Investigating the causes and type of violence against spouses in married men in Kerman

Ali Mehri, Maryam Saber[1], Mehran Nakhaeizade[2], Hadise Safinejad[3]

Abstract:

BACKGROUND: Domestic violence against women is a global problem that can lead to many negative consequences on physical, mental, and social health that various sociocultural causes play a role in its occurrence in different societies. Therefore, this study was conducted to determine the causes and type of violence against spouses in married men in Kerman.

MATERIALS AND METHODS: This cross-sectional study was performed in 2018. The study was conducted on 400 married men who experienced violence against their wives. Sampling was a multistage cluster sampling method. The data collection tool was a questionnaire on violence against women. Data were analyzed using descriptive statistics, one-way analysis of variance (ANOVA), and two-variate analysis.

RESULTS: The results of the data showed that the highest rate of violence in the group of housewives was related to physical violence and in the group of women living in dormitories and pregnant women was related to verbal violence. The results of data analysis with a one-way ANOVA test showed that between the three groups, all dimensions of violence and the overall score of violence had significant changes ($P < 0.05$). The results of the two-variate analysis test showed that there was a significant relationship between the variables of age, duration of marriage, male education, spouse education, type of marriage, male job, and spouse job with the overall score of violence in all three groups ($P < 0.05$).

CONCLUSION: According to the results of the present study, it seems that the empowerment of women in all dimensions to improve and promote health to deal with domestic violence is essential. As a result, the relevant measures should be taken by the support systems taking into account the circumstances of the individuals.

Keywords:

Domestic violence, health promotion, men, women, women's empowerment

Department of Health Education and Health Promotion, School of Public Health, Sabzevar University of Medical Sciences, Sabzevar, Iran, [1]Department of Health Education and Health Promotion, School of Health, Kerman University of Medical Sciences, Kerman, Iran, [2]Department of Statistics and Epidemiology, Modeling in Health Research Center, Institute for Futures Studies in Health, Kerman University of Medical Sciences, Kerman, Iran [3]Department of Midwifery, Midwifery Faculty, Kerman Branch, Islamic Azad University, Kerman, Iran

Address for correspondence:
Dr. Maryam Saber, Department of Health Education and Promotion, School of Health, Kerman University of Medical Sciences, Kerman, Iran. E-mail: maryamsaber699@gmail.com

Introduction

Violence against women refers to any gender-based violent behavior that can cause physical, sexual, psychological, and psychological harm to women. Such behavior is done by coercion or threat.[1]

Violence against women or spousal abuse is an abusive behavior that occurs by the husband against the woman in the privacy of the family and away from the eyes of society and often in secret. Violence against women, by leaving physical and psychological effects on the abused person, also causes irreparable social consequences.[2] Violence against women is considered as one of the violations of human rights that is not related to a specific geographical area or a specific social level and is seen in a comprehensive manner with all socioeconomic levels.[3]

Violence against women affects women's physical and mental health and has negative

consequences for social welfare, children, family, and society. Domestic violence limits women's rights to social life.[1] According to the World Health Organization, one in three women will experience sexual or physical violence by their sexual partner. Among the regions of the World Health Organization in Southeast Asia (37.7%), violence is more.[4] Violence against women increases the risk of depressive victims being twice as likely as other women. The risk of injury to victims is 42%. The probability of giving birth to a low birth weight baby is 16%. Thirty-eight percent of murders of women worldwide are by sexual partners and as a result of violence. Violence against women also has other complications, including disability, disability, suicide, homicide, sexual harassment, and pregnancy complications.[5] It can also lead to chronic problems such as sexual dysfunction, headache, abdominal and pelvic pain, decreased self-esteem, and reduced quality of life.[6-8]

Studies conducted in Iran show a high rate of violence against women. In this regard, the results of the Narimani study showed that psychological violence exists in 56% of families. It also showed that social violence exists in 30% of families and physical violence exists in 29% of families.[9]

