised at least three types of controlling behaviours.

Key findings

- A considerable proportion of ever-married women had ever experienced marital and financial controlling behaviours from a husband.
- The most common controlling behaviours exerted by the husband over his wife were an insistence on knowing where she was all the time (26 percent), requiring her to ask his permission to seek health care (25 percent) and getting angry if she talked to another man (22 percent). Overall, 16 percent of ever-married women indicated that their husbands exercised at least three types of controlling behaviours.
- Younger women were more likely to experience controlling behaviours than older women.
- Eleven percent of ever-married women reported that their husbands refused to give them enough money to cover the household expenses, even if they could afford it. Ten percent said that their husbands prevented them from working or participating in any income-generating activities, which was against their wishes. Nineteen percent reported their husbands had demonstrated at least one of the specific financial controlling behaviours.
- Thirty-eight percent of women agreed that, under certain specific circumstances, a husband could beat his wife.
- Acceptance of wife-beating was the highest among women from Upper Egypt.
- Women whose disability/impairment occurred after their youth (age 35+) and women with visual disabilities/impairments were more likely to accept wife-beating than women whose disabilities/impairments had occurred at younger ages or women with other types of disabilities/impairments.
- Around a third of the women acknowledged they were sometimes afraid of their current husband, or a previous husband (32 percent), and a quarter (25 percent) were afraid of their husband most of the time or all the time.
- Divorced or separated women reported the highest levels of the various types of marital and financial controlling behaviours exerted by their former husbands and said they feared them most of the time or all the time.
- Thirty-six percent of ever-married women depended on their husbands (current/last or any previous husband) for basic needs of daily life. Women with physical disabilities/impairments were more likely to depend on their husbands (38 percent) than women with other types of disabilities/impairments.

The 2020 VAWWDS collected information on a number of different factors that have been shown through earlier studies in Egypt and research in other countries to be associated with spousal violence. Some of these factors are linked to the gender discrimination against women in patriarchal societies, which affects both women with disabilities and women without, and others are related to the conditions that result from disability itself.

This chapter explores to what extent these factors are prevalent among the women interviewed and how they vary by the women's characteristics and the characteristics of their disabilities/impairments. The chapter also looks at the factors relating to marital and financial controlling behaviours exerted by husbands, women's attitudes towards wife-beating, and women's fear of their husbands. These factors reflect also to what extent women are empowered or disempowered. The women's dependence on their husbands for the basic needs of daily life is also explored in this chapter as a factor relating to the women's disability.

It is worth mentioning that the questions addressed to the women interviewed for the 2020 VAWWDS about their husbands referred to the women's current husband, last husband, or any previous husband, as appropriate. The 2015 ECGBVS posed these questions to women aged 18 - 64 about current husbands for currently married women and most recent husbands for divorced/separated and widowed women. However, the VAWWDS findings indicate that the vast majority of the survey respondents (93 percent) had married only once (**these data are not shown in a table**). Moreover, the proportion of survey respondents aged

65+ was only 1.5 percent (**see Chapter 3**). Given such low proportions of respondents who had married more than once, and of those aged 65 years and above, the findings from the 2020 VAWWDS can be roughly compared with those of the 2015 ECGBVS, although the 2020 survey concerns Karama recipients with disabilities and the 2015 survey was a broader national poll.

8.1 Marital Control Exerted by Husband

The 2020 VAWWDS asked ever-married respondents if their husbands had attempted to restrict their interactions with family or friends, whether the husband insisted on knowing where his wife was all the time, whether he controlled her access to health care (i.e. the husband required that the wife obtain his permission to seek health care), whether he became angry if she talked to another man, and whether he frequently accused her of being unfaithful. These types of behaviours are confirmed to be correlated with violence against women, according to an increasing amount of research (WHO, 2005; WHO, 2010; United Nations Development Fund for Women, 2010), as well as the 2014 EDHS and the 2015 ECGBVS.

Table 8.1 shows the percentages of ever-married women whose husbands (whether current/last/previous) displayed different forms of controlling behaviours, by selected background characteristics of the women, and by whether the women displayed a sense of self-esteem and self-confidence. As reflected in **Table 8.1** and **Figure 8.1**, the most common controlling behaviours exerted by the husband over his wife were an insistence on knowing where she was

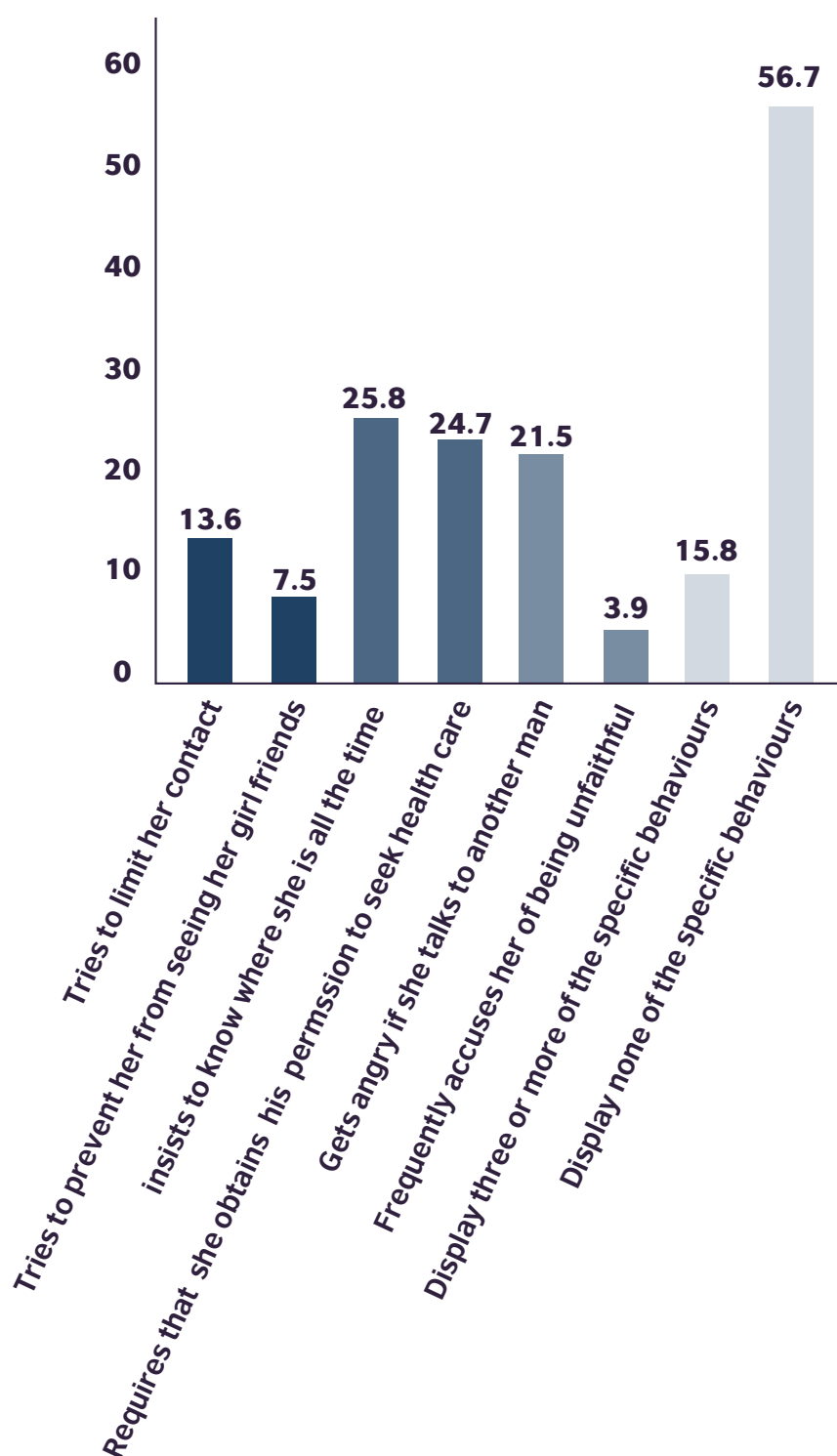
all the time (26 percent), requiring her to obtain his permission to seek health care (25 percent), and getting angry if she talked to another man (22 percent). Behaviours related to restricting woman's interactions with friends or family were less common; 14 percent of ever-married respondents respectively indicated that their husbands tried to limit their contact with their families, and 8 percent said they did so with their female friends. Four percent reported that their husbands regularly accused them of being unfaithful. These rates of marital controlling behaviours aligned with the 2015 ECGBVS' findings for ever-married women aged 18 - 64 in general.

Overall, 16 percent of ever-married women in the VAWWDS survey sample indicated that their husbands exercised at least three of the six types of the above-mentioned controlling behaviours, while 57 percent said that their husbands did not display any of these behaviours. The comparable

figures indicated by the 2015 ECGBVS were 20 percent and 59 percent respectively.

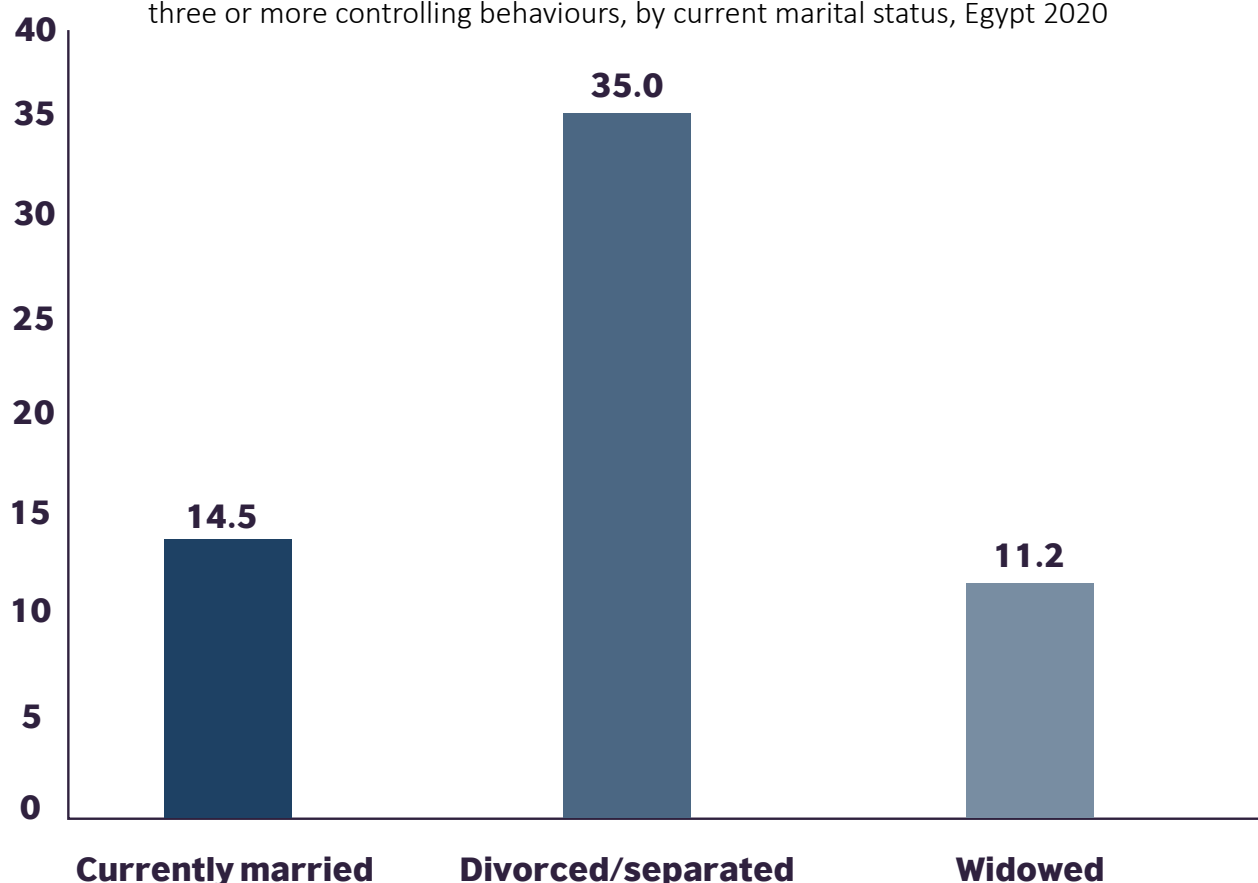
Younger women were more likely to experience marital controlling behaviours than older women (**Table 8.1**). Divorced or separated women reported the highest levels of the various types of controlling behaviours, in their case from their former or estranged husbands; 35 percent reported at least three types of the controlling behaviours (**Figure 8.2**). While the number of women who said that their husbands regularly accused them of being unfaithful ranged between 2 and 9 percent among the various groups of women, the figure among divorced or separated women was 17 percent. On the other hand, widowed women reported the lowest level of the various controlling behaviours, in their case exercised by their former husbands. These findings are consistent with the findings of the 2015 ECGBVS.

Figure 8.1: Percentage of ever-married women whose husbands demonstrate specific types of controlling behaviours, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Figure 8.2: Percentage of ever-married women whose husbands demonstrate three or more controlling behaviours, by current marital status, Egypt 2020



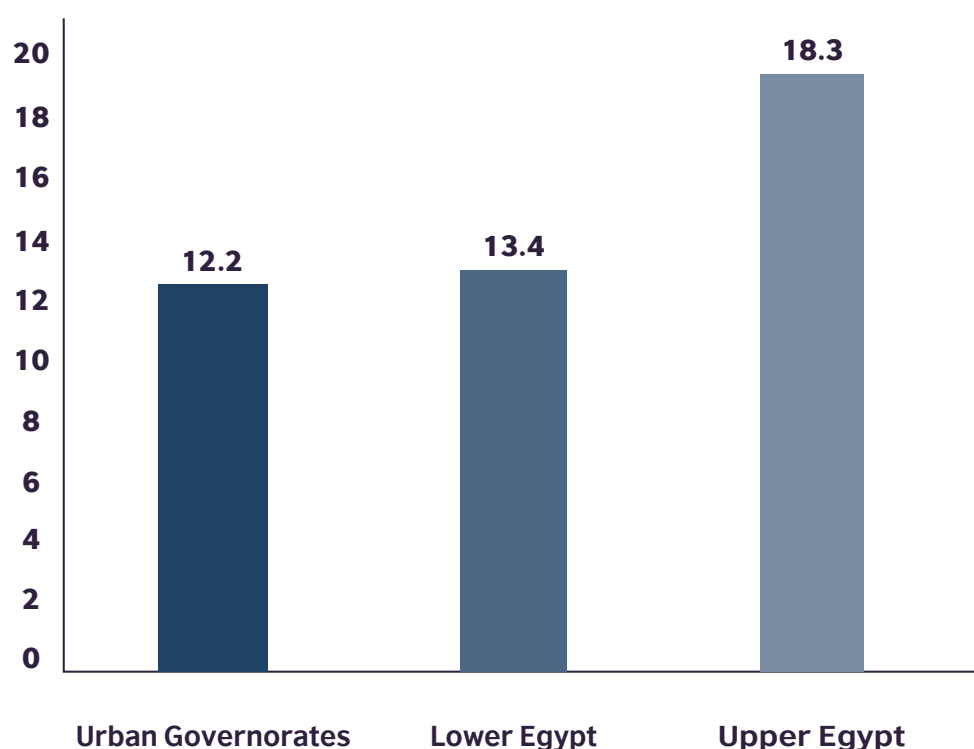
Note: Husband refers to current, last or any previous husband, as applicable.

The differences in the numbers of women who reported that their husbands displayed the various behaviours by the woman's educational attainment do not show a consistent pattern, which is also in agreement with the finding of the 2015 ECGBVS. On the other hand, women's experience of marital controlling behaviours is inversely correlated with women's self-esteem and self-confidence.

Regarding women's place of residence, marital controlling behaviours were more common among women in Upper Egypt than women living in the urban governorates or Lower Egypt. For example,

while 31 percent of women in Upper Egypt said that their husband required that they obtain their permission to seek health care, the comparable figures were around 12 percent for women in the urban governorates and 19 percent for those in Lower Egypt. The proportion of women whose husbands displayed at least three marital controlling behaviours was 18 percent among women from Upper Egypt (**Figure 8.3**), which was 5 percentage points higher than the number in Lower Egypt (13 percent), and 6 percentage points higher than the number in the urban governorates (12 percent).

Figure 8.3: Percentage of ever-married women whose husbands demonstrate three or more of the specific types of controlling behaviours, by place of residence, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Table 8.1: Percentage of ever-married women whose husbands demonstrate specific types of controlling behaviours, by selected background characteristics and women's sense of self-esteem and self-confidence, Egypt 2020

Background characteristics & women's self-esteem and self-confidence	Percentage of women whose husband:								Number of ever-married women
	Tries to limit her contact with her family	Tries to prevent her seeing her girlfriends	Insists on knowing where she is all the time	Requires that she obtains his permission to seek health care	Gets angry if she talks to another man	Frequently accuses her of being unfaithful	Displays three or more of the specific behaviours	Displays none of the specific behaviours	
Age									
<25	14.9	11.9	35.1	29.9	32.8	9.0	24.6	47.8	134
25 - 29	15.1	11.8	29.4	28.6	29.4	8.0	20.6	51.7	238
30 - 34	18.0	10.1	25.1	24.6	28.1	4.9	20.5	56.3	366
35 - 39	14.9	6.9	23.6	22.6	24.6	4.7	15.6	56.6	403
40 - 44	14.5	7.6	29.4	27.9	24.7	3.5	18.0	53.8	344

45 - 49	12.3	9.0	27.2	22.5	18.2	2.3	14.5	56.1	346
50 - 54	12.0	4.5	24.2	21.9	16.7	3.2	12.2	60.8	401
55 - 59	11.4	6.1	22.5	24.8	18.1	2.9	13.9	60.0	475
60+	13.7	5.5	24.9	24.3	13.5	2.1	11.7	57.9	437
Marital status									
Currently married	12.1	6.3	25.3	23.9	20.9	3.0	14.5	57.7	2817
Divorced/separated	36.8	24.5	35.0	35.0	30.0	17.3	35.0	42.3	220
Widowed	6.5	5.6	21.5	23.4	18.7	1.9	11.2	59.8	107
Place of residence									
Urban Governorates	12.2	4.4	24.1	11.5	26.3	4.4	12.2	64.1	270
Lower Egypt	11.0	4.9	18.0	19.2	20.5	4.0	13.4	64.5	1238
Upper Egypt	15.8	10.0	32.0	30.9	21.5	3.9	18.3	49.5	1636
Educational attainment									
Illiterate	12.0	5.9	23.7	24.6	16.8	2.7	13.5	59.3	1681
Read and write	14.8	8.6	27.4	27.4	24.3	5.3	16.9	52.7	419
Primary/preparatory	15.6	11.6	36.7	26.1	29.6	6.5	22.1	50.8	199
Secondary/above intermediate and less than university	15.8	9.6	27.5	23.1	27.7	5.1	19.2	54.4	759
University and higher	15.1	5.8	19.8	23.3	25.6	5.8	11.6	58.1	86
Women believe that they have good skills that other people may not have (self-esteem)									
Yes	17.2	8.3	30.8	26.9	30.8	6.2	20.1	49.4	577
No	12.8	7.4	24.7	24.2	19.4	3.4	14.9	58.3	2567
Women believe that they are doing things they are proud of that other people cannot do (self-confidence)									
Yes	15.2	9.3	28.4	23.6	28.9	4.7	18.5	51.9	774
No	13.1	7.0	25.0	25.0	19.1	3.7	15.0	58.2	2370
Total	13.6	7.5	25.8	24.7	21.5	3.9	15.8	56.7	3144

Note: Husband refers to current, last or any previous husband, as applicable.

Women's experience of marital controlling behaviours did not reflect a consistent pattern by the onset or type of women's disability/impairment (**Table 8.2**).

Table8.2: Percentage of ever-married women whose husbands demonstrate specific types of controlling behaviours, by onset and type of women's disability/impairment, Egypt 2020

Onset and type of disability/impairment	Percentage of women whose husband:								Number of ever-married women
	Tries to limit her contact with her birth family	Tries to prevent her seeing her girlfriends	Insists on knowing where she is all the time	Requires that she obtains his permission to seek health care	Gets angry if she talks to another man	Frequently accuses her of being unfaithful	Displays three or more of the specific behaviours	Displays none of the specific behaviours	
Onset of the disability/impairment									
Since birth	14.0	7.5	24.6	20.6	25.4	6.7	15.8	56.3	480
Since childhood	13.0	8.0	24.1	23.9	23.9	3.5	15.9	57.6	460
Since youth	16.1	9.6	26.9	26.2	23.0	4.7	18.7	57.4	726
At an older age	12.4	6.4	26.1	25.5	18.6	2.9	14.4	56.3	1496
Type of the disability/impairment									
Physical	12.4	6.4	24.7	23.6	20.1	3.8	14.8	58.7	1859
Hearing	14.8	9.3	28.7	20.7	29.5	6.3	17.3	54.4	237
Visual	15.5	8.9	28.2	27.7	22.5	3.6	18.0	53.1	901
Multiple	15.0	10.9	20.4	25.2	19.7	4.8	12.9	57.1	147
Total	13.6	7.5	25.8	24.7	21.5	3.9	15.8	56.7	3144

Note: Husband refers to current, last or any previous husband, as applicable.

"Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

8.2 Financial Control Exerted by Husband

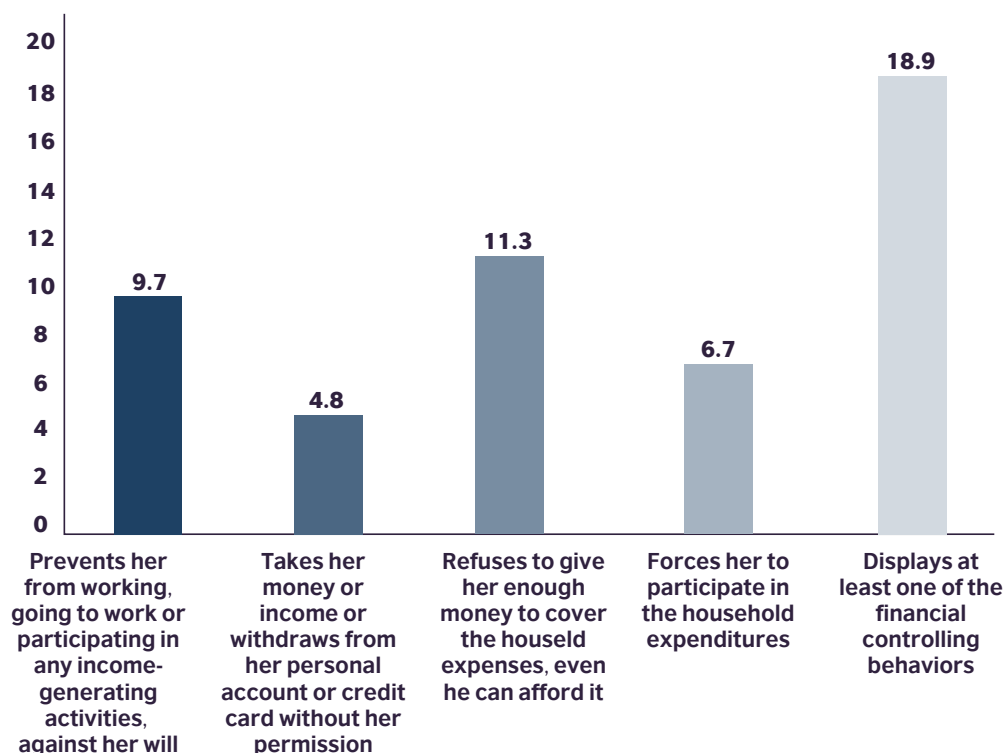
The 2015 ECGBVS indicated that Egyptian women's exposure to spousal violence was correlated with the financial controlling behaviours exerted by their husbands. Similarly, research in other countries has indicated that the experience of physical or sexual violence or both tends to be accompanied by financial control by the intimate partner (United Nations Development Fund for Women, 2010).

The 2020 VAWWDS asked respondents whether her current husband, last husband, or any previous husband prevented her from working against her will; took her money or income or withdrew money from her personal account without permission;

refused to give her enough money to cover the household expenses, even if he could afford it; or forced her to contribute to household expenditures.

Eleven percent of ever-married women reported that their current/last/previous husband refused to give them enough money to cover household expenses, even if they could afford it (**Table 8.3 and Figure 8.4**). Ten percent indicated that their husbands prevented them from working, or participating in any income-generating activities, against their will. Seven percent said that their husbands forced them to contribute to household expenditures, and 5 percent said that their husbands took their money or income or withdrew funds from their personal account or via their credit card without their permission.

