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CLINICAL ARTICLE

Prediction of domestic violence against married women in southwestern Turkey[☆]Gulsen O. Izmirli^{a,*}, Yonca Sonmez^{a,*}, Mekin Sezik^b^a Department of Public Health, Süleyman Demirel University School of Medicine, Isparta, Turkey^b Department of Obstetrics and Gynecology, Süleyman Demirel University School of Medicine, Isparta, Turkey

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ABSTRACT

Objective: To determine the prevalence of, and independent risk factors for various domestic violence categories among married women of reproductive age in southwestern Turkey. **Methods:** The present cross-sectional study included 260 randomly selected women registered to a family physician in the district of Gönen, Isparta. During home visits between October 1 and December 31, 2012, the women completed a questionnaire that included between four and eight questions for each violence category (physical, verbal, economic, emotional, and sexual) to assess the lifetime presence of domestic violence. Logistic regression models with backward elimination were constructed to define independent risk factors for domestic violence. **Results:** In total, 176 (67.7%) women reported any type of domestic violence at least once in their lifetime. Verbal/psychological abuse was the most frequent type (reported by 121 [46.5%] women). Living in a village, young age (19–29 years) of the husband, adolescent age (<19 years) of the husband at marriage, and problem alcohol use or problem gambling in the partner were independent predictors of domestic violence. **Conclusion:** Attention should be given to area of residence, age of both partners at marriage, adolescent marriage, and husband characteristics during screening for domestic violence.

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1. Introduction

Domestic violence is a form of interpersonal violence, constituting an important global community health problem and a serious violation of human rights [1,2]. Women are frequently exposed to domestic violence [1]. Indeed, a US report [3] indicated that approximately 80% of all domestic violence is committed against women.

Although the concept of home typically represents security and peace in various cultures, it can be a place of pain and despair for women exposed to violence. Moreover, domestic violence is associated with chronic physical and psychological problems, with subsequent economic and social effects on children, the family, and the community [4,5]. Violence can begin in utero—many cultures have a preference for male fetuses [6]—and is an ongoing issue throughout many women's lives [7].

According to the UN [8], violence against women includes “the act of gender-based violence that results in or is likely to result in physical,

sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” Domestic violence against women includes: (1) any physical violence causing actual bodily harm, from pushing, jolting, manhandling, dashing, kicking, and scragging, to stabbing and shooting; (2) sexual assault in an unacceptable manner, place, and time, and sexual abuse including any other act of sexual violence; (3) economic violence to control a woman's income and/or employment, and other acts to prevent the economic freedom of the female partner; (4) emotional abuse, including bullying, creating fear, blackmailing, and controlling behaviors such as isolation of the woman from her family of birth, friends, or social life and forcing her to stay at, or leave, the home; and (5) psychological or verbal abuse including acts such as insulting, making fun of personal weaknesses, using humiliating nicknames, and shouting [1,7,9,10].

Women experiencing domestic violence may feel ashamed and hide the act out of fear of being alienated by the community. Furthermore, women are frequently unaware of the reporting process and can feel insecure about how they will be treated. It is estimated that most women do not officially report incidents to health or legal authorities [10,11]. Therefore, much domestic violence is hidden, with under-reporting mainly because of financial barriers, cultural beliefs, threat of losing children, distrust toward healthcare workers, and little awareness of paths available (such as criminal procedures) [11].

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* Corresponding author at: Department of Public Health, Süleyman Demirel University School of Medicine, Cunur, 32260 Isparta, Turkey. Tel.: +90 246 211 3653; fax: +90 246 2371165.

E-mail address: yoncasonmez@yahoo.com (Y. Sonmez).

Although the awareness of domestic violence has increased, additional preventive strategies are necessary. Health workers, including general practitioners and obstetricians/gynecologists, have an imperative role in identifying, reporting, and managing domestic violence [2]. However, there is a need to define risk factors for domestic violence that can be identified in a clinical setting [9]. Once these are known, more effective screening strategies could be developed to identify potentially vulnerable women during a clinical visit. The present study evaluated independent risk factors for various domestic violence categories among married women of reproductive age in a rural/semirural geographic area in southwestern Turkey. The aim was to define risk factors that are simple to identify during a clinical visit.

2. Materials and methods

The present study had a cross-sectional design and was carried out between October 1 and December 31, 2012. The sampling frame for the present study consisted of the 901 married women of reproductive age (15–49 years) who were registered with any of the family physicians in the district of Gönen, Isparta, in southwestern Turkey. The study was approved by Süleyman Demirel University School of Medicine ethics committee. Informed consent was obtained from all participants.

