Haya: The Saudi Journal of Life Sciences (SJLS)

Scholars Middle East Publishers
Dubai, United Arab Emirates
Website: http://scholarsmepub.com/

ISSN 2415-623X (Print) ISSN 2415-6221 (Online)

Violence as a Fact Accepted By Women: A Cross-Sectional Study in Sanliurfa, Turkey

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Original Research Article

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Article History

Received: 13.04.2018 Accepted: 26.04.2018 Published: 30.04.2018

DOI:

10.21276/haya.2018.3.4.9



Abstract: This cross-sectional study was conducted to determine the level of violence and influencing factors, reasons for violence according to women, women' behaviors in response to violence, reasons given by women who are exposed to violence for sustaining their marriage in Sanliurfa in Turkey between 15 December 2013 and 15 February 2014.Participants were selected by using 30 cluster sampling methods. A total of 300 married women were reached. The prevalence of being exposed to any type of violence was determined 78.7%; this included physical violence 18.3%, verbal violence 50.3%, emotional violence 38.3%, sexual violence 8.0%, and economic violence 57.0%. Considering all types of violence, the most common applicator of violence was husband (90–100%). Almost half of the women stated that they gave no reaction/became introverted and cried in response to violence from their husbands. Almost half of women being exposed to violence by their husbands were observed to sustain their marriage. It is also, 23.6% of women stated that they confirmed man's wife to violence in some cases (It is also 23.6% of women stated that they are OK with their husbans violance to themselves in some cases.) Women who participated in the study had a very high prevalence of being exposed to violence. Even more, violence was approved by women in some cases. These results show that health care professionals rendering services in the region have great responsibilities to prevent, determine and protect individuals from the violence, as well providing treatment and rehabilitation.

Keywords: Women, Violence, Husband violence, family.

INTRADUCTION

Violence against women involves all types of behaviors that are based on gender and that hurt and damage women; may result in physical, sexual and mental damages; or cause women to suffer oppression and have limited freedom in their private life [1]. Millions of women in the world are exposed to violence and experience negative effects on their health. Women' health issues also negatively affect the health of family members and thus violence is also a social problem [2]. According to World Health Organization Report 2013, the prevalence of physical and/or sexual against women in Africa, Eastern Mediterranean and Asian Regions is observed %37, whereas global prevalence is 30%. However, the lowest rates are observed in regions with higher levels of income (23%), and in Europe and West Pacific Regions (25%) [3]. There is also high level of violence against women in Turkey. According to the Domestic Violence

against Women in Turkey 2014, the rate of women being exposed to physical violence in any period of their lives is 39% in the entire country. According to the same research, the rate of sexual violence is 15%, emotional violence 44% and economic violence 23% [4].

Women are generally exposed to violence from their husbands, fathers and brothers. The violence being applied could be physical, psychological (emotional), sexual, or economic and it can also be encountered as controlling behavior [5].

Many factors increase the risk of violence against women. Some of these factors are socio-economic status, education level, partner substance use disorder or spouse's mental illness, family structure and environmental factors, not exposed violence in their childhood or witnessed violence [6-9].

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Violence is a common problem experienced by women from all groups and classes regardless of their socio-economic level, education and environment. Women generally abstain from disclosing the violence they experience due to the sensitivity of the issue, which means that the majority of cases remain undetected. In order to prevent or alleviate the effects of violence against women, it is important to emphasize the significance of the problem and to identify the groups at risk [10]. Regional and social differences regarding this problem may influence the planning of medical services and the presentation of quality of support. Determining and supporting the women that are exposed to violence is important in terms of protecting the health of both women and the society. Health care professionals play an important role in ascertaining violence against women, referring them to specialist care, as well as supporting women in the high risk group and providing medical care. Interventions by health care professionals and other sectors may reduce the short- and long-term effects of violence upon women and their families [11].