Figure 8.4: Percentages of ever-married women (aged 18+) with disabilities/impairments who are Karama program beneficiaries, whose husbands demonstrate (demonstrated) specific types of financial control, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

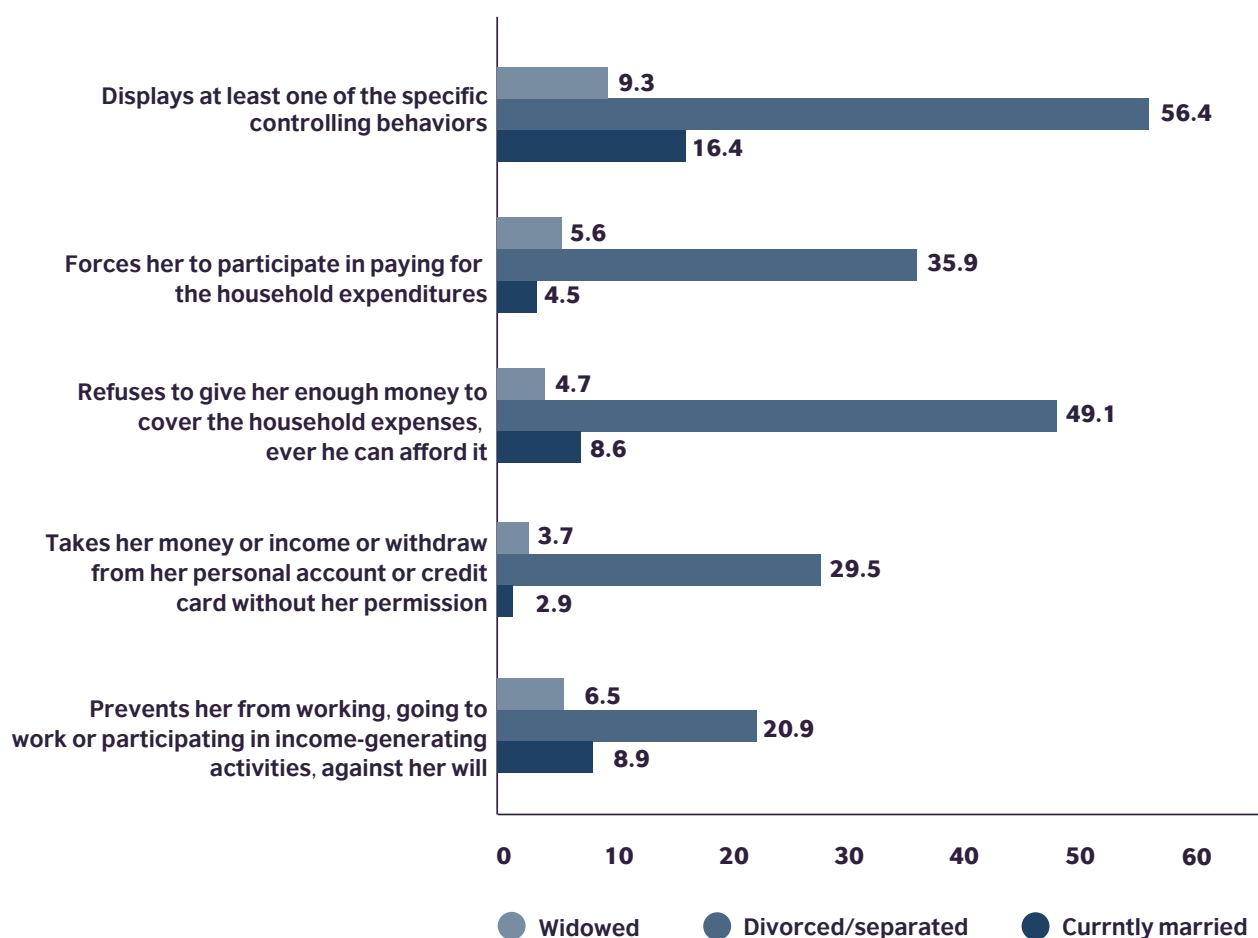
Spousal Violence

The use of various financial controlling behaviours by husbands was more common among the 2020 VAWWDS respondents than among the 2015 ECGBVS respondents. Nineteen percent of ever-married women in the VAWWDS sample experienced at least one of the above-mentioned financial controlling behaviours, compared with only 7 percent among ever-married women in the 2015 ECGBVS.

The variations in the financial controlling behaviours demonstrated by husbands do not show consistent relationships with women's age and educational attainment. However, divorced/ separated women were most likely

to experience financial control across the various categories of women presented in **Table 8.3**. This prevalence was also shown in the 2015 ECGBVS. About half (49 percent) of divorced or separated women reported that their former/estranged husbands refused to give them enough money to cover the household expenses and about 6 in 10 women (56 percent) reported at least one of the specific financial controlling behaviours. By comparison, 5 percent of widowed women reported their former husbands had refused to give them enough money to cover the household expenses and 9 percent said they had displayed at least one financially controlling behaviour (**Figure 8.5**).

Figure 8.5: Percentage of ever-married women whose husbands demonstrate specific types of financial control, by current marital status, Egypt 2020

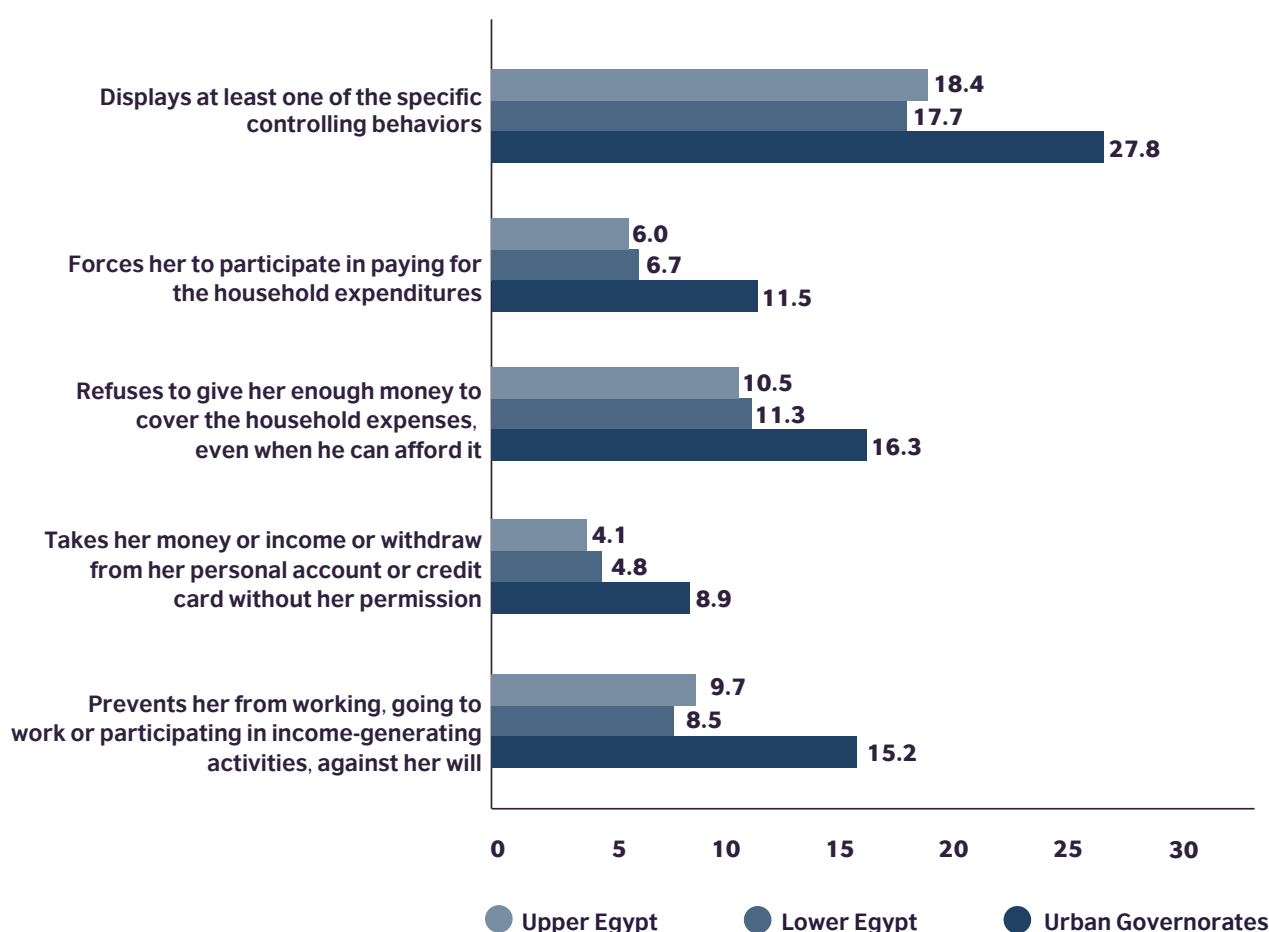


Note: Husband refers to current, last or any previous husband, as applicable.

In contrast to the trends in non-financial marital controlling behaviours by husbands, women from the urban governorates were more likely to experience financial controlling behaviours from their husbands than women from Upper Egypt or Lower Egypt (**Figure 8.6**), which is in concordance with the findings of the 2015 ECGBVS. Similarly, women in the VAWWDS survey sample who displayed self-esteem or self-confidence were more likely to be subjected to various controlling behaviours by their husbands than women who did not. Around a quarter (24 percent) of women who displayed self-esteem and 23 percent

of women who showed self-confidence reported their exposure to at least one of the specific controlling behaviours from their husbands, compared to 18 percent among those who did not display either self-esteem or self-confidence. The higher prevalence of financial controlling behaviours experienced by women in the urban governorates and among those who have self-esteem or self-confidence may imply that these women are more likely than other women to be interested in working or to have income/earnings, thus increasing the probability of their exposure to such behaviours.

Figure 8.6: Percentage of ever-married women whose husbands demonstrate specific types of financial control, by place of residence, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Table 8.3: Percentage of ever-married women whose husbands demonstrate specific types of financial control, by selected background characteristics and women's sense of self-esteem and self-confidence, Egypt 2020

Background characteristics & women's self-esteem and self-confidence	Percentage of women whose husband:					Number of ever-married women
	Prevents her from working, going to work or participating in any income-generating activities, against her will	Takes her money or income or withdraws from her personal account or credit card without her permission	Refuses to give her enough money to cover the household expenses, even if he can afford it	Forces her to participate in paying for the household expenditures	Displays at least one of the specific financial controlling behaviours	
Age						
<25	17.2	6.0	9.0	5.2	24.6	134
25 - 29	14.3	10.5	13.9	8.8	25.6	238
30 - 34	14.5	6.0	13.7	7.7	24.3	366
35 - 39	9.4	5.0	10.9	7.7	18.1	403
40 - 44	10.5	4.9	11.9	7.0	18.0	344
45 - 49	11.0	4.3	11.3	5.8	20.2	346
50 - 54	8.0	3.2	10.0	6.2	16.5	401
55 - 59	6.7	2.7	9.5	5.5	14.9	475
60+	4.1	3.9	11.7	6.9	16.0	437
Marital status						
Currently married	8.9	2.9	8.6	4.5	16.4	2817
Divorced/separated	20.9	29.5	49.1	35.9	56.4	220
Widowed	6.5	3.7	4.7	5.6	9.3	107
Place of residence						
Urban Governorates	15.2	8.9	16.3	11.5	27.8	270
Lower Egypt	8.5	4.8	11.3	6.7	17.7	1238
Upper Egypt	9.7	4.1	10.5	6.0	18.4	1636
Educational attainment						
Illiterate	6.3	3.7	10.6	6.1	15.6	1681
Read and write	11.9	5.3	14.1	8.8	23.4	419
Primary/preparatory	12.6	7.5	11.1	8.5	22.1	199

Secondary/above intermediate and less than university	15.3	6.1	11.2	6.3	22.9	759
University and higher	8.1	4.7	11.6	8.1	18.6	86
Women who believe that they have good skills that other people do not (self-esteem)						
Yes	15.1	6.8	13.0	8.7	24.1	577
No	8.5	4.3	10.9	6.3	17.8	2567
Women who believe that they are doing things they are proud of and other people are not capable of doing (self-confidence)						
Yes	13.0	5.6	12.7	7.2	22.6	774
No	8.6	4.5	10.8	6.6	17.7	2370
Total	9.7	4.8	11.3	6.7	18.9	3144

Note: Husband refers to current, last or any previous husband, as applicable.

As above with the general controlling behaviours by husbands, there was no consistent relationship between the age of onset and the type of a woman's disability/impairment and her experience of financial controlling behaviours from her husband (**Table 8.4**).

Table 8.4: Percentage of ever-married women whose husbands demonstrate specific types of financial control, by onset and type of women's disability/impairment, Egypt 2020

Type, onset and intensity of disability	Percentage of women whose husband:					Number of ever-married women
	Prevents her from working, or participation in any income-generating activities, against her will	Takes her money or income or withdraws from her personal account or credit card without her permission and against her will	Refuses to give her money to cover the household's expenses even if he can afford it	Forces her to participate in paying for household expenditures	Displays at least one of the specific financial controlling behaviours	
Onset of disability/impairment						
Since birth	13.5	6.0	12.1	7.9	23.3	480
Since childhood	14.6	7.6	13.0	9.8	23.7	460
Since youth	9.0	4.0	8.0	5.2	18.5	726
At an older age	10.9	8.2	15.6	12.2	16.4	1496

Type of disability/impairment						
Physical	8.5	3.7	10.8	5.4	17.5	1859
Hearing	19.0	10.5	13.9	11.4	29.5	237
Visual	9.4	5.0	11.0	7.3	18.3	901
Multiple	10.9	8.2	15.6	12.2	23.8	147
Total	9.7	4.8	11.3	6.7	18.9	3144

Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the woman was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above

8.3 Women’s Attitudes towards Wife-Beating

In many cases, women themselves support inequitable gender norms and rigid gender roles in families and societies. Women may share the belief that a man has a right to assert power over a woman, has a right to correct or discipline female behaviour, and is socially superior, and women are expected to support spousal violence against women (WHO, 2009).

If violence against women by husbands is tolerated and accepted in a society, its eradication is made more difficult. Much research (e.g. Heise and Garcia-Moreno, 2002; WHO, 2010), including the 2014 EDHS and the 2015 EGBVS, has concluded that acceptance of wife-beating in some circumstances is one of the most consistent factors associated with an increased likelihood of a man committing violence against his wife.

The VAWWDS assessed women’s acceptance of wife-beating in some situations. The respondent was presented with 10 different situations and was asked, for each of these,

whether she agreed or not that a husband justified in beating his wife. The situations were: she neglects the household chores; neglects the children; delays preparing food; burns the food; does not trust him and asks him about the places he goes to; refuses to have sex with him; argues with him; goes out without his permission; answers back; and wastes money.

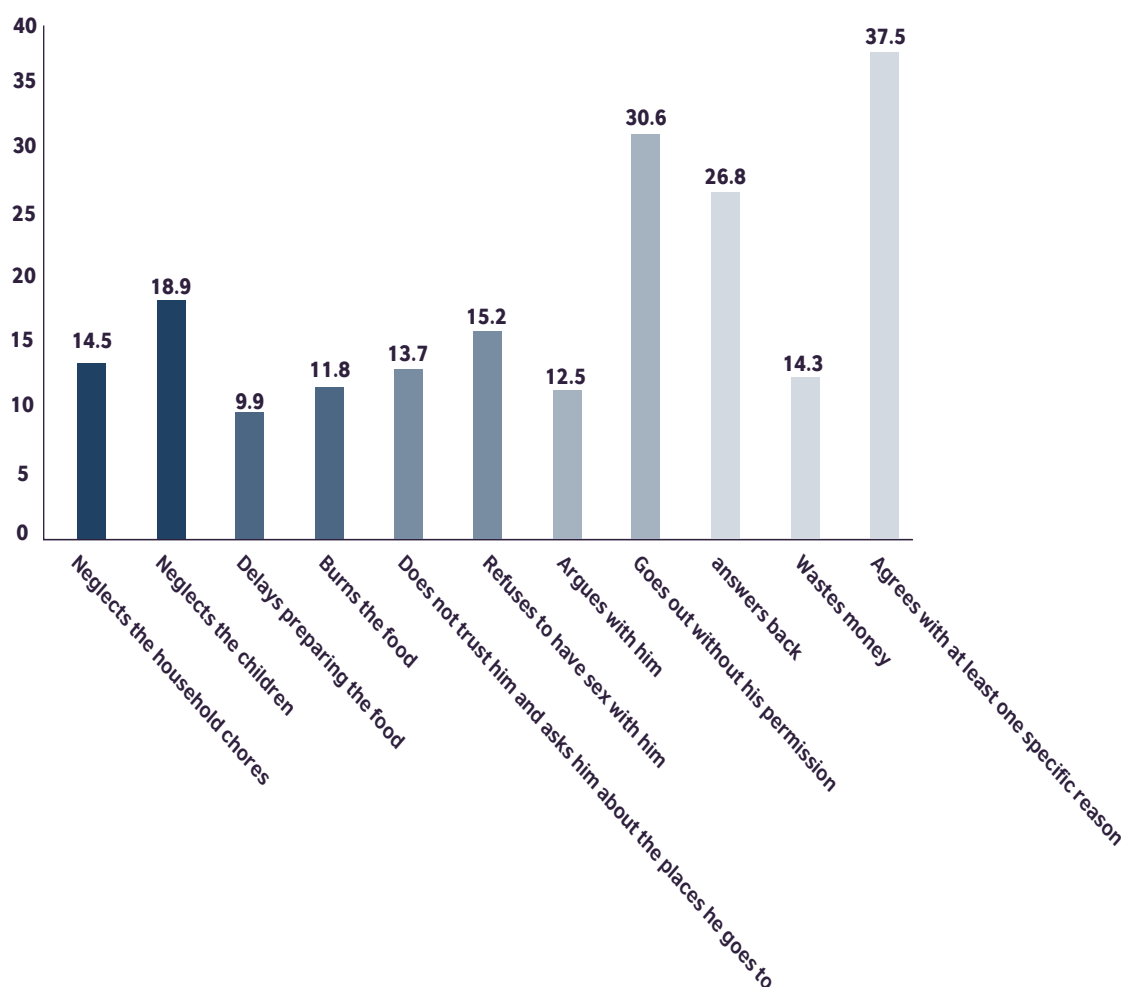
Thirty-eight percent of respondents believed that wife-beating is justified in at least one of the specified circumstances (**Table 8.5**). This percentage is substantially higher than the 23 percent indicated by the 2015 ECGBVS, a national survey. The higher levels of illiteracy and poverty among the respondents in the VAWWDS study may partially explain this difference. Moreover, women with disabilities/impairments might also be more conformist in terms of rigid gender norms and unequal power dynamics as a result of their feeling of weakness.

Women were most likely to accept wife-beating as justified for wives who goes out without telling their husband (31 percent) or who answer back (27 percent). Nineteen

percent of women think that a husband is justified in beating his wife if she neglects the children and 15 percent accepted wife-beating if she refuses to have sex with him (**Figure 8.7**). These four main reasons

reported by women as justifications for wife-beating are the same as those reported by the ever-married women aged 15 - 49 in the 2014 EDHS, and by women aged 18 - 64 in the 2015 ECGBVS.

Figure 8.7: Percentage of women who agree that a husband is justified in beating his wife in certain situations, Egypt 2020



In all cases and for all reasons, acceptance of wife-beating was higher among older women, widowed women, illiterate women, women from Upper Egypt, and women who did not display self-esteem or self-confidence. For instance, **Figure 8.8** and

Figure 8.9 illustrate that the proportion of illiterate women who accept wife-beating for at least one of the above-mentioned circumstances is more than double the proportion among women with university education or more (43 percent versus 20

percent respectively). The level of wife-beating acceptance for at least one reason among women who had no self-esteem is 7 percentage points higher than the level among those who had self-esteem (39 percent versus 32 percent respectively).

Acceptance of wife-beating is the highest among women from Upper Egypt. More

than half of women in Upper Egypt (51 percent) agree that a husband is justified in beating his wife for at least one reason (**Figure 8.10**). The pattern of variations in acceptance of wife-beating by the background characteristics is the same as that indicated by the 2015 ECGBVS.

Figure 8.8: Percentage of women who agree that a husband is justified in beating his wife for at least one reason, by educational attainment, Egypt 2020

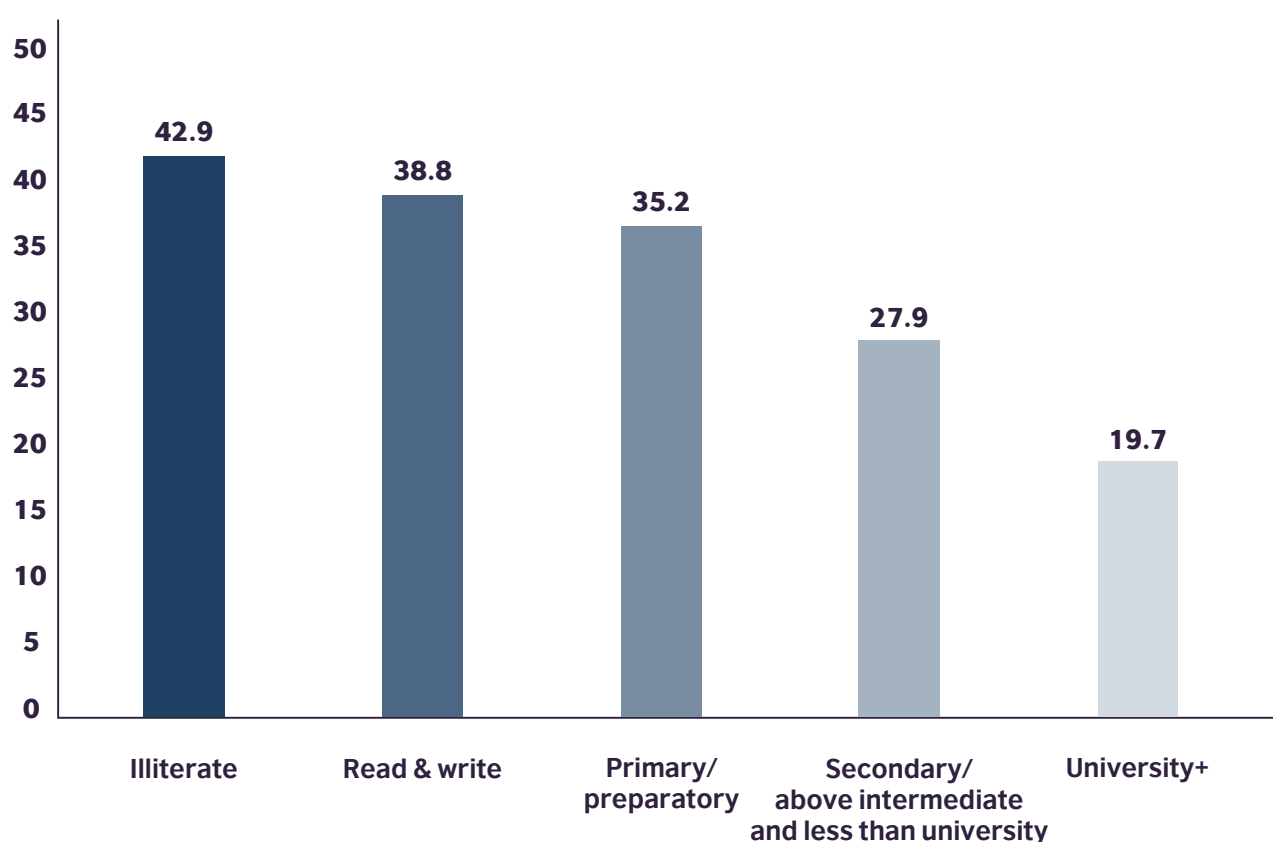
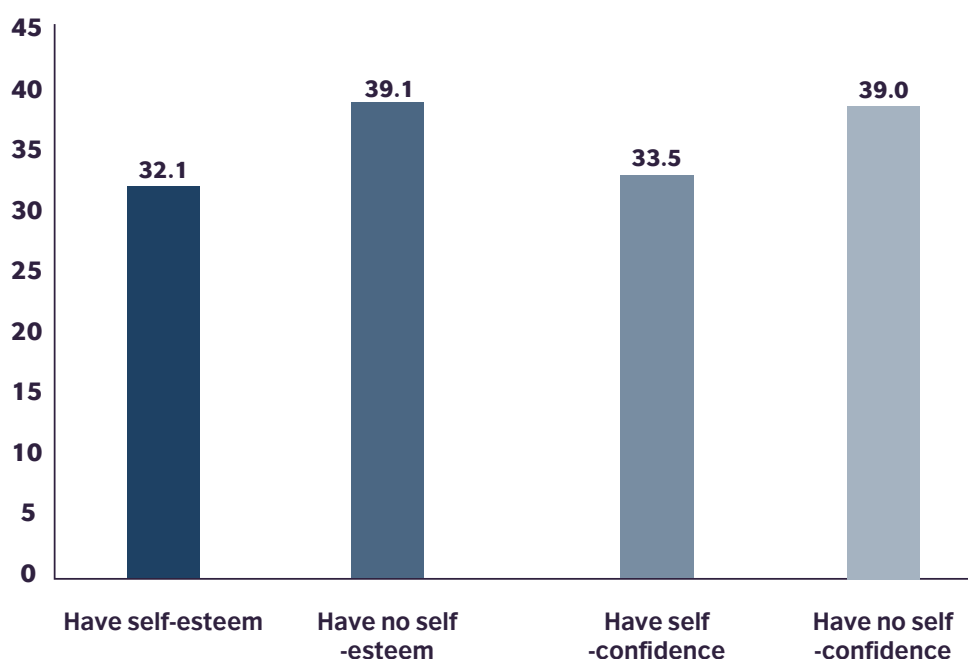


Figure 8.9: Percentage of women who agree that a husband is justified in beating his wife for at least one reason, by women's sense of self-esteem¹ and self-confidence,² Egypt 2020



¹ Woman believes that she has good skills that other people may not have.

² Woman believes that she is doing things she is proud of that other people cannot do.

