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Women's Empowerment and Physical Intimate Partner Violence in Jordan: Evidence from a Nationally Representative Survey

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Abstract

Intimate partner violence (IPV) remains an important public health and human rights concern. Women's empowerment may reduce vulnerability to violence. Nonetheless, its relationship with IPV can vary across cultural, social, and economic contexts. This study examined the association between indicators of women's empowerment and physical IPV among married women in Jordan. We analyzed data from the nationally representative 2023 Jordan Population and Family Health Survey. The analysis included 5495 ever-married women aged 15–49 years with information on physical IPV. Empowerment indicators included control over earnings, participation in household decision-making, asset ownership, and ownership of financial accounts. Weighted descriptive analyses and logistic regression were used to examine factors associated with physical IPV. Overall, 10.2% of women reported physical IPV. In the unadjusted analysis, women who independently decided how to use their earnings had higher odds of physical IPV than women who made this decision jointly with their husband or partner. Most other empowerment indicators were not significantly associated with physical IPV in the unadjusted analyses. In the adjusted model, education, household wealth, age, and region were significantly associated with physical IPV. Women with secondary or lower education had higher odds of physical IPV than women with more than secondary education. Women in poorer households also had higher odds than those in the richest households. Higher odds were observed among women aged 35–39 years and among women living in the Central region. Physical IPV among women in Jordan was associated with several socioeconomic and demographic characteristics. Among the empowerment indicators examined, most were not significantly associated with physical IPV in the unadjusted analyses. IPV prevention programs should take into account women's broader social and economic circumstances and should not rely on individual measures of empowerment alone.

Keywords: intimate partner violence; women's empowerment; physical violence; domestic violence; women; Jordan; socioeconomic factors; Demographic and Health Survey



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1. Introduction

Intimate partner violence, particularly spousal violence, is a globally pervasive issue affecting millions. It is recognized as a significant public health and human rights concern

due to its profound impact on individuals and societies. The World Health Organization (WHO) defines intimate partner violence as any behavior within an intimate relationship that causes physical, sexual, or psychological harm, including aggression, coercion, emotional abuse, and controlling behaviors. Although domestic violence is a broader concept that may include abuse by other family members [1], this study focuses specifically on violence committed by husbands or intimate partners. According to a multi-country study conducted by the WHO [2], approximately 33% of women aged 15–49 have experienced physical or sexual violence in their lifetime, and about 27% of ever-partnered women report experiencing intimate partner violence at some point in their lives. Recent evidence from a global systematic review and meta-analysis further confirms that intimate partner violence remains a widespread global public health problem across countries with different income levels and is consistently associated with adverse mental health outcomes among women [3]. Such violence includes physical violence (e.g., slapping, hitting, kicking, or beating), sexual violence (e.g., forced sexual intercourse), emotional abuse (e.g., insults, humiliation, or intimidation), and controlling behaviors (e.g., isolation from family and friends or restricting access to financial resources) [1]. A recent systematic review further highlighted the broad mental health, physical, and societal consequences of intimate partner violence among women, reinforcing its substantial burden on women's health and well-being [4]. Recognizing these impacts, the United Nations (UN) 2030 Agenda for Sustainable Development identifies domestic and intimate partner violence as both a gender equality and health equity concern under Sustainable Development Goal (SDG) 5, Target 5.2, which calls for eliminating all forms of violence against women and girls worldwide [5].

Across the Middle East and North Africa (MENA) region, intimate partner violence (IPV) remains a significant public health concern [6]. Globally, approximately one in three (31.6%) women have experienced physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime [7]. These patterns underscore the continuing importance of addressing violence against women in Jordan. Gender-based violence remains a significant issue in Jordan, with the 2017–18 Jordan Population and Family Health Survey reporting that 26% of ever-married women aged 15–49 had experienced physical, sexual, or emotional spousal violence at some point in their lives [8]. Social norms and beliefs that perpetuate violence against women and girls also represent important challenges [9]. Despite relatively high levels of women's educational participation and involvement in household decision-making, domestic violence affects a substantial proportion of ever-married women in Jordan [10]. In response, the National Strategy for Women in Jordan 2020–2025 aims to address gender-based violence by promoting equality, rejecting all forms of gender-based violence, and strengthening the institutional framework for prevention and response [11].

Women's empowerment, particularly in the economic, social, and decision-making spheres, may play an important role in shaping women's vulnerability to domestic violence [5,12]. Resource theory posits that power within marital relationships is shaped by access to socioeconomic and social resources, with greater resources potentially increasing an individual's power within the relationship [13]. In the context of IPV, however, the relationship between relative resources and violence may be complex. Previous research suggests that both women's higher and lower relative positions may be associated with an increased risk of IPV, with women's higher relative position potentially triggering a "male backlash" aimed at reclaiming dominance [14]. Guided by resource theory, the present study operationalizes women's empowerment through four indicators reflecting access to and control over household and economic resources: control over earnings, participation in household decision-making, asset ownership, and financial account ownership. Social network theory similarly emphasizes the role of social ties in providing women with access

