



# Domestic violence and woman's reproductive health: a review of the literature<sup>☆</sup>

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## ARTICLE INFO

### Article history:

Received 7 May 2009

Received in revised form 17 February 2011

Accepted 19 February 2011

Available online 29 July 2012

### Keywords:

Domestic violence

Women

Reproductive health

## ABSTRACT

This paper outlines the current literature on the effect of violence on women's reproductive health. Domestic violence is considered worldwide to be a social health problem which particularly affects women. It is generally categorized in five groups as physical, sexual, verbal, economic, and emotional violence. Domestic violence against women also includes sterilization and abortion by force, forcing women to use contraceptives against their will, or withholding contraceptives from those who wish to use them, genital mutilation, killing female children, and choosing gender in the prenatal period. A woman infected with a sexually transmitted disease by her partner or husband, and having a partner or husband having sexual intercourse with another woman also falls within the sexual violence parameters. Domestic violence has significant effects on both the general and reproductive health of the women, and may cause serious complications and may end with death. The studies show that women exposed to violence have worse health conditions and benefit less from health services than others. Therefore, health care personnel have important responsibilities to define domestic violence and intervene when necessary. These personnel must also be educated in matters of domestic violence, effective policy and protocols must be put in place. And, very importantly, health personnel must be supported by their managers when they try to deal with matters relating to domestic violence.

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## 1. Introduction

Women have ensured the continuation of the human race with their productivity and, at the same time contributed to the economy with their productivity. Accordingly, the importance of women in the family and society is beyond question. Besides being a member of their society, women have many roles which require serious responsibility such as being a partner, a mother, and a housewife. The roles originating from social gender discrimination ascribe women similar responsibilities. However, these roles and responsibilities

come with gender inequality in almost all cultures. Due to this inequality, women have been oppressed, controlled, and pushed to the back of the queue in areas such as education, working life, and health (Erci, 2003; Taşkın, 2004; Timur, Ege, & Bakış, 2006). Two out of three illiterate adults in the world are women (Akin & Demirel, 2003; [www.ntvmsnbc.com/news](http://www.ntvmsnbc.com/news)). Although they comprise more than half of the world's population, and one in third of the work force, women receive only 10% of the world's income and 1% of the world's wealth (Akin & Demirel, 2003; Atlı & Özvarış, 1998; Esin & Öztürk, 2005; Güven, 2001).

The roles and responsibilities that are commonly ascribed on the basis of gender often give men control and power over women. Accordingly, some men may consider it fair to respond with violence to women who they consider are behaving irresponsibly or without due respect (Blacklock, 2001; Türmen, 2003). Violence is a significant social health problem which is found all over the world, in all cultures, in all areas of human life, and which is not related to geographical borders,

<sup>☆</sup> Précis: The aim of this paper was to evaluate the effect of domestic violence against women on reproductive health.

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economic development or educational level. A report published by The World Health Organization (WHO) (2002) indicates that most of the violence is targeted at family members and women (Balci & Ayranci, 2005; Korur, 2003; Krug, Mercy, Dahlberg, & Zwi, 2002; Schemuel & Schenker, 1998).

WHO describes violence as “the international use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (Dunkle, Jewkes, Brown, & Yoshihama, 2004b; Güler, Tel, & Tuncay, 2005; Krug et al., 2002; Moreno, Jansen, Ellsberg, & Heise, 2006). Violence against women includes behaviors that may hurt them physically, sexually or psychologically, threats to inflict such abuse, and forceful restrictions on their freedom (Eryilmaz, 2001; Güler et al., 2005; Krantz & Moreno, 2005; Thompson et al., 2006).

All forms of violence against women are serious social problems; however, it is not always possible to differentiate between the various kinds of violence that may be inflicted. However, domestic violence which causes damage to the victim is generally classified in five categories as physical, sexual, verbal, economic, and emotional (Balci & Ayranci, 2005; Eryilmaz, 2001; Korur, 2003; Krug et al., 2002; Schemuel & Schenker, 1998). Domestic violence against women also includes sterilization by force and compelling to abortion, applying or preventing contraceptives by force, genital mutilation, killing female children and choosing gender before the prenatal period. To be infected with sexually transmitted diseases (STDs) by her partner or husband and having a partner or husband that has a sexual relationship with another woman are included in the sexual violence parameters (Khan, 2000; Kılıç, 1999; Pekin+5 Siyasi Deklarasyonu ve Sonuç Belgesi, 2001).

Although they are exposed to violence from their partners, women generally have a tendency to hide this situation and simply continue to tolerate it. Factors, such as concern about the security of their children and their own, fear of rejection by their family and society, economic powerlessness, fear of losing social respect, fear of not being believed by their society, emotional dependence on their partner and love for him, are common reasons for this (Jahanfar & Malekzadegan, 2007; Power, 2004;). It is thought that the main reasons which force women to accept and to tolerate violence originate from their lower status and the gender discrimination in their societies.