Figure 8.10: Percentage of women who agree that a husband is justified in beating his wife for at least one reason, by place of residence, Egypt 2020

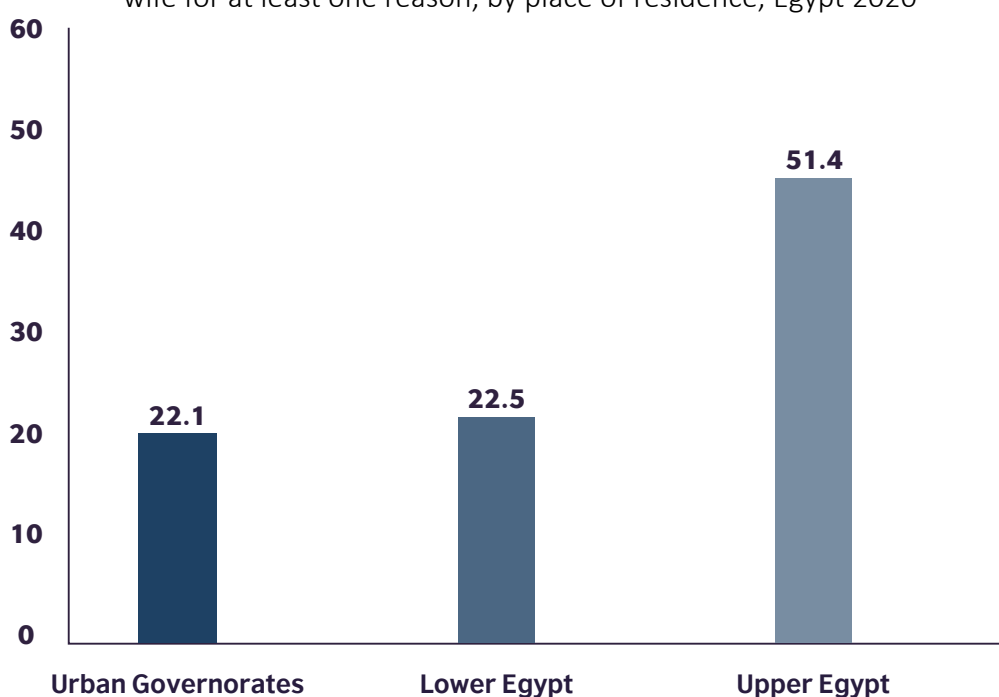


Table 8.5: Percentage of women who agree that a husband is justified in justified in beating his wife for specific reasons, by selected background characteristics and women's self-esteem and self-confidence, Egypt 2020

Background characteristics & women's self-esteem and self-confidence	A husband is justified in beating his wife if she:										Percentage who agree with wife-beating for at least one specific reason	Number of women
	A	B	C	D	E	F	G	H	I	J		
Age												
18 - 19	9.5	11.6	3.9	7.8	7.3	7.8	5.6	23.3	19.4	9.9	28.0	232
20 - 24	9.6	14.3	7.4	10.0	9.9	8.8	8.0	24.0	21.3	9.2	30.7	649
25 - 29	9.6	12.8	6.4	7.9	10.8	10.0	8.8	27.6	22.3	11.6	34.3	623
30 - 34	11.6	17.2	8.3	9.4	10.6	11.1	8.8	27.0	23.0	10.3	33.2	775
35 - 39	12.9	17.7	8.8	10.6	13.2	12.9	11.4	29.1	26.5	14.0	36.5	773
40 - 44	14.7	20.2	9.7	13.8	14.2	17.8	12.3	31.3	30.4	16.6	39.7	579
45 - 49	15.9	21.9	10.2	11.8	13.4	15.7	13.4	34.1	28.3	16.1	40.7	508
50 - 54	19.6	23.4	12.8	13.4	16.4	21.6	16.4	36.0	31.8	18.6	42.6	500
55 - 59	22.2	25.3	15.0	16.0	19.8	23.3	19.6	36.6	31.9	19.3	43.4	514
60+	22.5	25.3	16.8	18.6	22.7	26.3	22.2	39.3	34.1	19.7	46.4	463
Marital status												
Currently married	15.5	20.3	10.2	11.1	14.2	18.5	13.9	33.2	29.3	15.0	39.9	2817
Divorced/separated	14.5	16.8	9.1	10.9	14.1	15.5	12.3	29.5	25.5	14.5	35.5	220
Widowed	17.8	24.3	15.0	17.8	16.8	20.6	17.8	33.6	28.0	18.7	41.1	107
Never married ¹	13.2	17.2	9.5	12.4	13.0	11.3	10.6	27.7	24.1	13.3	34.8	2472
Place of residence												
Urban Governorates	5.1	10.7	2.0	4.2	6.3	8.5	4.2	17.4	12.7	6.9	22.1	552
Lower Egypt	8.4	11.3	6.6	7.2	8.9	10.7	7.1	17.9	16.0	9.0	22.5	2149
Upper Egypt	20.8	26.1	13.8	16.6	18.7	19.9	18.0	42.5	37.5	19.6	51.4	2915
Educational attainment												
Illiterate	19.7	23.2	13.4	16.0	17.5	19.2	16.8	35.7	31.9	18.4	42.9	2980
Read and write	13.4	18.7	8.9	11.2	13.5	16.9	10.8	30.7	27.5	14.1	38.8	739
Primary/preparatory	11.5	15.5	8.0	9.1	8.5	10.9	9.1	28.0	23.7	11.2	35.2	375

Secondary/ above intermediate and less than university	6.3	12.1	4.3	4.9	8.3	8.2	6.5	22.4	18.3	7.7	27.9	1314
University and higher	2.4	7.2	1.9	2.4	3.8	4.3	0.5	13.9	11.1	4.8	19.7	208
Women who believe that they have good skills that other people do not (self-esteem)												
Yes	9.5	13.5	6.4	7.9	10.2	10.9	7.6	24.8	21.2	10.4	32.1	1288
No	16.0	20.5	10.9	12.9	14.8	16.5	13.9	32.3	28.5	15.5	39.1	4328
Women who believe that they are doing things they are proud of and other people are not capable of doing (self-confidence)												
Yes	10.8	15.6	6.6	8.6	11.7	12.8	9.5	26.4	22.4	12.3	33.5	1532
No	15.9	20.2	11.1	13.0	14.5	16.2	13.6	32.2	28.5	15.1	39.0	4084
Total	14.5	18.9	9.9	11.8	13.7	15.2	12.5	30.6	26.8	14.3	37.5	5616

A: Neglects the household chores.

B: Neglects the children.

C: Delays preparing the food.

D: Burns the food.

E: Does not trust him and asks him about the place he goes to.

F: Refuses to have sex with him.

G Argues with him.

H: Goes out without his permission.

I: Answers back.

J: Wastes money.

¹ Includes women who have signed a marriage contract

Concerning the onset and type of women's disability/impairment, **Table 8.6** demonstrates that women whose disability/impairment has occurred when they were 35 years old or above, and women with visual disabilities/impairments, were more likely to accept wife-beating in specific circumstances than women whose disabilities/impairments had started earlier in their life, or those with other types of disabilities/impairments. The proportion of women who agreed with wife-beating

for at least one reason was around 44 percent among women whose disabilities/impairments occurred at the age 35 or over, compared to 32 percent among those who were born with their disability/impairment (**Figure 8.11**). Similarly, the proportion of women with visual disabilities/impairments who agreed with wife-beating for at least one reason was around 8 percentage points higher than the comparable proportion among women with hearing disabilities/impairments (**Figure 8.12**).

Table 8.6: Percentage of women who agree that a husband is justified in beating his wife for specific reasons, by onset and type of women's disability/impairment, Egypt 2020

Type and onset of disability	A husband is justified in beating his wife if she:										Percentage who agrees with at least one specific reason	Number of women
	A	B	C	D	E	F	G	H	I	J		
Onset of disability/impairment												
Since birth	11.4	15.6	8.4	10.4	12.1	11.0	10.3	25.8	22.4	11.9	32.3	1839
Since childhood	12.5	16.8	8.8	11.4	12.1	12.2	10.2	27.9	24.8	14.1	35.1	1259
Since youth	16.2	20.7	9.9	9.5	13.5	15.3	12.4	32.5	27.0	14.0	39.1	983
At an older age	18.7	23.3	12.6	15.2	17.1	22.7	16.9	37.2	33.4	17.5	44.3	1558
Type of disability/impairment												
Physical	13.7	17.3	9.0	11.2	12.8	14.4	11.4	29.0	25.6	13.4	36.0	3323
Hearing	13.7	17.2	10.5	11.1	10.5	11.4	13.4	30.0	25.7	13.7	35.1	641
Visual	16.5	23.2	12.0	13.3	16.8	18.4	13.9	35.3	30.1	16.4	42.6	1394
Multiple	16.3	21.3	9.3	13.2	16.7	18.2	16.3	28.3	27.5	15.9	34.9	258
Total	14.5	18.9	9.9	11.8	13.7	15.2	12.5	30.6	26.8	14.3	37.5	5616

A: Neglects the household chores.

B: Neglects the children.

C: Delays preparing the food.

D: Burns the food.

E: Does not trust him and asks him about the place he goes to.

F: Refuses to have sex with him.

G Argues with him.

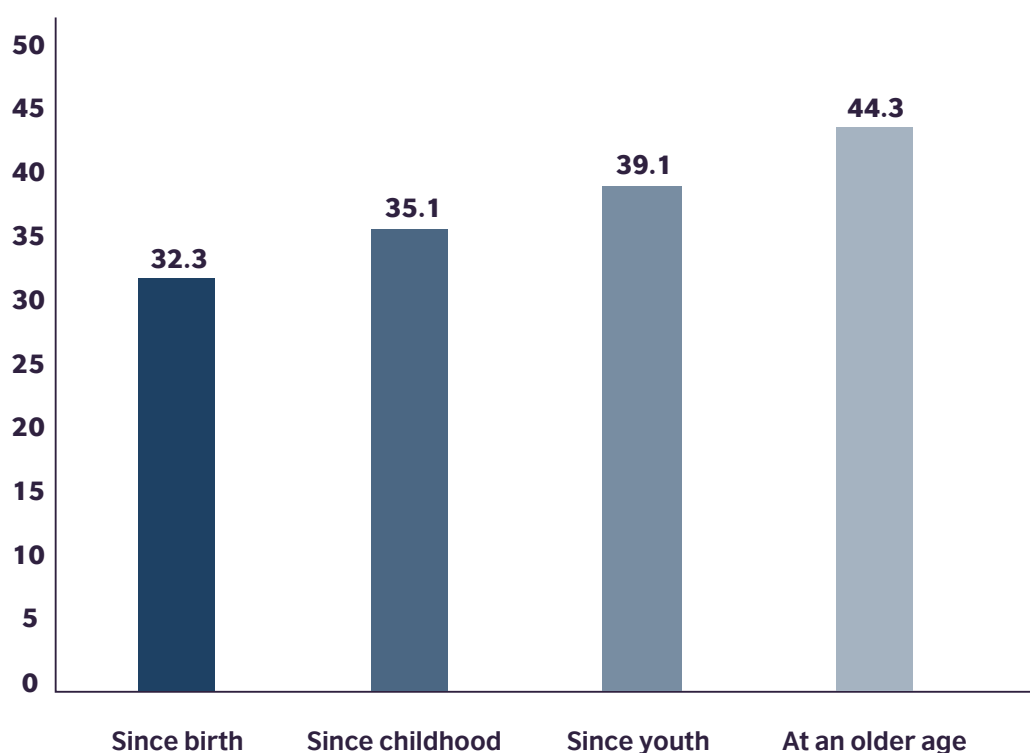
H: Goes out without his permission.

I: Answers back.

J: Wastes money.

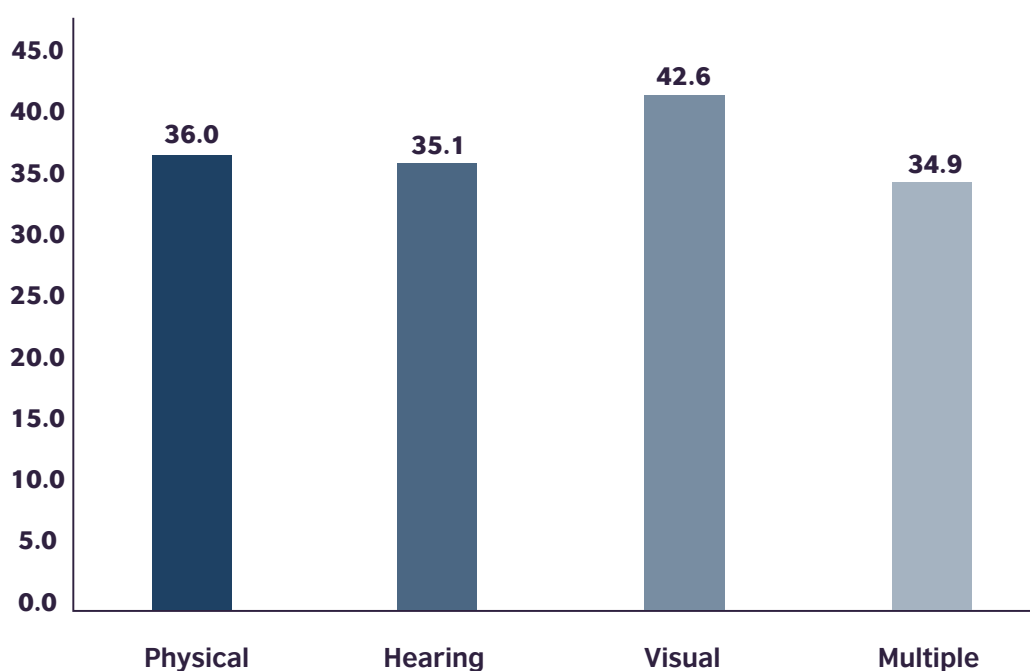
Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 8.11: Percentage of women who agree that a husband is justified in beating his wife for at least one reason, by onset of women's disability/impairment, Egypt 2020



Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 8.12: Percentage of women who agree that a husband is justified in beating his wife for at least one reason, by type of women's disability/impairment, Egypt 2020



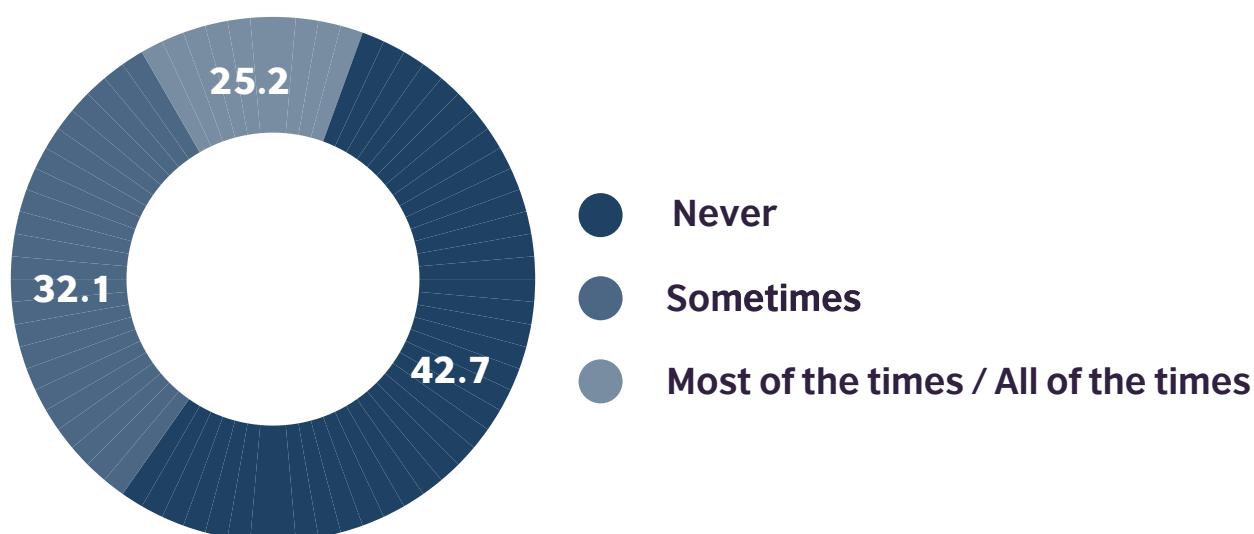
8.4 Women's fear of their husbands

Previous research (e.g. Gautam and Jeong, 2019), including the 2014 EDHS, indicated a strong relationship between spousal violence and a woman's admission that she is afraid of her husband.

Table 8.7 and Figure 8.13 demonstrate the extent to which the interviewed ever-

married women expressed fear of their current, last or previous husband. Around a third of the women acknowledged they were sometimes afraid of their husband (32 percent) and a quarter (25 percent) were afraid of their spouse most of the time or all of the time.

Figure 8.13: Percent distribution of ever-married women according to their reported fear of their husbands, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Women aged 40 and above and women who did not display self-esteem were more likely to express that they feared their current, last or any previous husband most or all of the time than younger women and those who did have a sense of self-esteem, but the variations are not significant. On the other hand, strong significant relationships ($p < 0.001$) can be observed between women's admission of their fear of their husbands most of the time/all of the time and marital status, educational attainment and place of residence. Women who displayed a sense of self-confidence or self-esteem were less likely to fear their husbands than women who did not display that sense.

Divorced or separated women were significantly the most likely to mention that they were afraid of their ex-husbands most or all of the time. Around half of divorced/separated women (49 percent) acknowledged that they were afraid of their former husband most of the time or all of the time compared to 24 percent and 22 percent of currently married women and widows respectively (**Figure 8.14**).

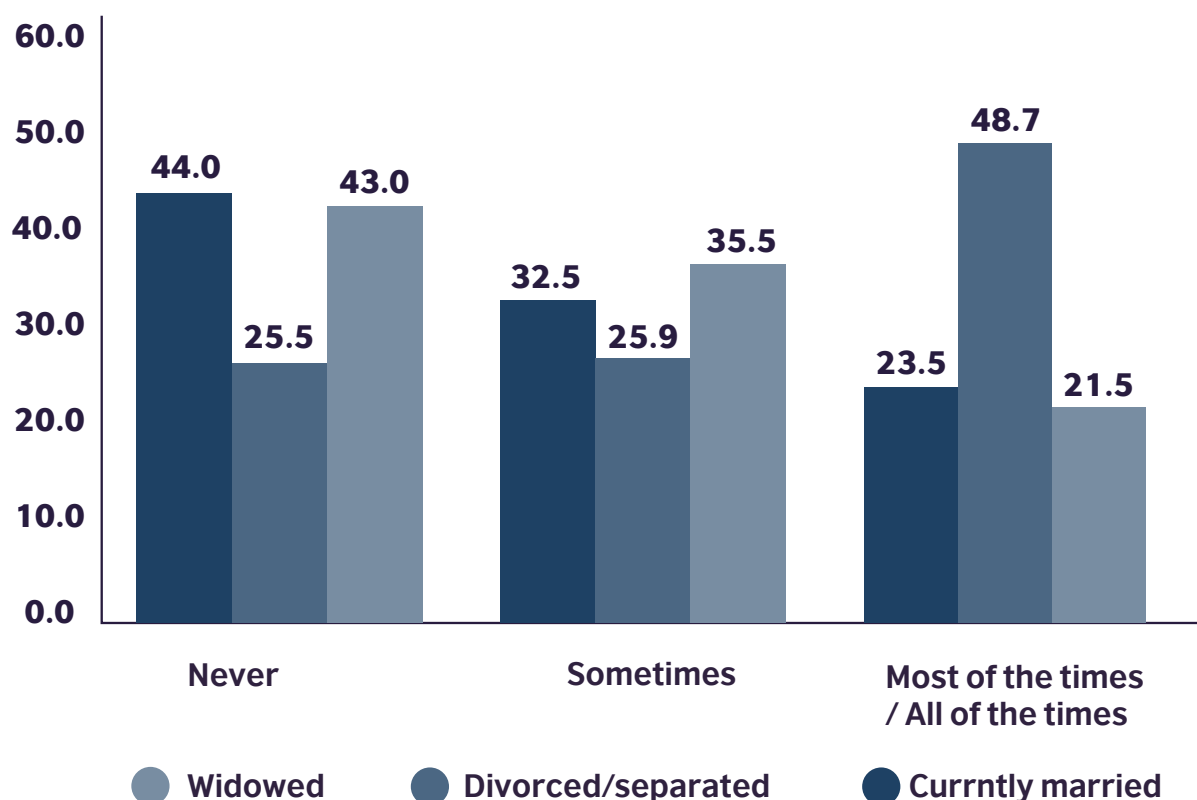
Women's fear of their husbands was more common among respondents in Upper Egypt than in the urban governorates or Lower Egypt. Three in 10 women in Upper Egypt reported their fear of their husbands most of the time/all of the time (30 percent),

whereas the comparable proportions among women in the urban governorates and Lower Egypt were 19 percent and 20 percent respectively (**Figure 8.15**).

The data presented in **Table 8.7** and **Figure 8.16** reflect that a high level of education is a protective factor against women's frequent

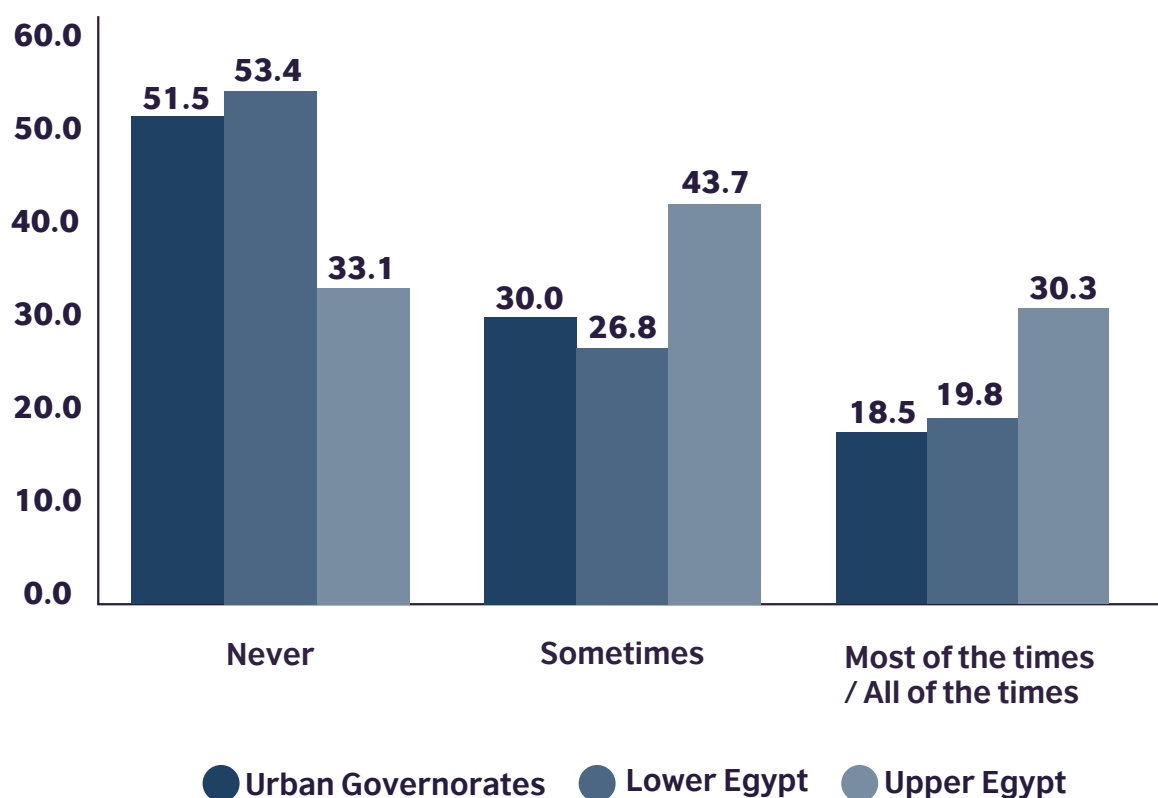
fear of their husbands. Women with a university education or above expressed the lowest level of fear of their husbands most of the time/all of the time across the various categories of women.

Figure 8.14: Percent distribution of ever-married women according to their reported fear of their husbands, by current marital status, Egypt 2020



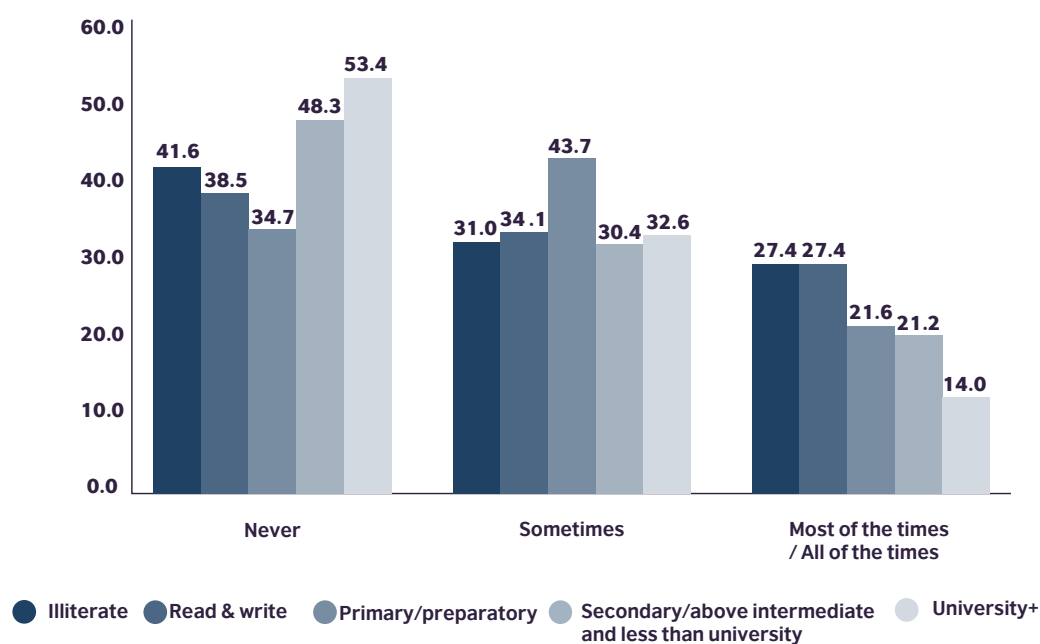
Note: Husband refers to current, last or any previous husband, as applicable.

Figure 8.15: Percent distribution of ever-married women according to their reported fear of their husbands, by place of residence, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Figure 8.16: Percent distribution of ever-married women according to their reported fear of their husbands, by educational attainment, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

Table 8.7: Percent distribution of ever-married women according to their reported fear of their husbands, by selected background characteristics and women's sense of self-esteem and self-confidence, Egypt 2020

Background characteristics & women's self-esteem and self-confidence	Afraid of husband				Total	
	Never	Sometimes	Most of the time/all of the time	Missing	Percentage	Number of ever-married women
Age						
18 - 24	49.3	30.6	20.1	0.0	100.0	134
25 - 29	39.5	36.1	24.4	0.0	100.0	238
30 - 34	46.7	31.7	21.6	0.0	100.0	366
35 - 39	43.4	35.7	20.8	0.0	100.0	403
40 - 44	42.5	30.2	27.0	0.3	100.0	344
45 - 49	43.9	30.9	25.1	0.0	100.0	346
50 - 54	42.4	29.4	28.2	0.0	100.0	401
55 - 59	41.7	31.8	26.5	0.0	100.0	475
60+	38.9	32.7	28.4	0.0	100.0	437
Marital status***						
Currently married	44.0	32.5	23.5	0.0	100.0	2817
Divorced/separated	25.5	25.9	48.7	0.0	100.0	220
Widowed	43.0	35.5	21.5	0.0	100.0	107
Place of residence ***						
Urban Governorates	51.5	30.0	18.5	0.0	100.0	270
Lower Egypt	53.4	26.8	19.8	0.0	100.0	1238
Upper Egypt	33.1	36.5	30.3	0.1	100.0	1636
Educational attainment***						
Illiterate	41.6	31.0	27.4	0.0	100.0	3144
Read and write	38.5	34.1	27.4	0.0	100.0	1681
Primary/preparatory	34.7	43.7	21.6	0.0	100.0	419
Secondary/above intermediate and less than university	48.3	30.4	21.2	0.1	100.0	199
University and higher	53.4	32.6	14.0	0.0	100.0	86

Spousal Violence

Women who believe that they have good skills that other people do not (self-esteem)						
Yes	47.7	29.8	22.5	0.0	100.0	577
No	41.6	32.6	25.7	0.0	100.0	2567
Women who believe that they are doing things they are proud of and other people are not capable of doing (self-confidence)**						
Yes	48.0	28.9	23.0	0.1	100.0	774
No	41.0	33.2	25.9	0.0	100.0	2370
Total	42.7	32.1	25.2	0.0	100.0	3144

** $P < 0.05$

*** $P < 0.001$

Note: Husband refers to current, last or any previous husband, as applicabl

As shown in **Table 8.8 and Figures 8.17 and 8.18**, the age of onset and the type of women's disabilities/impairments were significantly associated with women's more frequent fear of their husbands. Women whose disabilities/impairments had occurred after their youth (age 35+) and those with multiple disabilities/impairments were more likely to fear their husbands

most of the time/all of the time than women whose disabilities/impairments occurred earlier in their lives and women with other types of disabilities/impairments. This could be partially attributed to the older ages of these women (**see Chapter 3**), which is associated with the frequent fear of their husbands, as indicated by the data presented in the table.

