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# Male Attitudes in Kars, Turkey Toward Violence Against Women

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**Öz**

Bu araştırma, Türkiye'nin Kars ilinde yaşayan erkeklerin kadına yönelik şiddete yönelik tutumlarını belirlemek amacıyla yapılmıştır. Tanımlayıcı ve kesitsel tipteki bu araştırma Ocak-Mart 2019 tarihleri arasında yapılmıştır. Araştırmanın örneklemini 380 erkek birey oluşturmuştur. Araştırmanın verilerinin toplanmasında "Sosyodemografik Özellikler" formu ve "İSKEBE Kadına Yönelik Şiddete Yönelik Tutum Ölçeği" kullanılmıştır. Araştırmamızda erkeklerin kadına yönelik şiddete karşı olduğu belirlendi. Bulgulara göre araştırmaya katılanların %43,9'u çocukluk döneminde şiddete tanık olmuştur. Ayrıca evlilerde, 46 yaş ve üzeri, ilkokul mezunu erkeklerde ve çocukluk döneminde şiddete tanık olmuş erkeklerde kadına yönelik şiddete yönelik tutumların yüksek olduğunu bulduk. Kadına yönelik şiddetle mücadele için ailelere ve bireylere sağlık personeli ve bu alanda uzman kişiler, sivil toplum kuruluşları ve toplumda tanınmış dini liderler tarafından düzenli eğitim ve öğretim sağlanmalıdır. Halkın aile içi şiddet konusunda düzenli eğitim ve öğretiminin amacı, kadın ve çocukların ve toplumun tüm üyelerinin sağlığını geliştirmek ve korumaktır. Ayrıca şiddet uygulayan erkeklere yönelik psikososyal ve hukuki yaklaşımları destekleyecek programlar geliştirilmelidir.

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**Abstract**

This research was conducted to determine the attitudes of men living in Kars, Turkey, towards violence against women. This descriptive and cross sectional study was conducted between January and March 2019. The study sample consisted of 380 male individuals. In data collection for the study, the "Sociodemographic Characteristics" form and "İSKEBE Scale of Attitudes Toward Violence Against Women" were used. Our study determined that men are against violence toward women. According to the findings, 43,9% of study participants had witnessed violence during childhood. We also found that attitudes toward violence against women were high in married, individuals aged 46 and above, men with primary school education and men who had witnessed violence during childhood. To combat violence against women, regular training and education should be provided to families and individuals by health personnel and experts in this field, non-governmental organizations and recognized religious leaders in the community. The goal of regular training and education of the public concerning the topic of domestic violence is to promote and protect the health of women and children and all members of society. In addition, programs should be developed which would support psychosocial and legal approaches for men who commit violence.

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## 1. INTRODUCTION

Violence is an ever-increasing public health problem throughout the world and can be seen in all aspects of human life. The World Health Organization (WHO) defines violence as "the intentional 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" (WHO, 1996). Violence against women is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations (UN) General Assembly, 1993). Violence against women is common in every society, regardless of geographical boundaries, economic development and level of education, due to women's powerlessness in the social sense (Directorate General on the Status of Women, 2012-2015;).

According to a study by the World Health Organization in 10 countries, women are exposed to various types of violence. These include physical (13-61%), sexual (6-59%), physical/sexual (15-71%), and emotional (20-75%) abuses against women (Garcia-Moreno et al, 2005). The rates of women who are exposed to physical and/or sexual violence by their spouses were 15% in Japan (Garcia-Moreno et al, 2005), and 68% in Kiribati (Asian Development Bank, 2016). A study in eastern India found that 16% of women experienced physical violence, and 25% experienced sexual violence by their spouses (Babu and Kar, 2010). In other research, one-third of women in China and Vietnam, and more than half of women in Papua New Guinea and Vanuatu have been reported to experience physical violence by a spouse (Parish et al, 2004; General Statistics Office (GSO) of Viet Nam, 2010; Lewis et al, 2008). One Turkish study found that 45.8% of women had experienced verbal violence, and 20.8% stated that they had been exposed to verbal and physical violence. Furthermore, 16.7% of these women reported verbal, physical, and sexual violence (Turk et al, 2017). Another study found that 38% of married women had been subjected to physical violence, 12% to sexual and 44% to emotional violence by their spouse or partner (Research of Domestic Violence Against Women in Turkey, 2014 The different types of violence that women experience throughout their lives negatively affects their physical health (Research of Domestic Violence Against Women in Turkey, 2014). It also affects their mental health (Research of Domestic Violence Against Women in Turkey, 2014; Devries et al, 2013). Studies

show that women's personal negative health perception, difficulties in carrying out their usual daily activities, drug use, mental problems, gynecological complaints, injuries, physical complaints, and substance abuse are significantly higher in women who are victims of violence compared to women who haven't experienced violence (Ellsberg et al, 2008; Cengiz-Özyurt and Deveci, 2010; Noroien and Schei, 2008).

