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## Research Article

### Intimate Partner Violence against Infertile Women

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#### Abstract

**Purpose:** To investigate the magnitude and patterns of domestic violence among infertile women seeking infertility treatment in Tabriz, north-west of Iran.

**Methods:** A cross-sectional study was conducted with 200 infertile women referred to an infertility center in Tabriz, North-west of Iran, during the year 2013. The women were interviewed using a validated questionnaire for assessment of violence against women. The data were analyzed using SPSS 13 statistical software package mostly providing descriptive statistics.

**Results:** Mean age of the participants was 31.1 years. Psychological violence was found to be the most common type of reported violence against infertile women followed by sexual and physical violence. About 45% of the participants had experienced at least one type of physical violence through the yearly period. In 22 cases of physical violence men had used their belt to hit the wife, in 2 cases they used a knife and in one case gun was used to threaten the wife. Face was the most common body organ hit through the physical violence during the infertility period followed by limbs as the second most common organ. About 54% of the participants had experienced at least one type of sexual violence. One participant stated that she had sought medical consultation after the forced sexual relationship. About 82% of the participants had experienced at least one type of psychological violence. Scurrility, humiliation and yelling were the most common type of psychological violence among infertile women in this study involving more than two-third of them. In present study the most common type of physical violence was slapping that was reported in 37 % of the participants followed by throwing objects in 26.5%.

**Conclusion:** Violence against infertile women is an issue of importance that need to be sufficiently addressed by the health policy makers and infertility health care providers. Infertility healthcare providers should consider the possibility of domestic violence against women and its potential poor psychological outcomes.

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#### Introduction

Violence against women especially intimate partner violence (IPV) and sexual violence against women - are major public health issues and considered as violations of human rights. Recent worldwide prevalence statistics have shown that globally 35% of women have experienced either IPV or non-partner sexual violence during their life [1]. Domestic violence has many consequences sometimes as serious as suicide attempts [2]. Domestic is also shown to be a major problem in middle East countries including Iran [3-6]. Infertility is another public health issue affecting a major part of populations worldwide. Many studies have provided facts on the psychological and social effects of infertility and a recent systematic review has also revealed existing evidence that infertility has a negative effect on the psychological well-being and sexual relationships of couples [7-14]. Some studies have also considered infertile women vulnerable to domestic

violence. A Nigerian study has found that 41.6% of the investigated infertile women had experienced domestic violence due to their infertility state [15]. However, regardless of the wide range of research on many aspects of domestic violence, adequate evidence is not available about violence against infertile women who are expected to have higher suffering while experiencing the infertility along with domestic violence. The aim of this study was to investigate the magnitude and patterns of domestic violence among infertile women seeking infertility treatment in Tabriz, north-west of Iran.

#### Methods

A cross-sectional study was conducted with 200 infertile women referred to the infertility center in Women's Reproductive Health Research Center in Tabriz, North-west of Iran, during the year 2013. This cross-sectional study was part of a larger the participants were women referred either for primary infertility

investigation or under infertility treatment sampled through the consecutive convenient sampling method. The women were interviewed without their male partners using a modified questionnaire for assessment of violence against women validity and reliability of which was approved in previous studies [16]. The internal consistency of the main three domains as well as aggregated scale was reassessed for the modified questionnaire in present study. Cronbach's alpha as the coefficient of internal consistency was 0.86 for the 13 items in physical violence subscale. It was equal to 0.78 for the 15 items on psychological subscale and 0.62 for the 8 items in sexual violence subscale. Cronbach's alpha was 0.89 for the 36 items as the whole scale of physical, psychological and sexual violence. The data were analyzed using SPSS statistical software package, version 13 (SPSS, Chicago, IL, USA). Descriptive statistics were reported as mean and standard deviation (SD) for the numeric variables and frequency along with the relative frequencies were reported for categorical measures.

The Ethics Committee of Tabriz University of Medical Sciences approved the study protocol. Informed consent was obtained from all the participants in this study.

**Results**

Mean age of the participants was 31.1 years (SD: 7.1). Mean age of the participant husbands was 35.4 years (SD: 7.8). Nearly one quarter of the couples had familial marriages. Mean length of married life was 7.9 years (SD: 5.9). About 21% of the women had academic education and 30.8% of them were illiterate. Eighty percent of the women were housewives lacking a job with an income to support the family.

Nearly 55% of the couples lived in their own house, 12% lived at the same place with the parents of either wife or husband and the remainder lived in a hired a house. Above 90% of the women and their husbands were Azeri Turks; about six percent of them were Kurds and the remainder were of other ethnicities. Twenty percent of the subjects stated that the infertility treatment costs have been very high or catastrophic for them.

About 45% of the participants had experienced at least one type of physical violence through the yearly period details of which are given in Table 1.

In 22 cases of physical violence men had used their belt to hit the wife, in 2 cases they used a knife and in one case gun was used to threaten the wife.

Face was the most common body organ hit through the physical violence during the infertility period followed by limbs as the second most common organ (Figure 1).

Various types of injuries were reported to be caused by the violence against infertile women in this study (Table 2).