Level of women having being subjected to different types of controlling behaviors by their husbands or intimate partners in Southeast Region is higher than general level of Turkey [12]. The low level of the development, high risk groups (disabled, agricultural workers, etc.), low level of education of women and low participation of women in working life are factors that may increase violence against women in Southeast Anatolia region [13, 14]. Thus, this study was conducted to determine the level of violence and influencing factors, reasons for violence according to women, women' behaviors in response to violence, reasons given by women who are exposed to violence for sustaining their marriage in Sanliurfa, Turkey.

METHODS

Study area

The city of Sanliurfa is located in the Southeast Anatolia region in Turkey. The State Planning Organization ranked it as 73th in 81 cities in terms of socio-economic development rank which includes education, health and social indicators [15]. Maternal and child health and family planning services have been given a priority status in this region. These services become important due to the large proportion of women of reproductive ages and children in the population; high infant, child, and maternal mortality rates; the demand for family planning services; and limited prenatal and postnatal care (the total fertility rate is 3.41, the mean number of children born to women ages 40-49 years is 4.83 and the infant mortality rate is 24 per 1000 live births). And the education level is extremely low in the region (47.7% of women and 28.2% of men are illiterate). In this region, the families are characterized by lower parental education, larger household sizes, higher numbers of children, and greater poverty [13]. So, in the study area, residents

have low education levels and the local community is mostly comprised of unemployed people and there is also a high proportion of seasonal agricultural workers [14].

Setting and Sample

This cross-sectional study was conducted in Sanliurfa between 15 December 2013 and 15 February 2014. The target population of the study was comprised of married women living in the city center. According to the Turkish Statistical Institute Address-Based Identity Register System 2013, there were 146,512 married women living in three central districts of Sanliurfa [16].

Sample selection was made by using World Health Organization (WHO)/EPI cluster sampling technique. The 30 cluster sampling was developed by WHO in 1978 [17]. The 30 cluster survey is a modified two-stage cluster sampling method. In this study in the first stage, 30 districts were selected as clusters with probability proportionate to the size of the population from the district list. After this, 30 streets were determined from the list of streets in the each district through a simple random sampling as the starting point, in the second stage, sampling was started with third household and continued with neighbouring households on the right side of the street until 10 individuals were reached. A total of 300 people were reached in 30 clusters, including 10 people in each cluster.

Approval was obtained from the Ethics Committee of the Faculty of Medicine of Harran University (decision no 24 and at the date of 06. 12.2014) for the research. Participants were informed regarding the aim of the study before the data collection and the consent was obtained from the participants, verbally.

Data Collection

The study data were collected via face-to-face interviews using a structured questionnaire form. Questionnaire consisted of the following parts.

- 1. Socio-demographic characteristics of the household
- 2 Women' general health, reproductive health and marriage characteristics
- 3. Women' husbands some characteristics and behaviours
 - 4. Violence type against women

In the questionare there are 4 questions for physical violence, 5 questions for verbal violence, 5 questions for emotional violence, 4 questions for sexual violence and 4 questions for economic violence against women.

Sample questions for physical violence against women

Question: Does your husband or anyone from the family hit you with his/her fist or something else?

Question: Does your husband or anyone from the family kick, dragge you or beat up you?

Question: Does your husband or anyone from the family choke or burn you?

Sample questions for verbal violence against women

Question: Does your husband or anyone from the family insult you or swore at you?

Question: Does your husband or anyone from the family scare or threat you?

Sample questions for emotional violence against women

Question: Does your husband or anyone from the family belittled or humiliated you in front of other people?

Question: Does your husband or anyone from the family prohibit you from meeting with others?

Question: Does your husband or anyone from the family constantly check you with phone at home?

Sample questions for sexual violence against women

Question: Does your husband or anyone from the family physically force you to have sexual intercourse?

Question: Does your husband or anyone from the family force you to be pregnant?

Sample questions for economic violence against women

Question: Does your husband or anyone from the family deprive your income?

Question: Does your husband or anyone from the family prevent you from working or quit your job?

