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Endorsement of Intimate Partner Violence among Afghan Women: A Cross-Sectional Analysis of 2015 DHS Data

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Abstract

There are ongoing global efforts to mitigate intimate partner violence (IPV); nevertheless, IPV is extensive in conflict-affected countries like Afghanistan. This study examined disparities in IPV endorsement among Afghan women using data from the 2015 Afghanistan Demographic and Health Survey of 20,793 ethnically diverse married women. We adopted intersectionality and social entrapment theories to account for various socio-cultural factors that explain IPV endorsement in the Afghan context. The results revealed that over 80% of respondents endorsed physical IPV in various circumstances. Hierarchical logistic regression estimated over threefold effects of broader social and cultural factors with a *Nagelkerke R Square* value of 0.131 (13.1%) variance in the IPV endorsement than the commonly found socio-demographic risk factors with a *Nagelkerke R Square* value of 0.041 (4.1%) variance. According to our multivariate analysis, the most significant predictor was fear of husbands, which explained 9.4% of the variance. Province-level political conflict severity and prior exposure to parental IPV accounted for another 1.6% and .8% variance, respectively. We also noted many culture- and context-specific variations, emphasizing the need for a nuanced approach to addressing the issue of Afghan women's stance on IPV.

Introduction

Intimate partner violence (IPV) or domestic violence (DV) against women is widespread, with far-reaching repercussions for individuals and societies. It is the most common type of gender-based violence, which consists of physical, psychological, and sexual abuse along with controlling behaviors committed by current or former male companions in intimate relationships (WHO, 2012). Globally, in 2018, more than one in four (27%) or up to 492 million women, aged 15-49 years, reported having ever experienced either physical or sexual IPV, whereas one in seven (13%) reported having IPV experience in the year preceding interview (Sardinha et al., 2022). The psychological or emotional IPV and controlling behaviors are generally more difficult to quantify (Sardinha et al., 2022). That said, the World Health Organization (WHO, 2012) reported that about 20-75% of 24,000 women across ten countries had one or more lifetime psychological or emotional IPV experiences. Relatedly, Yount et al. (2022) estimated that 25.9-84.7% of women across 36 low- and middle-income countries (LMICs) had experienced lifetime intimate partner controlling behaviors. In this study, lifetime physical and psychological IPV against women in Afghanistan was the highest. Additionally, the controlling behaviors experienced by the sampled Afghan women were moderately high, whereas sexual IPV was relatively low. Another comparative

study of 46 LMICs by Coll et al. (2020) revealed findings similar to Yount et al., supporting the concern about the disproportionate rate of IPV in various forms in Afghanistan. Recent studies using nationally representative samples from the Afghanistan Demographic and Health Survey (DHS) data further highlighted physical IPV as the predominant form of gender-based violence in this country (Alemi et al., 2021; Shinwari et al., 2022). More worrisome, Afghan women ranked highest in their endorsement of "wife-beating" in various circumstances compared to 38 other LMICs (Tran et al., 2015).

Overall IPV-related mortality and cross-generational co-morbidity rates are alarming. Approximately 38-50% of the global homicide cases against women are due to IPV (Sardinha et al., 2022), with IPV homicide cases being the most prominent in Asia and Africa, according to the United Nations Office on Drugs and Crime (Shinwari et al., 2022). The extensive physical and behavioral health malaise, including pregnancy complications, cognitive impairment, depression, anxiety, post-traumatic stress disorder (PTSD), substance dependency, and suicidality, to name a few, among IPV-affected women and their children are well documented (Black, 2011; Campbell, 2002; Garcia-Moreno et al., 2005; Monahan & O'Leary, 1999; Ravi & Black, 2022; Sharps et al., 2007; Vu et al., 2016). The magnitude of projected monetary loss to any given society due to persistent IPV is not surprisingly staggering. The Centers for Disease Control and Prevention (CDC, 2021) estimated that the lifetime economic cost for medical services for IPV-related injuries and other costs, including job loss and criminal justice, is $3.6 trillion for both genders. Moreover, Hoeffler (2017) asserts that the annual cost of IPV against women and children is 7.5 times higher than the costs associated with war and terrorism.

To combat these enduring IPV sequelae, the international community, including the World Health Organization, spearheaded a global movement to break the cycle of IPV over three decades (Garcia-Moreno et al., 2006; WHO, 2012). The fifth of the United Nations (UN) Sustainable Development Goals (SDG 5), which advocates for gender parity with a particular emphasis on the elimination of gender-based violence, including IPV, is an outgrowth of this global movement (Sardinha et al., 2022; Yount et al., 2022; also reference https://sdgs.un.org/goals/goal5). Since, there has been a rapid expansion of gender-specific empowerment initiatives to mitigate the commonly found risk factors (e.g., young age cohabitation, poverty, restricted women's autonomy) by increasing women's access to educational or literacy programs and income-generating jobs. These programs were implemented even in pre-war Afghanistan, with and without international aid (Beath et al., 2013; Bond et al., 2022; Dupree, 1992, 2004; Moghadam, 1994). Indeed, such empowerment initiatives effectively advance women's socioeconomic status and significance in a progressive cultural context (Moghadam, 1994). However, the programs have not effectively mitigated restrictive gender roles in family settings, particularly in developing countries with strict gender norms like Afghanistan (Beath et al., 2013) and rural Bangladesh (Bates et al., 2004). The overall progress toward meeting the SDG 5 target date in 2030 is concerningly slow (Sardinha et al., 2022; Yount et al., 2022), evidenced by persisting IPV across the world but substantially more in developing countries with patriarchal traditions (Coll et al., 2020; Youth et al., 2022).

In addition to the IPV empowerment initiatives mentioned above, a growing number of IPV studies about women in developing countries are making efforts to address "attitudinal acceptance" or (intergenerational) IPV endorsement among married women to make progress (Beath et al., 2013; Bates et al., 2004; Ebrahim & Atteraya,

2018; Hindin, 2003; Joshi & Childress, 2017; Mengistu, 2019; Rani & Bonu, 2009; Uthman et al., 2009). Still, existing IPV intervention programs prioritize changing women's tolerance of IPV, which tends to hold women alone accountable for the widespread IPV. A holistic understanding of many possible determinants of IPV endorsement relevant to diverse social and cultural contexts is largely lacking. Broadly, the universal gender-specific IPV approaches preclude overarching benefits. More importantly, the current knowledge base does not provide a unique explanation and solution for the disparity in Afghan women's response to IPV.