Women are most often subjected to sexual, emotional or physical violence by their partners or men. In this context, 4 out of 10 women are exposed to emotional violence and abuse. In addition, approximately 4 out of 10 women are victims of physical violence. (Research on Domestic Violence Against Women in Turkey, 2014). Therefore, in order to help prevent violence towards women and to provide training and consultancy services by health care professionals to men, it is imperative to understand the attitudes of men regarding regarding violence against women. When these attitudes and behaviors are defined and understood, it is believed that health care professionals, especially nurses, can help reduce the health problems caused by violence against women.

## 2. MATERIALS AND METHODS

### 2.1. Study Design and Sample

We conducted this study as a descriptive and cross sectional to determine the attitudes of men living in Kars towards violence against women.

The sample of the study comprised 380 men aged between 18-65 who knew how to read and write. The minimum number of samples to be taken from the population was evaluated as 5% acceptable error and 95% confidence rate.

### 2.2. Instruments

The questionnaire form was developed by the researchers after a survey of the available literature to determine the socio-demographic characteristics of male individuals (Bilican-Gökkaya, 2011; Heise, 2011; Kanbay et al, 2012; Jewkes et al, 2015). In order to determine the attitudes of men concerning violence against women, the ISKEBE Attitude Scale (The Violence Against Women Scale) was used (Kanbay et al, 2012).

### 2.2.1 Questionnaire form

The questionnaire was comprised of two parts. The first part contained 8 questions age, education, job status, monthly income, income level perception, women's gender prefence of children they wished to have, violence witnessed in childhood, and what kind of violence they had witnessed. The second part asked six questions about study particpants' personal information: family type, average monthly income of the family, mother's education level, father's education status, mother's profession and father's profession.

### 2.2.2 ISKEBE Attitude Scale

The ISKEBE Attıtude Scale is a scale which measures violence attitudes toward women. For the purposes of our study, we found the ISKEBE scale to be appropriate in terms of scope, content and structure. The scale consists of two parts with a total of 30 items which can be named and collected. Part 1 concerns attitudes toward the body (Sexual and physical violence) and has 16 items (3,4, 8, 9,10, 12, 14, 15, 16, 17, 20, 22, 25, 26, 28 and 30). Part 2 concerns attitudes toward identity (psychological and economic violence), and it has 14 items (1, 2, 5, 6, 7, 11, 13, 18, 19, 21, 23, 24, 27 and 29). We scored the 5th and 24th in reverse. The total score of the scale was obtained by adding the scores obtained from the mentioned items.

The first part can be scored with a minimum of 16 points and a maximum of 80 points. The second part can be scored with a minimum of 14 points and a maximum of 70 points. The minimum score that can be obtained from the overall scale is 30 and the maximum score is 150. The Cronbach α value of the scale was. 86. In our study the score for the scale was. 80 for the first part, and. 83 for the second part. The Cronbach's Alpha reliability coefficient of the ISKEBE Attitude Scale was α=0.92 for all 30 items, Cronbach's Alpha coefficient for the scale's "attitude towards the body" subscale was α=0.89 for 16 items, and it was α=0.88 for 14 items the scale's "attitude towards the identity" subscale.

The high scores over 90 points indicate a negative view towards violence against women (the person is against the violence against women) and scores below 90 points indicate a positive view towards violence against women (the person is not against the violence against women).

In order to apply the ISKEBE attitude scale, individuals had to be at least primary school graduates, aged 15-65, male or female, married or single (Kanbay et al, 2012).