The severity of injury has been at a level leading to outpatient medical treatment in 6 subjects and leading to hospitalization in one case. The medical consultation has been sought in mean 2.5 (SD: 0.7) hours after the injury. In 5 cases the perpetrator had been alcoholic. The reason for the violence judged by the victim, as judged by themselves, were suspicion on unfaithfulness (8 subjects), behavioral coping problems [17], religious coping problems (2 subjects), polygamy (7 subjects) and economic problems (17 subjects). The most common reaction taken by the victims after being subject to the violence has been ; acceptance and no objection (47cases); sulks or leaving the home (43 cases),quarreling (33 cases) and trying to talk and discuss the problem with the husband (30 cases) or his family (19 cases). 43 subjects had talked to their parents about their problem and 20 had consulted their friends. Only 9 women had considered to go to police or filed a court claim.

About 54% of the participants had experienced at least one type of sexual violence through the yearly period before interview, details of which are given in Table 3.

One participant stated that that she had sought medical consultation after the forced sexual relationship. About 82% of

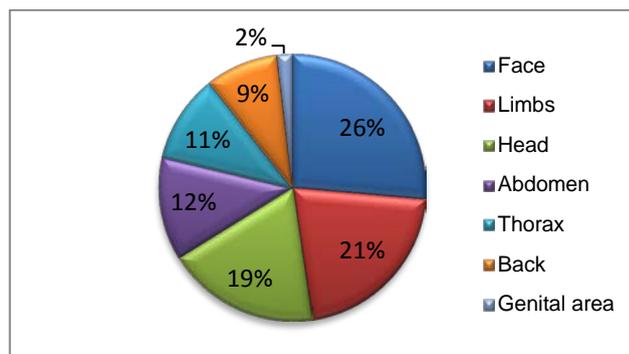
the participants had experienced at least one type of psychological violence through the yearly period details of which are given in Table 4.

**Table 1.** Reported experience of physical violence during the year before interview among infertile women referred to an infertility center in Tabriz, Iran- 2013.

Type of physical violent behavior	Never through the period Number (%)	At least once Number (%)
Pushing or shoving	154(77.8)	44(22.2)
Slapping	124(62.6)	74(37.4)
Kicking	158(80.2)	39(19.8)
Biting	193(97.8)	4(2)
Throwing objects	144(73.5)	52(26.5)
Hitting with Clenched fist or an object	158(80.2)	39(19.8)
Hair pulling	172(87.3)	25(12.6)
Hitting with a belt or a whip	175(88.8)	22(11.2)
Attempted strangulation or choking	186(94.4)	11(5.6)
Burning	192(97.5)	5(2.5)
Attack with a knife	195(99)	2(1)
Attack with a gun	197(100)	0(0)
Attack with chemicals	197(100)	0(0)

**Table 2.** Various types of injuries reported to be caused by the violence through a yearly period against infertile women referred to an infertility center in Tabriz, Iran- 2013.

Type of injury after physical violence	Never through the period: Number (%)	At least once: Number (%)
Sprain and bruises	130(65)	70 (35)
Scratches and abrasions	160(80)	40(20)
Ruptured eardrum	189(94.5)	11(5.5)
Loosening of teeth or broken and knocked-out teeth	193(96.5)	7(3.5)
burns	196(98)	4(2)
Bleeding	195(97.5)	5(2.5)
Bone fracture	192(96)	8(4)
Syncope	200(100)	0(0)
Internal organ injury	199(99.5)	1(0.5)



**Figure 1.** Body organs hit in physical violence during the infertility period.

**Discussion**

The present study contributes to a growing body of research seeking to investigate the magnitude and patterns of violence against vulnerable groups of women. Other than the studies conducted to investigate violence against women as a general population, some studies have focused on specific subgroups of women such as pregnant women, HIV infected women, refugee women, infertile women and slum inhabitants that possibly are more prone either to risk of violence or to violence sequels [17-26]. Several studies have been done specifically trying to link domestic violence and infertility [23-26]. A study from turkey surveying married infertile women who applied to an in-vitro fertilization center found that spousal violence could increase the distress among infertile women [26]. Another study on infertile women in turkey confirmed the existence of violence against infertile women and found that 33.6% of infertile women had experienced domestic violence because of their infertility. Of these women, 78% had experienced domestic violence for the first time in the relationship with the current partner following diagnosis of female factor infertility [25]. In present study psychological violence was found to be the most common type of reported violence against infertile women followed by sexual and physical violence. This is quite in line with most previous studies conducted on violence against women worldwide both in studies on general population of female spouses or those conducted on specific subgroups of women including the infertile women. In a similar study conducted in Valiasr infertility center in Tehran, 61.8% of infertile women reported having experienced domestic violence due to their infertility problem. Psychological violence was reported in 33.8% as the most common type of domestic violence during infertility followed by physical violence in 14% and sexual violence in 8% while the violence leading to injuries in 6% of the infertile women [24]. Interestingly, a study from china has reported the lifetime prevalence of intimate partner violence to be as low as 1.8%. This was published in a brief communication and due to limited information provided on methodology of the work, it is hard to critically evaluate the findings of the study [23]. Scurrility, humiliation and yelling were the most common type of psychological violence among infertile women in this study involving more than two-third of them. In present study the most common type of physical violence was slapping that was reported in 37 % of the participants followed by throwing objects in 26.5%. This rate is higher than that reported for HIV-infected women aggregately for slapping, kicking and punching [20]. High proportions of physical violence is repeatedly reported from African countries. In a study on women living in Shimelba refugee camp in Northern Ethiopia most common type of physical violence was slapping (61.6%) followed by throwing objects(19.5%) [19]. Slapping is also reported to be the most common type of physical violence among pregnant women, husbands being the main perpetrators [22]. In a study comparing violence in slum areas with non-slum areas of urban Bangladesh, the yearly prevalence of physical spousal violence