Generally, the conventional approach treats IPV as an individual or private matter (Dunn, 2005; Johnson, 1981; Kinsman & Walker, 1992; Lehrner & Allen, 2009; Leisenring, 2006; Tierney, 1982). Given Afghan women's social and cultural context, outlined in the next section, the authors of this study anticipated variations to the established theory and adopted intersectionality and social entrapment frameworks to guide us in constructing our model and data analysis for this study. Intersectionality, introduced by Kimberlé Crenshaw, is based on (Black) feminism and reframes IPV as a byproduct of socially and culturally constructed gender inequalities (Collins, 1990; Crenshaw, 1991; Marsiglia et al., 2021). It posits that additional intersecting gender-marginalizing factors and a wide range of nuances in IPV correlates (or multiplicity and individuality of factors) moderate disparities in IPV responses. Social entrapment theory, based on social constructionism, complements intersectionality and was introduced by James Ptacek in his work with battered women. It suggests that external factors, such as unresponsive male-privileged social and legal systems, restrict women's ability to resist violence, leading to IPV endorsement (Moe, 2007; Tomie et al., 2018; Westervelt et al., 2000). Whereas intersectionality explains the overall disparity and nuance in IPV conditions, social entrapment focuses on the IPV endorsement construct from a systems perspective. These alternate theoretical frameworks reciprocally merit a systems approach to addressing such a deep-seated internalized social condition among Afghan women.

Informed by these theories, we hypothesized a strong correlation between stricter gender constraints Afghan women endure and their disproportionate IPV endorsement. Secondly, we assumed that IPV endorsement among Afghan women is socially and culturally constructed rather than autonomously enacted by women. Thirdly, we anticipated a wide range of variations in IPV endorsement conditions. To verify the tenets and our hypotheses, the present study identified and measured the effects of extra-familiar variables, such as fear of husbands and political conflict severity, and assessed culture- and context-specific variations in Afghan women's IPV endorsement. Perhaps in a small but meaningful way, we believe our findings will fill a gap in the IPV endorsement knowledge related to Afghan women. This study's results can inform appropriate directions for future endeavors to effectively implement SDG 5 in diverse social and cultural contexts.

Women in Post-War Afghan Society

There were periods in Afghanistan's modern history when the gender equity movement prevailed, and women in urban settings were allowed to move freely and advance in the public sector (Beath et al., 2013; Dupree, 1992, 2004; Moghadam, 1994). However, when the Taliban rose to power in 1996, a strict gender behavioral code was instituted, which curtailed women's rights. As Dupree explained, the mandates, such as *purdah* (seclusion) and the veil (or burqa) wearing, are intended to protect women and preserve family unity. Accordingly, Afghan women

today, particularly the younger premenopausal age group, are confined to the perimeters of their dwellings, and men scrutinize their movement.

Education and employment opportunities for women, in general, are restricted. Their families arrange the women's major life events like marriage. Once married, the husband's family determines their rights, duties, and worth around reproduction and childcare (Dupree 1992, 2004; Jewkes et al., 2019). Complying with the mandates, thereby upholding family honor or a good reputation, is central to being an Afghan woman, and its violation is "as intolerable as the physical bombings of villages" (Dupree, 2002, p. 984). Women are punished systematically for their deviations from the gender norms (Dupree, 1992, 2004; Moghadam, 1994). Dupree recorded that wives and husbands are subject to public ostracism, beating, and even death for failing to comply with the cultural norms, placing the family welfare at stake. Not surprisingly, Afghanistan is one of the top three countries with the least gender equality (Shinwari et al., 2022; Yount et al., 2022). It is "the most dangerous country in the world for women," according to the 2011 Thomson Reuters poll (Beath et al., 2013, p. 540).

Although Islam promotes respect for women and does not condone violence against women, different interpretations of its beliefs work against women (Dupree, 1992, 2004; Toor, 2014). From a conservative Islam perspective, in Afghanistan, upholding patriarchal tradition precedes women's well-being (Dupree, 1992; 2004). In other words, similar to other ultraconservative fundamentalist groups, Christianity included, IPV is a culturally condoned practice, in which the sanctity of patriarchy can be interpreted within the readings of their respective holy scriptures. Moreover, Afghan women have no functioning social and legal protection against IPV (Stokes et al., 2016), which deepens their marginalization. Furthermore, the broken economy due to the on-and-off political conflict spanning over half a century compounds their precarious conditions (Dupree, 1992). First and foremost, the broken post-war economy has left many men with menial jobs or jobless while precipitating street begging by women (Dupree, 2002, 2004; Eggerman & Panter-Brick, 2010). These authors explained that this condition threatens patriarchal tradition and family honor-keeping. IPV has increased substantially, and most women cope with it because they have nowhere to seek help (Alemi et al., 2021).

At the same time, Dupree (2004) reminds us that while many Afghan women self-impose conformity for fear of losing family honor, they retain their legendary strong and poised characteristics. Albeit in limited numbers, progressive Afghan women maintain their positionality to advance the welfare of women while preserving the essence of the Afghan culture (Dupree 1992, 2002; Moghadam, 1994). However, they are up against major obstacles and need more support in post-war Afghan society.

Method

Materials

We extracted our data from the most recent 2015 Afghan Demographic and Health Surveys (AfDHS) with written authorization from the U.S. Agency for International Development (USAID) (https://dhsprogram.com/). The DHS is a popular international research tool and uses cross-sectional household surveys and a multistage cluster sampling method to capture diverse geographical, cultural, ethnic, and linguistic compositions. The USAID

partners with the international and local Institutional Review Board (IRB) to oversee the DHS survey protocols and process accountability. We noted that the AfDHS data fulfilled the standards for ethical research, including privacy and gender-matching etiquette. Further details about survey administration procedures, consent process, and data management can be found elsewhere (https://dhsprogram.com/Methodology/).