Table 8.8: Percent distribution of ever-married women according to their reported fear of husband, by onset and type of the woman's disability/impairment, Egypt 2020

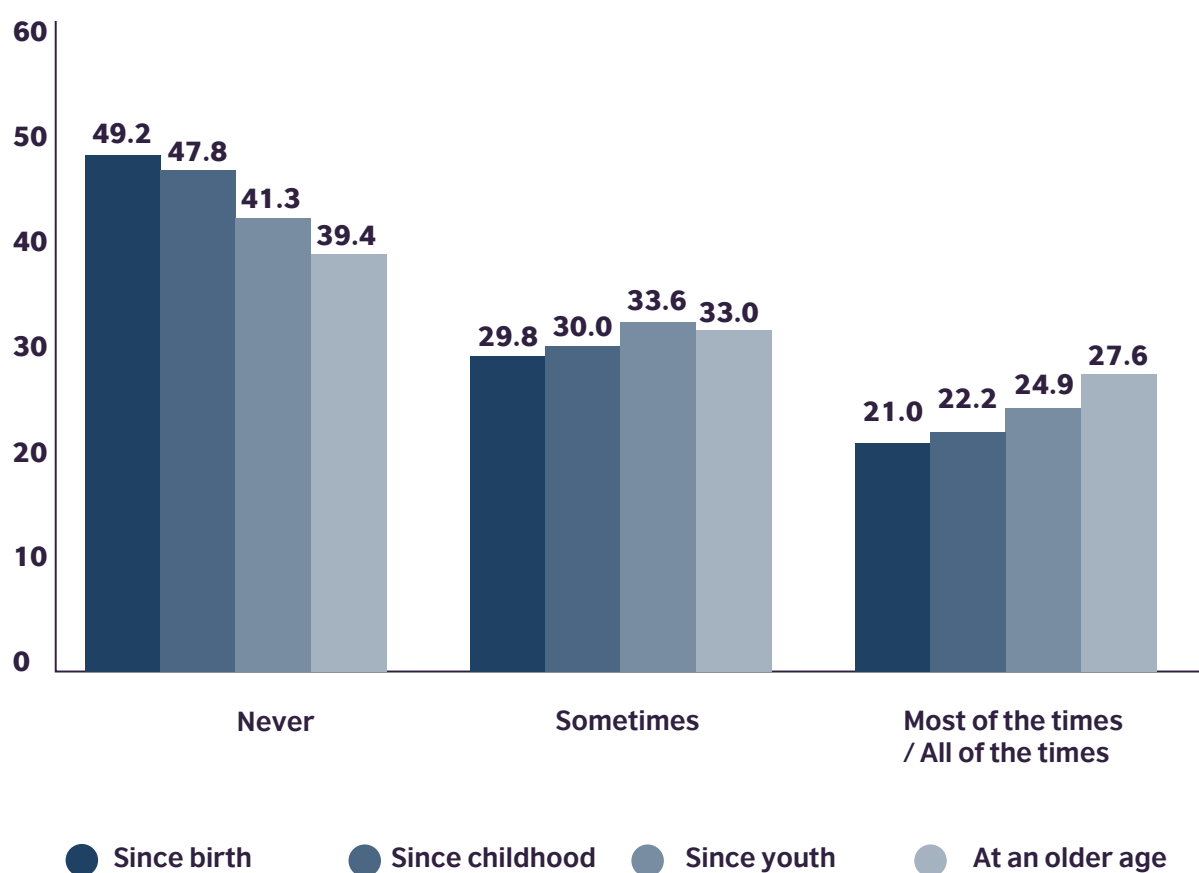
Type, onset and intensity of disability	Afraid of husband:				Total	
	Never	Sometimes	Most the times/all times	Missing	Percentage	Number of ever-married women
Onset of disability/impairment**						
Since birth	49.2	29.8	21.0	0.0	100.0	480
Since childhood	47.8	30.0	22.2	0.0	100.0	460
Since youth	41.3	33.6	24.9	0.1	100.0	726
At an older age	39.4	33.0	27.6	0.0	100.0	1496
Type of disability/impairment**						
Physical	43.5	32.1	24.4	0.0	100.0	901
Hearing	48.1	32.1	19.4	0.4	100.0	237
Visual	39.7	32.7	27.6	0.0	100.0	1859
Multiple	42.2	28.6	29.3	0.0	100.0	147
Total	42.7	32.1	25.2	0.0	100.0	3144

****P<0.05**

Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the women was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

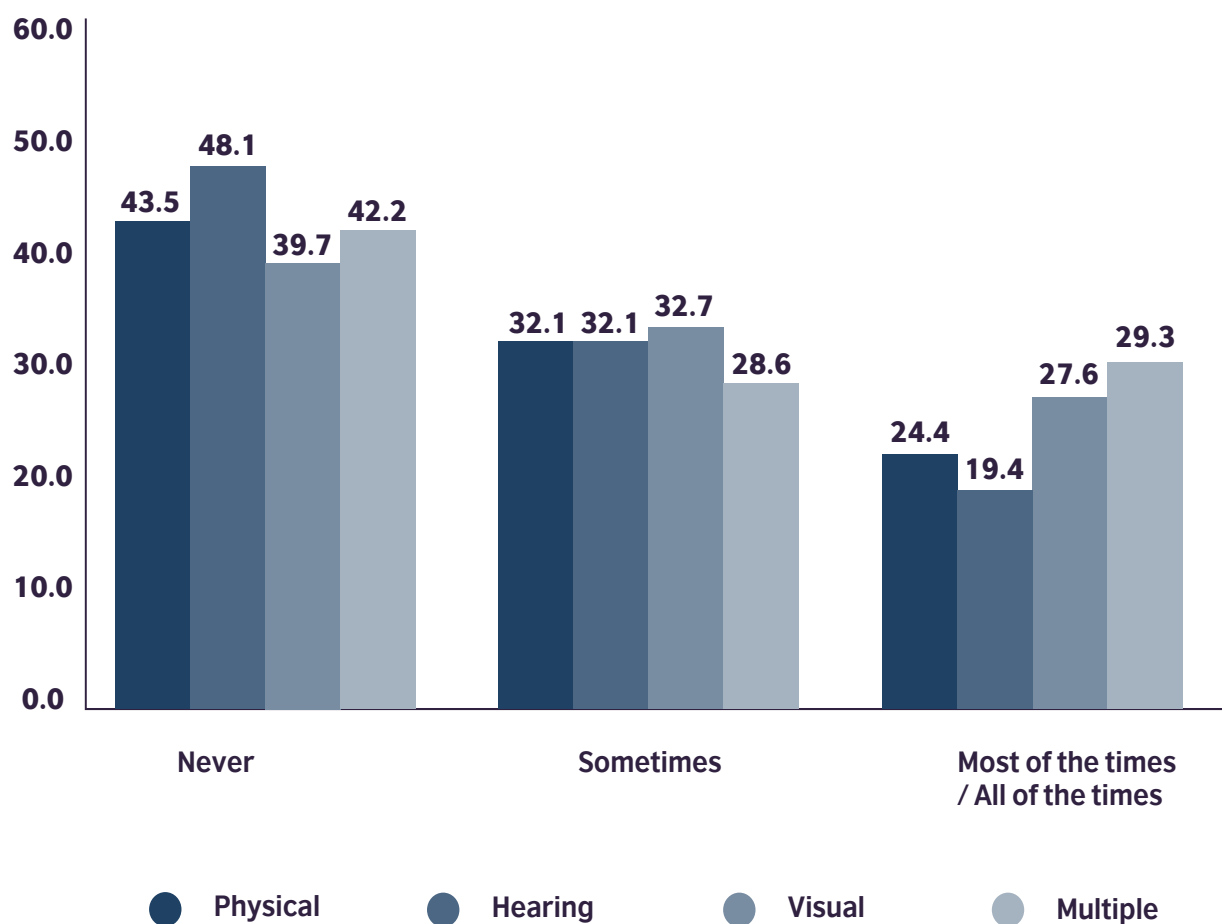
Figure 8.17: Percent distribution of ever-married women according to their reported fear of their husbands, by onset of women’s disability/impairment, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the women was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 8.18: Percent distribution of ever-married women according to their reported fear of their husbands, by type of disability/impairment, Egypt 2020



8.5 Women's dependence on husbands for help with basic daily activities

The research literature has identified many barriers that specifically affect women with disabilities who are seeking to address or escape violence. These include their increased dependence on their abuser for care; the lack of social support from those who care for them; the social isolation in which many of them live and the communication barriers that hamper the reporting of violence (e.g. Lightfoot and Williams, 2009; Nixon, 2009; International Network of Women With Disabilities, 2010; Inter-American Development Bank, 2019).

This section looks at to what extent women with disabilities/impairments rely on

their husbands for performing basic daily activities. The reasons for not depending on their husbands are also explored, in order to provide more insight into the relationship dynamics between women with disabilities/impairments and their husbands, given that these dynamics could affect the women's vulnerability to spousal violence.

The survey results indicate that 36 percent of ever-married women depended on their husbands (whether current, last, or previous) for the basic needs of daily life such as eating and drinking, dressing and undressing, taking medication, moving outside the home and communication with others (**Table 8.9**). The question was addressed to currently married women about their current husband, and to divorced and widowed women about their past experience.

Table 8.9: Percent distribution of ever-married women according to their dependency status on their husband for basic daily tasks, and percentage of women who reported not depending on their husband according to the reasons, by age of onset and type of disability/impairment, Egypt 2020

Dependence on husband & reasons for not depending on husband	Onset of disability/impairment				Type of disability/impairment				Total
	Since birth	Since childhood	Since youth	At an older age	Physical	Hearing	Visual	Multiple	
Dependence on husband for performing basic needs of daily life									
Yes	36.3	34.3	34.2	36.2	38.4	25.7	32.5	34.7	35.6
No	63.7	65.7	65.8	63.8	61.6	74.3	67.5	65.3	64.4
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women	480	460	726	1,496	1,859	237	901	147	3,144
Women's main reason for not depending on their husband for performing their daily needs									
He makes me feel embarrassed	6.9	7.0	12.8	12.1	11.1	9.1	10.0	14.6	10.8
In-laws make me feel embarrassed	3.6	2.0	3.8	4.4	3.8	3.4	3.9	3.1	3.8
I do not want him to feel I am weak	21.6	18.5	20.1	22.1	21.8	16.5	20.7	21.9	21.0
He is ill/disabled/elderly	21.2	17.9	16.3	26.7	23.0	26.1	18.8	22.9	22.0

Spousal Violence

I am able to serve myself	40.8	48.0	39.5	25.2	32.1	39.8	39.0	24.0	34.5
He refuses to help	1.0	1.3	1.3	2.4	1.5	0.6	2.0	4.2	1.7
He is not dependable/a drug user	1.0	2.0	2.7	2.4	2.4	2.3	2.1	1.0	2.2
He is absent for long periods/ his work circumstances	3.9	3.3	3.6	4.6	4.4	2.3	3.5	8.3	4.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of ever-married women who did not depend on their husband for their daily basic needs	306	302	478	955	1,146	176	608	96	2,026

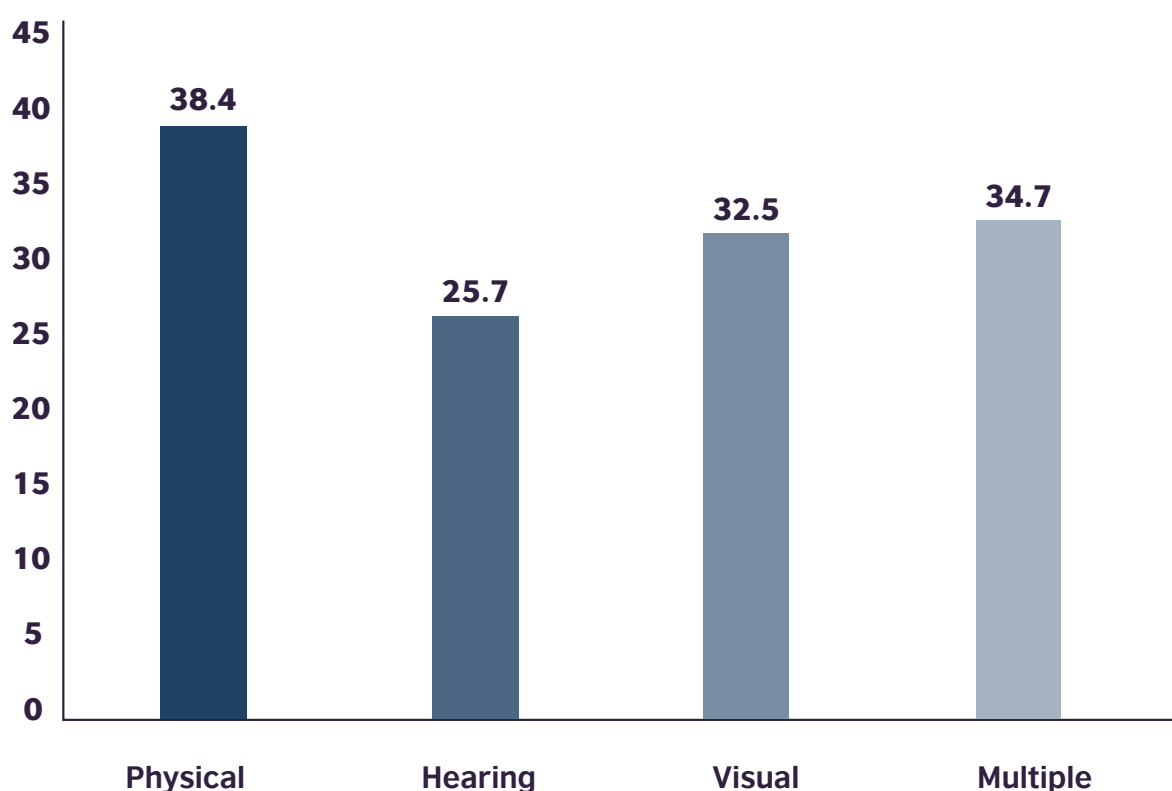
Note: Husband refers to current, last or any previous husband, as applicable.

“Since birth” indicates that woman was born with the disability/impairment. “Since childhood” means that the disability/impairment started at any time after birth until age 18. “Since youth” indicates that the disability/impairment started when the women was in the age range 19 - 34, and “at an older age” means that the disability/impairment occurred when the woman was 35 years old or above

No significant differences were noted in women’s dependence on their husbands for basic daily activities by the onset of their disability/impairment. The type of disability/impairment **(Figure 8.19)** was significant, however, with women with hearing disabilities/impairments the least likely to rely on their husbands in performing their basic daily activities (26 percent). This is most probably attributable to the fact

that hearing disabilities/impairments do not restrict women’s ability to perform most daily activities. Moreover, women with hearing disabilities/impairments in the study sample were on average younger than the other women **(see Chapter 3)** and hence more capable in many aspects. By contrast, women with physical disabilities/impairments were more likely to depend on their husbands than other women (38 percent).

Figure 8.19: Percentage of ever-married women who depend on their husbands in basic daily activities, according to the type of the woman's disability/impairment, Egypt 2020



Note: Husband refers to current, last or any previous husband, as applicable.

The reason cited by the highest number of women who reported not depending on their husbands in performing daily activities was their own ability to serve themselves, reported by 35 percent. This proportion was considerably lower among women whose disabilities/impairments started when they were 35 years old or above, and among those with multiple disabilities/impairments (25 percent and 24 percent respectively). This finding was expected, because of the older ages of women with late-onset disabilities compared to others (as discussed above), which is associated with the need for assistance from others, as is the presence of multiple disabilities.

The husband's illness, disability or old age was the main reason given by ever-married women who said they did not rely on their

husbands for basic daily activities (cited by 22 percent). This proportion increased to 26 percent among women with hearing disabilities/impairments and to 27 percent among women whose disabilities/impairments occurred at the age 35 or above.

A considerable number of women who did not rely on their husbands gave reasons that may be related to their disability or their feelings of weakness. Around a fifth of ever-married women (22 percent) reported that they did not depend on their husbands for the basic activities of daily life because of their concern that their husbands would feel they were weak. Nearly 14 percent did not depend on their husbands because their husbands or in-laws made them feel embarrassed.

8.6 Conclusion

A considerable number of the ever-married women in the VAWWDS survey sample reported experiencing marital and financial controlling behaviours exerted by their husbands. They also frequently feared their husbands (whether current, last or previous husband, as applicable). Some women depended on their husbands for help in completing basic daily life tasks.

A significant proportion of women (4 in 10) believed that wife-beating is justified in at least one of a list of several scenarios. This

percentage is substantially higher than the percentage indicated by the 2015 ECGBVS for women in general at the national level. It may indicate that poor women with disabilities/impairments are more likely to accept and tolerate spousal violence than other women. This in turn may result from the higher levels of illiteracy and poverty among these women than women in general at the national level. Moreover, women with disabilities/impairments might be more submissive to gender norms and the resulting unequal power dynamics, as a result of their feelings of weakness.

Chapter 9: Violence Perpetrated By Family Members Or People In The Surrounding Environment

Key findings

Forty-eight percent of the survey respondents had experienced emotional, physical, disability-based or sexual violence perpetrated by family members or people in the surrounding environment (other than husbands) since the age of 15. Furthermore, more than a fifth of women (22 - 23 percent) who had ever been subjected to emotional, physical or disability-based violence depended on the perpetrator to help them perform basic daily activities. Around two fifths believed that their dependence on the perpetrator impacted their exposure to the violence

Key Results

- Forty-eight percent of the survey respondents had experienced emotional, physical, disability-based or sexual violence perpetrated by family members or people in the surrounding environment (other than husbands) since the age of 15.
- Thirty-five percent of women had experienced emotional violence, 28 percent had experienced disability-based violence, and 25 percent physical violence.
- Ten percent of women had been subjected to a form of sexual violence. Eight percent of women had experienced sexual harassment, 3 percent indecent assault and 15 women had experienced rape.
- Seven percent of women had been subjected to all four types of violence.
- During the year prior to the survey:
 - At least one act of emotional, physical, disability-based or sexual violence was experienced by 25 percent of women.
 - Just over 2 percent (2.4 percent) had experienced all four types of violence (emotional, physical, disability-based and sexual violence).
 - Nearly 24 percent had been subjected to at least one act of emotional, physical or disability-based violence.
 - Four percent had experienced some form of sexual violence.
- Most emotional, physical or disability-based violence was perpetrated by women's family members, particularly fathers, while most sexual violence was perpetrated by non-family members. However, some sexually victimized women reported that men who were not eligible to marry them under Islamic law due to close relations by blood or marriage (maharem), were the perpetrators:
 - One woman was raped by her father.
 - Two women were raped by their brothers.
 - Fathers were the perpetrators of 2 percent of indecent assaults and brothers around 1 percent. Stepfathers were the perpetrators of around 2 percent of indecent assaults.
- Sexually victimized women were most likely to report being subjected to the first act of sexual violence (sexual harassment, indecent assault or rape) when they were aged 15 - 17 years old.
- Sexually victimized women for the most part do not report their experiences to anyone, or report only to their families.
- Women with hearing disabilities/ impairments experienced higher rates of different types of violence and were more likely to experience multiple types of violence, both over their lifetime since age 15 and recently, when compared with women with other types of disabilities/ impairments.
- Substantial proportions of women with multiple disabilities/impairments (24 percent) and women with severe disabilities (34 percent of women with severe disability in hearing, 3 in 10 women with severe disability in communicating with others, and a fifth of women with other severe disabilities) had recently experienced emotional, physical, disability-based or sexual violence.
- More than a fifth of women (22 - 23 percent) who had ever been subjected to emotional, physical or disability-based violence depended on the perpetrator to help them perform basic daily activities. Around two fifths believed that their dependence on the perpetrator impacted their exposure to the violence.
- Around 2 percent of women who had ever experienced sexual harassment, a similar proportion of indecent assault victims, and 2 cases of raped women reported their dependence on the perpetrator in performing basic daily activities.

The 2020 VAWWDS collected detailed information related to women's experiences of emotional, physical, sexual and disability-based violence perpetrated by people in the surrounding environment (both men and women) other than their husbands, from age 15 onwards.⁽¹⁾ Those people included family members and people in the environment (e.g. friends/acquaintances, neighbours, teachers, people in women's workplace, health providers, and strangers). The questions in this regard were addressed to all women in the survey, regardless of marital status.

This chapter presents the findings relating to women's experiences of emotional, physical and disability-based violence first. Their experiences of the different forms of sexual violence are then explored. This chapter also investigates to what extent the rates of women's exposure to the different types of violence vary according to women's background characteristics and the characteristics of their disabilities/impairments. Finally, women's experiences of the different types of violence and their dependence on the perpetrator for the basic activities of daily life are investigated.

9.1 Emotional, physical and disability-based violence

This section provides estimates of the prevalence of emotional, physical and disability-based violence perpetrated against the respondents by someone other than a husband. It also investigates the perpetrators of each type of violence and the injuries resulting from women's exposure to these forms of violence.

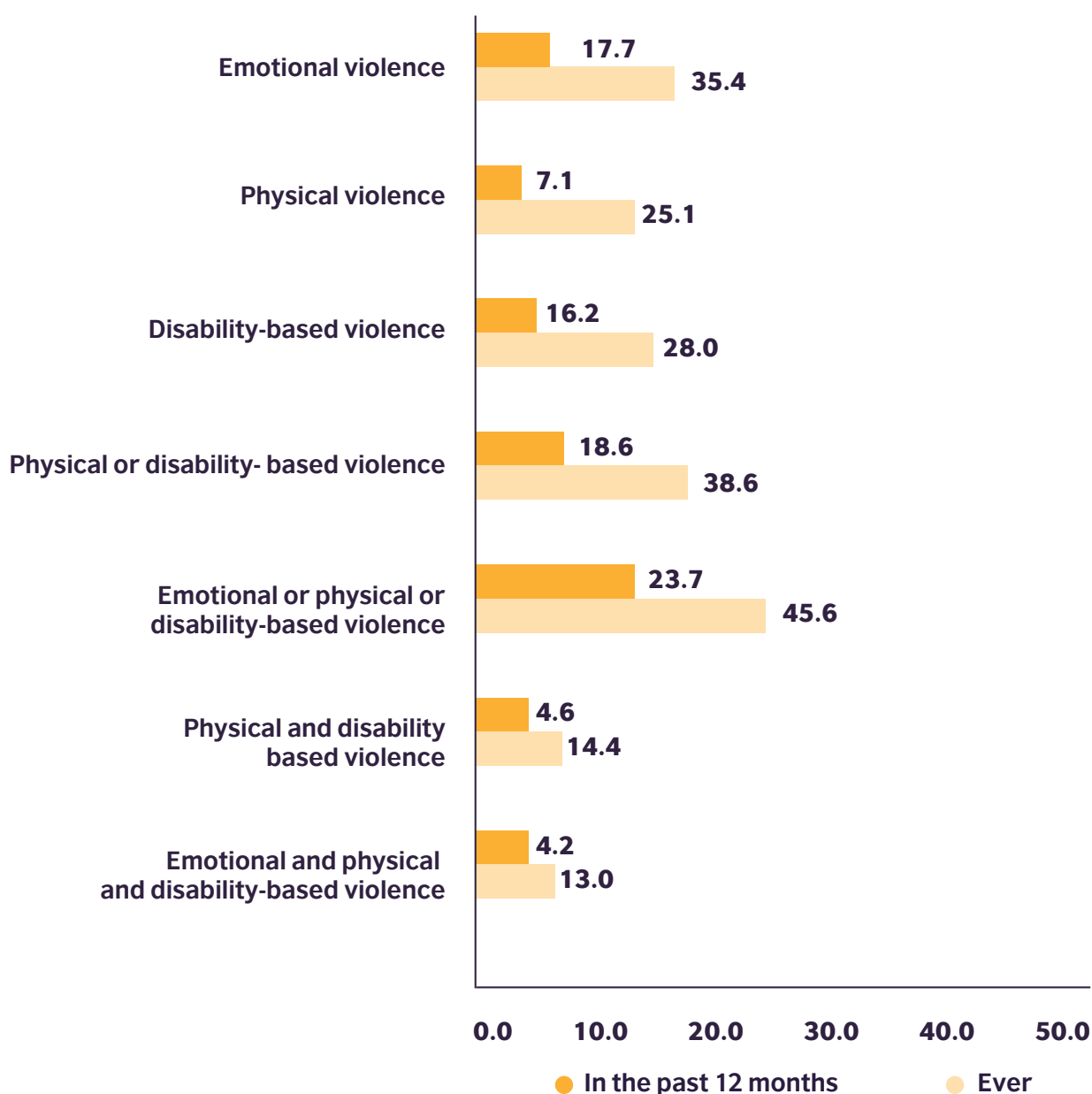
9.1.1 Prevalence of emotional, physical and disability-based violence

Women were asked whether, since the age of 15, anyone other than their husbands had perpetrated different emotional, physical or disability-based abusive acts against them. The question asked about each particular violent act separately (as in the case of spousal violence). For each act that elicited an affirmative response, the respondent was asked whether she had been subjected to that act within the past 12 months.

Forty-six percent of the 2020 VAWWDS respondents said they had experienced a form of emotional, physical or disability-based violence perpetrated by family members or people in the surrounding environment since the age of 15 (**Table 9.1 and Figure 9.1**). Twenty-four percent of the survey respondents said they had experienced at least one such act within the 12 months prior to being interviewed. Nearly 4 in 10 women (39 percent) had ever been subjected to physical or disability-based violence from non-husband perpetrators, with 19 percent of women reporting at least one act occurring recently (during the past 12 months). Thirteen percent of the respondents had experienced all three types of emotional, physical and disability-based violence from non-husband perpetrators.