to material resources as well as emotional and psychological support [15]. However, given the patriarchal nature of Jordanian society, women's empowerment may have complex effects, as husbands may perceive increased empowerment as a threat to their dominant position within the family and respond in ways aimed at maintaining existing power structures [16]. Sociological research in Jordan further illustrates that women's empowerment occurs within changing but persistent family and gender structures. Women's expanded educational and employment opportunities have created new possibilities for economic independence and mobility, while expectations surrounding family obligations, marriage, and appropriate gender roles continue to shape women's choices and experiences. These dynamics may also vary by social class, place of residence, and women's movement between provincial communities and Amman [17]. Empirical studies from the Middle East and South Asia have documented complex associations between women's empowerment and intimate partner violence [15,18]. Most studies measure women's empowerment using Demographic and Health Survey (DHS) indicators, including participation in household decision-making, control over earnings, and ownership of assets [19]. The 2023 Jordan Population and Family Health Survey captures these exact empowerment dimensions, providing a unique opportunity to examine how economic and decision-making autonomy relate to different forms of spousal violence using recent, nationally representative data, an area that remains under-explored in the Jordanian context.

Previous research highlights gaps in evidence on how various aspects of women's empowerment affect their experiences of domestic violence, particularly using recent national data. Earlier, most previous studies in Jordan have relied on older datasets, including the 2012 and 2017–18 Jordan Population and Family Health Surveys (JPFHSs), or on relatively small local samples that may not fully reflect the current social and policy context. Studies such as Kheirallah et al. [20], based on the 2017–18 Jordan Demographic and Health Survey (DHS), primarily focused on estimating the prevalence of domestic violence and examining its association with selected sociodemographic characteristics. Previous research using Jordanian DHS data have measured physical partner violence using a modified Conflict Tactics Scale (CTS), which assesses specific acts of violence experienced by women. Physical violence was measured using seven acts: being pushed, shaken, or having something thrown at them; slapped; having their arm twisted or hair pulled; punched; kicked, dragged, or beaten; choked or burned; or threatened or attacked with a weapon. Women who reported experiencing at least one of these acts were classified as having experienced physical violence [20]. The present study builds on this earlier work by using the 2023 JPFHS to examine whether selected indicators of women's economic autonomy and household decision-making are associated with physical IPV alongside sociodemographic characteristics. While the 2023 JPFHS provides the most recent and comprehensive national data, including detailed modules on women's empowerment (e.g., employment and earnings, control over earnings, asset ownership, participation in decision-making, and attitudes toward wife beating), it does not directly link dimensions of empowerment to different forms of spousal violence. In addition, the women's empowerment section lacks explicit integration of its findings within broader political and temporal contexts, such as the Family Protection Law, the National Women's Strategy, and the post-COVID-19 period. By employing this updated dataset to examine these relationships analytically, the present study seeks to generate policy-relevant evidence to inform modifications to ongoing domestic violence prevention and gender equity programs in Jordan. Based on the theoretical framework and prior evidence, we hypothesized that women's empowerment indicators would be associated with reported physical IPV, although the direction of these associations may vary across dimensions of empowerment.

The purpose of this study was to examine the association between selected indicators of women's empowerment and physical intimate partner violence among ever-married women aged 15–49 years in Jordan, and to identify sociodemographic characteristics associated with reported physical IPV. The study seeks to address the following research questions: (a) What proportion of ever-married women included in the analysis reported physical intimate partner violence? (b) Are selected indicators of women's empowerment—control over earnings, household decision-making, asset ownership, and financial account ownership—associated with physical intimate partner violence? (c) Which sociodemographic characteristics are associated with reported physical intimate partner violence?

2. Results

2.1. Characteristics of the Study Population

Table 1 presents the characteristics of the study population and the distribution of the study variables. Overall, 10.2% of women included in the analysis reported the physical IPV outcome examined in this study.

Table 1. Descriptive characteristics of women included in the study, 2023 Jordan Demographic and Health Survey (JPFHS) [21].

Variable	Category	Frequency	Percent
Pushed/shook/thrown at, slapped, kicked/dragged	No	4935	89.8
	Yes	560	10.2
Decision in respondent's earnings	Respondent alone	196	14
	Respondent and husband/partner	1207	86
V743A (healthcare decision-making)	Respondent alone	3496	28.18
	Respondent and husband/partner	8101	65.3
	Husband/partner alone	771	6.21
	Someone else	25	0.2
	Other	13	0.1
Household purchase decision power	Respondent alone	1769	14.26
	Respondent and husband/partner	8409	67.78
	Husband/partner alone	2134	17.2
	Someone else	72	0.58
	Other	22	0.18
Family visit decision power	Respondent alone	2157	17.39
	Respondent and husband/partner	8968	72.29
	Husband/partner alone	1228	9.9
	Someone else	33	0.27
	Other	20	0.16
Owns a house alone or jointly	Does not own	11,604	92.1
	Owns alone or jointly	991	7.9
Owns land alone or jointly	Does not own	11,935	94.8
	Owns alone or jointly	660	5.2
Money put/taken from bank account last 12 months	No	345	18.6

Table 1. Cont.