In addition, the results of one study in iran showed that the rate of domestic violence is 88%. They also reported 25% of physical violence, 89% of emotional violence, and 39% of sexual violence.[10] Regarding the factors related to violence against women, the United Nations findings on violence against men in Asia and the Pacific on 10,178 men showed that the factors related to the incidence of violence vary by country and type of violence. Violence against women varies from country to country based on demographic components, gender-related factors, childhood trauma experiences, alcohol abuse, depression, education level, poverty, and membership in military and destructive groups.[11] The underlying factors of violence against women can be different and depend on the type of culture in society. Due to the fact that people's perception of this phenomenon is intertwined with norms and culture, it is not possible to identify the phenomenon of violence without considering cultural factors and norms of society and without examining ideas and having a comprehensive, broad, and open view.[12,13] How to deal with the phenomenon of violence depends on the norms and sociocultural values of each society. Therefore, the type of perception and definition of domestic violence against women and its underlying factors can be different and depend on the type of culture in society.[12,14] Many negative consequences of domestic violence against women affect all aspects of health. Cultural factors and norms play a role in the incidence of domestic violence against women. As a result, any

plan to reduce violence against women and promote family-based health requires comprehensive knowledge of the status of violence and its causes in different cultures. The empowerment of women in all dimensions is essential to improving and promoting health to combat domestic violence. As a result, the relevant measures should be taken by the support systems, taking into account the circumstances of the individuals. Therefore, the aim of this study was to determine the causes and type of violence against spouses in married men in Kerman.

Materials and Methods

Study design and setting
The present study is a cross-sectional study that was conducted in 2018 after obtaining the code of ethics from Kerman University of Medical Sciences (IR.KMU. REC.1397.008) in Kerman.

Study participants and sampling
The target population in the present study included married men in Kerman. Samples were selected by multistage cluster sampling. According to the plan of Kerman Municipality, the city of Kerman was divided into five districts. Four streets were randomly selected from each district. Two alleys were randomly selected from each street. Men with experience of spousal violence and with written consent were selected as the research unit to participate in the study. Then, the necessary explanations about the goals and methods of the study were given to the study participants. Inclusion criteria were Iranian race, fluent in Persian, written consent to participate in the study, men with experience of violence against their spouses, and having lived together for at least 1 year. Exclusion criteria were unwillingness to participate in the study and completing the questionnaire. The number of samples in the present study was estimated to be 385 using the following sample volume formula, which was increased to 400 for more confidence.

$$n = ([Z_{1-\alpha/2}]^2 \times p \times q)/r^2$$

Considering the 95% confidence level, $P = q = 0.5$, and $r = 0.05$, 400 people were included in the study.

Data collection tool and technique
The data collection tool was a psychometric questionnaire for determining violence against women by married men[13] In the present study, the validity and reliability of the questionnaire were examined. This questionnaire contained 99 items, which was reduced to 58 items after determining the validity and reliability in the present study. The face validity of this questionnaire was done both qualitatively and quantitatively. To determine the

qualitative face validity, face-to-face interviews were conducted with 10 men with experience of violence against their spouses. Difficulty in understanding items and words, appropriateness and relevance of items to the dimensions of the questionnaire, and the presence of ambiguity (the possibility of misunderstandings of items or inadequacies in the meanings of words) were examined. Then, according to the participants' opinions, minor changes were made in the initial questionnaire. To quantitatively determine face validity, to calculate the impact score, the same 10 men who had experienced violence against their spouse in the previous step were asked to rate the importance of each item on a 5-point Likert scale. At the end of this section, 7 items were removed due to an impact score of <1.5. As a result, the number of items increased from 99 to 92. Finally, 92 items entered the next stage.