Measures

Dependent Variable

This study measured Afghan women's IPV endorsement as the outcome variable. The AfDHS survey asked participants whether a husband is justified in beating his wife under a series of possible circumstances, which included (a) "wife going out without telling husband," (b) "wife neglecting the children," (c) "wife arguing with husband," (d) "wife refusing sex," and (e) "wife burning the food." Each question had a response choice of 'yes,' 'no,' and 'don't know.' These response variables were re-coded to two mutually exclusive categories for our analysis. A value of '1' was given if the respondent endorsed IPV in at least one of the five circumstances listed above, and '0' for respondents who rejected IPV in all circumstances and those who responded with 'don't know.' The frequency in each circumstance was also calculated and shown in Table 2 in the Results section for ease of visual comparison.

Independent Variables

In this study, the socio-demographic risk factors include age at the time of survey (seven 5-year group categories ranging from 1 = "15-19" to 7 = "45-49" years), residence types (1 = "urban" and 2 = "rural"), respondent employment in last 12 months (four categories ranging from 0 = "no" to 3 = "have a job, but on leave last seven days"), respondent and husband educational level (four categories for each variable ranging from 0 = "no education" to 3 = "higher education"), household wealth (based on wealth quintiles ranging from 1= "poorest" to 5 = "richest"), and media exposure variables (reading newspapers, listening to the radio, and watching television with four categories for each variable ranging from 0 = "not at all" to 3 = "almost every day").

The broader social and cultural indicators we explored include age at first cohabitation (or early marriage with seven 4-year group categories ranging from 1 = "under 11" to 7 = "32 and older"), ethnicity (coded as 1 = "Pashtun," 2 = "Tajik," 3 = "Hazara," 4 = "Uzbek," 5 = "Turmen," and 6 = "other"), number of living children under five years of age (five categories ranging from 0 = "0" to 4 = "4-15"), father ever beat mother (or prior exposure to parental IPV with 0 = "no" and 1 = "yes"), afraid of husband (or fear of husbands coded as 0 = "never afraid," 1 = "sometimes afraid," and 2 = "afraid most of the time"), province-level conflict severity (four categories ranging from 1 = "very low" to 4 = "high"), province-level IPV acceptance (0 = low to moderate accepting attitude and 1 = high accepting attitudes), and women's empowerment variables related to household decision-making in terms of healthcare, major household purchases, and visits to family or relatives (three categories for each variable coded as 0 = "husband alone or other," 1 = "jointly with husband," and 2 = "respondent alone").

Data Analysis

SPSS, version 28.0 (IBM, 2021), was used for data processing and analysis. Before undertaking our analysis, we conducted standard diagnostic testing (e.g., residual analysis and tests for multicollinearity between predictor variables). The regression assumptions were met, but the preliminary screening showed high multicollinearity between *education* and *literacy*. We chose *education* to compare the effects of the respondent's and husband's education level; *literacy* was eliminated as it was unavailable for all genders. The univariate descriptive analysis generated absolute values and percentages of the frequency of each variable. Similarly, the cross-tabulation descriptive analysis showed the linear relationship between predictors and outcome variables, as denoted by frequencies and percentages. The bivariate analysis identified statistically significant predictors, as denoted by the *Chi-square* statistics and *p*-values (statistical significance considered at $p < .001$). In our multivariate analyses, we used hierarchical logistic regression to measure the effects of broader social and cultural indicators associated with IPV endorsement beyond the primary socio-demographic risk factors. We initially entered those above-mentioned primary socio-demographic risk factors in *Block 1* to measure the aggregate effects of the commonly known risk factors. Then, the rest of the variables were entered in *Block 2* as the broader social and cultural indicators. We evaluated the aggregate effects of broader social and cultural indicators, controlling the primary socio-demographic risk factors. Afterward, we restricted our model sequentially to measure the partial contribution of combinations of more general social and cultural indicators. The final modified model focused on the three most significant indicators, *fear of husbands, province-level conflict severity, and prior exposure to parental IPV,* as denoted by *Nagelkerke R Square* values. An individual variable's effect size and variability were also reported by odds ratio (OR) with a 95 percent confidence interval (*CI*) and *p*-values (statistical significance considered at $p < .05$).

Results

Descriptive Analyses

This study considered 20,793 (weighted) married women aged 15-49 ($M = 31.16$, $SD = 8.816$) from Afghanistan's 34 provinces. They belonged to nine ethnic groups, with Pashtun (39.7%) and Tajik (32.5%) being the most prominent. Most women (77.8%) resided in rural regions with no education (83.4%) and no work history (87%). Most women (84.9%) could not read at all. A substantial number of women (41.4%) were economically poor; 20.4% of women were the most destitute. The DHS wealth index construct can be found elsewhere (https://dhsprogram.com/pubs/pdf/CR6/CR6.pdf) for international poverty guidelines. An overview of sample characteristics is shown in Table 1.

The majority of Afghan women (80.7%) in this study endorsed IPV in at least one of the five hypothetical circumstances presented to them; 19.3 % rejected IPV under all circumstances (see Figure 1). The most endorsed circumstance was leaving home without telling their husbands (67.4%), followed by arguing with their husbands (60.2%) and neglecting their children (49%). Acceptance was lower for refusal to have sex (33.8%) and burning of food (18.5%) (see Table 2).

The cross-tabulation (see Table 3) demonstrated the joint frequency and percentile of the predictors and the outcome variable. Overall, more economically poor women living in rural areas with no education, employment experience, or media exposure supported IPV. More Pashtun women and women with more living children under five years of age supported IPV than their counterpart groups. As expected, women with fear of their husbands sometimes to most of the time, and those residing with moderate to high-level province-level conflict and high-level province-level IPV acceptance supported IPV more. Contrary to our expectations, women without prior exposure to parental IPV supported IPV more. Further, young adults supported IPV more than the younger age group for both the age at the time of the survey and early marriage. While more women with no decision-making power for healthcare and household purchases supported IPV than their counterpart groups, the women with joint decision-making power for family visits supported IPV greater in number.