was 35% in slums being higher than in non-slums (20%). Slapping/arm-twisting and pushing/shaking/ throwing something at the women were the most common types of physical violence against wives [18]. Another study done in an urban slum area of Pune showed the prevalence of physical violence against wives was 61.5%, with slapping (98.8%) followed by pushing (39.8%) & kicking wives (33.7%) being the most common type of physical violence [27]. Studies on Iranian women have also found the slapping to be the most common type of physical violence against married women. Similarly with our findings on infertile women, a study in Isfahan, a religious city of Iran, found that slapping was the most common type of physical violence and was reported in 31.9% that is a figure quite similar with our findings among infertile women [28].

**Table 4.** Reported experience of psychological violence during the year before interview among infertile women referred to an infertility center in Tabriz, Iran- 2013.

Type of psychological violence	Never through the period: Number (%)	At least once: Number (%)
Scurrility, humiliation and yelling	61(31.5)	133 (66.5)
Embarrassing and humiliating you in front of others	129(66.5)	65(33.5)
Restricting woman's relations with her family, friends or neighbors	136(70.1)	58(29.9)
Restrict the woman in eating, wearing cloths and recreations	176(91.2)	17(8.8)
Restrict to utilize health care	160(82.5)	34(17.5)
Cutting financial allowance or humiliating while giving it	126(65)	68(35)
Destructing or selling the family equipment and appliances	151(78.2)	42(17.8)
Preventing the woman from her given right of continuing her education or having a job	152(78.8)	41(21.2)
constantly check up on woman and control her phone calls and communications	144(74.2)	50(25.8)
False imprisoning	184(94.9)	10(5.1)
Forcing the woman to leave the house	171(88.1)	23(17.9)
Excessive Jealousy or <i>accusing of unfaithfulness</i>	176(90.7)	18(9.3)
Threatening to divorce or polygamy	174(89.7)	20(10.3)
Threatening to kill himself	187(96.4)	7(3.6)
Threatening to kill the woman	191(98.5)	3(1.5)

**Table 3.** Reported experience of sexual violence during the year before interview among infertile women referred to an infertility center in Tabriz, Iran- 2013.

Type of sexual violence	Never	Once	Twice	3-5 times	5-10 times	Above 10 times
Abstaining from sexual relationship to punish the wife	166	11	8	10	0	0
Humiliating the wife by showing his dissatisfaction of your sexual relationship	156	19	11	7	1	1
Asking to have sex unwanted by the wife	113	5	12	38	21	5
Intimidate the wife to have sex	184	4	3	4	0	0
Enforced sexual relationship	168	13	8	6	0	0
Forcing the wife to watch pornographic material	149	14	14	18	0	0
Asking for unwanted un-natural sexual relationships	183	10	2	0	0	0
Forced un-natural sexual relationships	194	0	1	0	0	0

The environment where the victims live has a major role on potential outcomes of domestic violence. A recent study in Canada reported that although in most studies of non-immigrant women, domestic violence against women leads problems in physical and mental health of the victims, they did not observe a relationship between violence and poor mental or physical health outcomes among the Iranian immigrant women [21,29,30]. Similar to findings of the present study, it was found that among Iranian immigrants in Canada, psychological abuse was most common type of violence, however, with higher ratio of sexual violence over physical violence in our study [21]. As generally known, education, and helping the perpetrators and victims to learn about ugly face of violence and its potential outcomes, is a way of preventing violence against women. However, in parallel with this broadcasting policy makers should know what the situation is such that people also learn to do violence or justify it by watching inappropriate videos or movies and TV programs. The content analysis of the popular pornographic videos, has shown that , 88.2% the video scenes contained physical aggression, principally spanking, gagging, and slapping, while 48.7% of scenes contained verbal aggression, primarily name-calling [31]. Even in popular normal TV programs and movies there are lots of scenes of domestic violence in a situation that makes the violence justifiable or just normal. Therefore, along with educational plans to promote learning to prevent violence it would also be essential to prevent people learning through movies and TV programs to do or tolerate the violence. This in turn may promote the justification of violence.

## Conclusion

Violence against infertile women is an issue of importance that need to be sufficiently addressed by the health policy makers and infertility health care providers. Infertility healthcare providers should consider the possibility of domestic violence against women and its potential poor psychological outcomes merged with the psychological factors existing with infertility itself.

**Conflict of interests:** The authors declare no conflict of interest.

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