- Did the woman or woman's husbands had been exposed to violence by father's origin family before the marriage
- The reasons for violence according to women who were exposed to violence
- Women' behaviors in response to violence
- Reasons given by women who are exposed to violence for sustaining their marriage

For the researcher and participants safety in the field study, It has avoided the use of the word violence in the documents. Any information is not given about the topic of the research to people other than the interviewed person. Only one woman was interviewed per household, and conducting the interviews were in a private setting.

After ensuring the confidentiality of the interviews, interviews conducted with three nurses and a physician who worked in this area.

The dependent variable of the study was being exposed to any type of violence. The independent variables of the study included women and their husband's age, women and their husband's educational background, women and their husband's condition, level of income, language mostly spoken (Turkish, Arabic, Kurdish), family type (nuclear/ extended family), marriage type (arranged marriage /love marriage), number of marriages, duration of marriage, number of births and children, state of smoking, state of having a mental illness, place with the longest duration of living, order and number of marriages, ownership of the dwelling house (homeowner/non-homeowner), the woman who had been exposed to violence by father's origin family before the marriage and the woman's husbands had been exposed to violence by father's origin family before the marriage.

Definitions

Arranged marriage is a type of marital union where the bride and groom are selected by a 3rd party rather than by each other.

Violence types are defined as follows in study:

Physical violence against women by husband or anyone from the family

Being physically mistreated by husband or anyone from the family (Slapped her or threw something at her that could hurt her, pushed or shoved her or pulled her hair, hit her with fist or something else that could hurt her, kicked, dragged her or beat her up, choked or burned her, threatened to use or actually use a gun, knife or other weapons against her) [4].

Sexual violence against women by husband or anyone from the family

Although they did not want, being forced to have sex or forced to perform a sexual act by husband or anyone from the family (Physically forced her to have sexual intercourse, had sexual intercourse when she did not want to because she was afraid of what partner might do, forced her to do something sexual that she found degrading or humiliating) [4].

Emotional violence against women by husband or anyone from the family

Being exposed to emotionally abusive behaviors by husband or anyone from the family (Insulted her or swore at her, belittled or humiliated her in front of other people, scared or threatened her, threatened to hurt her or someone that she cared about) [4].

Economic violence against women by husband or anyone from the family

Being exposed to limitation and prevention of the economic sources by husband or anyone from the family (Prevented her from working or quit her job, not giving her money for household expenses, deprived her income).

Verbal violence against women by husband or anyone from the family

Being verbal mistreated by husband or anyone from the family (shouting intimidation, insults, swearing, verbal attacks or threats, teasing, sarcasm),

Data analysis

We used descriptive statistics in evaluating the data and the Mann-Whitney U test and Chi-Square for single-variable analyses. The statistics were performed in a confidence level of 95%. The analyses were performed using the SPSS 20.0 statistics program.

RESULTS

Women in the study had an average age of 35.5 years and 38.7% were illiterate; their husbands had an age average of 40.0 years and 18.7% were illiterate. In the study 84.3% of women' husbands working in a job while only 3.7% of women. The language mostly spoken at home was determined to be Turkish (57.3%).

In the study, we determined the prevalence of being exposed to any type of violance was 78.7%; this included physical violence 18.3%, verbal violence 50.3%, emotional violence 38.3%, sexual violence 8.0%, and economic violence 57.0% (Table 1). In all types of violence, the greatest violence was reported to be imposed by husbands (90–100%).

Table-2 shows the distribution of the women'socio-demographic status according to their exposure to violence. According to the table, there is no significant relationship (p > 0.05) between the violence and the age of women and their husbands, duration of marriage, number of births and children in single-variable analyses (Table-2).

Table-3 shows the distribution of the states of women to be exposed to violence according to some characteristic features. According to the table, there is no significant relationship (p > 0.05) between the

violence and educational background of woman and her husband, level of income, working status, mostly spoken language, family type, place with the longest duration of living, marriage type, state of smoking and the state of having a mental illness in single-variable analyses (Table-3).