Table 1. Participant Characteristics (n = 20793, weighted)

	n (%)		*n* (%)
Age (*M* = 31.16, *SD* = 8.816)		Type of Place of Residence	
15-19 years	1273 (6.1)	Urban	4607 (22.2)
20-24 years	4385 (21.1)	Rural	16186 (77.8)
25-29 years	4462 (21.5)	Wealth (Household)	
30-34 years	3114 (15.0)	Poorest	4239 (20.4)
35-39 years	3161 (15.2)	Poorer	4365 (21.0)
40-44 years	2075 (10.0)	Middle	4236 (20.4)
45-49 years	2324 (11.2)	Richer	4124 (19.8)
Respondent's Education		Richest	3829 (18.4)
None	17349 (83.4)	Ethnicity	
Primary	1625 (7.8)	Pashtun	8249 (39.7)
Secondary	1428 (6.9)	Tajik	6754 (32.5)
Higher	391 (1.9)	Hazara	1927 (9.3)
Literacy		Uzbek	2372 (11.4)
I cannot read at all	17662 (84.9)	Turkmen	643 (3.1)
Able to read only parts of a sentence	926 (4.5)	Other	831 (4.0)
Able to read the whole sentence	2174 (10.5)	Respondent's Employment in the Last 12 Months	
No card with required language	4 (0.0)	None	18083(87)
Blind/visually impaired	6 (0.0)	In the past year	300(1.4)
Husband's Education		Currently working	2385(11.5)
None	12074(58.2)	Have a job but on leave last 7 days	19(0.1)
Primary	2979(14.3)		
Secondary	4258(20.5)		
Higher	1297(6.2)		

Note. The number of observed counts differs from the total count because of missing values.

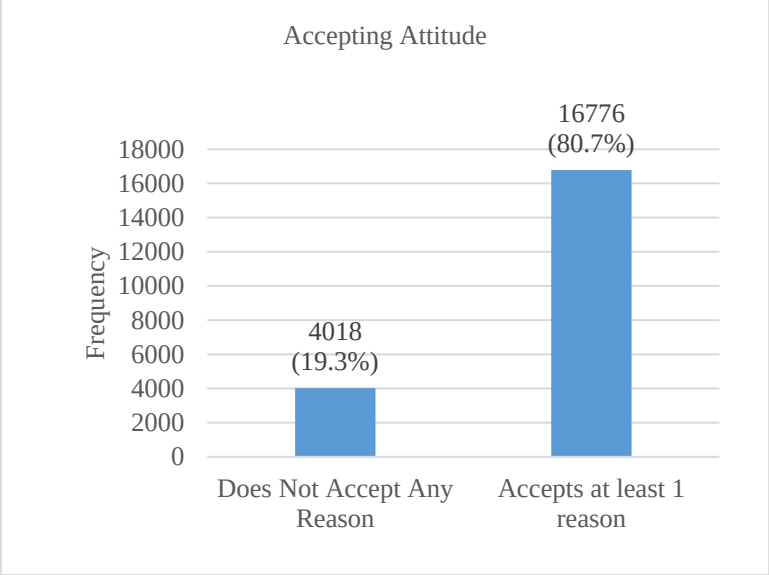

Figure 1. Binary IPV Response

Table 2. Circumstances*Accepting Attitudes Binary (N = 20793 weighted)

Beating is justified if the wife	Accepting Attitudes Binary			
	Does Not Accept Any Reason		Accepts at least one reason	
	N	%	N	%
goes out without telling their husband	5533	26.60%	14009	67.40%
argues with husband	6841	32.90%	12518	60.20%
neglects the children	9054	43.50%	10186	49.00%
refuses to have sex with husband	11216	53.90%	7020	33.80%
burns the food	14826	71.30%	3840	18.50%

Note. The number of observed counts differs from the total count because of missing values.

Table 3. Predictors*Accepting Attitudes Binary/Crosstabulation (N = 20793 weighted)

		Accepting_Attitudes_Binary						
		Does Not Accept Any Reason		Accepts at least one reason		Total		Pearson Chi-Square
		N	%	N	%	N	%	Value (df) p-value
Afraid of Husband	Never Afraid	849	21.2	1467	8.8	2316	11.2	844.487(2) <.001
	Sometimes Afraid	2326	58.1	8402	50.3	10728	51.8	

		Accepting_Attitudes_Binary						
		Does Not Accept Any Reason		Accepts at least one reason		Total		Pearson Chi-Square
		N	%	N	%	N	%	Value (df) p-value
	Most of the Time Afraid	827	20.7	6847	41.0	7674	37.0	
Father Beat	No	2971	73.9	9866	58.8	12837	61.7	314.07(1) <.001
Mother	Yes	1047	26.1	6909	41.2	7956	38.3	
Recoded Wealth index combined	Poorest	635	15.8	3604	21.5	4239	20.4	217.389(4) <.001
	Poorer	784	19.5	3581	21.3	4365	21.0	
	Middle	813	20.2	3423	20.4	4236	20.4	
	Richer	741	18.4	3384	20.2	4125	19.8	
	Richest	1045	26.0	2784	16.6	3829	18.4	
Conflict Severity	Very Low	402	10.0	1723	10.3	2125	10.2	
	Low	581	14.5	2914	17.4	3495	16.8	148.423(3)
Province	Moderate	1508	37.5	4683	27.9	6191	29.8	<.001
	High	1527	38.0	7457	44.4	8984	43.2	
Type of place of residence	Urban	1171	29.2	3436	20.5	4607	22.2	141.232(1) <.001
	Rural	2846	70.8	13340	79.5	16186	77.8	
Highest educational level	No education	3223	80.2	14127	84.2	17350	83.4	
	Primary	297	7.4	1328	7.9	1625	7.8	113.149(3)
	Secondary	353	8.8	1075	6.4	1428	6.9	<.001
	Higher	145	3.6	246	1.5	391	1.9	
Frequency of listening to the radio	Not at all	2676	66.7	9795	58.4	12471	60.0	97.816(2) <.001
	Less than once a week	416	10.4	2401	14.3	2817	13.6	
	At least once a week	918	22.9	4571	27.3	5489	26.4	
Household Purchases Decisions	Husband Alone and Others	2059	51.3	9846	58.7	11905	57.3	84.016(2) <.001
	Jointly	1833	45.6	6609	39.4	8442	40.6	
	Respondent Alone	125	3.1	321	1.9	446	2.1	
Husband/partner's education	No education	2308	57.5	9766	58.3	12074	58.2	62.346(4) <.001
	Primary	477	11.9	2502	14.9	2979	14.3	
	Secondary	857	21.3	3401	20.3	4258	20.5	