To determine the content validity ratio (CVR), 16 experts who had experience in violence against women or toolmaking were selected and a CVR determination form was sent to them. At the beginning of this form, the research topic, study objectives, target groups, and how to prepare items were explained. Experts were asked to rate items based on a 3-point Likert comparison (necessary, useful but not necessary, not necessary). After sending 3 reminder e-mails, 11 experts (68.75%) responded to our request and sent us the completed forms. The minimum acceptable score of CVR based on the table of Lavoshe (1975) according to the number of panels of our experts was 0.59. Items that scored the minimum acceptable CVR score and the acceptable score were retained for the next stage. Thus, 13 items were removed and 8 items were modified. Finally, 79 items remained. Therefore, a questionnaire of 79 questions was taken to determine the content validity index (CVI). To determine the CVI, three criteria of simplicity, relevance, and clarity were examined separately by 11 experts in a four-part Likert spectrum for each item. A score of 0.79 and above leads to the acceptance of the item. Thus, items that scored <0.79 were removed. Finally, 4 items were removed. At this point, a number of items were also merged due to overlap with other items. A number of other questions were also omitted with reviews by researchers. Finally, the questionnaire that entered the next stage to determine the validity of the structure was a questionnaire containing 58 questions. Internal consistency and stability were used to determine the reliability of the questionnaire. Cronbach's alpha or alpha coefficient was used to calculate internal consistency. In this study, to determine internal consistency after construct validity, Cronbach's alpha coefficient was calculated in a sample of 320 men with experience of violence against their spouses, which was 0.78. As a result, the internal consistency or internal correlation of the whole questionnaire was very good. Furthermore,

if each item of the questionnaire was deleted, the alpha value varied from 0.984 to 0.985. Cronbach's alpha was then calculated for each factor. The internal correlation results were close to 0.9 or higher, indicating good internal consistency of the factors. Indicators such as mean, standard deviation, and frequency distribution tables were used to describe the collected data. To analyze the data, descriptive statistics tests, one-way analysis of variance (ANOVA), and two-variate analysis were used. In these tests, a significance level of 0.05 was considered. Analysis was performed using SPSS software version 20 (IBM, SPSS Inc., Chicago, Illinois, USA).

Ethical consideration

The code of ethics was obtained from the Vice Chancellor for Research of Kerman University of Medical Sciences (IR. KMU.REC.1397.008). Written consent was obtained from all participants in the study. Participants were assured that their information would be kept confidential and would be reported anonymously. It was also ensured that participation in the study is optional and there is no obligation to participate in the study.

Results

The results of this study showed that the highest rate of violence in the group of housewives was related to physical violence and in the group of women living in dormitories and pregnant women was related to verbal violence [Table 1].

The results of data analysis with one-way ANOVA test showed that there are significant changes between all three groups of all dimensions of violence and also the overall score of violence [Table 2].

The results of bivariate analysis data showed that there is a significant relationship between the variables of age, duration of marriage, male education, spouse education, type of marriage, male occupation, and spouse occupation with the overall score of violence in all three groups [Table 3].

Discussion

The results of this study showed that physical violence was highest in housewives and verbal violence was highest in women living in dormitories and pregnant women. In this regard, the results of the study of Sadeghi *et al.* showed that verbal violence has the highest and sexual violence has the lowest prevalence among married women in Tehran.[10] The results of Mirzaei's study showed that the highest rate of violence is verbal–psychological violence and physical violence is in the next category and no cases of sexual and financial violence were observed. One of the reasons for the lack

Table 1: Mean and standard deviation of the dimensions of violence in three groups of housewives, women living in dormitories, and pregnant women

Variable	Mean	SD
Housewives		
Verbal violence	28.48	13.64
Physical violence	29.89	12.51
Sexual violence	21.38	10.27
Economic violence	23.79	9.66
Social violence	19.09	9.83
Emotional violence	22.98	8.46
Legal violence	2.08	1.68
Overall score of violence	141.64	56.44
Women living in dormitories		
Verbal violence	27.54	14.01
Physical violence	26.26	12.59
Sexual violence	20.17	9.40
Economic violence	22.11	9.99
Social violence	19.00	9.32
Emotional violence	25.45	10.96
Legal violence	3.11	2.27
Overall score of violence	138.26	62.58
Pregnant women		
Verbal violence	36.29	14.00
Physical violence	34.42	9.80
Sexual violence	26.03	10.19
Economic violence	27.29	8.64
Social violence	23.75	7.42
Emotional violence	27.44	11.44
Legal violence	2.44	1.09
Overall score of violence	170.67	43.29