Variable	Category	Frequency	Percent
Financial account ownership	Yes	1507	81.4
	No	10,743	85.3
Woman's education level	Yes	1852	14.7
	Less than secondary	4222	33.5
	Secondary	4555	36.2
	More than secondary	3818	30.3
Education for report KIR 2023 [21]	None	383	3
	Less than secondary	3889	30.9
	Secondary	4505	35.8
	Higher	3818	30.3
Woman's nationality	Jordanian	9936	78.9
	Other nationality	2659	21.1
Region of residence	Central	5178	41.1
	North	4630	36.8
	South	2787	22.1
Woman's age group	15–19	217	1.7
	20–24	994	7.9
	25–29	1897	15.1
	30–34	2324	18.5
	35–39	2425	19.3
	40–44	2306	18.3
	45–49	2432	19.3
Place of residence	Urban	10,443	82.9
	Rural	2152	17.1
Wealth index combined	Poorest	3807	30.2
	Poorer	2792	22.2
	Middle	2543	20.2
	Richer	2180	17.3
	Richest	1273	10.1
Husband's education level	Old system: elementary	9992	79.33
	Intermediate diploma	797	6.33
	PhD	1802	14.31
	Don't know	4	0.03
Husband's highest grade	0 Less than one year	27	0.24
	1	2191	19.45
	2	3127	27.76
	3	837	7.43
	4	1495	13.27
	5	367	3.26
	6	883	7.84
	7	414	3.68

Table 1. *Cont.*

Variable	Category	Frequency	Percent
	8	256	2.27
	9	657	5.83
	10	1009	8.96
Employment status	Employee	1436	89.64
	Employer	44	2.75
	Self-employed	111	6.93
	Unpaid family worker	5	0.31
	Unpaid worker	6	0.37

Note. Values are presented as frequencies and weighted percentages. The dependent variable was women's experience of physical intimate partner violence (pushed, shaken, had something thrown at them, slapped, kicked, or dragged by a husband or intimate partner). Percentages may not total 100% because of rounding. The physical IPV analysis included 5495 women, whereas other descriptive variables were based on the broader survey sample or applicable respondent subgroups. Sample sizes therefore vary across variables.

Several indicators suggested moderate levels of women's participation in household decision-making. Among the women who reported earning income, most (86.0%) indicated that decisions about how to use their earnings were made jointly with their husband or partner. Only 14.0% reported making these decisions independently. Joint decision-making was also common for healthcare (65.3%), major household purchases (67.8%), and visits to relatives (72.3%). Ownership of economic assets was relatively uncommon. Only 7.9% of women reported owning a house, and 5.2% reported owning land. Similarly, 14.7% reported ownership of a financial account. Regarding sociodemographic characteristics, 33.5% of women had less than a secondary education, 36.2% had completed secondary education, and 30.3% had an education beyond the secondary level. Most respondents were Jordanian (78.9%), lived in urban areas (82.9%), and resided in either the Central (41.1%) or Northern (36.8%) regions. The sample included women across all reproductive age groups, with the largest proportions aged 35–39 years (19.3%) and 45–49 years (19.3%). More than one-half of the respondents belonged to the two lowest wealth quintiles, including 30.2% in the poorest and 22.2% in the poorer households.

2.2. Bivariate Associations Between Women's Characteristics and Physical Intimate Partner Violence

Table 2 presents the unadjusted associations between women's empowerment indicators, sociodemographic characteristics, and experience of physical intimate partner violence. Women with lower levels of education were significantly more likely to report physical violence. Compared with women who had more than a secondary education, those with less than a secondary education had 1.83 times the odds of experiencing physical violence (OR = 1.83, 95% CI = 1.44–2.32), while women with secondary education had 1.79 times the odds (OR = 1.79, 95% CI = 1.42–2.25).

Significant regional differences were also observed. Women residing in the Central region had 1.91 times the odds of reporting physical violence compared with women in the Southern region (OR = 1.91, 95% CI = 1.49–2.46), while women living in the North had 1.31 times the odds (OR = 1.31, 95% CI = 1.01–1.70).

Physical violence varied by age. Compared with women aged 45–49 years, women aged 35–39 years had 1.91 times the odds of reporting physical violence (OR = 1.91, 95% CI = 1.44–2.51), and women aged 40–44 years had 1.41 times the odds (OR = 1.41, 95% CI = 1.05–1.88). Associations for younger age groups were not statistically significant.

A clear socioeconomic gradient was evident across wealth categories. Women in the poorest households had 2.81 times the odds of reporting physical violence compared with

women in the richest households (OR = 2.81, 95% CI = 1.89–4.18). Women in the poorer and middle wealth quintiles also had higher odds of reporting physical violence, at 2.59 and 2.25 times the odds, respectively, compared with women in the richest households (poorer: OR = 2.59, 95% CI = 1.72–3.89; middle: OR = 2.25, 95% CI = 1.49–3.40).

Table 2. Bivariate associations between women’s sociodemographic characteristics, decision-making, economic empowerment indicators, and experience of physical intimate partner violence, Jordan Demographic and Health Survey (JPFHS), 2023 [21].