		Accepting_Attitudes_Binary						
		Does Not Accept Any Reason		Accepts at least one reason		Total		Pearson Chi-Square
		N	%	N	%	N	%	Value (df) p-value
level	Higher	337	8.4	960	5.7	1297	6.2	
	Don't know	37	0.9	115	0.7	152	0.7	
Age group first cohabitation	under 11	72	1.8	297	1.8	369	1.8	40.542(6) <.001
	12-15	868	21.6	3921	23.4	4789	23.0	
	16-19	1809	45.0	8068	48.1	9877	47.5	
	20-23	984	24.5	3442	20.5	4426	21.3	
	24-27	213	5.3	788	4.7	1001	4.8	
	28-31	48	1.2	201	1.2	249	1.2	
	32 and older	22	0.5	59	0.4	81	0.4	
Frequency of watching television	Not at all	2315	57.7	8754	52.3	11069	53.3	39.419(2) <.001
	Less than once a week	381	9.5	1725	10.3	2106	10.1	
	At least once a week	1315	32.8	6274	37.5	7589	36.5	
Age in 5-year groups	15-19	272	6.8	1001	6.0	1273	6.1	38.397(6) <.001
	20-24	834	20.8	3551	21.2	4385	21.1	
	25-29	840	20.9	3622	21.6	4462	21.5	
	30-34	557	13.9	2558	15.2	3115	15.0	
	35-39	546	13.6	2615	15.6	3161	15.2	
	40-44	466	11.6	1609	9.6	2075	10.0	
	45-49	504	12.5	1821	10.9	2325	11.2	
Living children under five years of age	0	502	12.5	1594	9.5	2096	10.1	38.002(4) <.001
	1	416	10.4	1956	11.7	2372	11.4	
	2	506	12.6	2243	13.4	2749	13.2	
	3	542	13.5	2144	12.8	2686	12.9	
	4-15	2052	51.1	8839	52.7	10891	52.4	
Respondent worked in the last 12 months	No	3587	89.3	14496	86.4	18083	87.0	35.94(3) <.001
	In the past year	34	0.8	266	1.6	300	1.4	
	Currently working	388	9.7	1997	11.9	2385	11.5	
	Have a job but on leave last seven days	8	0.2	11	0.1	19	0.1	

		Accepting_Attitudes_Binary						
		Does Not Accept Any Reason		Accepts at least one reason		Total		Pearson Chi-Square
		N	%	N	%	N	%	Value (df) p-value
Ethnicity	Pashtun	1650	41.1	6599	39.3	8249	39.7	
	Tajik	1226	30.5	5528	33.0	6754	32.5	
	Hazara	393	9.8	1534	9.1	1927	9.3	34.804(5)
	Uzbek	509	12.7	1863	11.1	2372	11.4	<.001
	Turmen	82	2.0	561	3.3	643	3.1	
	Other	158	3.9	690	4.1	848	4.1	
Health Care	Husband Alone and Others	1943	48.4	8725	52.0	10668	51.3	
Decisions	Jointly	1845	45.9	7329	43.7	9174	44.1	25.89(2) <.001
	Respondent Alone	229	5.7	722	4.3	951	4.6	
Frequency of reading newspapers or magazine	Not at all	3824	95.5	15996	95.6	19820	95.6	16.941(2) <.001
	Less than once a week	70	1.7	414	2.5	484	2.3	
	At least once a week	110	2.7	327	2.0	437	2.1	
Family Visits Decisions	Husband Alone and Others	1774	44.2	7713	46.0	9487	45.6	14.202(2) <.001
	Jointly	2049	51.0	8072	48.1	10121	48.7	
	Respondent Alone	195	4.9	991	5.9	1186	5.7	
Accepting Attitudes IPV Province	Low to Moderate Accepting Attitudes	1200	29.9	5128	30.6	6328	30.4	0.738 (1) = .39
	High Accepting Attitudes	2817	70.1	11648	69.4	14465	69.6	

Note. The number of observed counts differs from the total count because of missing values.

Bivariate Analysis

Chi-square test results in Table 3 demonstrated the bivariate significance between all predictors except *province-level IPV acceptance (a cultural norm)* and the outcome variable at the .001 *ά* level. *Afraid of husbands* had the most variance from the null hypothesis of no association, χ^2 (2, 20,718) = 844.487, $p < 0.001$, followed by *prior*

parental IPV exposure, χ^2 (1, 20,793) = 314.07, p < 0.001; *wealth*, χ^2 (4, 20,794) = 217.389, $p < 0.001$; *province-level political conflict severity* χ^2 (3, 20,795) = 148.423, $p < 0.001$; *residence type*, χ^2 (1, 20,793) = 141.232, $p < 0.001$; and *respondent education*, χ^2 (3, 20,794) = 113.149, $p < 0.001$. The rest of the variables sustained a lesser degree of the Chi-square value but at statistical significance considered at $p < 0.001$. The substantial gap between the fear factor and the rest was noteworthy.

Multivariate Analysis

Table 4, Step 1, presents the initial model summary of hierarchical logistic regression. In this model, the primary socio-demographic predictors combined sustained a *Nagelkerke R Square* value of 0.041 or 4.1%. *Respondents' past employment* (OR = 2.11, $p<.001$) was the most significant predictor in this model. In Step 2 final model summary, the broader social and cultural indicators sustained a *Nagelkerke R Square* value of 0.131 or 13.1%, accounting for the primary socio-demographic predictors. *Afraid of husband most of the time* (OR = 3.95, $p<.001$) was the most significant predictor of all variables tested in our model. Notably, the effect size of this fear factor was twofold or greater than the other variables. Our restricted model examining the partial contribution of the broader social and cultural indicators revealed that the fear factor alone accounted for a *Nagelkerke R Square* value of 0.094 or 9.4% of the outcome variable beyond the effects of the primary socio-demographic predictors. The cumulative effects of the fear factor and the province-level conflict accounted for a *Nagelkerke R Square* value of 0.110 or 11%. Prior exposure to parental violence explained an additional .8% variance in the outcome variable. The partial contribution of the rest of the indicators was minimal, ranging from .1% to .5%. The Omnibus Test for our models indicated a good model fit at $p < .001$ (data not included). The Classification Table showed 81% predictable capability (data not included).