### 2.3. Data collection procedure

This study was carried out in the Family Medicine Department of the Central Community Health Center of Kars Provincial Health Directorate Public Health Services Presidency. We explained the aim of the study to male individuals between 18-65 years old who had applied to Family Medicine Units. Those who agreed to take part in the study were provided with a data collection form which they filled out in approximately 15 minutes. The number of questionnaires administered in one day ranged from 10 to 15. The data of the study was completed between January and March 2019

### 2.4. Data analysis

We analyzed the study data using the Statistical Package for Social Sciences (SPSS) 23.0. In analysis of the data, percentage, numbers, mean, standard deviation, the Kolmogorov Smirnov normality test, One-Way Analysis of Variance (ANOVA), independent samples 't' test and Tukey Test were used. The reliability of the scale was tested with Cronbach α coefficient, and the “p <.05” was considered significant.

### 2.5. Permission and ethics

Before beginning the research, ethical approval to conduct the study was obtained from the Ethics Committee of Kafkas University Faculty of Health Sciences dated 30.11.2018, number 81829502.903 / 14 and numbered 02. Written permission was obtained from the institutions where the study was to be conducted. After receiving information about the study, those who wished to particpate gave their consent.

## 3. RESULTS

In this study, the ISKEBE attitude scale score average of married men ($\bar{X}$=93.01) was lower than the score average of single men ($\bar{X}$=103.19), with a statistically significant difference between them (t:-4.607, p<0.001). The average score of men in the 18-25 age group ($\bar{X}$=102,35) was higher than that of men aged 26-35 years ($\bar{X}$=101.15), 36-45 years ($\bar{X}$=96.33) and 46 and older ($\bar{X}$=87.04), with a significant difference between them (t:8.467, p<0.001). In addition, the average score of men aged 46 and over was different from the average scores of men aged 18-25, 26-35 and 36-45 years. The average score of primary school graduate men ($\bar{X}$=78.79) was lower than that of men with secondary education ($\bar{X}$=93,72), bachelor's degree

($\bar{X}$=106.17) and master's degree ($\bar{X}$=96,16), with a significant difference (F:21,210, p<0,001). The difference between the average scores of men with low income ($\bar{X}$=95,00), moderate income ($\bar{X}$=99,86) and a high level of income ($\bar{X}$=94,10) was insignificant (F:2,216, p>0,05).

Study results revealed that the average score of men aged 46 and over in the attitude towards the body subscale of the ISKEBE attitudes scale ($\bar{X}$=57.81) was lower than that of men in the 18-25 ($\bar{X}$=65.20), 26-35 ($\bar{X}$=65.41), and 36-45 ($\bar{X}$=62.28) age groups, with a significant difference between them (t:6,242, p<0.001). The average score of men aged 46 and older in the attitude towards the identity subscale of the ISKEBE attitude scale ($\bar{X}$=29.24) was lower than that of men in the 18-25 ($\bar{X}$=37.15), 26-35 ($\bar{X}$=35.74), 36-45 ($\bar{X}$=34.05) age groups, and the difference was significant (t:6.458, p<0.001). Our study found that the average score of married men in the attitude towards the body subscale in the ISKEBE attitude scale ($\bar{X}$=60.73) was lower than the average score of single men ($\bar{X}$=66.00), with a statistically significant difference (t:-4.091, p<0.001).

In the attitude towards the identity subscale of the ISKEBE attitude scale, the average score of married men ($\bar{X}$=32.28) was lower than the average score of single men ($\bar{X}$=37.19), with a statistically significant difference (t:-3.898, p<0.001). According to the educational status of the men, the average score of primary school graduate men in the attitude towards the body subscale of the ISKEBE attitude scale ($\bar{X}$=53.24) was lower than that of men with secondary education ($\bar{X}$=61.22), bachelor's degree ($\bar{X}$=67.54) and master's degree ($\bar{X}$=61.68), with a significant difference between them (F:16.413, p<0.001). In the attitude towards the identity subscale of the ISKEBE attitude scale, however, the average score of primary school graduate men ($\bar{X}$=25.56) was lower than that of men with secondary education ($\bar{X}$=32.50), bachelor's degree ($\bar{X}$=38.63) and master's degree ($\bar{X}$=34.47), with a significant difference between them (F:14.699, p<0.001). In our study, the difference between the ISKEBE attitude towards the body subscale averages of men with low levels of income ($\bar{X}$=62.92), moderate income ($\bar{X}$=63.66) and high levels of income ($\bar{X}$=61.10) was insignificant (F:0.294, p>0.05). In the attitude towards identity subscale of the ISKEBE attitude scale, a significant difference was found between the average score of the men with a low level of income ($\bar{X}$=32.08) and the men with moderate ($\bar{X}$=36.20) and high ($\bar{X}$=33.00) level of income (F:4.772, p<0.01).