The study also determined 100% of women who had two or more marriages, 81% of women who had love marriage, 86.2% of women who had nonhomeowner, 82.6% of women who had been exposed to the violence by father's origin family before the marriage, and 100% of women whose husbands had been exposed to the violence by father's origin family before the marriage were exposed to violence. However, according to the statistical evaluation, there was no significant relationship (p > 0.05) between the violence and the order number of marriages, ownership of the dwelling house, marriage type, whether the woman had been exposed to violence by father's origin family before the marriage and whether woman' husbands had been exposed to violence by father's origin family before the marriage.

Women who were exposed to violence indicated the reason for violence as 'disagreements with relatives and neighbors' (35.2%), 'unknown reason' (33.4%) and 'financial problems' (14.4%) (Table-4). Additionally, 23.6% of women stated that husbands are justified while beating their wives in some cases.

In this study, when the women who were exposed to violence were asked about what they usually did in response, they stated that they would give no reaction at all and become introverted (50.6%), cry/take offense/get offended/refuse to talk (47.3%), blame themselves (38.1%), respond verbally/scream (35.1%) and share with family members (26.8%) (Table-5).

Table-6 shows the distribution of reasons women who were exposed to violence gave to sustain their marriage despite the violence. According to the responses, women sustained their marriage despite being exposed to violence by their husbands generally due to the fear of leaving their children fatherless (42.7%), because they loved their husbands in spite of everything (33.9%), or that they were hoping that everything will be alright one day (21.3%) (Table-6).

Table-1: Distribution of the Types of Violence Experienced by Women

Type of violence*	Number	%
Any type of violence	236	78.7
Physical	55	18.3
Verbal	151	50.3
Emotional	115	38.3
Sexual	24	8.0
Economic	171	57.0

^{*} Multiple answers are given

Table-2: Distribution of Demographic Features of Women in Relation to Their Exposure to Violence.

Socio-Demographic Features	Violence		-	
	Available	N/A	Mann-Whitney U	
	Median (Min-Max)	Median (Min-Max)		P
Age of the woman	35(17–85)	36(18–75)	7411.5	0.81
Age of the husband	39(20–90)	40.5(18-81)	7223.0	0.62
Duration of marriage (year)	15(1–55)	18(1–55)	7055.0	0.60
Number of births	4(0–13)	4(0–13)	7221.0	0.99
Number of children	3(0-12)	4(0–12)	7022.5	0.73

Table-3: Distribution of Socio-Demographic Features of Women in Relation to Being Exposed to Violence

~ -	Violence					
	Available		N/A			
Features	Number	%	Number	%	\mathbf{X}^{2}	P
Educational Background of the Woma	an	•			•	
Illiterate	91	78.4	25	21.6	0.96	0.81
Literate	30	81.1	7	18.9		
Primary education	88	80.0	22	20.0		
Secondary education and above	27	73.0	10	27.0		
Educational Background of the Husba	ınd	•			•	
Illiterate	17	81.0	4	19.0	0.26	0.96
Literate	27	77.1	8	22.9		
Primary education	131	79.4	34	20.6		
Secondary education and above	61	77.2	18	22.8		
Level of Income						
Good	38	73.1	14	26.9	2.58	0.27
Middle	146	78.1	41	21.9		
Bad	52	85.2	9	14.8		
Working Condition						
Employed	5	45.5	6	54.5	*	0.14
Unemployed	231	79.9	58	20.1		
Language Mostly Spoken	-					
Turkish	136	79.1	36	20.9	0.17	0.91
Kurdish	85	78.7	23	21.3		
Arabic	15	75.0	5	25.0		
Family Type			_			
Nuclear	222	80.1	55	19.9	*	0.06
Extended family	14	60.9	9	39.1		
Place with the Longest Duration of Li						I
City/district center	190	77.9	54	22.1	0.27	0.60
Village/town	46	82.1	10	17.9		
Marriage Type	-					
Only religious marriage	8	80.0	2	20.0	*	1.00
Civil marriage	228	78.5	62	21.5		
Smoking status	_					
Smoker	45	78.9	12	21.1	0.95	1.00
Non-smoker	191	78.6	52	21.4		
Woman's Mental Illness						
Yes	12	92.3	1	7.7	*	0.31
No	224	78.0	63	22.0		
Husband's Mental Illness		, 3.0				
Yes	9	90.0	1	10.0	*	0.69
No	227	78.7	63	21.3		0.07
TOTAL	22,	, 0.,	- 05	21.3	1	