Table 4, Step 2, presents substantial variations in IPV responses. Contrary to other prior studies, the older women aged 35 to 39 were 40% more likely to endorse IPV (OR = 1.40, $p<.001$) than the *age* group 15 to 19 years. *Wealth* showed mixed results. While the poorest women were more likely to endorse IPV, the increase in wealth did not have a linear relationship with the outcome variable. The richer women (OR = .75, $p<.001$) were 8% more likely to endorse IPV than the women with middle income (OR = .67, $p<.001$). Similarly, *province-level political conflict severity* had a curvilinear relationship with the IPV endorsement. Those living in a moderate-level conflict zone, as opposed to very low, were least likely to endorse IPV (OR = .64, $p<.01$). Surprisingly, the women with some media exposures were 28% and 44% more likely to support IPV than the women with no media exposures, as demonstrated in *watching television at least once a week* (OR = 1.28, $p<.001$) and *listening to radio less than once a week* (OR = 1.44, $p<.001$). *Reading the newspaper* was nonsignificant. The women *living with one child* (OR = 1.45, $p<.001$) were most likely to endorse IPV, as opposed to the women with four or more children. *Turkmen* (OR = 1.35, $p<.05$) was most likely to support IPV, as opposed to *Pashtun*. As expected, the women with *health care and purchase decision-making power* decreased the likelihood of endorsing IPV by 28% and 45%, respectively. In contrast, the women with *family visit decision-making power* (OR = 1.91, $p<.001$) endorsed IPV significantly more than those without such decision-making power. Interestingly, the differences in *age at first cohabitation* were nonsignificant. See Table 4 for additional details.

Table 4. Variables*Afghan Women's IPV Endorsement/Hierarchical Logistic Regression (*N* = 20598, 98.9%, Weighted Cases)

	Step 1 *Nagelkerke R^2 = .041*			Step 2 *Nagelkerke R^2 = .131*		
		95% C.I.			95% C.I.	
	aOR	Lower	Upper	aOR	Lower	Upper
Primary socio-demographic factors						
Age						
15-19 years	1.00			1.00		
20-24 years	1.19*	1.01	1.39	1.21*	1.01	1.44
25-29 years	1.19*	1.01	1.39	1.21	0.99	1.47
30-34 years	1.28**	1.09	1.52	1.34**	1.07	1.66
35-39 years	1.34***	1.13	1.59	1.40**	1.12	1.75
40-44 years	0.95	0.80	1.13	0.97	0.77	1.22
45-49 years	0.98	0.83	1.17	0.97	0.77	1.22
Household wealth						
Poorest	1.00			1.00		
Poorer	0.79***	0.70	0.89	0.80***	0.71	0.91
Middle	0.71***	0.63	0.80	0.67***	0.60	0.76
Richer	0.80***	0.71	0.90	0.75***	0.66	0.86
Richest	0.54***	0.45	0.63	0.48***	0.40	0.57
Residence						
Urban	1.00			1.00		
Rural	1.18*	1.04	1.34	1.28***	1.12	1.46
Husband's educational level						
No education	1.00			1.00		
Primary	1.32***	1.19	1.48	1.37***	1.22	1.53
Secondary	1.15**	1.04	1.26	1.22***	1.10	1.34
Higher	1.01	0.86	1.17	1.07	0.91	1.25
Don't know	0.77	0.53	1.13	0.91	0.61	1.35
Respondent's educational level						
No education	1.00			1.00		
Primary	1.07	0.93	1.22	0.98	0.85	1.14
Secondary	0.79***	0.69	0.91	0.91	0.78	1.05
Higher	0.48***	0.39	0.63	0.60***	0.47	0.77
Respondent's employment						
None	1.00			1.00		
In the past year	2.11***	1.47	3.04	1.66**	1.14	2.42
Currently working	1.41***	1.25	1.59	1.40***	1.23	1.60
Have a job but on leave last seven	0.36*	0.14	0.94	0.23**	0.08	0.64

	Step 1			Step 2		
	Nagelkerke R^2 = .041			*Nagelkerke R^2 = .131*		
		95% C.I.			95% C.I.	
	aOR	Lower	Upper	aOR	Lower	Upper
days						
Frequency of listening to the radio						
Not at all	1.00			1.00		
Less than once a week	1.53***	1.36	1.71	1.44***	1.28	1.63
At least once a week	1.38***	1.27	1.50	1.22***	1.11	1.34
Frequency of watching television						
Not at all	1.00			1.00		
Less than once a week	1.07	0.94	1.21	1.10	0.96	1.25
At least once a week	1.28***	1.18	1.39	1.28***	1.18	1.40
Frequency of reading newspaper						
Not at all	1.00			1.00		
Less than once a week	1.11	0.86	1.46	1.13	0.87	1.49
At least once a week	0.59***	0.47	0.74	0.69**	0.54	0.87
Broader socio-cultural factors						
Conflict Severity Province						
Very low				1.00		
Low				1.03	0.89	1.20
Moderate				0.64***	0.56	0.73
High				1.22**	1.06	1.41
Afraid of Husband						
Never afraid				1.00		
Sometimes afraid				1.94***	1.76	2.15
Most of the time afraid				3.95***	3.51	4.45
Father Beat Mother						
No				1.00		
Yes				1.51***	1.40	1.64
Age group first cohabitation						
Under 11				1.00		
12-15 years				1.00	0.76	1.33
16-19 years				1.01	0.76	1.33
20-23 years				0.84	0.63	1.12
24-27 years				0.86	0.62	1.19
28-31 years				0.95	0.62	1.47
32 and older				0.92	0.50	1.68
Ethnicity recode						
Pashtun				1.00		