¹ The 2015 ECGBVS asked about women's experience of physical and sexual violence since age 18. The results of the 2020 VAWWDS discussed in this chapter are therefore not directly comparable with those of the 2015 ECGBVS.

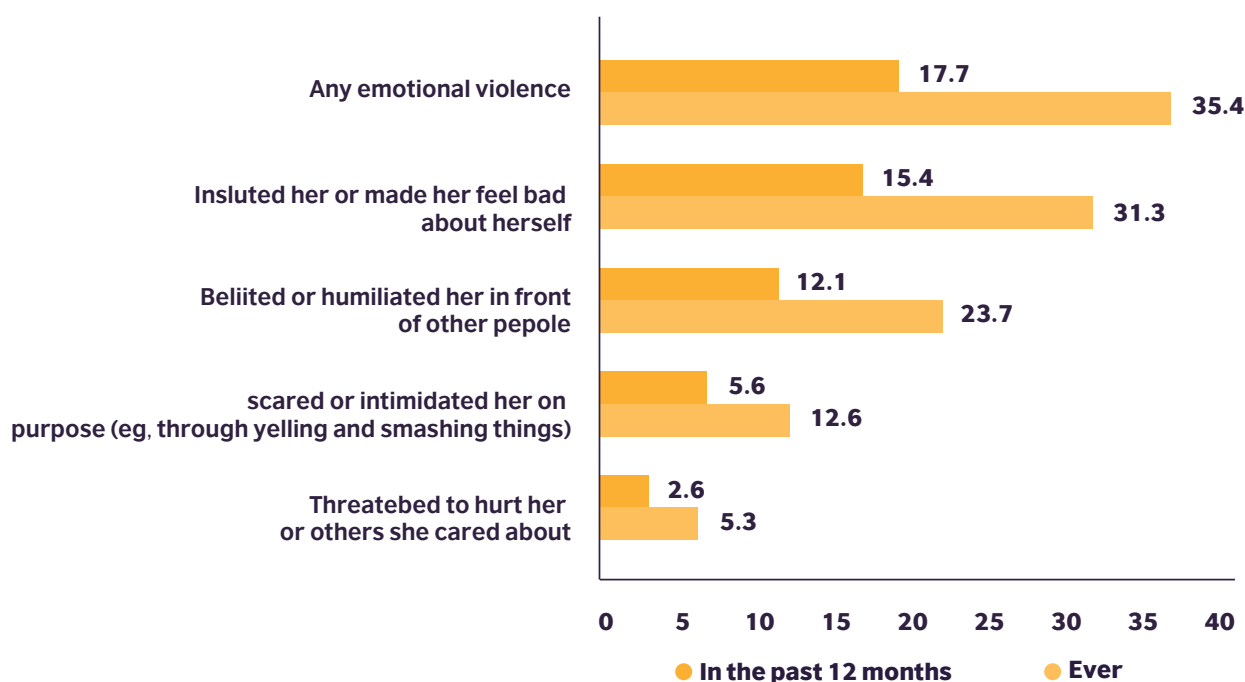
Figure 9.1 Percentage of women who have experienced emotional, physical and disability-based violence perpetrated by family members or people in the surrounding environment, since age 15 and during the past 12 months, Egypt 2020



As with spousal violence, acts of emotional violence were more common than physical or disability-based violence. Thirty-five percent of all respondents had experienced some form of emotional violence since age 15, and 18 percent had been subjected to recent episodes of emotional violence. Emotional violence most often took the form of the perpetrator insulting the woman or making her feel bad about herself.

Thirty-one percent of women reported having experienced this form of violence during their lifetimes and 15 percent had been subjected to this act during the past 12 months. Nearly a quarter of women (24 percent) had been belittled or humiliated in front of other people by someone in the surrounding environment at some point since the age of 15, and 13 percent had been scared or intimidated on purpose (**Figure 9.2**).

Figure 9.2 Percentage of women who have experienced various forms of emotional violence perpetrated by family members or persons in the surrounding environment, since age 15 and during the past 12 months, Egypt 2020



Women's exposure to disability-based violence came second in terms of prevalence. Around 3 in 10 women (28 percent) had experienced any form of disability-based violence since age 15, and 16 percent had experienced this violence during the year preceding the interview. Insults or degradation of the woman because of her disability/impairment was

the most common form of disability-based violence women had been subjected to, both during their lifetime since age 15 overall, and in terms of recent incidents (**Figure 9.3**). About a fifth (19 percent) of women said they had been subjected to this form of violence since age 15, and this act had taken place recently for more than half of those women (11 percent).

Figure 9.3 Percentage of women who have experienced specific forms of disability-based violence perpetrated by family members or people in the surrounding environment, since age 15 and during the past 12 months, Egypt 2020



A quarter of women (25 percent) reported having been subjected to at least one episode of physical violence at some point since age 15, and 7 percent had experienced this violence recently (**Figure 9.4**). As with this survey's spousal violence findings (see **Chapter 8**) and the patterns revealed by the 2015 ECGBVS, the most frequently

mentioned acts of physical violence were being slapped or having something thrown at her that could hurt (20 percent) and being pushed, shoved or having her hair pulled (15 percent). Women had also experienced severe acts of violence; 13 percent had been punched with a fist or with other objects that could hurt, and 9 percent had been kicked, dragged or beaten up.

Violence Perpetrated By Family Members Or People In The Surrounding Environment

Figure 9.4 Percentage of women who have experienced various forms of physical violence perpetrated by family members or people in the surrounding environment, since age 15 and during the past 12 months, Egypt 2020

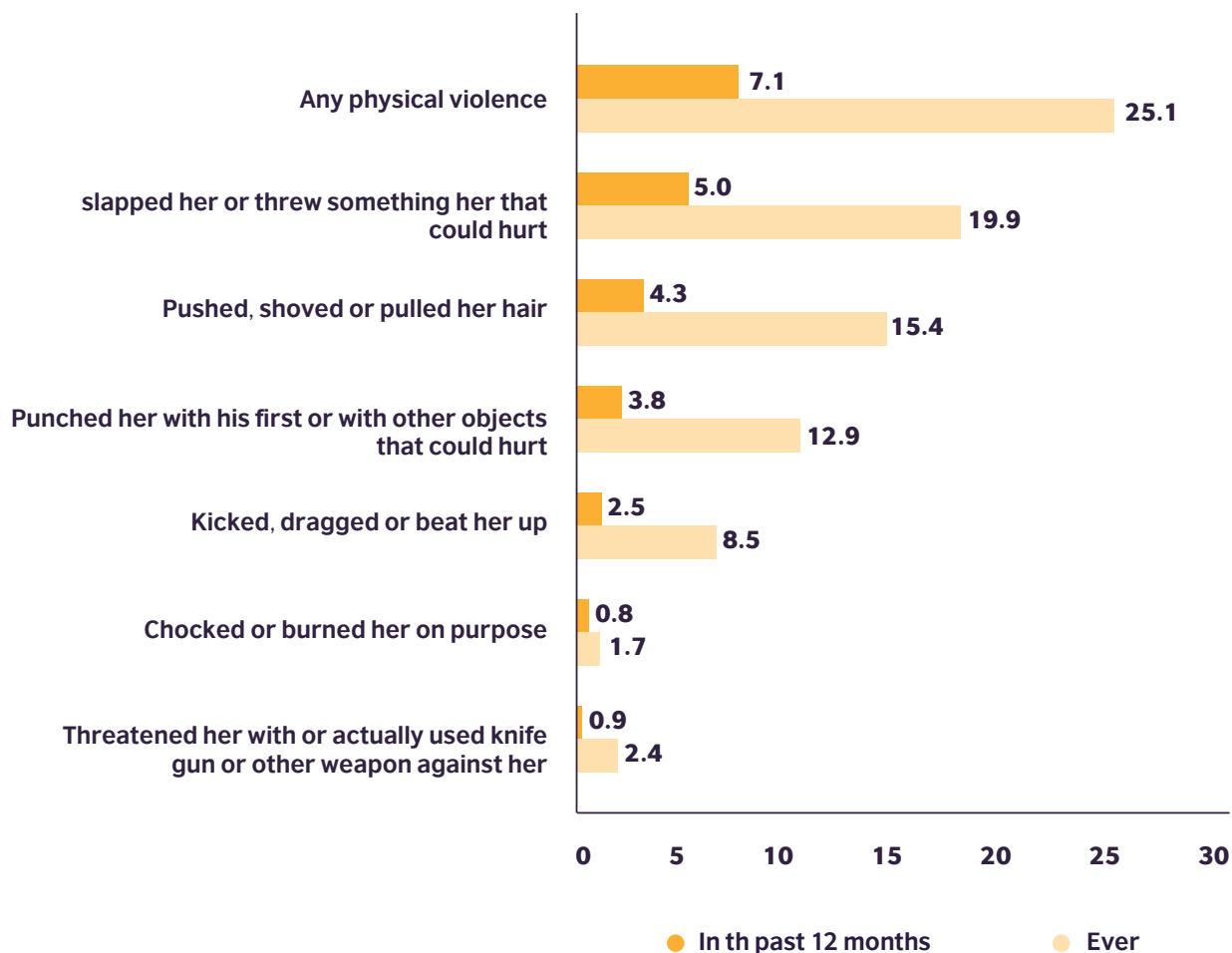


Table 9.1 Percentage of women who have experienced various forms of emotional, physical and disability-based violence perpetrated by family members or people in the surrounding environment, since age 15 and during the past 12 months, Egypt 2020

Type and forms of violence	Since age 15	In the past 12 months
Emotional violence		
Any emotional violence	35.4	17.7
Insulted her or made her feel bad about herself	31.3	15.4
Belittled or humiliated her in front of other people	23.7	12.1
Scared or intimidated her on purpose (e.g. through yelling and smashing things)	12.6	5.6
Threatened to hurt her or others she cared about	5.3	2.6
Physical violence		
Any physical violence	25.1	7.1
Slapped her or threw something at her that could hurt	19.9	5.0
Pushed, shoved, or pulled her hair	15.4	4.3
Punched her with a fist or with other objects that could hurt	12.9	3.8
Kicked, dragged or beat her up	8.5	2.5
Choked or burned her on purpose	1.7	0.8
Threatened her with or actually used a knife, gun or other weapon against her	2.4	0.9
Specific forms of disability-based violence		
Any form of disability-based violence	28.0	16.2
Destroyed or threatened to destroy her assistive devices or tools	1.6	0.9
Exposed her to insult or degradation because of her disability/impairment	18.8	11.3
Controlled her assistive devices/tools against her will	1.1	0.8
Ignored her, e.g. did not give her enough attention, ignored fulfilling her needs	5.2	3.6
Prevented her from accessing food, medicines, or assistive devices/tools	1.4	0.9
Exposed her to negative discrimination or discrimination in treatment between her and other members of the family	7.0	4.2
Refused to help when she needed assistance	6.1	3.8
Prevented her from performing daily activities inside or outside home	5.5	2.6
Checked her phone	2.3	1.4
Prevented her from seeing or contacting people	4.9	2.0
Locked her up or prevented her from leaving her home or her room	3.9	1.4

Multiple types of violence committed		
Physical and disability-based violence	14.4	4.6
Emotional, physical and disability-based violence (All 3)	13.0	4.2
Physical or disability-based violence	38.6	18.6
Any form of emotional, physical or disability-based violence (At least 1 of 3)	45.6	23.7
Total number of women	5,616	

9.1.2 Perpetrators of emotional, physical and disability-based violence

To understand women's risks of and vulnerability to violence, it is imperative to clearly identify perpetrators and to determine whether they are related or known to the victim in any way (United Nations, 2014). Given this, the 2020 VAWWDS collected information on the perpetrators of the different types of violence against women.

Women who reported experiencing any act of violence by family members or people in the surrounding environment were asked to identify the perpetrator. Many women cited more than one person as responsible for violence they had experienced since age 15.

Table 9.2 shows that family members are the most common perpetrators of the emotional, physical and disability-based violence, particularly physical violence, that the women had experienced. The woman's father was most often cited as the perpetrator of these types of violence, whether for violence experienced during the assaulted woman's lifetime since the age of 15, or within the 12 months prior to the survey. For example, 43 percent of women who had been physically abused since age 15 reported that their father was the perpetrator of this violence. Fathers were also the perpetrators of at least one

recent physical act of violence for 4 in 10 assaulted women (38 percent).

Brothers were the next most frequently mentioned perpetrators. Brothers were the perpetrators of recent episodes of violence for around 4 in 10 physically abused women (41 percent) and 3 in 10 women who had been subject to disability-based violence (30 percent). Mothers were the perpetrators of at least one episode of physical violence for 21 percent of victims, both during their lifetimes since age 15 and for incidents that occurred during the past 12 months. Substantial proportions of the abused women indicated that their mothers were the perpetrators of emotional and disability-based violence. Considerable proportions of women had been also subjected to emotional, physical or disability-based violence committed by other female relatives (e.g. grandmothers, aunts, and female cousins).

In addition to family members, a significant proportion of women had been subjected to emotional, physical or disability-based violence inflicted by strangers in the surrounding environment. Male strangers were more likely to be violent than female strangers: for instance, 24 percent of women had experienced disability-based violence perpetrated by a male stranger in the past year, versus 16 percent who had been subjected to this violence by a female stranger.

Table 9.2 Percentage of women who have experienced emotional, physical and disability-based violence perpetrated by family members or persons in the surrounding environment, since age 15 and in the past 12 months, by the perpetrator(s) of the violence, Egypt 2020

Perpetrator of violence	Any form of emotional violence		Any form of physical violence		Any form of disability-based violence	
	Ever	In the past 12 months	Ever	In the past 12 months	Ever	In the past 12 months
Family members						
Father	32.7	31.0	42.7	37.8	31.2	30.9
Mother	16.4	17.3	20.8	21.1	15.2	15.8
Son	2.3	2.1	2.3	2.0	1.8	2.1
Daughter	0.9	1.5	0.7	1.0	0.8	1.3
Brother	26.4	29.0	34.1	41.1	27.3	30.2
Sister	6.6	9.2	7.1	8.5	6.3	7.4
Father-in-law	2.1	2.0	2.4	1.6	2.1	2.0
Mother-in-law	6.3	5.7	4.2	3.4	5.3	4.8
Brother-in-law	4.3	4.4	4.9	4.6	3.9	5.2
Sister-in-law	4.0	4.4	3.5	2.4	3.9	3.9
Other male relative	7.6	8.4	8.4	8.6	8.8	9.2
Other female relative	13.2	17.3	9.9	12.7	13.8	17.4
Stepfather	0.1	0.2	0.2	0.5	0.1	0.2
Stepmother	1.3	1.1	1.7	1.8	1.5	1.3
People in the surrounding environment (non-family members)						
Fiancé	1.0	1.0	1.4	1.5	1.0	1.2
Male friend/acquaintance	3.4	4.8	2.8	3.9	4.5	5.2
Female friend/acquaintance	8.0	9.6	4.8	5.1	8.4	9.8
Male person at workplace	0.3	0.3	0.2	0.3	0.3	0.3
Female person at workplace	0.4	0.4	0.6	0.3	0.4	0.4
Male teacher	2.2	2.1	2.8	3.0	2.7	2.0

Violence Perpetrated By Family Members Or People In The Surrounding Environment

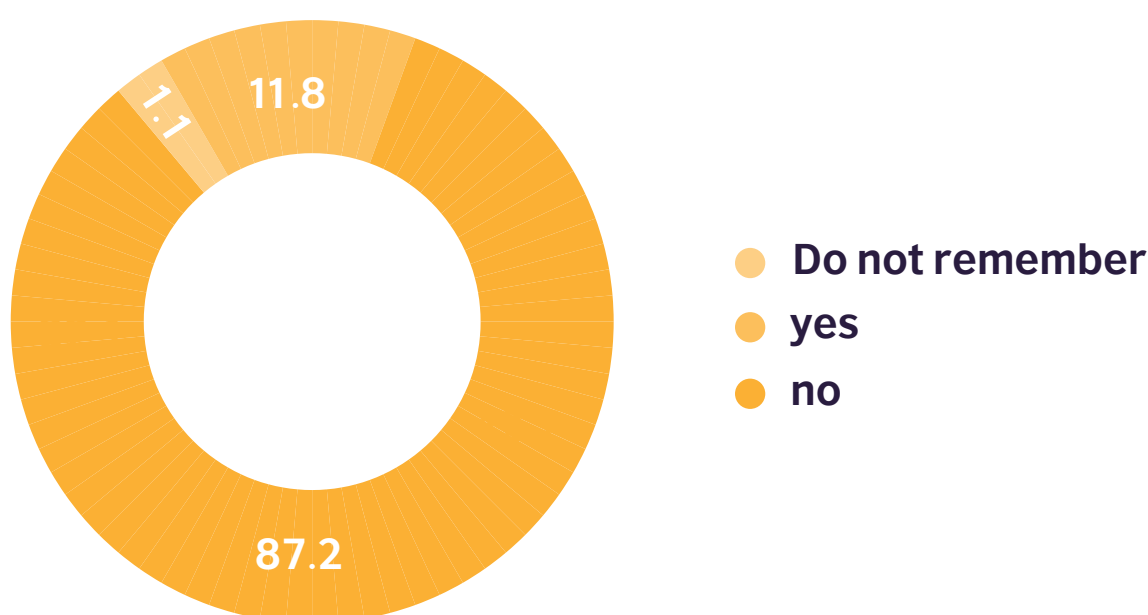
Female teacher	0.4	0.3	0.6	0.8	0.4	0.3
Male physician or health care worker	0.5	0.6	0.3	0.0	0.4	0.6
Female physician or health care worker	0.2	0.1	0.1	0.3	0.1	0.0
Male stranger	17.3	20.1	13.8	14.7	22.3	23.8
Female stranger	12.0	14.9	7.5	7.6	14.7	16.4
Other male persons	0.8	0.8	0.8	0.8	1.0	1.0
Other female persons	2.8	3.5	2.2	4.5	3.1	3.6
Number of women who have experienced violence perpetrated by family members or people in the surrounding environment	1,987	994	1,410	399	1,571	909

Note: The sum of the percentages does not equal 100 because some women had been subjected to violence from more than one person.

9.1.3 Injuries resulting from emotional, physical or disability-based violence

Twelve percent of women reported having experienced injuries as a result of emotional, physical or disability-based violence inflicted by family members or people in the surrounding environment since the age of 15 (**Figure 9.5**).

Figure 9.5 Percent distribution of women who have experienced violence¹ since age 15 committed by family members or people in the surrounding environment, according to whether they were injured as a result, Egypt 2020

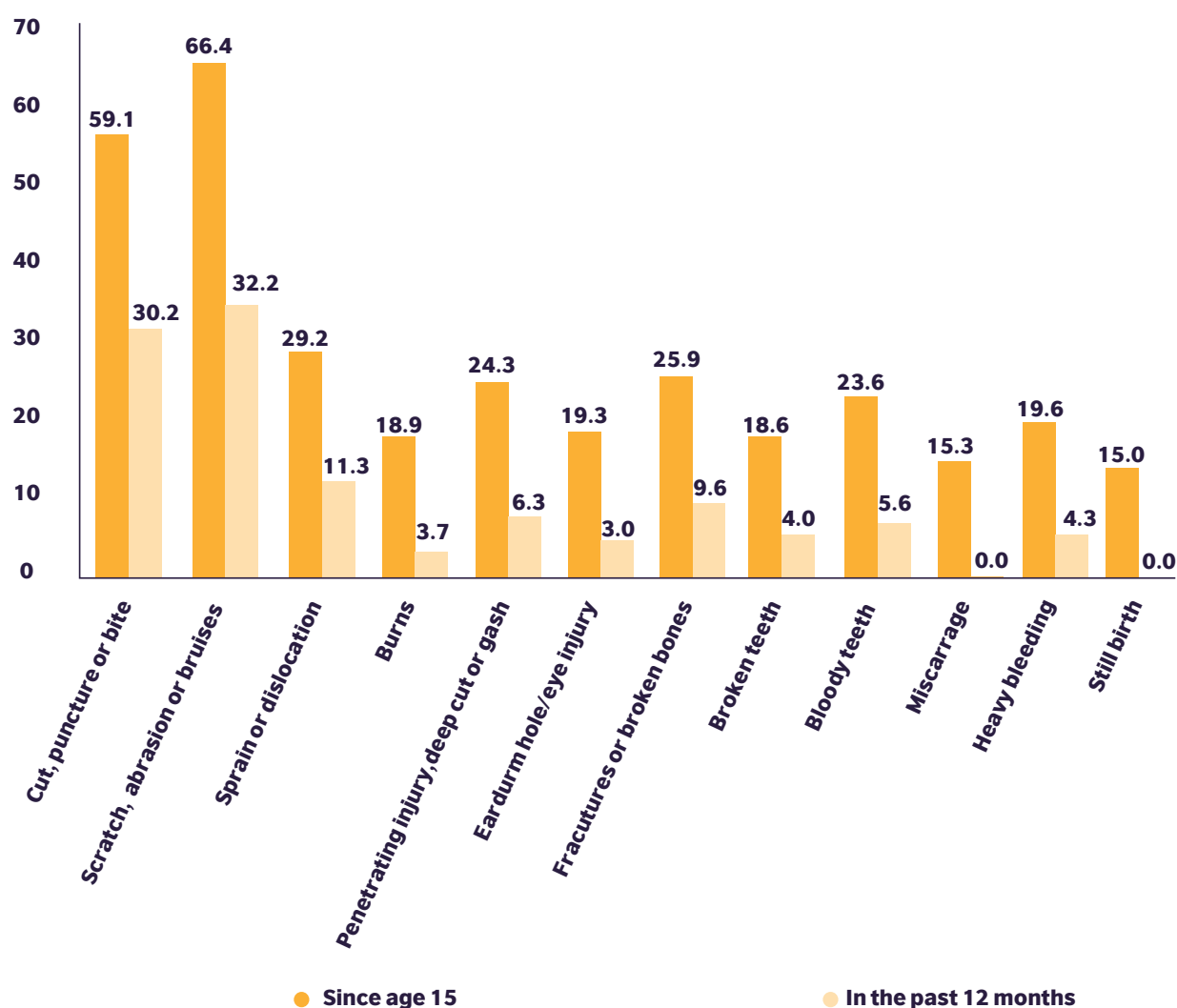


¹ Emotional, physical or disability-based violence.

As with injuries resulting from spousal violence, scratches, abrasions, bruises, cuts, punctures and bites were the most frequently reported injuries by the injured women (**Figure 9.6**). Experience of scratches, abrasion or bruises was cited by two thirds of injured women (66 percent), and cuts, punctures or bites were reported by around 6 in 10 victims (59 percent). Around 3 in 10 women had experienced these injuries recently. A substantial proportion of women

had experienced more severe injuries during their lifetime since age 15. For instance, 26 percent of injured victims had experienced fractures or broken bones as a result of violence since the age of 15, and 10 percent had experienced these injuries during the 12 months prior to the survey. Around a fifth of injured women had experienced heavy bleeding, 15 percent had experienced miscarriage and 15 percent experienced stillbirth as a result of violence.

Figure 9.6 Percentage of women who have experienced injuries resulting from violence¹ committed by family members or people in the surrounding environment, since age 15 and in the past 12 months, by the type of injury, Egypt 2020



¹ Emotional, physical or disability-based violence.

9.2 Sexual violence

This section explores the prevalence of the different forms of sexual violence women had been exposed to since age 15, and recent acts, by family members or people in the surrounding environment, and the perpetrators of each form of violence. It also covers women's ages at the first act of sexual violence experienced and women's and their community's coping mechanisms and responses to sexual violence.

9.2.1 Prevalence of sexual violence

Eight percent of the VAWWDS respondents had experienced sexual harassment (e.g., showing sexual images to the women against their will, unwanted sexual comments, sending personal sexual messages through social media, phone calls with sexual content) committed by their family members or people in the surrounding environment, other than their husbands, since age 15 (**Table 9.3**). Four percent of respondents

had been exposed to this sexual harassment during the past year.

Three percent of women had been subjected to at least one act of indecent assault, i.e. the perpetrator tried to force the woman to have sexual intercourse or sexually touched her. Around 1 percent had experienced this form of violence recently. Fifteen women had been raped, and six women reported rape during the 12-month period prior to the interview. The analysis of women's exposure to rape relies on the absolute numbers rather than the percentages because statistically no reliable estimates can be based on such small numbers. However, it is crucial to highlight women with disabilities' experience of rape.

Overall, 10 percent of women had been subjected to any form of sexual violence (sexual harassment, indecent assault, or rape) by their family members or people in the surrounding environment other than their husband since the age of 15, with 4 percent of women reporting such acts had occurred recently.

Table 9.3 Percentage of women who have experienced various forms of sexual violence perpetrated by family members or people in the surrounding environment, since age 15 and during the past 12 months, according to the form of sexual violence, Egypt 2020

Forms of sexual violence	Since age 15	In the past 12 months
Sexual harassment ¹	7.8	3.5
Indecent assault ²	3.1	0.8
Rape ³	15 women	6 women
Any form of sexual violence	9.5	4.0
Total number of women	5,616	

¹ E.g. showing women sexual images against their will, unwanted sexual comments, sending personal sexual messages through social media, or phone calls with sexual content.

² Tried to force her to have sexual intercourse (did not happen) or sexually touched her.

³ Physically forced her to have sex (due to the small number of cases the figures are presented as numbers not percentages).

9.2.2 Perpetrators of sexual violence

Contrary to the reported experiences of emotional, physical and disability-based violence, sexual violence against women was mostly perpetrated by non-family members (**Table 9.4**). A stranger was the perpetrator in the vast majority of sexual harassment and rape incidents women reported experiencing since age 15. A stranger was the perpetrator of sexual harassment incidents for around 91 percent of women and for the rape of eight women. Around three quarters of women who had ever been subjected to indecent assault (73 percent) cited a friend or acquaintance as the perpetrator of at least one act, around

a fifth of women (19 percent) reported their fiancé, and 9 percent cited a person at the woman's workplace. However, it is striking and alarming to find that men who are Islamically unmarriageable in terms of their close relationship with the woman, maharem, were reported by some sexually victimized women as perpetrators of such violence.⁽²⁾ As shown in **Table 9.4**, one woman was raped by her father, and two women were raped by their brothers. Fathers were the perpetrators of indecent assault of around 2 percent of assaulted women, and brothers were the perpetrators in around 1 percent of cases. Stepfathers were the perpetrators of around 2 percent of indecent assaults.