The 901 women in the sampling frame were given a numeric identifier, and sampling was performed following calculation of the sample size, which was done using the StatCalc function of Epi Info version 7 (Centers for Disease Control and Prevention, Atlanta, GA, USA) for Windows. Assuming a population prevalence of domestic violence of 39% on the basis of a previous investigation in Turkey [10], the required sample size was calculated to be 260, with a 95% confidence level, and 5% deviation (absolute precision). The participants were stratified for area of residence using a random numbers table (stratified random sampling).

All participants completed an anonymous questionnaire under observation by one of the researchers (G.O.I.) at their place of residence during a home visit. The questionnaire included questions on sociodemographic data such as partner age, household income, social security, and consanguineous marriage. Questions on chronic disease and/or disabilities were also asked, as were questions on problem alcohol/drug use and problem gambling in the partner. A positive reply by the woman to questions about problem alcohol/drug use and problem gambling in the partner was considered to indicate the presence of such a problem. The average monthly household income was classified as low (<US\$400 per month), middle (\$400–1500 per month), or high (>\$1500 per month).

The women were surveyed for lifetime exposure to domestic violence in five areas: physical, verbal, economic, emotional, and sexual abuse [1,7,9,10]. The questionnaire included between four and eight questions for each violence category. A positive reply for at least one behavior in a given category was considered as exposure to violence in that particular category.

For bivariate comparisons, χ^2 and Fisher exact tests were used. Logistic regression models with backward elimination were constructed to define independent risk factors for domestic violence. $P < 0.05$ was considered statistically significant.

3. Results

The response rate was 100% (260/260). The mean age of the women in the study population was 35.9 ± 8.1 years (range 19–49). More than half had completed only 5 years of education and more than three-quarters were unemployed (Table 1). The mean age at marriage was 19.9 ± 4.1 years (range 13–39) for the women and 23.5 ± 4.8 years (range 12–50) for their husbands; 142 (54.6%) women had married during adolescence (when aged <19 years) compared with 46 (17.7%) male partners. The mean duration of marriage was 16.0 ± 8.8 years (range 1–38). Overall, 240 (92.3%) couples had children, and 200 (76.9%) families were of the “nuclear” type (i.e. a family that consists

Table 1

Sociodemographic and economic characteristics of participating women and their husbands (n = 260).

Characteristic	No. (%)
Woman	
Age, y	
19–29	62 (23.8)
30–39	101 (38.8)
40–49	97 (37.3)
Education	
No formal education	14 (5.4)
Primary school (5 years)	133 (51.2)
Middle school (8 years)	42 (16.2)
High school (11 years)	47 (18.1)
University	24 (9.2)
Employment	
Unemployed	204 (78.5)
Employed	56 (21.5)
Social insurance	
Yes	204 (78.5)
No	56 (21.5)
Household income	
Low (<US\$400 per month)	49 (18.8)
Middle (\$400–1500 per month)	167 (64.2)
High (>\$1500 per month)	44 (16.9)
Husband	
Age, y	
19–29	33 (12.7)
30–39	95 (36.5)
40–49	94 (36.2)
≥ 50	38 (14.6)
Education	
No formal education	6 (2.3)
Primary school (5 years)	97 (37.3)
Middle school (8 years)	54 (20.8)
High school (11 years)	74 (28.5)
University	29 (11.2)
Employment	
Unemployed	75 (28.8)
Employed	185 (71.2)

of father, mother, and children). The remaining families were extended families, with the woman's mother-in-law and/or father-in-law being the most common relatives in the family (37 [61.7%] of 60 extended families). The area of residence was classified as district center for 115 (44.2%) women, town for 62 (23.8%), and village for 83 (31.9%).

The overall frequency of any type of domestic violence was 67.7% and the most frequent category of domestic violence was verbal or psychological (46.5%), which was mostly from husbands (Table 2).

Table 2

Prevalence of domestic violence (n = 260).

Type of domestic violence	No. (%) ^a
Exposure to violence by husband and/or other family members	
Any type of domestic violence	176 (67.7)
Verbal/psychological violence	121 (46.5)
Physical violence	110 (42.3)
Emotional violence (controlling behaviors)	103 (39.6)
Economic violence	86 (33.1)
Sexual violence	38 (14.6)
Exposure to violence by husband	
Any type of domestic violence	169 (65.0)
Verbal/psychological violence	113 (43.5)
Physical violence	105 (40.4)
Emotional violence (controlling behaviors)	103 (39.6)
Economic violence	82 (31.5)
Sexual violence	38 (14.6)
Exposure to violence by other family members	
Any type of domestic violence	51 (19.6)
Verbal/psychological violence	36 (13.8)
Physical violence	19 (7.3)
Economic violence	19 (7.3)

^a Percentages do not add up to 100% because violence was reported in multiple categories.

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