	Step 1			Step 2		
	Nagelkerke R^2 = .041			*Nagelkerke R^2 = .131*		
		95% C.I.			95% C.I.	
	aOR	Lower	Upper	aOR	Lower	Upper
Tajik				1.17***	1.06	1.29
Hazara				1.03	0.90	1.19
Uzbek				0.74***	0.65	0.84
Turkmen				1.35*	1.04	1.74
Other				0.97	0.80	1.18
Living children recode						
0				1.00		
1				1.45***	1.24	1.69
2				1.21*	1.03	1.42
3				1.07	0.91	1.26
Four and more				1.16	0.99	1.36
HC Decisions						
Husband alone and others				1.00		
Jointly				1.07	0.96	1.18
Respondent alone				0.72***	0.59	0.88
Purchases Decisions						
Husband alone and others				1.00		
Jointly				0.75***	0.67	0.83
Respondent alone				0.55***	0.41	0.73
Family Visits Decisions						
Husband alone and others				1.00		
Jointly				1.10	0.99	1.22
Respondent alone				1.91***	1.56	2.36

Note. 229 missing cases. Partial contribution to the total variance in the outcome variable: the fear factor (a *Nagelkerke R Square* value of 0.094 or 9.4%); the fear factor*the province level conflict (a *Nagelkerke R Square* value of 0.110 or 11%); the fear factor*the province level conflict*prior exposure to parental violence (a *Nagelkerke R Square* value of 0.118 or 11.8%). *$p < .05$; **$p < .01$; ***$p < .001$.

Discussion

The purpose of this study was to appraise culturally relevant social and cultural determinants of disproportionate IPV endorsement among a national sample of Afghan women using 2015 DHS data. Firstly, aligning with a core principle of the intersectionality theory that presupposes the differential effects of additional marginalizing factors on IPV responses (Carbado et al., 2013; Cho et al., 2013; Crenshaw, 1991; Nixon & Humphreys, 2010), we hypothesized a positive relationship between stricter gender constraints Afghan women endure and their

disproportionate IPV endorsement. Our model demonstrated the extra weight of nine related variables (*afraid of husband, province-level conflict severity, prior parental IPV exposure, age at first cohabitation, ethnicity, number of living children under five years, and decision-making power variables-three counts*). The aggregate effects of these predictors explained a greater than threefold variance in the IPV endorsement beyond the primary socio-demographic predictors, such as *young age, rural residence type, and low SES and media exposure*, that are commonly documented in IPV literature as also found in Garcia-Moreno et al. (2006) and WHO (2012). We recognize that the limited variables we identified in our model do not fully represent the contextual phenomenon of Afghan women's predicament. Still, these variables indicate an extra layer of social and cultural forces that marginalize these women in a way that is atypical of many other women. We conclude that Afghan women's disproportionate IPV endorsement results from the added culture-specific stressors they are subjected to and uphold the intersectionality tenet. In other words, Afghan women's predicament cannot only be confined to the primary socio-demographic factors. Future research must account for additional societal stressors Afghan women tolerate to establish a comprehensive knowledge base for effective intervention for this group.

Secondly, in support of a social entrapment tenet that accounts for an external enactment of IPV endorsement instead of autonomous decision-making (Moe, 2007; Tolmie et al., 2018; Westervelt et al., 2000), we hypothesized that Afghan women's IPV endorsement is socially and culturally constructed. Fear of the husbands is the most significant factor in our bivariate and multivariate analyses. The fear factor alone in our multivariate analysis was responsible for 9.4% of the variance in the outcome variable, over twofold than the primary socio-demographic factors combined. Unlike the general IPV studies that treat the fear factor within the context of common marital conflicts (Felson et al., 2006; Lindgren et al., 2008; Sullivan et al., 2022), it is vital to account for this variable within Afghan social and cultural context. The fear factor among Afghan women signals the sequelae of the broader social and cultural issues since Afghan society severely penalizes the entire family for gender norm deviation (Dupree, 1992, 2004; Moghadam, 1994) and provides no protection to women in cases of IPV (Toor, 2014; Stokes et al., 2016). Limited variables prevented us from quantifying this proposition; nevertheless, Afghan women's fear of their husbands conceivably represents their fear of a more profound alienation by a male-privileged custom in this society. To achieve a solid conclusion, future research should construct a fear index to measure the compound fear factor of social and legal issues dictating Afghan women's stance on IPV. Moreover, protracted political conflict, needless to say, deepens women's seclusion (Dupree, 2002, 2004; Eggerman & Panter-Brick, 2010) and is proven to be another significant variable that compounds the fear factor. The province-level conflict severity explained an additional 1.6% variance in the outcome variable. Our model's nexus of the fear factor and the political conflict variables projected a solid social and cultural orientation of IPV endorsement. We maintain that our finding supports a social entrapment theory that IPV endorsement is socially and culturally constructed, particularly for Afghan women.

Furthermore, intergenerational transmission of IPV "attitudinal acceptance" is a well-researched topic in IPV studies and is often the main focus of IPV prevention and intervention programs with an emphasis on individual transformation in support of social learning theory (Copp et al., 2019; Stith e al., 2000). Our multivariate analysis also indicated its significant contribution to IPV endorsement, but far less substantive than the other two most prominent predictors as demonstrated in our model. This factor accounted only for .8% of the variance in the

outcome variable. This is another critical finding, bolstering the social entrapment idea, meriting systematic change instead of personal change.

Thirdly, this study revealed many culture- and context-specific variations, strengthening the intersectionality multidimensional perspective of IPV correlates. An extensive list of variations, outlined below, corroborates diversity in IPV responses. The findings suggest a nuanced approach to understanding and treating IPV endorsement among Afghan women.

Our study revealed that the most IPV-endorsed circumstance *is leaving home without telling their husbands*. This result deviated from women's studies in Ethiopia (Ebrahim et al., 2017) and India (Rani et al., 2009), whose women, though facing similar patriarchal traditions, indicated *neglecting children* as the most endorsed reason. We believe this variation corresponds with the *purdah* protocols Afghan women must abide by and illustrates the role of culture-specific stressors. An intriguing deviation in our multivariate analysis showed that *province-level IPV acceptance* ─ a cultural norm ─ is statistically nonsignificant in IPV endorsement. This finding contradicted a previous study, revealing a robust positive association between this cultural norm and widespread IPV in all forms in Afghanistan (Alemi et al., 2021). This disparity illuminates the role of context-specific stressors, suggesting that one significant factor in one domain might not apply to another, even within the same culture.