² In Islamic law, a mahram (pl. maharem) is a relative or other male person who a woman is not permitted to marry due to the nature of their relationship. The category of mahram includes blood relatives such as fathers, brothers, sons and uncles, as well as certain men linked to the woman via marriage, e.g. fathers-in-law and stepfathers.

Violence Perpetrated By Family Members Or People In The Surrounding Environment

Table 9.4 Percentage of women who have experienced various forms of sexual violence perpetrated by family members or people in the surrounding environment since age 15, according to the perpetrators, Egypt 2020

Perpetrator of sexual violence	Sexual harassment ¹	Indecent assault ²	Rape ³
Family members			
Father	0.0	1.7	1 case
Brother	0.9	1.1	2 cases
Father-in-law/Brother-in-law	0.5	0.0	0.0
Stepfather	0.0	2.3	0.0
Other relative	3.0	4.0	3 cases
People in the surrounding environment (non-family members)			
Fiancé	1.4	19.3	1 case
Friend/acquaintance	5.3	73.3	1 case
Person at workplace	0.7	9.1	1 case
Teacher	1.1	0.0	0.0
Physician or health care worker	0.0	0.0	0.0
Stranger	91.3	1.1	8 cases
Number of women who have experienced sexual violence perpetrated by family members or people in the surrounding environment	436	176	15

Note: The sum of the percentages exceeds 100 and the total number of raped women exceeds 15 cases because some women reported more than one perpetrator.

¹ *E.g. showing women sexual images against their will, unwanted sexual comments, sending personal sexual messages through social media, or phone calls with sexual content.*

² *Tried to force her to have sexual intercourse (did not happen) or sexually touched her.*

³ *Physically forced her to have sex (due to the small number of cases the figures are presented as numbers not percentages).*

9.2.3 Women's age at first act of sexual violence

Young women are more at risk of sexual violence than older women. As indicated in **Table 9.5**, women who had ever experienced sexual violence committed by individuals other than their husbands were most likely to be subjected to the first act of this violence when they were between 15 and 17 years old. Slightly more than a quarter of sexually harassed women (26 percent), around 4 in 10 women who had

ever experienced indecent assault (38 percent), and six cases of raped women also reported that their first exposure to such incidents took place when they were between 15 and 17 years old. Exposure to different forms of sexual abuse at older ages was significantly lower. Fourteen percent of both sexual harassment and indecent assault victims and 2 cases of raped women did not remember their age when they were exposed to the first incident.

Table 9.5 Percent distribution of women who have ever experienced various forms of sexual violence perpetrated by family members or people in the surrounding environment since age 15, by age at first incident, Egypt 2020

Woman's age at first incident of sexual violence	Forms of sexual violence		
	Sexual harassment ¹	Indecent assault ²	Rape ³
15 - 17	25.5	37.5	6 cases
18 - 19	13.3	14.8	2 cases
20 - 24	16.3	13.6	1 case
25 - 29	10.8	8.5	2 cases
30 - 34	6.2	3.4	1 case
35 - 39	5.5	4.5	1 case
40+	8.3	4.0	0
Do not remember	14.2	13.6	2 cases
Number of women who experienced sexual violence perpetrated by family members or people in the surrounding environment	100.0 436	100.0 176	15

¹ E.g. showing women sexual images against their will, unwanted sexual comments, sending personal sexual messages through social media, or phone calls with sexual content.

² Tried to force her to have sexual intercourse (did not happen) or touched her.

³ Physically forced her to have sex (due to the small number of cases the figures are presented as numbers not percentages).

9.2.4 Women's and communities' responses to sexual violence

Most women who had been subjected to sexual violence either did nothing about their exposure to violence acts or reported only to their families (**Table 9.6**). This may be attributed to many factors such as shame, fear of the consequences (e.g. fear of not being believed, fear of how others will react to the victim and treat her, fear of the perpetrator's retribution, and fear of being judged) and lack of information about the rights of woman subjected to violence and the available services they can access. These factors are often amplified for disabled women.

More than two fifths of sexually harassed women (44 percent), around 6 in 10 indecent assault victims (58 percent), and 8 of the 15 raped women did not disclose their exposure to these acts to anyone. Forty-two percent of sexually harassed women, 36 percent of indecent assault victims and six raped women shared the incidents of violence they had experienced with their families.

The reaction of people in the women's social circle, such as parents, relatives, friends, acquaintances and neighbours is very important and has an impact on the extent to which victims can respond to, accept, treat and adapt to the reality of the event. The survey findings presented in Table 9.6 indicate that the majority of sexually harassed women and indecent assault victims who reported their exposure to these acts to their families or other persons were

supported by those people. Around three quarters (74 percent) of sexually harassed women and 6 in 10 indecent assault victims (59 percent) who reported to their family or others said that they received their support. However, only 2 of the 7 raped women who reported their rape incidents said that they were supported by the people they reported the incidents to. Moreover, some women were blamed by the people they told about their sexual assault or were asked not to tell anyone. Around 2 in 10 women who experienced indecent assault and reported it to their families or other people were either blamed (19 percent) or asked not to tell anyone (17 percent). Two raped women were blamed for their exposure to rape, and one woman was asked not to tell anyone. This lack of empathy and the victim-blaming attitude displayed by others perpetuate women's tolerance of sexual violence and reluctance to report it, making prevention more difficult.

Interventions supporting sexual assault victims and measures to make it more likely that perpetrators will be caught and punished are imperative to combat sexual violence. However, only 5 percent of women who had ever experienced indecent assault and 2 cases of the raped women reported the assaults to the police. Although health providers have a large role to play in supporting the victims of sexual assault, medically and psychologically and by collecting evidence to assist prosecutions, only 2 cases of the raped women and 4 percent of indecent assault victims reported the incident to a health provider.

Violence Perpetrated By Family Members Or People In The Surrounding Environment

Table 9.6 Percentage of women who have ever experienced various forms of sexual violence perpetrated by family members or people in the surrounding environment since age 15, by women's and communities' responses and coping mechanisms, Egypt 2020

Responses and coping mechanisms	Forms of sexual violence		
	Sexual harassment ¹	Indecent assault ²	Rape ³
Reporting to family or other people			
Did not report to anyone	44.3	58.0	8 cases
Reported to her family	41.7	35.8	6 cases
Reported to her in-laws	2.1	1.1	2 cases
Reported to her husband	11.9	3.4	1 case
Reported to a friend/neighbour	4.1	4.5	2 cases
Number of women who experienced sexual violence perpetrated by family members or people in the surrounding environment	436	176	15
Response of the family and others to woman's experience of sexual violence			
Blamed her	9.5	18.7	2 cases
Supported her	73.7	58.7	2 cases
Did not care	9.1	9.3	2 cases
Asked her not to tell anyone	7.8	17.3	1 case
Number of women who experienced sexual violence perpetrated by family members or people in the surrounding environment and told someone about their exposure to this violence	243	75	7
Reporting to the police			
Percentage of women who reported the last act of sexual violence they had been subjected to to the police	-	4.5	2 cases
Reporting to a health provider (doctor or nurse)			
Percentage of women who reported their exposure to sexual violence to a health provider	-	4.0	2 cases
Number of women who have experienced sexual violence perpetrated by family members or people in the surrounding environment	-	176	15

Note: The questions regarding reporting to the police or health provider were not asked about sexual harassment.

¹ *E.g. showing women sexual images against their will, unwanted sexual comments, sending personal sexual messages through social media, or phone calls with sexual content.*

² *Tried to force her to have sexual intercourse (did not happen) or touched her.*

³ *Physically forced her to have sex.*

9.3 Women’s experiences of violence by their background characteristics

Table 9.7 shows the prevalence of women’s experience of various types of violence committed by individuals in their environment, excluding their husbands, from age 15 onwards, as well as during the past 12 months, stratified by selected background characteristics.

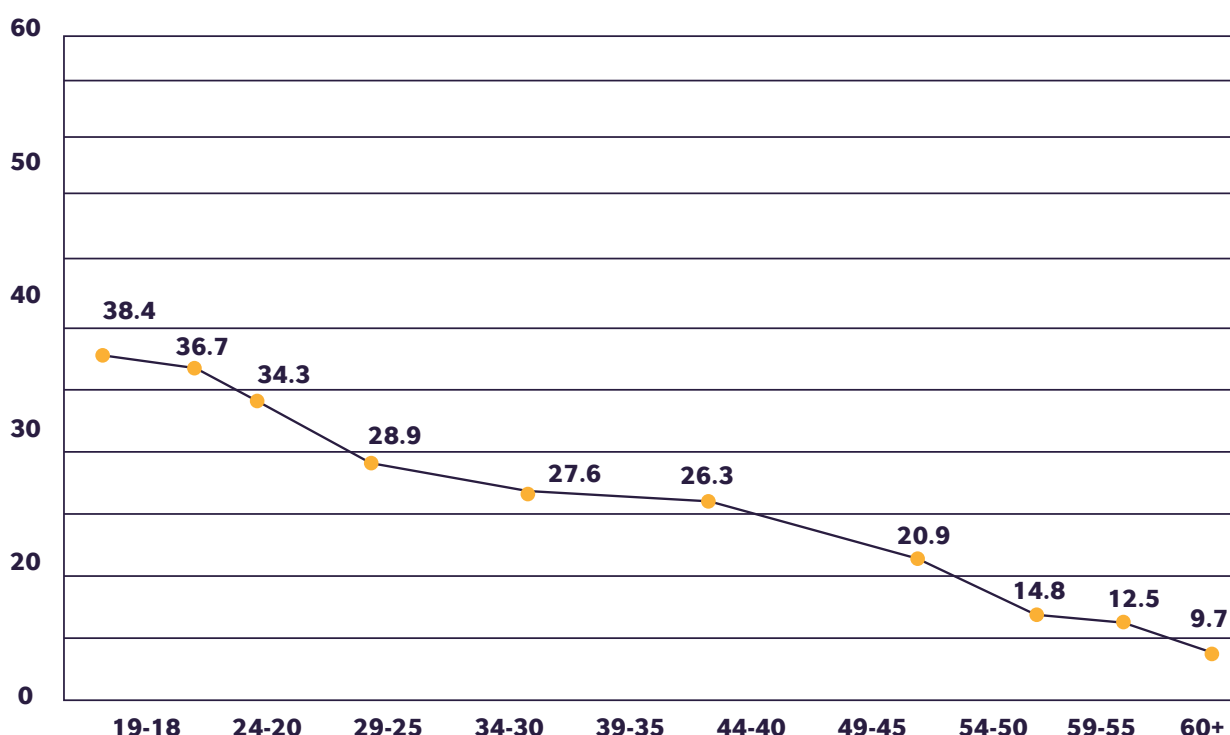
As shown in the table, 48 percent of women had experienced at least one act of emotional, physical, disability-based or sexual violence since age 15 at the hands of individuals other than their husbands. At least one act of violence had occurred recently to 25 percent of women. Seven percent of women had been subjected to all four types of violence, and just over 2 percent (2.4 percent) had been exposed to these four types of violence during the past year.

Table 9.7 also highlights that women below 30 years of age were more likely than

other women to be subjected to violence inflicted by family members or people in the surrounding environment, whether it occurred throughout their lifetimes since the age of 15, or recently.

On the other extreme, women aged 60 years and over were the least likely to experience such violence. For instance, while between 34 and 38 percent of women under 30 had been subjected to any form of emotional, physical, disability-based or sexual violence by family members or people in the surrounding environment during the past year, just 10 percent of women aged 60 and over had experienced such violence during the same period (**Figure 9.7**). This finding is consistent with the survey’s findings on spousal violence and the findings of the 2015 ECGBVS on women’s exposure to physical or sexual violence committed by individuals other than their husbands. This may indicate that the younger generations are more likely to experience violence from different perpetrators than older generations, and/or that younger generations are more willing to disclose their experiences of violence.

Figure 9.7 Percentage of women who experienced any type of emotional, physical, disability-based or sexual violence from family members or people in the surrounding environment during the past 12 months, by woman's current age, Egypt 2020



Women's exposure to violence committed by family members and people in the surrounding environment, excluding their husbands, was higher among never-married women and divorced/separated women than among currently married and widowed women. On the other extreme, widows had less exposure to violence than women in the other marital status categories. The proportion of widowed women who reported experiencing at least one act of emotional, physical, disability-based or sexual violence during the past 12 months was 24 percentage points lower than the proportion among never-married women and 16 percentage points lower than the proportion among divorced/separated women (10 percent, 34 percent and 26 percent respectively). This pattern is most probably attributed to the age structure

of the various marital status categories in the survey sample. As shown in **Table B.5 in Annex B**, never-married and divorced/separated women are concentrated at younger ages than other women in the survey sample, and younger age is associated with higher exposure to violence from people in the surrounding environment.

In terms of regional differences, exposure to any form of emotional, physical or disability-based violence was more common among women from Upper Egypt than those in the urban governorates or Lower Egypt. The situation is different for women's experiences of sexual violence, with women in the urban governorates revealing higher rates than women in the other two regions (**Figure 9.8 and Figure 9.9**). The lower proportions of women disclosing their experience of sexual violence in Lower Egypt and Upper Egypt

Violence Perpetrated By Family Members Or People In The Surrounding Environment

could reflect the actual situation, but it could also be due to women's limited mobility (as most sexual violence is committed by non-family members, i.e. most probably outside

women's homes) and/or a reluctance to disclose such experiences among women from these two regions, where norms are more conservative than in the urban governorates.

Figure 9.8 Percentage of women who have experienced various types of violence perpetrated by family members or people in the surrounding environment since age 15, by place of residence, Egypt 2020

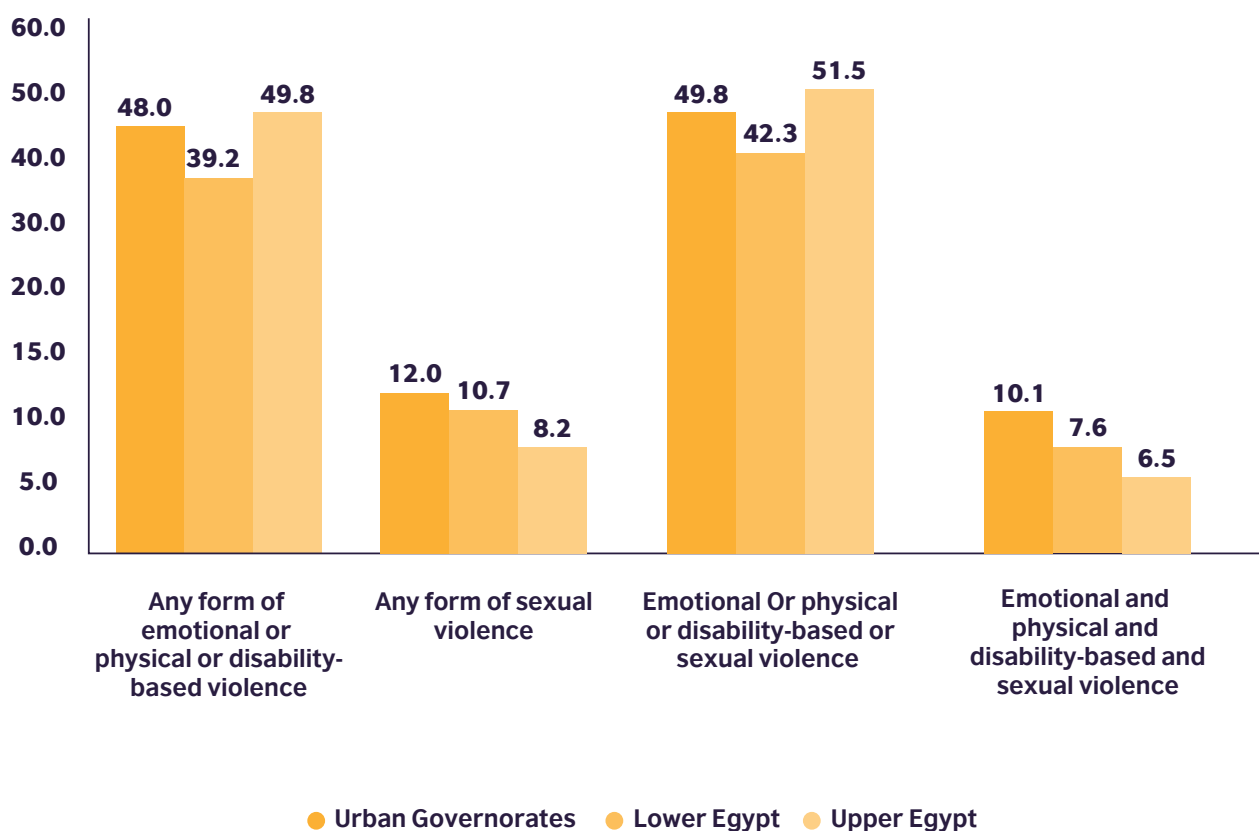
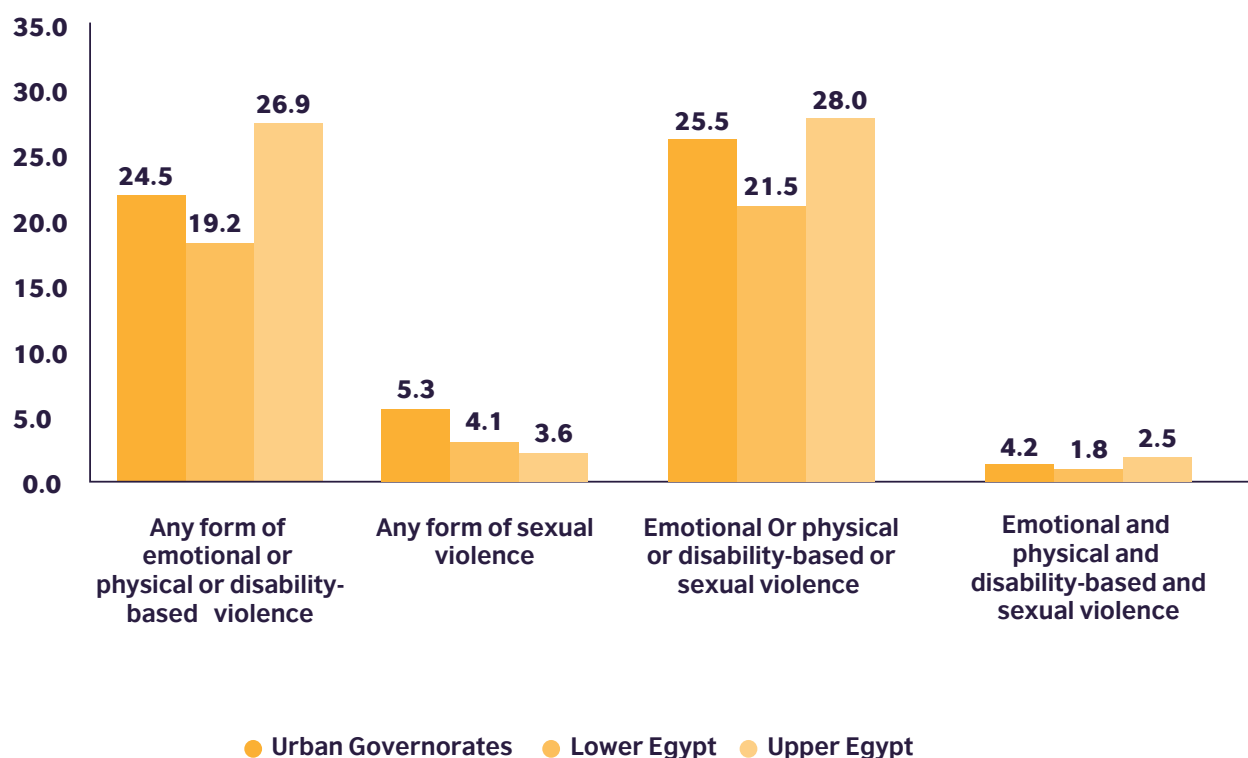


Figure 9.9 Percentage of women who have experienced various types of violence perpetrated by family members or people in the surrounding environment during the past 12 months, by place of residence, by place of residence, Egypt 2020



Unexpectedly, illiterate women were significantly less likely than women in other educational categories to report any form of violence from family members or persons in the surrounding environment, while the reverse was true in most cases for highly educated women. For example, the proportion of women who had been subjected to at least one act of emotional, physical, disability-based or sexual violence since the age of 15 was 13 percentage points higher among women with university education than among illiterate women (56 percent versus 43 percent respectively). The same difference between the two educational categories was noted in the experience of recent episodes of this violence (34 percent versus 21 percent respectively). The proportion of women with a university degree or more who were subjected to the four types of violence was

more than four times the proportion of illiterate women. Moreover, highly educated women were the most likely to experience sexual violence committed by individuals other than the husbands, both over their lifetimes since the age of 15, and recently. More than a fifth of women with university degrees or higher qualifications reported having experienced sexual violence from family members or people in the surrounding environment (21 percent) and a tenth reported experiencing this violence during the 12-month period prior to their survey (10 percent). However, it should be taken into consideration that some women might be more conservative than others about disclosing their experience of violence, even with the multiple ethical and safety considerations that were applied during interviews for the VAWWDS (see Chapter 2). That is, some women might have under-reported their experience of violence.

Violence Perpetrated By Family Members Or People In The Surrounding Environment

Table 9.7 Percentage of women who have experienced various types of violence perpetrated by family members or people in the surrounding environment, since age 15 and during the past 12 months, by selected background characteristics, Egypt 2020

Background characteristics	Any form of emotional, physical or disability- based violence (At least 1 of 3)		Any form of sexual violence		Emotional, physical, disability-based or sexual violence (At least 1 of 4)		Emotional, physical, disability-based and sexual violence (All 4)		Number of women
	Ever	In the past 12 months	Ever	In the past 12 months	Ever	In the past 12 months	Ever	In the past 12 months	
Age									
18 - 19	47.0	36.2	11.6	7.8	50.4	38.4	8.2	5.6	232
20 - 24	51.6	34.4	12.6	6.9	53.9	36.7	10.3	4.6	649
25 - 29	53.5	33.1	12.0	5.8	55.4	34.3	10.1	4.5	623
30 - 34	46.1	27.1	12.3	5.2	48.9	28.9	9.4	3.4	775
35 - 39	47.3	25.9	10.1	4.4	49.3	27.6	8.2	2.7	773
40 - 44	47.5	24.5	9.0	2.8	50.8	26.3	5.7	1.0	579
45 - 49	44.7	18.9	8.9	3.3	46.9	20.9	6.7	1.4	508
50 - 54	41.2	13.4	6.8	1.8	42.6	14.8	5.4	0.4	500
55 - 59	37.9	11.9	4.9	1.0	39.3	12.5	3.5	0.4	514
60+	33.9	9.1	4.8	0.9	35.9	9.7	2.8	0.2	463
Marital status									
Currently married	43.9	16.6	8.8	2.6	46.3	18.0	6.5	1.2	2,817
Divorced/ separated	48.6	23.6	13.2	5.0	52.3	25.5	9.5	3.2	220
Widowed	31.8	6.5	7.5	4.7	33.6	10.3	5.6	0.9	107
Never married ¹	47.9	32.6	10.1	5.4	49.8	34.1	8.1	3.8	2,472
Place of residence									
Urban governorates	48.0	24.5	12.0	5.3	49.8	25.5	10.1	4.2	552
Lower Egypt	39.2	19.2	10.7	4.1	42.3	21.5	7.6	1.8	2,149
Upper Egypt	49.8	26.9	8.2	3.6	51.5	28.0	6.5	2.5	2,915

Educational attainment									
Illiterate	41.3	20.0	6.3	2.0	43.1	20.9	4.6	1.1	2,980
Read and write	50.3	26.7	10.4	5.7	52.1	28.8	8.7	3.5	739
Primary/ preparatory	51.7	32.0	10.9	5.6	54.4	33.6	8.3	4.0	375
Secondary/ above intermediate and less than university	49.9	27.2	14.1	6.2	53.0	29.4	11.0	4.0	1,314
University and higher	51.4	28.8	20.7	10.1	55.8	34.1	16.3	4.8	208
Total	45.6	23.7	9.5	4.0	47.8	25.3	7.3	2.4	5,616

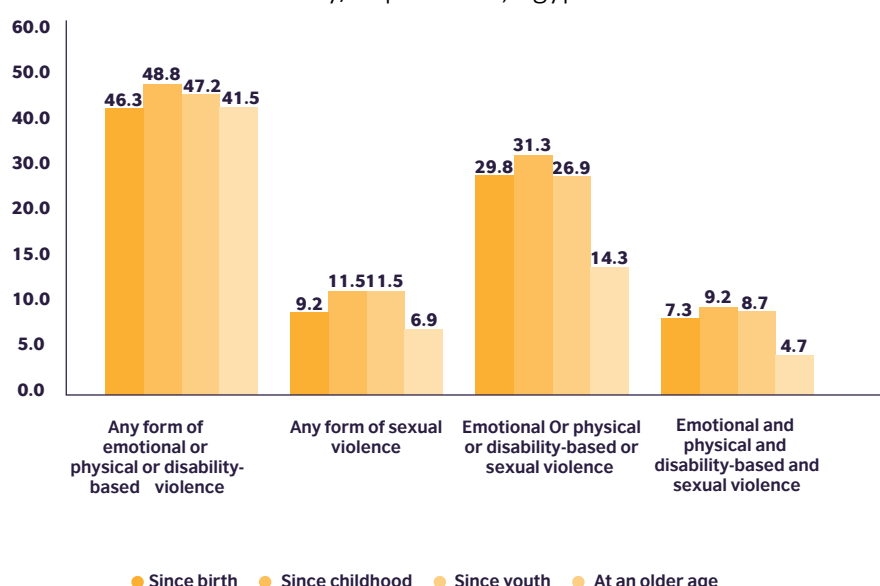
¹ Includes women who have signed a marriage contract.