SD=Standard deviation

Table 2: Survey of violence and its dimensions in three groups of housewives, women living in dormitories, and pregnant women

Variable	P	F
Verbal violence	0.001	13.68
Physical violence	0.001	11.40
Sexual violence	0.001	11.01
Economic violence	0.001	9.12
Social violence	0.001	10.89
Emotional violence	0.008	4.87
Legal violence	0.011	4.60
Overall score of violence	0.001	11.40

of sexual violence in the cases was the lack of reporting it to legal centers because the issue of women's dignity in our society is of particular importance.[15] In addition, the results of the study of Purghaz and Raghibi showed that the types of common violence against women from the perspective of the participants in the study among the Turkmen tribes were verbal violence, emotional violence, financial violence, physical violence, social violence, sexual violence, and cultural violence.[16] The results of the studies were in line with the results of women

living in dormitories and pregnant women. However, the results of the study by Bagrezaei *et al*. showed that among the types of violence, psychological–emotional and physical violence is experienced more than other forms in women[17] Schraiber *et al*. showed in their study that in urban and rural areas, the rate of psychological violence was 42% and 49%, physical violence was 27% and 34%, and sexual violence was 10% and 14%, respectively.[18] BODAGHABADI in his study showed that 14% of women were physically abused by their husbands during pregnancy.[19] In her study, Razaghi showed that the most common forms of violence against women are psychological violence with 29%, sexual violence with 28%, and physical violence with 11%.[20]

The results of this study showed that there is a significant relationship between physical violence and its dimensions in all three groups. The results also showed that there is a significant relationship between the variables of age, duration of marriage, male education, spouse education, type of marriage, male job, and spouse job with the overall score of violence in all three groups. In this regard, the results of the Hayati study showed that sexual violence is related to the demographic characteristics of the spouse (such as age, low level of education) and economic independence of women. Exposure to physical violence in women was strongly associated with the personal characteristics of the husband.[21] Furthermore, the results of Sadeghi *et al*.'s study showed that the prevalence of violence in undesirable marriages (marriage at a young age, arranged, and without recognition), nonparticipatory structure of power in the family, lower social class, and unemployment was significantly higher.[22] In addition, the results of the study of Fallah *et al*. showed that a low level of education is one of the main causes of domestic violence.[23] Razaghi *et al*. stated that the issues related to the types of spousal abuse are the level of education of the couple, the husband's job, the husband's remarriage, the husband's addiction, the experience of violent behavior in the couple's childhood, having a family relationship, the woman's physical and neurological illness, place of birth of the couple, and number of children. Furthermore, the most common types of spousal abuse against women are psychological, sexual, and physical violence.[20] A study by Aghakhani *et al*. also found that unemployed men were more likely to expose their wives to violence than working men. In a study in China, men's refusal to fund a family was the strongest factor in domestic violence. In this study, it was also suggested that managerial jobs or high-ranking men are protective factors in preventing domestic violence.[24] Unemployment is likely to expose a man to constant stress. This stress is caused by lack of ability to manage life properly, financial pressure, feelings of helplessness and lack of control over life, feelings of uselessness, and feelings of diminished value of a man from the point of view of his wife and children. These

Table 3: Results of bivariate analysis of demographic variables and violence in three groups of housewives, women living in dormitories, and pregnant women