Other noteworthy variations are as follows. In our study, older women were more likely to endorse IPV than younger women. Our multivariate analysis, in particular, revealed that women aged 35-39 were more likely to support IPV than younger women aged 15-19. This result deviated from multiple studies that affirmed the significance of young age (Hindin, 2003; Joshi et al., 2017; Rani et al., 2009; Simon et al., 2001; Tran et al., 2016). Although the cross-tabulation result showed that more women with many living children supported IPV, our multivariate analysis revealed the opposite. The women living with one child were most likely to endorse IPV. Joshi et al. (2017) asserted that women with many children support IPV as they adhere more to traditional norms. Our finding indicates a different cultural interpretation of reproduction and fertility. The women with past employment were more likely to endorse than those without a work history. This was a surprising finding as several similar studies in other developing countries confirmed employment as a significant mitigator of the IPV endorsement (Hindin, 2003; Mengistu, 2019; Uthman et al., 2009). Wealth showed a curvilinear relationship. As the wealth increased, we expected the IPV endorsement rate to decrease. However, middle-income women were less likely to endorse IPV than the wealthiest women. This was an exception to numerous studies that consistently showed wealth as a solid mitigator of IPV endorsement (Tran et al., 2016; Ebrahim et al., 2017; Hindin, 2003; Joshi et al., 2017; Mengistu, 2019; Rani et al., 2009; Simon et al., 2001; Uthman et al., 2009). Similarly, the political conflict variable demonstrated a curvilinear relationship in our multivariate analysis. The women living in provinces with moderate political conflict were less likely to endorse IPV than those living in areas with a very low level of conflict. This is a variation from a few other studies that treated this variable linearly (Alemi et al., 2021; Jewkes et al., 2018; Shinwari et al., 2022). The decision-making power and media exposure variables showed interesting deviations. The family visit decision-making by the women alone, known as an empowerment factor in other prior studies (Ebrahim et al., 2017; Hindin, 2003), showed more likelihood of IPV endorsement in our study. Similarly, the women with greater exposure to the radio and television, also known as empowerment

factors in another study (Mengistu, 2019), showed more likelihood of IPV endorsement among Afghan women. As the saying goes, 'One size does not fit all.' The variabilities in IPV responses related to Afghan women are extensive. In support of intersectionality's multiplicity and individuality tenet, future endeavors to gain a deeper understanding of Afghan women's IPV endorsement must employ a multidimensional perspective.

Additionally, we want to recognize the 19% of the study responders who rejected IPV against all odds. Albeit with caveats, living in urban areas, wealth, higher education, delayed marriage, and decision-making power made differences, which are indisputable protective factors. There is a concern about mobilizing these empowerment factors in the void of systematic changes, as this mobilization can place them at a higher risk of societal reprisal in the short term. However, this group of women is a real asset to extending these protective factors in long-term capacity building.

Limitations

We recognize that there are substantial limitations in this study. Primarily, this study is based on a one-point cross-sectional survey using basic global measures grounded in Western standards. Moreover, limited available data do not comprehensively correspond to Afghan women's predicament. Hence, the dataset we relied on did not fully capture the deep-seated latent sources of their IPV endorsement. Further, the essential information on the IPV health impacts specific to Afghan women remains unknown. Seemingly, the validity and generalizability of our results are confounded. Albeit with these limitations, this study reminds the importance of adequately framing the issues at hand to construct effective intervention (J. M. Johnson, 1981; M. P. Johnson, 1995; Kinsman & Walker, 1992). The standardized IPV approach, often treating IPV as individual matters, mystifies the contextual phenomenon of IPV endorsement among Afghan women. Along with the intersectionality and social entrapment theories, this study shed light on the social and cultural determinants of IPV endorsement, which is an essential step toward designing sustainable intervention. The extensive culture- and context-specific variations we identified also prompt an individualized approach to addressing diverse conditions.

Conclusion

Afghan women's IPV endorsement is a complex internalized social condition. Future research must account for stricter gender-based constraints Afghan women tolerate and advance systematic changes within Afghan society instead of individual changes. Moreover, the extensive variability in IPV responses warrants a multidimensional paradigm to tackle this sensitive topic. Furthermore, there is a substantial gap between the existing data and practical knowledge of how to address Afghan women's stance on IPV. Research must continue to advance innovative IPV intervention scales and tools that promote the overarching benefits of implementing SDG 5 in diverse social and cultural contexts, such as in Afghanistan.

Recommendations

We believe associating the global gender parity movement with IPV remedies is less practical in Afghan society

today. The existing empowerment model must expand its initiatives and employ IPV-specific interventions emphasizing public health (Middleton, 2017). IPV endorsement is an unsustainable means to sustain health and well-being, evidenced by far-reaching ramifications to individuals, families, and society. We recommend instead implementing community-based educational programs that focus on increasing communal awareness of the multi-level damages of IPV and the benefits of alternate responses. Given deeply embedded Afghan traditions, we recommend a systematic approach to involving influential locals or the Afghan diaspora in designing culturally appropriate scales and tools to inform Afghan people about the IPV sequelae and facilitate collaborative efforts to mitigate norms surrounding the condoning of IPV in the province level. Along the same lines, mitigating the fear factor must be prioritized.

Lastly, we would like to reiterate one Afghan activist's call for the global community to ask Afghan women about their predicament (King et al., 2021). She reminds us to engage them qualitatively and unveil the deep-seated latent sources of their conditions in their terms. Many studies, including this study, are based on prefabricated data collection instruments, again grounded in Western standards, which question the authenticity of the existing data. We recommend many more qualitative studies until representative Afghan women's perspectives are taken into consideration in resolving this entrenched social condition.

Notes

E.E.K. conceptualized this study, conducted data analysis, and drafted the initial manuscript. QA provided supervision throughout this study. QA, LO, and M.A.N. have been involved in the critical review and revision of the manuscript and contributed to the necessary intellectual content. Additionally, QA is a seasoned researcher on Afghan studies, and M.A.N. is a long-time subject matter (field) expert.

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