9.4 Women's experiences of violence by the characteristics of their disabilities/impairments

Women whose disabilities/impairments had occurred since childhood were more likely than other women to experience violence perpetrated by an individual in their family

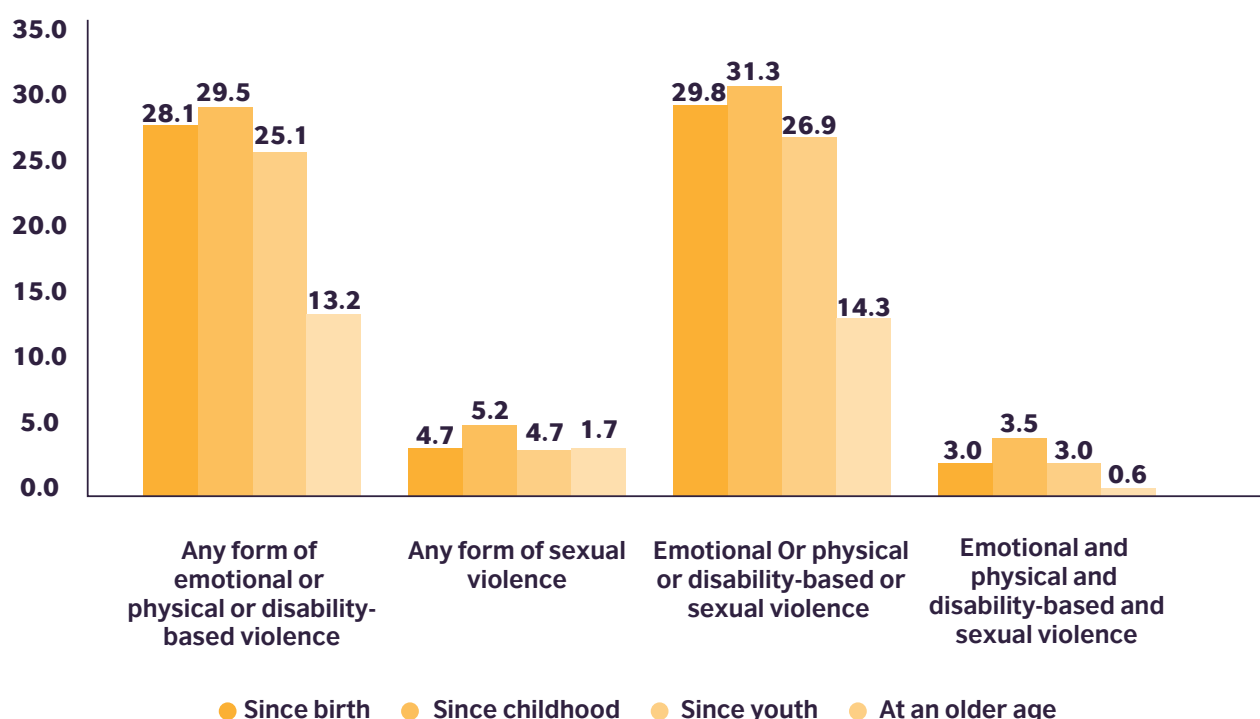
or close surrounding environment (**Figures 9.10 and 9.11**). The reverse was true for women whose disabilities/impairments has begun after their youth (at 35 or over), most probably due to the older average age of these women (**see Chapter 3**), which is associated with lower exposure to violence at the hands of family members or people in the surrounding environment.

Figure 9.10 Percentage of women who have experienced violence perpetrated by family members or people in the surrounding environment since age 15, by age of onset of disability/impairment, Egypt 2020



Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

Figure 9.11 Percentage of women who have experienced violence perpetrated by family members or people in the surrounding environment during the past 12 months, by age of onset of disability/impairment, Egypt 2020



Note: "Since birth" indicates that woman was born with the disability/impairment. "Since childhood" means that the disability/impairment started at any time after birth until age 18. "Since youth" indicates that the disability/impairment started when the women was in the age range 19 - 34, and "at an older age" means that the disability/impairment occurred when the woman was 35 years old or above.

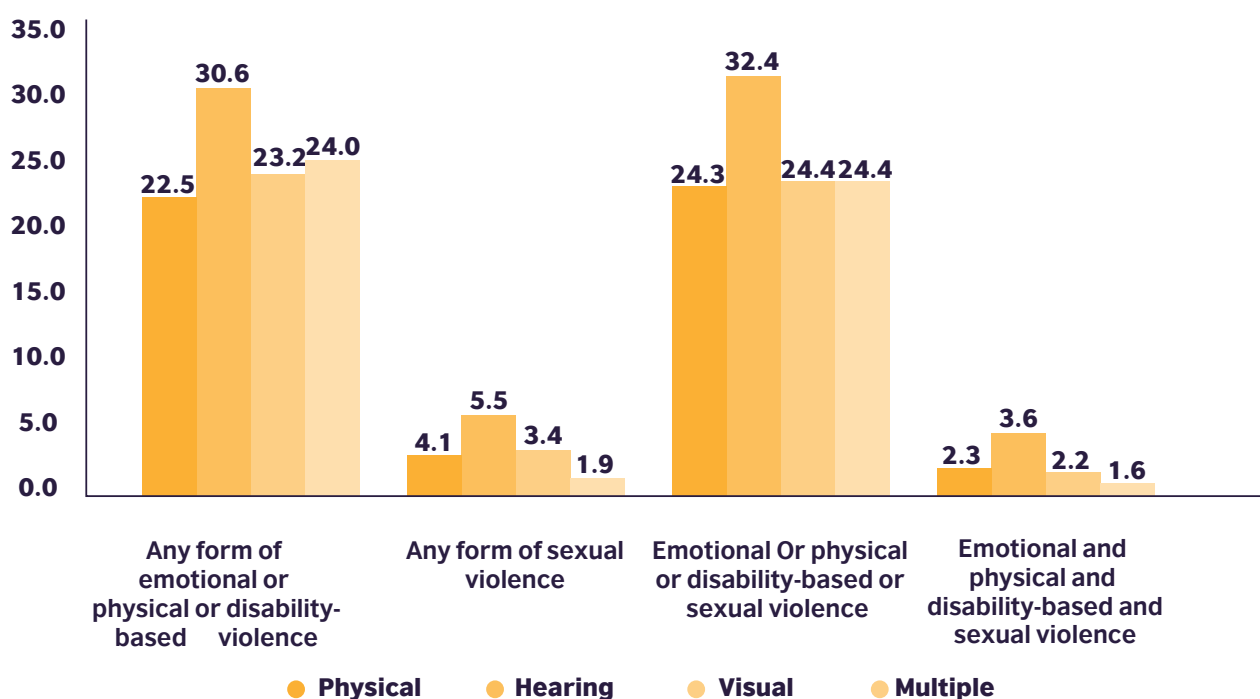
Compared to women with other types of disabilities/impairments, women with hearing disabilities/impairments experienced higher rates of all the different types of violence and were more like to experience multiple types of violence, both during their lifetime since

the age of 15 and recently (**Figures 9.12 and 9.13**). This could be partially explained by the younger ages of women with hearing disabilities/impairments (**see Chapter 3**), which are associated with higher rates of violence, than other women.

Figure 9.12 Percentage of women who have experienced violence perpetrated by family members or people in the surrounding environment since age 15, by type of disability/impairment, Egypt 2020



Figure 9.13 Percentage of women who have experienced violence perpetrated by family members or people in the surrounding environment during the past 12 months, by type of disability/impairment, Egypt 2020



As shown in **Figure 9.11** and **Figure 9.13**, a considerable proportion of women whose disabilities/impairments begun when they were 35 years or over, and those with multiple disabilities/impairments, had been exposed to recent episodes of violence committed by individuals other than their husbands. Fourteen percent of women whose disabilities/impairments has occurred at the age 35 or over and 24 percent of women with multiple disabilities/impairments were subjected to at least one act of emotional, physical, sexual or disability-based violence during the past 12 months. This finding is similar to the finding pertaining to exposure to spousal violence (**see Chapter 8**). This means that substantial proportions of women with disabilities/impairments who are elderly and have multiple disabilities/difficulties have been recently exposed to violence committed by their husbands, as well as other individuals.

Table 9.8 shows the variations in the proportions of women who were subjected to various and multiple types of violence committed by family members or people in the surrounding environment in the year prior to the survey, by the intensity of women's disabilities. The table reveals a similar pattern to that of spousal violence: significant proportions of women with severe disabilities had experienced episodes of violence committed by individuals in

the surrounding environment recently, again reflecting their cruelty in committing violence against these vulnerable women.

Women with severe hearing or moderate communication disabilities were the most likely to have been recently subjected to different and multiple types of violence committed by family members or people in the surrounding environment. Thirty-five percent of women with severe hearing disabilities and 36 percent of women with moderate communication disabilities experienced at least one act of emotional, physical, sexual or disability-based violence during the year prior to the survey. The comparable figures among women with no functional limitations (no difficulty) in hearing or communication were 25 percent and 24 percent respectively. Significant proportions of women with different types of severe disabilities had suffered from recent episodes of violence from people in the surrounding environment. Nearly 3 in 10 women with severe disabilities in communicating with others and just over one fifth of women with severe disabilities in seeing, walking or climbing steps, using their hands and fingers for picking up things, or in performing self-care had experienced violence from people in the surrounding environment during the year prior to the interview.

Table 9.8 Percentage of women who experienced violence perpetrated by family members and people in the surrounding environment during the past 12 months, by intensity of disability, Egypt 2020

Intensity of difficulty	Any form of emotional, physical or disability-based violence (At least 1 of 3)	Any form of sexual violence	Emotional, physical, disability-based or sexual violence (At least 1 of 4)	Emotional, physical, disability-based and sexual violence (All 4)	Number of women
Difficulty seeing, even if wearing glasses					
No difficulty	25.5	4.5	27.5	2.5	2,596
Some difficulty	22.2	3.7	23.4	2.4	1,602
Moderate disability (a lot of difficulty)	22.9	3.6	24.1	2.3	1,120
Severe disability (cannot do at all)	19.5	2.7	20.5	1.7	298
Difficulty hearing, even if using hearing aid					
No difficulty	23.0	4.0	24.6	2.4	4,231
Some difficulty	22.2	3.4	23.7	1.9	734
Moderate disability (a lot of difficulty)	26.2	5.2	28.0	3.4	325
Severe disability (cannot do at all)	34.0	4.3	35.0	3.4	326
Difficulty communicating with others (e.g. understanding or being understood)					
No difficulty	22.3	4.2	24.0	2.5	4,435
Some difficulty	24.2	3.2	25.6	1.8	625
Moderate disability (a lot of difficulty)	35.7	3.6	36.3	3.0	474
Severe disability (cannot do at all)	25.6	2.4	26.8	1.2	82
Difficulty walking or climbing steps					
No difficulty	28.3	5.7	30.2	3.9	1,270
Some difficulty	24.4	3.8	26.1	2.1	1,393
Moderate disability (a lot of difficulty)	21.9	3.4	23.3	2.1	2,233
Severe disability (cannot do at all)	19.7	2.9	21.1	1.5	720

Difficulty using hands and fingers for picking up things such as buttons/pencils, opening or closing cans/bottles					
No difficulty	24.3	4.1	25.8	2.6	2,841
Some difficulty	22.3	3.9	23.9	2.3	1,536
Moderate disability (a lot of difficulty)	25.0	4.1	26.9	2.2	1,003
Severe disability (cannot do at all)	19.9	2.5	20.3	2.1	236
Difficulty with self-care such as washing all over or dressing					
No difficulty	26.3	4.7	28.1	2.9	2,648
Some difficulty	21.2	3.7	23.0	2.0	1,737
Moderate disability (a lot of difficulty)	22.5	3.0	23.2	2.3	930
Severe disability (cannot do at all)	19.3	2.0	19.6	1.7	301
Total	23.7	4.0	25.3	2.4	5,616

9.5 Women's experiences of violence and dependence on the perpetrator for basic activities of daily life

For each type of violence a respondent said she had been subjected to by individuals other than her husband since age 15, she was asked about her dependence on the perpetrator of this abuse at the time for her basic activities of daily life (e.g. eating and drinking, taking medications, using assistive devices, moving outside the home). Women who responded positively to the question were asked whether they believed that their dependence on the perpetrator influenced their exposure to the abuse.⁽³⁾

Table 9.9 demonstrates that more than a fifth of women (22 - 23 percent) who had ever been subjected to emotional, physical or disability-based violence depended on the perpetrator of the violence to help them

perform the basic tasks of daily life. Two percent of women who had ever experienced sexual harassment, a similar proportion of indecent assault victims, and two cases of women who were raped reported their dependence on the perpetrator. The low numbers of sexually assaulted women who reported their dependence on the abuser for performing daily activities was expected, because most sexual violence was committed by non-family members **(as indicated in Table 9.4)** who are not the caregivers for the vast majority of women who need assistance in performing daily activities **(see Chapter 5)**. Further analysis based on these low numbers will not provide reliable estimates. However, because these low numbers are nonetheless alarming, the number of sexually abused women who depended on the perpetrator and believe that their dependence on him had impacted their experience of this violence are highlighted in **Table 9.9**.

³ The term "violence" was not used when asking questions relating to violence because of its subjective perceptions.

As noted in the table, five cases of the seven sexually harassed women who depended on the perpetrator for performing daily activities believed that their dependence on him impacted their experience of this violence. Three indecent assault victims and one woman who had been raped also said they depended on their abuser.

Considerable proportions of women who had experienced emotional, physical or disability-based violence from someone in the surrounding environment who they depended on said that their dependence had impacted their exposure to abuse from that person, with around two fifths saying this was the case.

Like spousal violence, the reasons that were cited by the women who had been subjected

to emotional, physical or disability-based violence and believed that their dependence on the perpetrator influenced their exposure to abuse, reflected the challenges those women face in confronting or escaping violence. For instance, 7 in 10 women said that their dependence on the perpetrator made him feel that she was weak and could be easily hurt. Fifty-nine percent of women who had experienced disability-based violence, 58 percent of emotionally abused women and 51 percent of physically abused women said that their dependency on the perpetrator made him feel that she needed him and could not abandon him. Also, almost 5 in 10 abused women said that their dependence on the perpetrator made the women themselves feel weak and like they could not defend themselves.

Violence Perpetrated By Family Members Or People In The Surrounding Environment

Table 9.9 Percentage of women who have ever experienced various forms of violence from family members or people in the surrounding environment since age 15 and who depend or depended on the perpetrator to perform daily activities; and percentage of abused women who depend or depended on the perpetrator and believe that their dependence on him impacted their exposure to violence, by their cited reasons, Egypt 2020

Indicator	Emotional violence	Physical violence	Disability-based violence	Sexual harassment ¹	Indecent assault ²	Rape ³
Abused women's dependence on the perpetrator of the violence for performing daily activities						
Percentage of abused women who depended on the perpetrator for performing daily activities	21.6	23.1	23.4	1.6	1.7	2 cases
Number of women who were abused by family members or people in the surrounding environment	1,978	1,410	1,571	436	176	15
Abused women's belief that their dependency on the perpetrator had an impact on their exposure to violence						
Percentage of abused women who depended on the perpetrator in performing daily activities and believe that their dependence impacted their exposure to violence	39.8	39.9	43.2	5 cases	3 cases	1 case
Number of abused women who depended on the perpetrator to perform daily activities	429	326	368	7	3	2
Reasons cited by abused women for their belief that dependence on the perpetrator had an impact on their exposure to violence⁴						
Dependence on the perpetrator made him feel that I am weak and can be easily hurt	69.0	70.8	69.8	*	*	*
Dependency on the perpetrator made him feel that I cannot answer back	51.5	44.6	52.8	*	*	*
Dependence on the perpetrator made him feel that I need him and cannot abandon him	57.9	50.8	59.1	*	*	*
Dependence on the perpetrator made me feel weak and like I cannot defend myself	45.6	46.2	44.7	*	*	*
Dependence on the perpetrator put me in a position whereby I cannot escape or get away from his abuse	21.6	23.1	22.6	*	*	*
Dependence on the perpetrator meant I cannot seek help or protection from others	15.8	17.7	15.7	*	*	*
Do not know	2.9	6.2	3.1	*	*	*
Number of abused women who depend on the perpetrator in performing daily activities and believe that their dependence impacted their exposure to violence	171	130	159	5	3	1

¹ E.g. showing women sexual images against their will, unwanted sexual comments, sending personal sexual messages through social media, or phone calls with sexual content.

² Tried to force her to have sexual intercourse (did not happen) or touched her.

³ Physically forced her to have sex.

The sum of the percentages exceeds 100 because some women reported more than one reason.

9.6 Conclusion

Many women with disabilities/impairments have experienced emotional, physical, disability-based or sexual violence perpetrated by family members or people in the surrounding environment other than their husbands since age 15. Significant proportions of these women were subjected to this violence recently.

Large proportions of women with multiple disabilities/impairments and those with severe disabilities have recently suffered from emotional, physical, disability-based or sexual violence from a non-husband perpetrator. This reflects the cruelty to which these vulnerable women are subjected.

Most emotional, physical or disability-based violence was perpetrated by family members, particularly women's fathers, while most of the sexual violence was perpetrated by non-family members. However, some women were sexually abused by close relations who they are not allowed to marry under Islamic law, or maharem, (e.g. one woman was raped by

her father and two women were raped by their brothers). Some abused women said they depended on the perpetrator to do basic daily tasks, and some of these women believed that their dependence on the perpetrator impacted their exposure to the violence, indicating the challenges these women face in confronting or escaping violence.

Many women who had been subjected to sexual violence (including sexual harassment, indecent assault and rape) did not disclose their experiences to anyone. This silence among the victims most probably gives space for sexual violence to increase, particularly among women with disabilities/impairments. In some cases, the families and communities of the sexually victimized women blamed them for the violence and asked them not to tell anyone, implying shame or guilt. This lack of empathy and victim-blaming attitude perpetuate women's tolerance of sexual violence and reluctance to report it, making prevention more difficult.

Chapter 10: Violence In Public Spaces

Key findings

Violence against women and girls in public spaces reduces their freedom of movement, and limits their interactions in social and public life and their enjoyment of cultural and recreational activities. The implications of violence against women in public spaces may be even worse for women with disabilities. The 2020 VAWWDS looked at the exposure of women with disabilities/impairments to all types of violence in public spaces. The results from the survey found that eight percent of the 5,616 women interviewed had experienced a form of harassment in public spaces during the 12-month period preceding the survey

Key Results

- Eight percent of the 5,616 women interviewed had experienced a form of harassment in public spaces during the 12-month period preceding the survey.
- Most violence against women in public spaces occurs in the street (reported by 50 percent of the victims), followed by a large margin by incidents on minibuses (29 percent).
- Four percent of women who recalled their experience of a specific act of violence during the year prior to the survey reported their experience of sexual harassment, including being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual abuse. A similar proportion experienced psychological violence in the form of being insulted or humiliated.
- Young women, particularly those below the age of 20, were significantly more likely to experience a form of violence in public spaces than older women, as were women from the urban governorates in comparison to women from Lower Egypt and Upper Egypt.
- The likelihood of women's exposure to violence in public spaces was significantly higher among women with visual disabilities/impairments than women with other types of disabilities/impairments.
- Nine percent of women with moderate disabilities in seeing (i.e. they have a lot of difficulty) and 6 percent of women with severe disabilities (i.e. they cannot see at all) had been subjected to a form of violence in public spaces during the past 12 months.
- Most women who were subjected to violence in public spaces were passive in their response: two thirds of victims (66 percent) did nothing.

Violence against women and girls in public spaces reduces their freedom of movement. It also has negative implications for women's pursuit of education, careers and potential opportunities in life, as well as for their health and well-being. In addition, it limits their interactions in social and public life and their enjoyment of cultural and recreational activities (National Council for Women and CAPMAS, 2016). The implications of violence against women in public spaces may be even worse for women with disabilities.

Given this, in 2014 Egypt issued an anti-sexual harassment law, as an amendment to Article No. 306A of the Penal Code. This law criminalizes harassment in the form of sexual or pornographic insinuations or gestures, whether by verbal or non-verbal means or through actions by any manner, including via telecommunications. Under this law, harassers face a minimum of six months in prison and/or a fine of EGP 3,000 - 5,000. The law stipulates more severe sentences for offenders who are in positions of authority over the victim, or for crimes committed by multiple perpetrators, or with weapons: penalties include prison sentences of between 2 and 5 years, and a fine of EGP 20,000 - 50,000 (Egyptian Official Gazette, 5 June 2014).

The 2020 VAWWDS looked at the exposure of women with disabilities/impairments to sexual harassment, psychological violence and physical violence in public spaces.

10.1 Prevalence of violence in public spaces

All survey respondents were asked whether they had been subjected to any form of harassment on public transport, in streets, markets, public squares or similar locations¹ within the 12 months prior to the interview. Women who provided an affirmative response to the question were asked whether they recalled a specific incident. Women who recalled a specific incident were then asked to describe what happened.

The findings demonstrated in **Table 10.1** indicate that 8 percent of the 5,616 women interviewed women were subjected to some form of harassment in public spaces in the year prior to the survey. Four percent of women who recalled their experience of a specific act of violence during the year prior to the survey reported an experience of sexual harassment, including being forced to perform sexual acts, being inappropriately touched without permission or being subjected to unwanted sexual comments. A similar proportion experienced psychological violence in the form of being insulted or humiliated. Nearly 1 percent (0.5 percent) were subjected to physical violence in the form of being slapped, pushed or kicked.

¹ The 2015 ECGBVS asked detailed questions about women's exposure to violence at workplaces, at educational institutions, in the street and on public transport. The findings were published for each location separately and collectively for all the locations. Thus, the findings in this chapter are not directly comparable with those of the 2015 ECGBVS.

Table 10.1 Percentage of women who reported experiencing harassment in public spaces during the past 12 months, and percentage of women who recalled a specific incident, by the type of harassment, Egypt 2020

Type of harassment	Percentage of women exposed to harassment
Any form of harassment in public spaces	7.7
Total number of women	5,616
Sexual harassment ¹	3.5
Physical violence ²	0.5
Psychological violence ³	3.6
Number of women who recalled a specific incident of violence	377

¹ Includes being forced to perform sexual acts, being inappropriately touched without permission or being subjected to unwanted sexual comments.

² Includes being slapped, pushed or kicked.

³ Includes being insulted or humiliated.

10.2 Location of incidents of violence

Information concerning the location of violence in public spaces is important for strategic planning for improving women's security and prevention of women's exposure to violence in public spaces.

Table 10.2 and Figure 10.1 demonstrate that most violence against women in public spaces occurs in the street. Half of

the women who were subjected to a form of harassment in public spaces during the 12 months preceding the survey and remembered a specific incident reported that the street was the site of the incident. Microbuses came second by a large margin, with 29 percent of women reporting incidents. Thirteen percent had experienced violence on a bus and a similar proportion of victims had been subjected to harassment in markets.

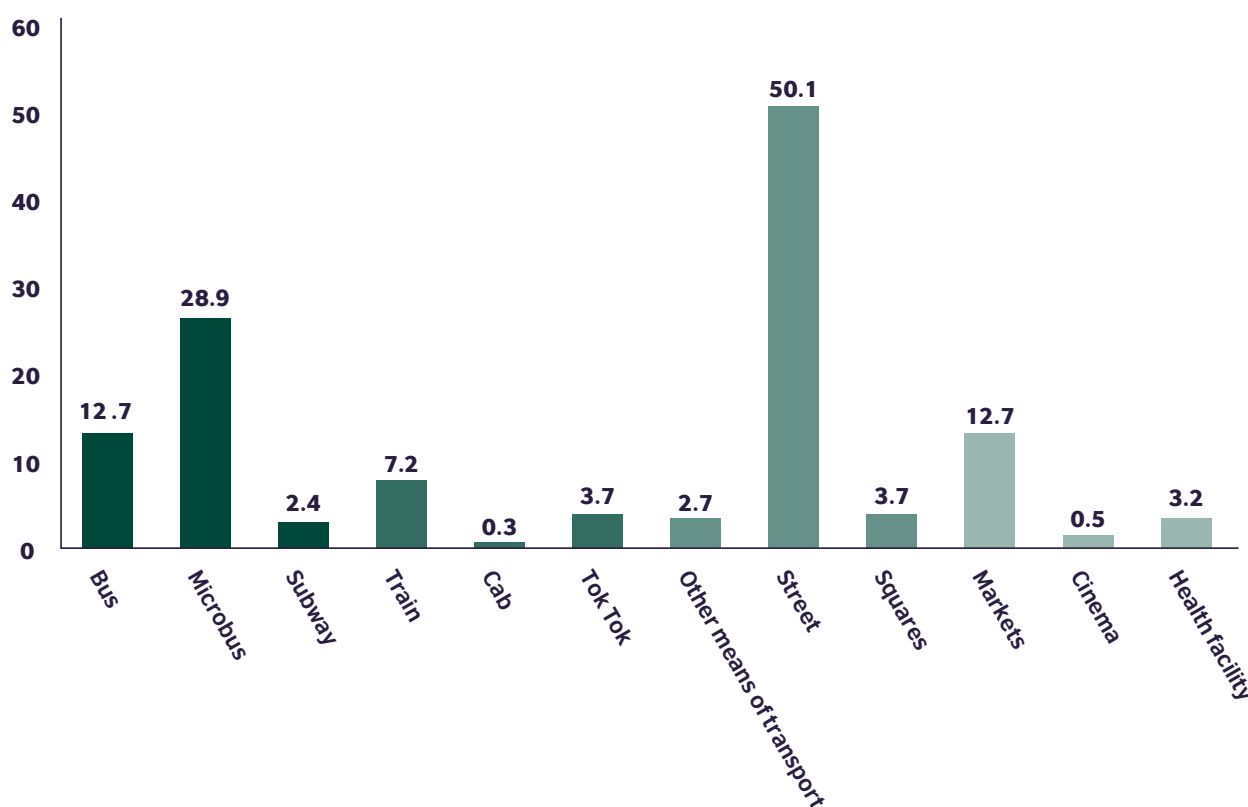
Table 10.2 Percentage of women who experienced any form of harassment¹ in public spaces during the past 12 months and recalled a specific incident, by location of the incident, Egypt 2020

Location of harassment incident	Percentage of women
Bus	12.7
Microbus	28.9
Subway	2.4
Train	7.2
Cab	0.3
Tuktuk	3.7
Other means of transport	2.7
Street	50.1
Square	3.7
Market	12.7
Cinema	0.5
Health facility	3.2
Number of women who experienced harassment in public spaces during the 12 months prior to the survey and recalled a specific incident	377

Note: The total percentage exceeds 100 because some women were exposed to violence in more than one place.

¹ Includes sexual violence (being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual comments), physical violence (being slapped, pushed or kicked) and psychological violence (being insulted or humiliated).