Variable	Comparison	Analytic N	OR	95% CI	p-Value
Woman’s education level	Less than secondary vs. More than secondary	5495	1.828	1.443–2.317	<0.0001
	Secondary vs. More than secondary		1.787	1.420–2.250	<0.0001
Woman’s nationality	Jordanian vs. Other Nationalities	5495	1.155	0.922–1.448	0.2091
Region of residence	Central vs. South	5495	1.911	1.487–2.455	<0.0001
	North vs. South		1.307	1.005–1.699	0.0456
Woman’s age group	15–19 vs. 45–49	5495	0.651	0.232–1.820	0.4128
	20–24 vs. 45–49		1.325	0.886–1.982	0.1704
	25–29 vs. 45–49		1.292	0.934–1.786	0.1214
	30–34 vs. 45–49		1.325	0.980–1.792	0.0679
	35–39 vs. 45–49		1.905	1.444–2.513	<0.0001
	40–44 vs. 45–49		1.406	1.051–1.881	0.0217
Place of residence	Urban vs. Rural	5495	1.149	0.901–1.466	0.2636
Wealth index combined	Poorest vs. Richest	5495	2.811	1.893–4.176	<0.0001
	Poorer vs. Richest		2.589	1.721–3.893	<0.0001
	Middle vs. Richest		2.246	1.485–3.397	0.0001
	Richer vs. Richest		1.537	0.994–2.377	0.0531
Decision in respondent’s earnings	Respondent alone vs. Respondent and husband/partner	5495	2.295	1.145–4.599	0.0192

Note. OR = odds ratio; CI = confidence interval. Odds ratios were estimated using unadjusted binary logistic regression. Statistical significance was assessed at $p \leq 0.05$.

Among the empowerment indicators examined, women who independently decided how to use their earnings had 2.30 times the odds of reporting physical violence compared with women who made this decision jointly with their husband or partner (OR = 2.30, 95% CI = 1.15–4.60). However, most other measures of decision-making authority, asset ownership, and financial account ownership were not significantly associated with physical violence in the unadjusted analyses.

2.3. Multivariable Associations with Physical Intimate Partner Violence

Table 3 presents the reduced multivariable logistic regression model examining the adjusted associations between selected sociodemographic characteristics and physical IPV. After controlling for the other variables included in the model, women’s education, region of residence, age, and household wealth were significantly associated with physical IPV. Women’s education remained significantly associated with physical IPV. Compared with women who had more than secondary education, women with less than secondary education had 1.33 times the odds of reporting physical IPV (AOR = 1.33, 95% CI = 1.01–1.75). Women with secondary education had 1.53 times the odds compared with women with more than secondary education (AOR = 1.53, 95% CI = 1.20–1.95).

Regional differences were also observed after adjustment. Women living in the Central region had 2.03 times the odds of reporting physical IPV compared with women living in the Southern region (AOR = 2.03, 95% CI = 1.57–2.61). Women in the Northern region also had higher estimated odds than women in the South, but this difference was not

statistically significant (AOR = 1.27, 95% CI = 0.97–1.65). Physical IPV also varied by age. Compared with women aged 45–49 years, women aged 35–39 years had 1.91 times the odds of reporting physical IPV (AOR = 1.91, 95% CI = 1.44–2.54). Women aged 40–44 years had 1.40 times the odds (AOR = 1.40, 95% CI = 1.04–1.88). Differences for the younger age groups were not statistically significant.

Table 3. Multivariable logistic regression of selected sociodemographic characteristics associated with physical intimate partner violence, JPFHS 2023 [21].

Variable	Comparison	AOR	95% CI	p-Value
Woman's education level	Less than secondary vs. More than secondary	1.33	1.012–1.748	0.0407
	Secondary vs. More than secondary	1.529	1.198–1.951	0.0006
Region of residence	Central vs. South	2.025	1.569–2.613	<0.0001
	North vs. South	1.265	0.970–1.649	0.083
Woman's age group	15–19 vs. 45–49	0.512	0.182–1.441	0.2051
	20–24 vs. 45–49	1.156	0.769–1.739	0.485
	25–29 vs. 45–49	1.249	0.897–1.739	0.1883
	30–34 vs. 45–49	1.338	0.982–1.821	0.0647
	35–39 vs. 45–49	1.912	1.441–2.536	<0.0001
	40–44 vs. 45–49	1.401	1.044–1.881	0.0248
Wealth index combined	Poorest vs. Richest	2.607	1.692–4.016	<0.0001
	Poorer vs. Richest	2.482	1.616–3.812	<0.0001
	Middle vs. Richest	2.155	1.405–3.307	0.0004
	Richer vs. Richest	1.574	1.012–2.448	0.044

Note. AOR = adjusted odds ratio; CI = confidence interval. The multivariable model included women's educational attainment, region of residence, age group, and household wealth. Reference categories are indicated by the comparisons shown in the table. The analytic sample included 439 respondents with complete and applicable information for all variables included in the model. Statistical significance was assessed at $p \leq 0.05$.

Household wealth showed one of the clearest patterns in the adjusted analysis. Compared with women in the richest households, women in the poorest households had 2.61 times the odds of reporting physical IPV (AOR = 2.61, 95% CI = 1.69–4.02). Women in the poorer and middle wealth groups also had higher odds, at 2.48 and 2.16 times the odds, respectively (poorer: AOR = 2.48, 95% CI = 1.62–3.81; middle: AOR = 2.16, 95% CI = 1.41–3.31). Women in the richer wealth group had 1.57 times the odds compared with women in the richest group (AOR = 1.57, 95% CI = 1.01–2.45).