Variable	P	χ^2
Age		
Housewives	0.003	15.310
Women living in dormitories	0.001	14.250
Pregnant women	0.001	16.235
Duration of marriage		
Housewives	0.015	11.032
Women living in dormitories	0.002	10.230
Pregnant women	0.001	11.256
Male education		
Housewives	0.001	24.352
Women living in dormitories	0.001	19.234
Pregnant women	0.020	24.851
Spouse education		
Housewives	0.002	16.544
Women living in dormitories	0.001	13.742
Pregnant women	0.001	16.247
Type of marriage		
Housewives	0.001	21.525
Women living in dormitories	0.001	23.621
Pregnant women	0.001	20.241
Male job		
Housewives	0.001	52.642
Women living in dormitories	0.001	23.236
Pregnant women	0.001	25.292
Spouse job		
Housewives	0.001	12.177
Women living in dormitories	0.001	14.523
Pregnant women	0.001	10.235

are among the factors that can each ignite the context of domestic violence and increase the severity of violence against women.[25] The results of Tavassoli *et al*.'s study showed that 82.8% of women experienced at least one type of violence during pregnancy. Regarding the dimensions of violence, financial violence with 29.66% has the most common type of violence and physical violence with 13.43% have the lowest level of violence. The results also indicate that with a significance level of 5%, increasing the education of men and women is an effective factor in reducing physical, financial, and social violence.[26] Noori *et al*.'s study shows that 84.78% of pregnant women were exposed to violence, the most common type of violence was emotional violence. Violence against pregnant women also decreased with increasing education.[27] Ali Kamali *et al*. conducted a study to compare domestic violence and some related factors in pregnant women in both urban and rural populations of Zarand city. The results showed that there is a statistically significant difference between the two groups of urban and rural pregnant women in terms of physical, psychological, and sexual violence. In addition, there is a significant relationship between age, spouse age, and spouse education with different types of domestic violence.[28] Fakhraee and Bashiri Khatibi in a study aimed at investigating the social and cultural causes affecting aggression among families in Tabriz showed that family aggression has a significant relationship with education and age.[29] In the study of Golu, the results of a study by Fang Xin Li *et al*. on 497 women who reported domestic violence showed that Taiwanese women who were victims of violence had higher age, education, and employment rates than immigrant women,[30] which was conducted to identify some predictors of domestic violence, the results showed that a woman's education and job status are important predictors of domestic violence.[30] In their study, BODAGHABADI stated that the factors related to the incidence of violence are relationship with the spouse, criminal history in the spouse, feelings about cohabitation and sexual relations, job of the spouse, suicide attempt, infection in pregnancy, limiting the purchase and expenses of housing and socializing, having an independent source of income, age of marriage, level of education, pregnancy rank, delivery rank, number of living children, and marital duration.[19] Thus, violence against women is a social construct. As a result, its explanation is related to different levels, including macrolevel of society, level of interactions between couples, and individual level (characteristics of the person who committed this act). Therefore, preventive efforts and measures are necessary to address each level.[31-35] According to the results of the present study and the results of studies in this field, empowering the staff of health centers for screening, diagnosis, and management of cases of domestic violence against women is essential. Furthermore, educating women about the underlying factors of violence, acquiring communication skills and adaptation, and choosing the right alternative behaviors in the face of violent situations and gaining the full support of society can be important steps in preventing or reducing domestic violence against women. According to the results, it can be concluded that due to the relatively high prevalence of physical violence in pregnant women and social risk factors identified in this study, it is recommended that health personnel perform the necessary screenings based on factors related to violence. As a result, by timely identification of victims of its dangerous complications, prevention and necessary care during pregnancy and childbirth should be implemented. According to the results, it is necessary for the authorities to take effective steps in identifying the causes of this violence by using screening programs and establishing support and counseling centers for this vulnerable and deprived group and by conducting more extensive research to identify the causes of this violence. Supportive research and intervention in this regard can be recommended. According to the results, it is suggested that we increase the access of women and girls to social

capital, including social and family support, having a job, and higher levels of education because access to social and family resources reduces the use of violence by men and plays an important role in improving the psychological and social status of women, also provides the conditions for step-by-step training in the variability of values, patterns, and stereotypes of socialization through mass media. Violence prevention interventions reduce levels of domestic violence. These interventions should aim to change attitudes, norms, and beliefs that justify violence against women. It is necessary to consider centers for referral and treatment of abused women and effective intervention methods should be designed according to social resources and content. In general, based on the results of this study, social policies and policies based on education and counseling of couples in choosing a spouse are proposed. One of the strengths of the study was the study of violence in three separate groups of married people, which increases the generalizability of the results.