Figure 10.1 Percentage of women who experienced any form of harassment¹ in public spaces during the past 12 months and recalled a specific incident, by location of the incident, Egypt 2020



¹ Includes sexual violence (being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual comments), physical violence (being slapped, pushed or kicked) and psychological violence (being insulted or humiliated).

10.3 Experience of violence in public spaces by women's age and place of residence

Women's age and place of residence may be important determinants for women's exposure to violence in public spaces, and the survey results presented in **Table 10.3** confirm this hypothesis. Young women, particularly those below 20 years old, were significantly more likely to experience harassment in public spaces than other women. The proportion of women aged 18-19 years who reported their exposure to any form of harassment in public spaces during the year prior to the survey was around 9 percentage points higher the proportion

among women aged 55 years and over (12 percent versus 3 percent respectively). The relatively low prevalence of violence in public spaces against women aged 55 years and over is consistent with the fact this group is less likely to interact within public spaces on a regular basis.

Women in Lower Egypt and Upper Egypt were significantly less likely than women in the urban governorates to report experience of any form of harassment in public spaces. This may be attributable to women's limited mobility as well as their reluctance to disclose such experiences, given that these two regions are more conservative than the urban governorates. Moreover, Lower Egypt and Upper Egypt are

Violence In Public Spaces

mostly rural (CAPMAS, 2018), which might be associated with a decreased likelihood of incidents of harassment, because in rural neighbourhoods the perpetrator is likely to be known to the woman and others in the

area. The 2015 ECGBVS found that women were less likely to be exposed to violence in the street/square/market and on public transport in rural areas than in urban ones.⁽²⁾

Table 10.3 Percentage of women who reported experiencing any form of harassment¹ in public spaces during the past 12 months and recalled a specific incident, by woman's age and place of residence, Egypt 2020

Woman's age & place of residence	Percentage of women who had experienced any form of harassment ¹	Number of women
Woman's age***		
18 - 19	11.6	232
20 - 24	10.6	649
25 - 29	10.6	623
30 - 34	8.1	775
35 - 39	10.6	773
40 - 44	8.3	579
45 - 49	6.7	508
50 - 54	3.8	500
55 - 59	2.5	514
60+	3.0	463
Place of residence***		
Urban governorates	10.0	552
Lower Egypt	5.8	2,149
Upper Egypt	8.7	2,915
Total	7.7	5,616

¹ Includes sexual violence (being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual comments), physical violence (being slapped, pushed or kicked) and psychological violence (being insulted or humiliated).

*** $P < 0.001$

² It was important to investigate the urban-rural differentials throughout the study, but urban-rural residence could not be identified from the women's addresses provided by sampling.

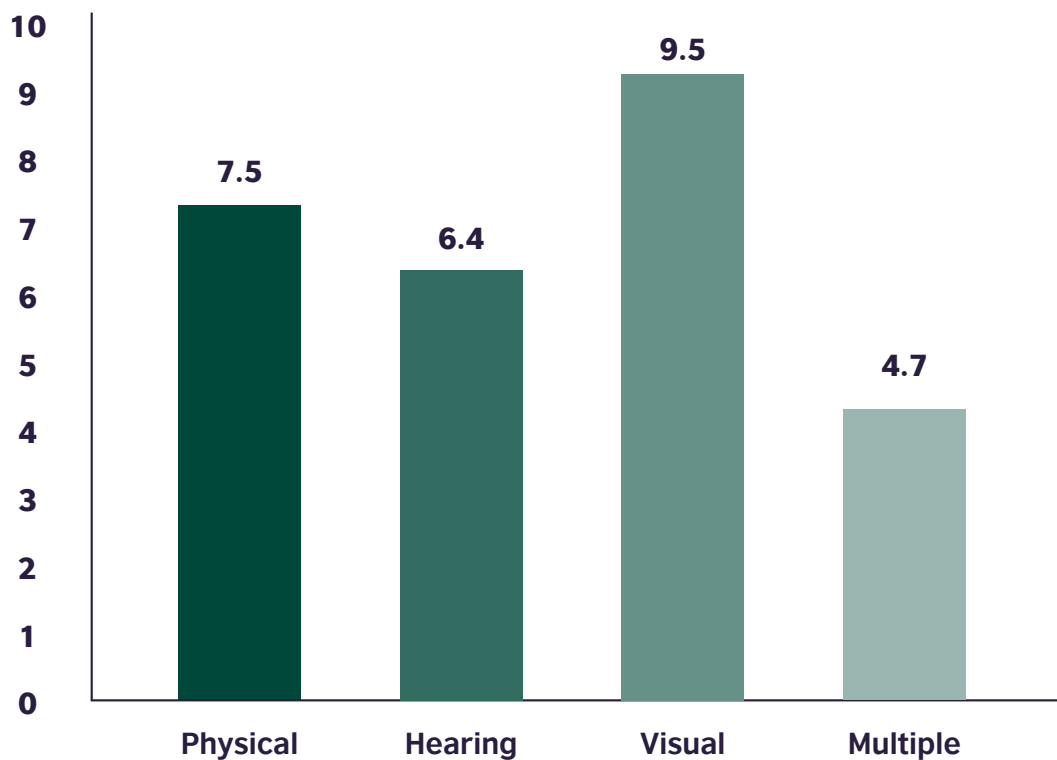
10.4 Experience of violence in public spaces by characteristics of women's disabilities/impairments

Table 10.4 shows the differences in the percentages of women who experienced harassment in public spaces during the 12 months prior to the survey, according to the type and intensity of their disabilities.

As noted in the table and **Figure 10.2**, the likelihood of women experiencing violence in public spaces was higher among women with visual disabilities/impairments than women with other types of disabilities. This is most probably attributable to the fact that women with visual disabilities are not able to see coming danger and identify perpetrators and are less able to defend

themselves. Ten percent of women with visual disabilities/impairments experienced a form of violence in public spaces during the 12-month period prior to their interview. Moreover, 9 percent of women with moderate disability (a lot of difficulty) in seeing and 6 percent of women with severe disability (cannot see at all) experienced a form of violence in public spaces during the past 12 months. By contrast, women with severe disabilities in the various selected domains were less likely than other women to have experienced violence in public spaces. This could be explained by the fact that these women might be less able to go out to public spaces alone and hence might be accompanied by someone like a husband, friend or a relative when they do so, rendering them less vulnerable to harassment and violence.

Figure 10.2 Percentage of women who reported experiencing any form of harassment¹ in public spaces during the past 12 months, by the type and intensity of disability/impairment, Egypt 2020



¹ Includes sexual violence (being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual comments), physical violence (being slapped, pushed or kicked) and psychological violence (being insulted or humiliated).

Table 10.4 Percentage of women who reported experiencing any form of harassment¹ in public spaces during the past 12 months, by the type and intensity of disability/impairment, Egypt 2020

Type and intensity of disability/impairment	Percentage of women who experienced any form of harassment ¹ in public spaces during the past 12 months	Number of women
Type of disability/impairment***		
Physical	7.5	3,323
Hearing	6.4	641
Visual	9.5	1,394
Multiple	4.7	258
Intensity of difficulty		
Difficulty seeing, even if wearing glasses		
No difficulty	7.3	2,596
Some difficulty	8.1	1,602
Moderate disability (a lot of difficulty)	8.8	1,120
Severe disability (cannot do at all)	6.0	298
Difficulty hearing, even if using hearing aid		
No difficulty	7.9	4,231
Some difficulty	8.6	734
Moderate disability (a lot of difficulty)	6.8	325
Severe disability (cannot do at all)	4.6	326
Difficulty communicating with others (e.g. understanding or being understood)**		
No difficulty	8.3	4,435
Some difficulty	6.1	625
Moderate disability (a lot of difficulty)	5.5	474
Severe disability (cannot do at all)	3.7	82
Difficulty walking or climbing steps***		
No difficulty	10.0	1,270
Some difficulty	9.0	1,393
Moderate disability (a lot of difficulty)	7.2	2,233
Severe disability (cannot do at all)	3.2	720

Difficulty using hands and fingers for picking up things such as buttons/pencils, opening or closing cans/bottles		
No difficulty	7.4	2,841
Some difficulty	8.5	1,536
Moderate disability (a lot of difficulty)	8.5	1,003
Severe disability (cannot do at all)	4.7	236
Difficulty with self-care such as washing all over or dressing***		
No difficulty	9.2	2,648
Some difficulty	7.7	1,737
Moderate disability (a lot of difficulty)	5.6	930
Severe disability (cannot do at all)	2.0	301
Total	7.7	5,616

¹ Includes sexual violence (being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual comments), physical violence (being slapped, pushed or kicked) and psychological violence (being insulted or humiliated).

** $P < 0.05$

*** $P < 0.001$

10.5 Women's responses to their experiences of violence in public spaces

Woman who had experienced a form of harassment in public spaces within the year prior to the survey and remembered a specific incident were asked about their initial reaction when they were subjected to this violence. Most women who were

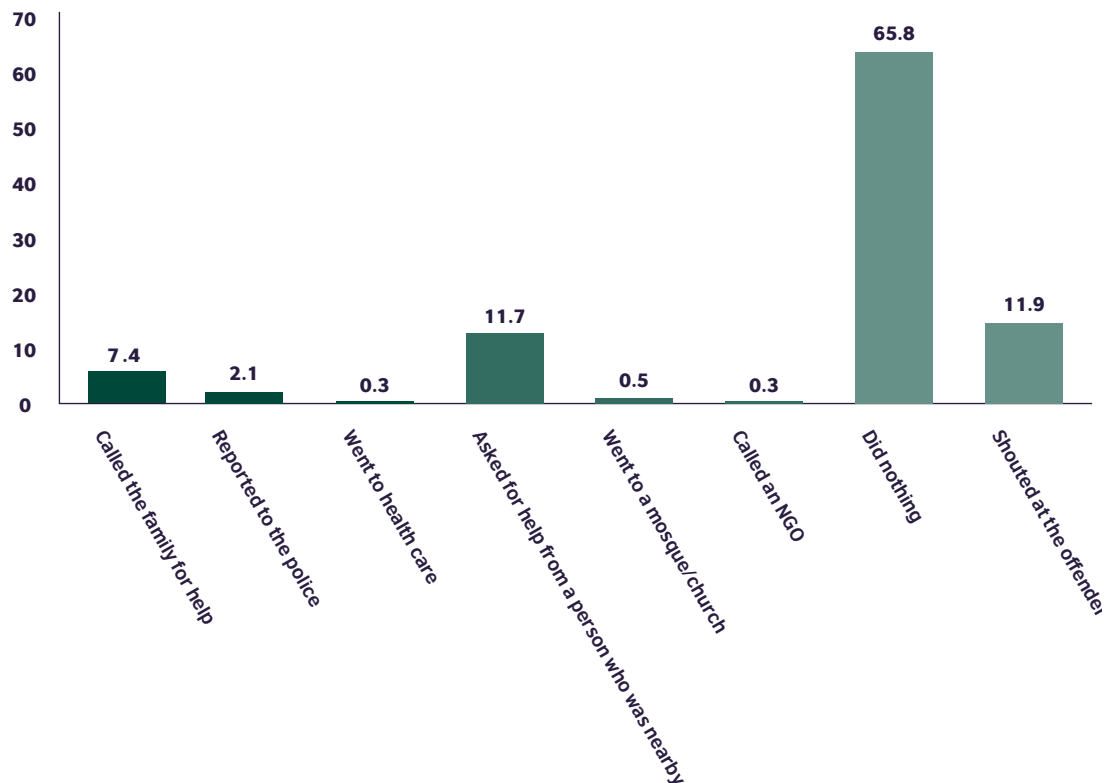
subjected to violence in public spaces were passive in their response: two thirds of victims did nothing (66 percent). Twelve percent said that they asked for help from a person who was nearby. A similar proportion (12 percent) shouted at the perpetrator. Seven percent called their families for help. Only 2 percent reported the incident to the police (**Table 10.5; Figure 10.3**).

Table 10.5 Percentage of women who reported experience any form of harassment¹ in public spaces during the past 12 months and recalled a specific incident, by their initial reaction to the incident, Egypt 2020

Victim's reaction	Percentage
Called family for help	7.4
Reported to the police	2.1
Went to health care provider	0.3
Asked for help from a person who was nearby	11.7
Went to a mosque/church	0.5
Called an NGO	0.3
Did nothing	65.8
Shouted at the offender	11.9
Total %	100.0
Number of women who experienced violence in public spaces in the past 12 months and recalled a specific act	377

¹ Includes sexual violence (being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual comments), physical violence (being slapped, pushed or kicked) and psychological violence (being insulted or humiliated).

Figure 10.3 Percentage of women who reported experience any form of harassment¹ in public spaces during the past 12 months and recalled a specific incident, by their response to the incident, Egypt 2020



¹ Includes sexual violence (being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual comments), physical violence (being slapped, pushed or kicked) and psychological violence (being insulted or humiliated).

10.6 Conclusion

Some women with disabilities/impairments have recently experienced sexual, psychological or physical violence in public spaces, mostly in the street. In spite of the recent issuing of an anti-harassment law, some women also reported being recently subjected to sexual harassment (including being forced to perform sexual acts, being inappropriately touched without permission, or being subjected to unwanted sexual advances).

Young women and those living in the urban governorates are more likely to report experiences of violence in public spaces. The likelihood of women experiencing

violence in public spaces was also higher among women with visual disabilities/impairments than women with other types of disabilities/impairments. This is most probably attributable to the fact that women with visual disabilities/impairments are not able to see potential danger or to identify perpetrators and are thus less able to defend themselves.

The majority of women who are subjected to violence in public spaces are passive in their response to the violence (i.e. they do nothing). This passive attitude most probably increases women's exposure to violence in public spaces.

The Most Important Search Results

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Violence Perpetrated by Husband

- 61% of ever-married women experienced violence committed by husbands at any time in their lives.
- 54% of ever-married women experienced psychological violence committed by husbands at any time in their lives.
- 43% of ever-married women experienced physical violence committed by husbands at any time in their lives.
- 34% of ever-married women experienced disability based violence committed by husbands at any time in their lives.

Different Types of Spousal Violence

- 20% of ever-married women experienced sexual violence at any time in their lives.
- 14% of ever-married women experienced psychological, physical, sexual, and disability based violence committed by husbands at any time in their lives.

During the Year Preceding the Survey

- 36% of ever-married women experienced any psychological violence, physical violence, disability based violence, or sexual violence during the 12 months preceding the survey.

Violence Against Women with Multiple Disabilities

- 31% of ever-married women with multiple disabilities experienced any violence committed by husbands during the 12 months preceding the survey.
- 33% of ever-married women who have severe difficulties in performing self-care tasks experienced any violence committed by husbands during the 12 months preceding the survey.

- 50% of ever-married women with severe hearing impairment experienced any violence committed by husbands during the 12 months preceding the survey.
- 29% of ever-married women who have severe difficulties in walking and climbing stairs experienced any violence committed by husbands during the 12 months preceding the survey.
- 13% of women who had ever got pregnant experienced violence committed by husbands during pregnancy, and most of this occurred more than once.
- 32% of ever-married women who experienced physical or sexual violence at any time in their lives sustained injuries as a result of such violence, and about 66% of them required medical care.

Violence in Public Spaces

- 8% of the respondents experienced any form of harassment in public spaces during the 12 months preceding the survey, 50% of them on the street, 29% of them in minibuses.
- 4% of the respondents experienced psychological violence during the 12 months preceding the survey in public spaces.
- 4% of the respondents experienced sexual harassment during the 12 months preceding the survey in public spaces.
- 0.5% of the respondents experienced physical violence during the 12 months preceding the survey in public spaces.

Age and Environment Factor

- Young women less than 20 years old and women living in urban governorates are more likely to be exposed to violence in public spaces than older women or women living in Lower Egypt or Upper Egypt.
- 66% of women who experienced violence in public spaces did not take any action to address violence.

Visual Impairment and Violence

- Women who suffer from visual impairment are more likely to experience violence in public spaces than women who have other disabilities.
- 6% of women who have severe difficulty seeing experienced violence in public spaces during the 12 months preceding the survey.
- 9% of women with moderate difficulty seeing experienced violence in public spaces during the 12 months preceding the survey.

Violence Since Age 15

Types of Violence in the Family and the Surrounding Environment

- 35% of the respondents experienced psychological violence by family members / within surrounding environment since age 15.
- 28% of the respondents experienced disability based violence by family members / within surrounding environment since age 15.
- 25% of the respondents experienced physical violence by family members / within surrounding environment since age 15.
- About 10% of the respondents experienced any form of sexual violence by family members / within surrounding environment since age 15.
- 8% of the respondents experienced sexual harassment by family members / within surrounding environment since age 15.
- 3% of the respondents experienced sexual assault by family members / within surrounding environment since age 15.
- 15 women have been raped by family members / within surrounding environment since age 15.
- 7% of the respondents experienced psychological, physical, sexual and disability based violence by family members / within surrounding environment since age 15.

During the Year Preceding the Survey

- 25% of the respondents experienced psychological, physical, sexual or disability based violence by family members / within surrounding environment during the 12 months preceding the survey.
- 2% of the respondents experienced psychological, physical, sexual and disability based violence by family members / within surrounding environment during the 12 months preceding the survey.
- 4% of the respondents experienced any form of sexual violence during the 12 months preceding the survey.
- 24% of women with multiple disabilities experienced violence by family members / within surrounding environment during the 12 months preceding the survey.

Violence Perpetrated by Incest Offenders

- Most of the psychological, physical, or disability based violence is committed by family members, especially the father, while most sexual violence is perpetrated from outside the family, but cases of sexual violence have been monitored by incest perpetrators, such as:
- A woman who was raped by her father since age 15.
- Two women who were raped by their brothers since age 15.
- 2% were subjected to indecent assault by their fathers since age 15.
- 1% were subjected to indecent assault by their siblings since age 15.
- 2% were subjected to indecent assault by the stepfather since age 15.

Annex A: Allocation of the 2020 VAWWDS



The first stage:

$$(1) \quad n_{h(PPS)} = n \frac{m_h}{\sum_{h=1}^L m_h}, \quad h = 1, 2, \dots, L$$

where:

$n_{h(PPS)}$ = Sample size allocated to the h^{th} governorate (stratum) by the PPS method

n = Total sample size

m_h = Number of eligible women in the h^{th} governorate in the sampling frame

$\sum_{h=1}^L m_h$ = Total number of eligible women in all the selected governorates in the sampling frame

L = Number of governorates (strata)

$$(2) \quad n_{h(SR)} = n \frac{\sqrt{m_h}}{\sum_{h=1}^L \sqrt{m_h}}, \quad h = 1, 2, \dots, L$$

where:

$n_{h(SR)}$ = Sample size allocated to the h^{th} governorate by the SR method

n = Total sample size

$\sqrt{m_h}$ = Square root of the number of eligible women in the h^{th} governorate in the sampling frame

$\sum_{h=1}^L \sqrt{m_h}$ = Sum of the square roots of the number of eligible women in all the selected governorates in the sampling frame

$$(3) \quad n_h \approx (n_{h(PPS)} + n_{h(SR)})/2$$

where:

n_h = Sample size allocated to the h^{th} governorate by both the PPS and SR methods

The second stage:

$$(4) \quad n_{hj} = n_h \frac{d_{hj}}{\sum_{j=1}^J d_{hj}}, \quad j = 1, 2, \dots, J$$

Where:

n_{hj} = Sample size allocated to the j^{th} disability in the h^{th} governorate

n_h = Sample size allocated to the h^{th} governorate

d_{hj} = Number of eligible women with the j^{th} disability in the h^{th} governorate in the sampling frame

$\sum_{j=1}^J d_{hj}$ = Total number of eligible women with various types of target disabilities in h^{th} governorate in the sampling frame

J = number of types of the target disabilities

The table below shows the distribution of the 2020 VAWWDS selected sample among the various governorates according to the type of the women's disabilities.

Governorate	Type of disability				Total
	Physical	Hearing	Visual	Multiple	
Cairo	192	45	46	18	301
Alexandria	108	26	25	9	168
Port Said	50	8	17	4	79
Suez	43	7	13	6	69
Damietta	74	12	28	3	117
Dakahlia	211	30	68	11	320
Sharqia	212	30	67	24	333
Qalyubia	168	29	40	44	241
Kafr El-Sheikh	139	27	65	21	252
Gharbia	181	30	70	11	292
Menoufia	165	34	46	11	256
Beheira	251	35	77	13	376
Ismailia	78	13	19	8	118
Giza	175	40	45	6	266
Beni Suef	170	36	63	10	279
Fayoum	150	43	60	13	266
Minya	155	42	110	12	319
Assiut	145	38	73	10	266
Sohag	153	55	75	4	287
Qena	132	37	47	7	223
Aswan	341	39	222	25	570
Luxor	316	38	158	33	602
Total	3,609	694	1,434	263	6,000

Annex B: Selected tables

Table B.1 Percent distribution of women (aged 18+) with disabilities/impairments who are Karama programme beneficiaries according to current age, by place of residence, Egypt 2020

Women's current age	Place of residence			Total
	Urban governorates	Lower Egypt	Upper Egypt	
18 - 19	6.0	4.2	3.7	4.1
20 - 24	16.8	11.4	10.7	11.6
25 - 29	10.5	10.1	12.0	11.1
30 - 34	13.6	14.3	13.4	13.8
35 - 39	14.5	14.1	13.4	13.8
40 - 44	7.4	11.3	10.1	10.3
45 - 49	10.0	8.1	9.5	9.0
50 - 54	8.7	8.7	9.1	8.9
55 - 59	7.6	9.1	9.5	9.2
60+	4.9	8.7	8.5	8.2
Total %	100.0	100.0	100.0	100.0
Number of women	552	2,149	2,915	5,616

Table B.2 Comparison between FGM rates among the 2015 ECGBVS and 2020 VAWWDS respondents, by women's current age

Women's current age	2020 VAWWDS respondents		2015 ECGBVS respondents	
	Percentage of women subjected to FGM	Number of women (aged 18+)	Percentage of women subjected to FGM	Number of women (aged 18+)
18 - 19	51.3	232	61.8	667
20 - 24	55.2	649	75.0	1641
25 - 29	72.9	623	84.7	2620
30 - 34	78.5	775	90.7	2978
35 - 39	83.8	773	92.1	2962
40 - 44	87.4	579	94.1	2205
45 - 49	89.2	508	94.5	2091
50 - 54	90.8	500	93.9	1795
55 - 59	90.7	514	94.3	94.3
60+*	92.4	463	94.3	94.3
Total %	100.0	100.0	100.0	100.0
Number of women	80.0	5,616	89.5	20,000

* Refers to 6064- for the 2015 ECGBVS

Table B.3 Percent distribution of ever-married women (aged 18+) with disabilities/ impairments who are Karama program beneficiaries, who have experienced various types of spousal violence during their lifetime or in the 12 months preceding the survey, according to whether the violence was committed by the current/most recent husband, any previous husband, or both, Egypt 2020

Type of violence	Committed by:				Total	
	Current/ most recent husband	Any previous husband	Both	Refused to answer	Percentage	Number of women exposed to spousal violence
Emotional violence						
Ever	93.2	4.7	1.8	0.4	100.0	1,709
In the past 12 months	96.3	1.5	1.7	0.4	100.0	927
Physical violence						
Ever	93.0	5.6	1.3	0.0	100.0	1,361
In the past 12 months	97.0	1.6	1.4	0.0	100.0	491
Sexual violence						
Ever	91.5	7.6	0.9	0.0	100.0	632
In the past 12 months	98.9	0.7	0.4	0.0	100.0	279
Disability-based violence						
Ever	90.6	6.3	2.8	0.4	100.0	944
In the past 12 months	94.8	2.0	2.8	0.5	100.0	610

Table B.4 Comparison between prevalence of emotional, physical and sexual violence committed by the husbands among 2020 VAWWDS respondents and 2015 ECGBVS respondents during women's lifetimes or in the 12 months prior to the survey

Type and forms of violence	2020 VAWWDS		2015 ECGBVS	
	Ever	In the 12 months prior to the survey	Ever	In the 12 months prior to the survey
Emotional violence				
Any emotional violence	54.4	29.5	42.5	22.3
Insulted her or made her feel bad about herself	51.1	26.0	39.7	20.3
Belittled or humiliated her in front of other people	35.8	18.0	26.7	13.6
Scared or intimidated her on purpose (e.g. through yelling and smashing things)	29.3	15.6	15.9	8.6
Threatened to hurt her or others she cared about	13.0	6.4	3.9	2.0
Physical violence				
Any physical violence	43.3	15.6	31.8	11.8
Slapped her or threw something at her that could hurt	38.0	12.2	28.9	10.5
Pushed, shoved, or pulled her hair	29.0	10.4	20.1	7.5
Punched her with his fist or with other objects that could hurt	25.3	9.0	14.8	5.5
Kicked, dragged or beat her up	17.6	6.5	7.4	2.9
Choked or burned her on purpose	5.1	1.7	1.4	0.7
Threatened her with or actually used a knife, gun or other weapon against her	3.6	1.1	1.4	0.8
Sexual violence				
Any sexual violence	20.1	8.9	12.3	6.5
Physically forced her to have sexual intercourse with him when she did not want to	14.2	6.1	9.8	4.9
Had sexual intercourse with him because she was afraid of him if she refused	15.0	6.2	9.1	4.9

Annexes

Physically forced her to perform other sexual acts that she found degrading or humiliating	4.1	1.8	2.5	1.2
Physical and sexual violence	17.2	5.6	10.0	4.3
Physical, sexual and emotional violence	16.3	5.2	9.8	4.2
Any form of physical, sexual or emotional violence	59.9	33.0	45.6	23.8
Number of ever-married women*	3,144		18,100	

*The age range in the 2015 ECGBVS was 1864-, and the age range in the 2020 VAWWDS was 18+

Table B.5 Percent distribution of women (aged 18+) with disabilities/impairments who are Karama program beneficiaries, according to current age marital status, Egypt 2020

Current age	Marital status			
	Currently married	Divorced/separated	Widowed	Never married ¹
< 30	12.0	15.0	0.0	45.8
30 - 44	35.9	40.0	14.0	41.0
45 - 59	38.9	33.6	49.5	12.1
60+	13.2	11.4	36.4	1.1
Total				
%	100.0	100.0	100.0	100.0
Number of women	2,817	220	107	2,472

¹ Includes women who have signed a marriage contract



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