3. Discussion

This study assessed the relationship between indicators of women's empowerment and intimate partner violence against married women in Jordan. Nationally representative data from the 2023 Jordan Population and Family Health Survey (JPFHS) were used. The results showed that 10.2% of women had experienced intimate partner violence. In comparison, the rate in the current study was lower than the lifetime prevalence of physical spousal violence among Jordanian women, reported as 17.5% based on data from the 2017–2018 Jordan Population and Family Health Survey [20]. Furthermore, variations in intimate partner violence rates across countries may be attributed to differences in social norms, socioeconomic conditions, and other contextual factors [22]. In the adjusted analysis, physical IPV was associated with women's education, household wealth, age, and region

of residence. The strongest patterns were observed among women with lower household wealth, women aged 35–39 years, and women living in the Central region.

Unadjusted logistic regression analyses showed statistically significant associations with some indicators of women's empowerment and physical IPV. In particular, women who independently decided how to use their earnings had higher unadjusted odds of physical IPV than women who made this decision jointly with their husband or partner. This finding should be interpreted cautiously because women's economic autonomy operates within broader household and relationship contexts. Studies from other Middle Eastern countries have also shown mixed findings about the relationship between women's economic resources and IPV. In Egypt, greater access to employment, income, and savings, as well as more control over spending, was linked to higher levels of IPV [23]. However, another study in Egypt found that employed women had a lower risk of experiencing physical IPV [24].

Most of the empowerment indicators examined in this study were not significantly associated with physical IPV in the unadjusted analyses. One explanation may lie in how empowerment is measured. Empowerment is multidimensional and context-dependent, and measures based on household decisions, earnings, assets, and financial accounts capture only selected dimensions of the broader construct [25]. The meaning of these indicators may also vary across social and household contexts. Thus, the absence of significant associations for most of the empowerment indicators should not be interpreted as evidence that women's empowerment is unimportant to IPV.

Previous research from Jordan offers a useful comparison with the present findings. Allothman et al. [16] reported that women who had greater involvement in decisions related to family purchases and visits to relatives were less likely to experience physical and psychological IPV. However, in the current study, women's participation in household decision-making was not significantly associated with physical IPV in the unadjusted analyses. The findings of the current study differ from those reported by Abolfotouh and Almuneef [26] in Saudi Arabia. Their study demonstrated that women's empowerment remained an independent predictor of intimate partner violence even after controlling for potential confounding factors. In contrast, most of the empowerment indicators examined in the current study were not significantly associated with physical IPV in the unadjusted analyses. One possible explanation for this discrepancy is the difference in how women's empowerment was measured between the two studies. While Abolfotouh and Almuneef focused on women's participation in decision-making and freedom of movement, the current study addressed other aspects of empowerment, such as control over income, participation in household decisions, asset ownership, and possession of a financial account. Differences in the findings may also partly reflect variations in participant characteristics and the sociocultural contexts of Saudi Arabia and Jordan. Previous research conducted in Muslim-majority countries has also shown mixed findings regarding the relationship between women's empowerment and intimate partner violence. For instance, research involving Jordan indicated that women's employment status moderated the relationship between women's justification of IPV and total IPV [27]. Differences across studies may therefore partly reflect variations in the measurement of women's empowerment and IPV, as well as differences in the analytical approaches employed.

From a theoretical perspective, these findings suggest that resource-based understandings of women's empowerment may benefit from greater attention to the social and relational contexts in which resources are exercised. Access to economic resources or participation in household decisions may increase women's autonomy, but individual indicators of these resources may not uniformly correspond to lower exposure to physical IPV. The higher unadjusted odds observed among women who independently controlled the use

of their earnings further suggest that the relationship between economic autonomy and IPV may depend on household power dynamics, although the cross-sectional design does not permit conclusions about directionality or underlying mechanisms. Taken together, the findings support a multidimensional and context-sensitive conceptualization of empowerment rather than an assumption that individual empowerment indicators operate uniformly across social settings.

Beyond empowerment, the present study identified clear socioeconomic and demographic differences in physical IPV. Women with less than secondary or secondary education had higher adjusted odds of physical IPV than women with education beyond the secondary level. This finding is consistent with previous research in Jordan, which found that domestic violence was more common among women with lower levels of education [20]. One possible explanation is that women with higher education may have greater independence and more equal views about gender roles, which may reduce their dependence on their husbands [24]. Household wealth showed one of the clearest patterns. Compared with women in the richest households, women in the poorest, poorer, and middle wealth groups had substantially higher adjusted odds of physical IPV, with the highest odds observed among women in the poorest households. This finding is consistent with previous research in Jordan, which found that women with higher wealth levels were less likely to experience physical violence [20]. Similarly, research from North African and Middle Eastern countries found that women with lower incomes had a higher risk of domestic violence [6]. This may be because women with greater economic resources have better access to services and support, which may reduce their risk of IPV [4]. Age was also associated with physical IPV. Women aged 35–39 years had approximately twice the adjusted odds of physical IPV compared with women aged 45–49 years, while women aged 40–44 years also had higher odds. Previous research in Jordan has also identified variation in physical IPV by age, although different age categories were used. Kheirallah et al. [20] found that women aged 25–39 years had significantly higher adjusted odds of physical violence compared with women aged 15–24 years, whereas the association among women aged 40–49 years was not statistically significant.