^{*}Fisher's Exact Test was applied

Table-4: Distribution of the Reasons for Violence Among Women Who Were Exposed to Violence

Perceptions	Number	%
Heavy working conditions	15	6.4
Disagreements with relatives and neighbors	83	35.2
Problems about children	25	10.6
Financial problems	34	14.4
Unknown reason	79	33.4
Total	239	100.0

Table-5: Women's Behaviors in Response to Violence

Tuble 6. Women 5 Benaviors in Response to Violence				
Behaviors*	Number	%		
Give no reaction/become introverted	121	50.6		
Cry/take offense/get offended/refuse to talk	113	47.3		
Respond verbally/scream	84	35.1		
Respond physically	5	2.1		
Apply to a health authority	1	0.4		
Share with family members	64	26.8		
Blame themselves	91	38.1		
Give no response due to possibly falling into sin	22	9.2		
Suicide	1	0.4		

^{*} Multiple answers are given

Table-6: Reasons Given by Women Who Are Exposed to Violence for Sustaining Their Marriage

Reasons	Number	%
Fear of leaving their child/children fatherless	102	42.7
Loving their husbands in spite of everything	81	33.9
Having no income at all	22	9.2
Hoping that everything will be alright one day	51	21.3
Rejection by their families and refusing to return to family home	40	16.7
Thinking that they would be disturbed after the divorce as they will be widowed	41	17.2

^{*} Multiple answers are given

DISCUSSION

Women who in the study were observed to have very low levels of education and few of them have a job. Among the study participants those still working were observed to be at a lower level compared to that determined in Turkey Demographic and Health Survey 2013 for the Southeast Anatolia Region (20.9 %) [13]. Sanliurfa has Patriarchal social structure. For that reason, early marriages, living in extended families, high rates of fertility are quite common and acceptable situation in Sanliurfa. In addition, the majority of women have low status and consequently have limited ability to have a voice in family matters due to their poor educational and socio-economic levels [4, 18].

Three out of four women who participated in this study emphasize that they were exposed to very high levels of violence. The study results indicate that women were mainly exposed to economic, verbal and emotional violence. Studies being conducted in the world as well as in Turkey show high rates of violence against women despite all international treaties and legal regulations. Physical and sexual violence were lower than economic, emotional and verbal violence in Sanliurfa. Physical and sexual violence levels in Sanliurfa are lower than Turkey proportions (39% for

physical violence and 15% for sexuel violence) and world proportions (30%) reported by WHO [3, 4]. However, these results may be misleading due to sociocultural structure in Sanliurfa. For that reason, further investigation of these findings are needed in Sanliurfa.

According to another study conducted in Edirne, one of the most developed cities in Turkey (socio-economic development rank 12th) [15], 30.4% of women are exposed to physical violence, 54.6% psychological violence, 19.3% economic violence, 9.8% emotional violence and 6.3% sexual violence [19,20]. As can be seen in studies, the prevalence of violence differs, which may be due to the sample features in studies and the different criteria being used in defining the violence.

Conversely, all studies conclude that women are exposed to high levels of violence in all geographic regions and in all conditions. The studies also show that the prevalence of violence is lower in developed countries and higher in developing and undeveloped countries due to sociocultural, socio-economic and geographical reasons [3, 4].

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In this current study, almost all the women who were exposed to violence stated that their husbands were the perpetrators. This result is similar to that found in many other studies [4, 19, 21]. The violent behavior of men that is generally aimed at having a superiority and control over their wives is explained by the desire to obtain power in the marriage [22]. Considering that this behavior is socially supported in Sanliurfa through its patriarchal social structure [18], the violence aimed at this controlling behavior appears quite a common and acceptable behavior.