## 2. The prevalence of violence against women throughout the world

Domestic violence especially against women is regarded as a significant social health problem especially for women throughout the world. The number of studies about the extent of this type of violence has increased since the 1960s (Ergonen, Salacin, Karademir, Gursel, & Musal, 2007).

The WHO study called “Women's Health and Domestic Violence Against Women” surveyed 10 countries and 24000 women and showed how prevalent domestic violence is. Physical violence from their partners was reported in 23–49% of those women, and sexual violence was reported in 10–50% of them. The results of this cross-cultural study show that domestic violence is not only just physical, but includes sexual violence at a rate of 30–50% in many countries (Hussain & Khan, 2008).

Throughout the world, at least one in three women (nearly one billion) has been beaten, forced to have sex, or harassed in some manner. Nearly 47% of women testify that they have been forced to have sex. About 70% of female murder victims were killed by their male partners. Every 2.5 min one woman is exposed to sexual abuse in the U.S. (www.adlitip.org; Turla, 2006). A study in Japan reveals that 67% of women have been exposed to psychological, sexual, or physical violence (Weingourt, Maruyama, Sawada, & Yoshino, 2001). The rate of physical violence is reported as 34% in Pakistan (Fikre & Bhatti, 1999). The prevalence of domestic violence is estimated to be 60.6% in a study of pregnant women in Iran (Jahanfar & Malekzadegan,

2007). In a study of pregnant women in Sweden, it was determined that 14.49% of women had been exposed to violence during their current pregnancy; and 95% of them had been exposed to violence in their past pregnancies (Hedin & Johnson, 2000). In a Turkish study, “Domestic and Social Violence Research”, which was carried out by the Family Research Association on 2578 women in 1997, the prevalence of physical violence was 16.5%, and the prevalence of verbal violence 12.3% (Subaşı, 2001). In addition, 39% of women unfortunately consider their husbands to have the right to beat his wife because of the false consciousness caused by the gender discrimination. “Argues with him” is the main reason (29.1%) women give for believing their husbands have the right to beat them and the other reasons are “spends too much money” (27%), “neglects child care” (23%) and “refuses to have sex with him” (16.3%) (Turkey Demographic & Health Survey (TDHS), 2003).

## 3. The effects of domestic violence against women on women's health

As the life expectancy of the women grows longer, “adding health and meaning to life” becomes a significant dimension of the health for everybody who understands (Kök, Senel, & Akyüz, 2006). However, violence against women stands as a barrier to achieving these aims since it generates a breeding-ground for problems that increase mortality and morbidity by negatively affecting both dimensions of women's health. Meanwhile, violence places a burden on the health system throughout the whole world. Research in the U.S. shows that health expenses have increased two and a half times in women exposed to violence (Subaşı, 2001). Violence is not only a health problem, but also a significant factor negatively affecting women's well-being (Subaşı, 2001; Tomasulo & McNamara, 2007). Some unexplainable physical symptoms and lower health standards are observed among the women exposed to physical and sexual violence (Tomasulo & McNamara, 2007).

Violence against women may cause cuts, fractures, internal organ injuries, and permanent defects (Subaşı, 2001). Women exposed to violence tend to get involved in self-harming behaviors such as alcohol and drug abuse or unprotected sex. Violence may cause emotional imbalance, depression, fear, anxiety, decreased self-respect, sexual function defects, eating disorders, post-traumatic stress disorders, and even suicide (Dunkle, Jewkes, Brown, & Yoshihama, 2004; Heise, Ellsberg, & Gottemoeller, 1999; Jahanfar & Malekzadegan, 2007; Özyayın, Üner, & Akin, 1998; Paksoy, 2007). Women exposed to violence often experience feelings of panic, have an expectation that something bad will happen and have sleep-related problems including sleeping and resting troubles and waking up with violent nightmares. This chronic stress and anxiety cause some somatic disorders in women exposed to violence, such as hypertension, irritability, gastrointestinal disorders, asthma, and headaches (Eryilmaz, 2001; Heise et al., 1999; Subaşı, 2001; Tomasulo & McNamara, 2007). Taft and Watson (2008), in their study of 24,459 women in Australia, determined that depression was seen much more frequently among women exposed to violence (especially from their partner) than in other women.

## 4. The effects of domestic violence against women on reproductive health

According to the WHO, reproductive health is: “...a state of complete physical, mental and social well being and not merely the absence of disease or presence of any disabilities in all matters relating to the reproductive system and its functions and processes. It implies a person's ability to have a satisfying and safe sex life, and that they have the capability to reproduce and the freedom to decide if, when and how often to do so” (Akyüz, Şahiner, & Bakır, 2008). As violence is a factor that affects women psychologically, physically, and sexually, when we look at the definition of reproductive health, it is obvious that it has negative effects on reproductive health just as it does on

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