Regional differences were also notable. The Central region includes Amman, Jordan's capital and major urban center. Sociological research has documented the importance of Amman as a destination for women from provincial communities seeking higher education and employment, with such migration creating opportunities for greater mobility and independence while also requiring women to navigate economic constraints, family obligations, and gendered social expectations [17]. Women living in the Central region had approximately twice the adjusted odds of physical IPV compared with women in the Southern region, whereas the adjusted difference between the Northern and Southern regions was not statistically significant. Geographic variation in IPV has also been documented in Jordan, with significantly lower adjusted odds of physical violence among women living in the Northern and Southern regions compared with the Central region [20]. More recently, a spatial analysis of the 2023 JPFHS identified significant geographic clustering of IPV, with higher IPV proportions observed in Ajloun, Jarash, Balqa, and parts of Zarqa and Amman, while lower proportions were observed in Tafila, Irbid, and part of Mafraq [28]. These broader social and geographic differences provide context for interpreting regional variation; however, the present analysis cannot determine which specific characteristics of the Central or Southern regions account for the observed difference in physical IPV.

Taken together, these findings suggest that physical IPV is patterned by women's broader socioeconomic and demographic circumstances. The limited associations observed for the selected empowerment indicators also suggest that empowerment should be considered within the wider household and social context rather than as an isolated individual

characteristic. In Jordan, social norms and beliefs that perpetuate violence against women and girls remain important challenges [9]. Moreover, despite relatively high levels of women's educational participation and involvement in household decision-making, domestic violence continues to affect a substantial proportion of married women in Jordan [10]. This context may help explain why individual measures of women's empowerment alone were not independently associated with physical IPV in the present study.

The association of physical IPV with factors such as education level, economic status, age, and place of residence underscores the importance of considering the sociodemographic circumstances that may make certain women more vulnerable to violence when developing prevention programs and strategies. While women's empowerment is important, the limited associations observed between the empowerment indicators examined in this study and physical IPV suggest that focusing solely on economic aspects and participation in household decision-making may not be sufficient to prevent this form of violence. Consequently, violence prevention efforts may benefit from comprehensive, multilevel strategies rather than focusing exclusively on individual-level factors. For instance, the Centers for Disease Control and Prevention (CDC) recommends various approaches to prevent intimate partner violence, including strengthening relationship skills, engaging influential adults and peers, supporting families, supporting survivors to increase safety and reduce harms, and creating protective environments [29]. These findings are relevant to Jordan's National Strategy for Women 2020–2025, which identifies gender-based violence as an important challenge and emphasizes strengthening prevention, protection, and response mechanisms. The strategy also highlights the need to address power relationships within families that may contribute to violence and to challenge social attitudes that justify or condone violence [11]. The socioeconomic, demographic, and regional differences identified in the present study further suggest that prevention and response efforts should consider variation in women's education, economic circumstances, age, and place of residence. In practical terms, these findings support incorporating socioeconomic and geographic considerations into IPV prevention and response planning. Programs may benefit from ensuring that prevention, screening, referral, and survivor-support resources are accessible to women across economic groups and regions, with particular attention to populations in which higher odds of physical IPV were observed in this study. Economic empowerment initiatives should also be integrated with broader violence-prevention and support strategies rather than implemented as stand-alone approaches. At the same time, the observed regional and demographic associations should be used to inform further assessment of service needs rather than to assume that residence, age, education, or economic status directly cause IPV. These recommendations should not be interpreted as suggesting that women's empowerment is ineffective. Rather, the findings indicate that empowerment initiatives may be most appropriately situated within multilevel approaches that also address relationship, community, and broader social conditions associated with IPV.

Strengths and Limitations

A major strength of this study is the use of recent, nationally representative JPFHS data and standardized survey measures. The use of standardized questionnaires and sample weights further supports the comparability and representativeness of the estimates. Additionally, the study examined several indicators of women's empowerment alongside various sociodemographic factors, allowing for a more comprehensive assessment of factors associated with physical intimate partner violence. However, several limitations should be considered. First, the study's cross-sectional design precludes the determination of causal or temporal relationships. Second, the measurement of physical intimate partner violence relied on self-reported information, which may be subject to underreporting

due to the sensitive nature of the topic. Third, the selected empowerment indicators capture only some dimensions of a complex and context-dependent construct. Additionally, this study examined only physical IPV and did not include other forms of IPV, such as sexual or psychological violence. Therefore, the findings may not fully represent women's experiences with different forms of IPV. In addition, the number of observations varied across some empowerment indicators because certain questions were applicable only to specific respondents. Residual confounding by factors not measured or included in the analysis is also possible.

4. Materials and Methods

4.1. Study Design and Data Source

This study used a cross-sectional design involving the secondary analysis of data from the 2023 Jordan Population and Family Health Survey (JPFHS). The analysis focused on the association of selected women's empowerment and sociodemographic characteristics with reported physical intimate partner violence (IPV) among ever-married women aged 15–49 years. The 2023 JPFHS is a nationally representative survey conducted by the Jordanian Department of Statistics (DoS) in collaboration with ICF as part of the Demographic and Health Surveys (DHS) Program. Data were collected between January and June 2023 using standardized DHS questionnaires translated into Arabic and adapted to the Jordanian context. Interviews were conducted using computer-assisted personal interviews. The present study used information from the women's empowerment and domestic violence modules of the survey.