In this study, 85.2% of women who had poor level of income, 92.3% of women who had a mental illness and 90% of women whose husbands had a mental illness were exposed to violence higher even if not supported statistically. In some studies have asserted that a number of factors such as socioeconomic and cultural features, as well as physical and psychological health problems influence violence against women [19, 23-25]. It is also stated that factors such as low educational levels of both women and their husbands [4, 19, 21, 26], not working in a job [4]. low economic levels of families [4, 26] and being a smoker and using alcohol [19, 26] increase the rate of violence against women. Similarly, being married at a young age [19]; absence of a civil marriage, or having a secret or arranged marriage [19, 20]; high number of children; and living in an extended family [27] also increase the rate of violence against women. In addition, studies have indicated that the history of violence against women in the husband's family or husband's experience of physical violence in childhood [20, 23] and the psychological problems of the woman and her husband [23] are factors increasing the risk for violence. Even though this study analyzed the relationship between many factors and violence, it has failed to show the effect of these factors on violence. This result may be influenced by having very high levels of violence in society.

In this study, approximately one out of three women who were exposed to violence indicated the reason as being the disagreements with other people, while one in every three women were unaware of the reason of violence. Less frequently stated reasons for exposure to violence were financial problems and the troubles about children. In this study, one out of four women considered that a man would have justified reasons to beat their wives in some cases such as when the woman refused to follow their husbands' advice. In the Turkish Research on Violence against Women Report [29], women similarly indicated the problems with their husband's family, financial problems and the troubles about children as the main reasons of violence. In the same study, 23% of women living in rural areas and 11% of women living in the city stated that men could beat their wives in some cases [4]. While it is possible to address the reasons for violence with the help of more reasonable communication methods, the

violence appears to be preferred as a method and women justify the men beating their wives. This could be due to the higher rates of violence in the study area and thus the acceptance of violence as a normal situation. Even more, this result cause quite worring in terms of setting the stage for continuity of violence.

In this study, almost half of the women stated that they gave no reaction/became introverted and cried/took offense/got offended/refused to talk in response to violence from their husbands. In one study conducted in the west of Turkey, Sahin *et al.*, determined a lower level of women giving no reaction to violence (3%) [19]. This difference could be due to the interregional differences regarding the status of women. Because, women must submit to men rules in the eastern culture [28]. Regardless of regional differences the fact that women keep silent about violence shows their despair in the face of violence and hight prevalence of violence in society independent from socio-economic and cultural factors.

In this current study, almost half of women being exposed to violence by their husbands were observed to sustain their marriage, mainly due to the fear of leaving their children fatherless. They also stated that they loved their husbands in spite of everything and hoped that everything would be alright one day. Even though they were expressed less often, reasons like thinking that they would be disturbed after the divorce as they will be widowed, refusing to return to family home and facing rejection of their families and having no income are factors sustaining the marriages and were among the more notable results. These statements signify that domestic "self-sacrificing and self-giving woman" roles endure to maintain the divine home and that children are influenced by these social structures to accept indoctrinations that last for years [22]. They also signify that women sustain their marriage at the expense of being unhappy being influenced by social status, self-distrust, social gender roles, as well as economic, social and cultural pressur

CONCLUSION AND SUGGESTIONS

Women who participated in the study had a very high prevalence of being exposed to violence. Even more, violence was approved by women in some cases. The women are generally alone coping with violence against women. The multisectoral services, programmes and responses should be strengthened for coping with violence against women.

Health care professionals rendering services in the region have great responsibilities to prevent, determine and protect individuals from the violence, as well providing treatment and rehabilitation. Thus, it is important to train the health care professionals in this subject and to generate sensitivity to the issue. It is also suggested to conduct qualitative studies in the region where the study was carried out in order to better determine the reasons for and results of violence.

The majority of women who have been subjected to violence, do not appeal to institutions or organizations. In particular, government agencies should follow the issue of violence against women and support the women enough whose exposed the violence.

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