Limitation and recommendation

One of the limitations of this study was that since some of the questions in this study were related to the private sphere of individuals' lives and their marital relationship, it was difficult to persuade individuals to complete the questionnaire, as individuals were generally reluctant to disclose the relationship. In this study, this restriction was tried to be ensured by ensuring that the secrets and contents expressed were preserved. For this purpose, it is recommended that future studies be conducted in complete confidentiality.

Conclusion

The results of this study showed a significant relationship between types of violence including physical, economic, sexual, and psychological violence among pregnant women, nonpregnant married women, and married women living in dormitories. It seems that the ability of women to improve and improve their health to deal with domestic violence is essential and the relevant measures should be taken by the support systems taking into account the circumstances of the people.

Conflicts of interest

There are no conflicts of interest.

References

1. Nikbakht Nasrabadi A, Hossein Abbasi N, Mehrdad N. The prevalence of violence against Iranian women and its related factors. Glob J Health Sci 2014;7:37-45.

2. Khani S, Adhami J, Hatami A, Bani Amerian J. A study on the domestic violence among families of Dehgolan city, with emphasis on violence against women. Sociol Stud Youth (Jame Shenasi Motaleate Javanan) 2011;1:67-90.

3. Abbaspoor Z, Momtazpour M. Domestic violence and its related factors based a prevalence study in Iran. Glob J Health Sci 2016;8:1-7.

4. Smith SG, Zhang X, Basile KC, Merrick MT, Wang J, Kresnow MJ, *et al*. The National Intimate Partner and Sexual Violence Survey: 2015 Data Brief-Updated Release. – Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2018.

5. Faramarzi M, Esmailzadeh S, Mosavi S. A comparison of abused and non-abused women's definitions of domestic violence and attitudes to acceptance of male dominance. Eur J Obstet Gynecol Reprod Biol 2005;122:225-31.

6. Bacchus LJ, Ranganathan M, Watts C, Devries K. Recent intimate partner violence against women and health: A systematic review and meta-analysis of cohort studies. BMJ Open 2018;8:e019995.

7. Kiani-Sheikhabadi M, Beigi M, Mohebbi-Dehnavi Z. The relationship between perfectionism and body image with eating disorder in pregnancy. J Educ Health Promot 2019;8:242.

8. Kafaei-Atrian M, Mohebbi-Dehnavi Z, Sayadi L, Asghari-Jafarabadi M, Karimian-Taheri Z, Afshar M. The relationship between the duration of menstrual bleeding and obesity-related anthropometric indices in students. J Educ Health Promot 2019;8:81.

9. Narimani M, Aghamohammadian R. A study of the extent of men's violence against women and its related variables among families inhabited in Ardabil city. J Fundam Ment Health 2005;7:107-13.

10. Sadeghi R, Vijeh M, Zanjari N. Factors related to domestic violence against women in Tehran. Soc Work Res 2017;4:37-66.

11. Fulu E, Jewkes R, Roselli T, Garcia-Moreno C; UN Multi-country Cross-sectional Study on Men and Violence research team. Prevalence of and factors associated with male perpetration of intimate partner violence: Findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. Lancet Glob Health 2013;1:e187-207.

12. Rad F, Marzi S. The social factors contributing to violence against women among families in Khoy city. J Spec Soc Sci 2015;12:21-35.

13. Hasanpoor Azghadi B, Simbar M, Kermani M. Domestic violence against women: review of theories, prevalence and its effective factors. Faculty of Nursing of Midwifery Quarterly) 2011;21:44-52.

14. Kanani M, Azizkhani E, Kalantari H. Kinds of capital (Economical, social and cultural) and their relations with domestic violence against women. J Soc Cult Changes 2014;10:88-104.