The JPFHS used a two-stage stratified cluster sampling design to provide estimates by region, governorate, and urban–rural residence. In the first stage, enumeration areas were selected with probability proportional to population size using the 2015 Population and Housing Census as the sampling frame. In the second stage, 25–30 households were selected from each enumeration area. The 2023 JPFHS interviewed 12,595 ever-married women aged 15–49 years. The domestic violence module was administered according to DHS eligibility and privacy procedures, including the random selection of one eligible woman when multiple eligible women were present in a household. The present analysis was restricted to women with available information on the physical IPV outcome, yielding an analytic sample of ($N = 5495$), including 560 (10.2%) women who reported physical IPV and 4935 (89.8%) who did not. Sample sizes varied across analyses of individual empowerment indicators because certain survey questions, including those concerning decisions about the use of earnings, were applicable only to specific eligible subgroups, and respondents lacking the information required for a particular analysis could not contribute to that analysis. Consequently, each regression analysis included respondents with nonmissing and applicable information for the physical IPV outcome and the predictor(s) included in the respective model, and the analytic sample size for each regression model is reported with the corresponding results. The reduced multivariable model included 439 respondents with complete and applicable information for all variables included in that model. JPFHS sample weights were applied to account for unequal selection probabilities and survey nonresponse. The questionnaires were based on the DHS Program's model questionnaires, adapted to the Jordanian context, and translated into Arabic. Prior to the main fieldwork, the questionnaires were pretested and subsequently modified based on the pretest experience. Field staff received training in interviewing techniques, field procedures, questionnaire administration, and electronic data collection. Data quality was further supported through computer-assisted personal interviewing (CAPI), field supervision, and data-processing procedures that included consistency checks and ongoing monitoring of data quality. The JPFHS was appropriate for the present study because it

provided nationally representative data and included measures relevant to both women's empowerment and domestic violence.

4.2. Variables

Dependent variable: The dependent variable was women's reported experience of physical intimate partner violence (IPV). Physical IPV was assessed using items from the domestic violence module of the 2023 Jordan Population and Family Health Survey (JPFHS). For the present study, the measure captured whether a woman reported experiencing physical acts by a husband or intimate partner, including being pushed or shaken, having something thrown at her, being slapped, or being kicked or dragged. The outcome was analyzed as a binary variable (yes/no), with "yes" indicating at least one of the physical acts included in the study measure and "no" indicating no such experience.

The analysis was restricted to women with available information for the physical IPV outcome. Although the JPFHS domestic violence module includes information on other forms and dimensions of intimate partner violence, including sexual and emotional violence, controlling behaviors, and help-seeking, these outcomes were not examined in the present study.

Primary independent variables: Women's empowerment indicators. Women's empowerment was examined using selected indicators from the 2023 JPFHS. These indicators represented women's participation in household decision-making and selected dimensions of economic autonomy. Control over earnings: Women's control over their earnings was assessed using the JPFHS item concerning who usually decides how the respondent's earnings are used (v739). Responses were distinguished between women who made this decision independently and those who made the decision jointly with their husband or partner. This measure was applicable to women for whom information on personal earnings and decisions regarding their use was available. Household decision-making: Women's participation in household decision-making was assessed using three JPFHS items addressing decisions concerning the respondent's own healthcare (v743a), major household purchases (v743b), and visits to family or relatives (v743d). These indicators were used to characterize women's participation in important household decisions. Asset ownership: Economic asset ownership was assessed using JPFHS items indicating whether the respondent owned a house (v745a) or land (v745b), either alone or jointly, as captured in the survey. Financial account ownership: Women's access to formal financial resources was assessed using the JPFHS indicator of whether the respondent had a financial account (v170). This variable was used as an additional indicator of women's economic status and financial autonomy.

Covariates and sociodemographic characteristics: Sociodemographic characteristics examined in relation to physical IPV included the woman's age, educational attainment, household wealth, place of residence, region of residence, nationality, and employment-related characteristics available in the JPFHS. Age was categorized using the survey age groups from 15–19 through 45–49 years. Women's educational attainment was categorized as less than secondary, secondary, and more than secondary education. Household economic status was represented by the DHS wealth index and categorized into the poorest, poorer, middle, richer, and richest quintiles. Place of residence was classified as urban or rural, and region of residence was categorized as Central, North, or South. The Central region includes Amman, the capital and largest urban center of Jordan. Nationality was categorized according to the classifications available in the JPFHS. Husband's educational attainment and women's employment characteristics were also examined in the bivariate analyses where relevant data were available. The sociodemographic variables were selected to characterize the study population and to examine whether physical IPV varied across important social, economic, and demographic characteristics of women represented in the

survey. The study variables, their operationalization, and coding categories are presented in Table 4.

Table 4. Study Variables, Operationalization, and Coding Categories.

Variable	Operationalization/Measurement	Coding/Categories
Physical intimate partner violence (IPV)	Experience of specified physical acts by a husband or intimate partner: pushed/shaken, something thrown at her, slapped, or kicked/dragged.	No; Yes
Control over earnings (v739)	Who usually decides how the respondent's earnings are used.	Respondent alone; Respondent and husband/partner
Healthcare decision-making (v743a)	Who makes decisions regarding the respondent's own healthcare?	Respondent alone; Respondent and husband/partner; Husband/partner alone; Someone else; Other
Major household purchase decision-making (v743b)	Who makes decisions regarding major household purchases.	Respondent alone; Respondent and husband/partner; Husband/partner alone; Someone else; Other
Family visit decision-making (v743d)	Who makes decisions regarding visits to family or relatives.	Respondent alone; Respondent and husband/partner; Husband/partner alone; Someone else; Other
House ownership (v745a)	Whether the respondent owns a house alone or jointly.	Does not own; Owns alone or jointly
Land ownership (v745b)	Whether the respondent owns land alone or jointly.	Does not own; Owns alone or jointly
Financial account ownership (v170)	Whether the respondent has a financial account.	No; Yes
Woman's education	Educational attainment of the respondent.	Less than secondary; Secondary; More than secondary
Nationality	Nationality of the respondent.	Jordanian; Other nationality
Region of residence	Geographic region of residence.	Central; North; South
Age group	Respondent's age grouped into five-year categories.	15–19; 20–24; 25–29; 30–34; 35–39; 40–44; 45–49
Place of residence	Type of residential area.	Urban; Rural
Household wealth	DHS wealth index.	Poorest; Poorer; Middle; Richer; Richest

4.3. Statistical Analyses

All analyses were conducted using SAS version 9.4 (SAS Institute Inc., Cary, NC, USA). Descriptive statistics were used to summarize the study population, women's empowerment indicators, sociodemographic characteristics, and physical intimate partner violence (IPV). Categorical variables are reported as frequencies and weighted percentages. JPFHS sample weights were applied to account for unequal probabilities of selection and nonresponse. Binary logistic regression was used because the dependent variable, physical intimate partner violence (IPV), was dichotomous. Physical IPV was coded as 1 ("yes") when a respondent reported experiencing at least one of the specified physical acts by a husband or intimate partner and 0 ("no") when none of these acts was reported. Categorical independent variables were entered using indicator coding, with the reference categories specified in the regression tables. Women's educational attainment was categorized as less than secondary, secondary, and more than secondary education; household wealth as poorest, poorer, middle, richer, and richest; region as Central, North, and South; and age in five-year categories from 15–19 through 45–49 years. The empowerment indicators were coded according to the corresponding JPFHS response categories. For example, control over earnings compared women who independently decided how their earnings were used with women who made this decision jointly with their husband or partner. Unadjusted logistic regression models were used to estimate individual associations with physical

IPV, and a reduced multivariable logistic regression model was used to estimate adjusted associations for education, region, age, and household wealth. Results are presented as ORs or AORs with 95% confidence intervals. Statistical significance was defined as a two-sided p -value ≤ 0.05 . Given the cross-sectional design, findings were interpreted as associations rather than causal effects.

This study involved the secondary analysis of existing survey data. The Georgia Southern University Institutional Review Board determined the study to be exempt from full IRB review under Exemption Category 4 for secondary research (Protocol H26365; determination date: 7 July 2026). The investigators did not contact the study participants or attempt to re-identify individuals in the dataset.

5. Conclusions

Physical IPV among married women in Jordan was associated with education, household wealth, age, and region of residence in the adjusted analysis. Although most empowerment indicators were not significantly associated with physical IPV in the unadjusted analyses, women who independently decided how to use their earnings exhibited higher unadjusted odds of experiencing physical IPV. These findings suggest that strategies to reduce physical IPV should consider women's broader sociodemographic circumstances rather than relying solely on specific aspects of women's empowerment. Future research should examine additional dimensions of women's empowerment and other factors that may influence women's exposure to physical IPV. Furthermore, longitudinal studies could help clarify the temporal relationships between women's empowerment, sociodemographic factors, and physical intimate partner violence.

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Institutional Review Board Statement: This study involved the secondary analysis of existing survey data. The Georgia Southern University Institutional Review Board determined the study to be exempt from full IRB review under Exemption Category 4 for secondary research (Protocol H26365; determination date: 7 July 2026). The investigators did not contact the study participants or attempt to re-identify individuals in the dataset.

Informed Consent Statement: Not applicable. This study involved the secondary analysis of existing de-identified data from the 2023 Jordan Population and Family Health Survey (JPFHS), and the investigators had no direct contact with the study participants.

Data Availability Statement: The data analyzed in this study were obtained from the 2023 Jordan Population and Family Health Survey (JPFHS), conducted as part of the Demographic and Health Surveys (DHS) Program. The dataset is available from the DHS Program subject to its data-access requirements and approval procedures at <https://dhsprogram.com/data> (accessed on 28 August 2026). No new datasets were generated during this study.

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Conflicts of Interest: The authors declare no conflicts of interest.

Abbreviations

The following abbreviations are used in this manuscript:

AOR	Adjusted Odds Ratio
CAPI	Computer-Assisted Personal Interviewing
CI	Confidence Interval
DHS:	Demographic and Health Surveys
DoS	Department of Statistics
IPV	Intimate Partner Violence
IRB	Institutional Review Board
JPFHS	Jordan Population and Family Health Survey
MENA	Middle East and North Africa
OR	Odds Ratio
SAS	Statistical Analysis System
SDG	Sustainable Development Goal
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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