15. Mirzaei R. Violence against women and the role of the police in preventing it. Soc Order Q 2016;7:47-74.

16. Purghaz A, Raghibi M. Investigating the type and causes of domestic violence against women among Turkmen tribes in Golestan province. J Educ Psychol Stud 2005;1:73-96.

17. Bagrezaei P, Zanjani H, Seifollahi S. The qualitative study of domestic violence against women (Case Study: Women Referring to the Social Emergency Services in Ilam City). J Iran Soc Stud 2017;11:5-32.

18. Schraiber LB, D'Oliveira AF, França-Junior I, Diniz S, Portella AP,

Ludermir AB, *et al*. Prevalence of intimate partner violence against women in regions of Brazil. Rev Saude Publica 2007;41:797-807.

19. Bodaghabadi M. Revalence of violence and related factors in pregnant women referring to Shahid Mobini hospital, Sabzevar. Horm Med J 2007;11:71-6.

20. Razaghi N, Parvizy S, Ramezani M, Tabatabaei Nejad S. The consequences of violence against women in the family: A qualitative study. Iran J Obstet Gynecol Infertil 2013;16:11-20.

21. Nur HE. Domestic violence againstwomen in rural Indonesia Searching for multilevel prevention. In: Department of Public Health and Clinical Medicine Epidemiology and Global Health. DiVA; 2013.

22. Sadeghi S, Kamel Ghalibaf A. Domestic violence against women and the role of police in terms of responses to violent abusers. Cult Stud Commun 2012;8:77-106.

23. Fallah S, Rostamzade S, Ghelich M. Effective factors on confronting violence on married women. J Gorgan Univ Med Sci 2016;17:91-7.

24. Aghakhani N, Eftekhari A, Zare Kheirabad A, Mousavi E. Study of the effect of various domestic violence against women and related factors in women who referred to the forensic medical center in Urmia city-Iran 2012-2013. Sci J Forensic Med 2012;18:69-78.

25. Xu X, Zhu F, O'Campo P, Koenig MA, Mock V, Campbell J. Prevalence of and risk factors for intimate partner violence in China. Am J Public Health 2005;95:78-85.

26. Tavassoli A, Ahmadi N, Ahmadi F. Factors related to domestic violence against pregnant women referring to hospitals and vaccination centers in Tehran. Nurs Midwifery J 2019;17:379-91.

27. Noori A, Sanago A, Jouybari L, Azimi M. Survey of types of domestic violence and its related factors in pregnant mothers in Kalaleh at 2014. Iran J Obstet Gynecol Infertil 2017;19:54-62.

28. Ali Kamali M, Rahimi Kian F, Mir Mohamad Ali M, Mehran A, Shafiei E. Comparison of domestic violence and its related factors in pregnant women in both urban and rural population in Zarand city, 2014. J Clin Nurs Midwifery 2015;4:69-78.

29. Fakhraee S, Bashiri Khatibi B. Social and cultural factors influencing family violence in Tabriz. JAS 2013;24:221-33.

30. Golu F. Predictors of domestic violence – Comparative analysis. Procedia Soc Behav Sci 2014;127:611-5.

31. Hsin Lee F. Conditions and patterns of intimate partner violence among Taiwanese women. Asian Nurs Res 2015;9:91-5.

32. Krahe B. Violence against women. Curr Opin Psychol 2018;19:6-10.

33. Keyvanara M, Maracy MR, Ziari NB. A study conducted on the demographic factors of victims of violence in support and administrative departments of hospital in 2013. J Educ Health Promot 2015;4:35.

34. Ghorbani-Marghmaleki F, Mohebbi-Dehnavi Z, Beigi M. Investigating the relationship between cognitive emotion regulation and the health of pregnant women. J Educ Health Promot 2019;8:175.

35. Thulaseedharan JV. Young women's attitude toward gender-equitable norms on domestic chores and violence domains in Trivandrum. J Edu Health Promot 2019;8:23.