**Table 1. Distribution of Mean Scores of ISKEBE Attitude Scale Sub-dimensions According to Some Socio-Demographic Characteristics of Men**

| Characteristics | Statistical analysis | | | | | Statistical Analysis | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Attitude towards body | | | Attitude towards ıdentity | | |
| **Age** | **n** | **%** | **X± SS** | **t** | **Diff.** | **X± SS** | **t** | **Diff.** | **X± SS** | **t** | **Diff.** |
| 18-25 | 126 | 33,2 | [b]102,35±21,27 | 8,467*** | a<b | [b]65,20±11,99 | 6,242*** | a<b | [b]37,15±12,59 | 6,458*** | a<b |
| 26-35 | 107 | 28,2 | [b]101,15±20,51 | | | [b]65,41±11,90 | | | [b]35,74±12,18 | | |
| 36-45 | 80 | 21,1 | [b]96,33±23,14 | | | [b]62,28±13,59 | | | [b]35,05±12,51 | | |
| 46 ve üzeri | 67 | 17,5 | [a]87,04±21,28 | | | [a]57,81±13,31 | | | [a]29,24±11,34 | | |
| **Marital status** | **n** | | **X± SS** | **t** | | **Ort. ± S.S.** | **t** | | **Ort. ± S.S.** | **t** | |
| Married | 192 | 50,5 | 93,01±22,00 | -4,607*** | | 60,73±13,40 | -4,091*** | | 32,28±11,83 | -3,898*** | |
| Un married | 188 | 49,5 | 103,19±21,04 | | | 66,00±11,64 | | | 37,19±12,72 | | |
| **Education** | **n** | | **X± SS** | **F** | | **X± SS** | **F** | | **X± SS** | **F** | |
| Primary education | 34 | 8,9 | [a]78,79±18,41 | 21,210*** | a<b<c | [a]53,24±14,07 | 16,413*** | | [a]25,56±9,17 | 14,699*** | a<b<c |
| Secondary | 158 | 41,6 | [b]93,72±20,73 | | | [b]61,22±12,31 | | | [b]32,50±11,45 | | |
| License | 169 | 44,5 | [c]106,17±20,26 | | | [c]67,54±11,08 | | | [c]38,63±12,56 | | |
| Graduate | 19 | 5,0 | [b]96,16±24,38 | | | [b]61,68±15,17 | | | [b]34,47±13,38 | | |
| **Income level detection status** | | | | **F** | | | **F** | | | **F** | |
| Low income | 130 | 34,2 | 95,00±22,42 | 2,216 | | 62,92±13,02 | 0,294 | | [a]32,08±12,94 | 4,772*** | a<b |
| Middle income | 240 | 63,2 | 99,86±21,52 | | | 63,66±12,63 | | | [b]36,20±11,98 | | |
| High income | 10 | 2,6 | 94,10±28,52 | | | 61,10±15,60 | | | [a]33,00±14,60 | | |

****:p<0,001, **:p<0,01, *:p<0,05*

This study determined that the score average of men who had witnessed violence in their childhood (*X*=94.47) was lower than the score average of those who had not witnessed violence in their childhood (*X*=100.85), with a significant difference (t:-2.815, p<0.05). The average score of men who had witnessed physical/psychological violence in childhood (*X*=92.37) was lower than the average of those who had witnessed multiple types of violence (*X*=106.40), with a significant difference (t:-2.789, p<0.01). In the attitude towards body subscale of the ISKEBE attitude scale in this study, an average score of men who had witnessed violence in childhood (*X*=61.55) was lower than the average score of those who had not witnessed violence in childhood (*X*=64.74), with a significant difference between them (t:-2.424, p<0.05). In the attitude towards the identity subscale of the ISKEBE attitude scale, an average score of men who had witnessed violence in childhood (*X*=32.92) was lower than the average score of those who had not witnessed violence in childhood (*X*=36.10), with a significant difference between them (t:-2.478, p<0.05). In the attitude towards body subscale of the ISKEBE attitude scale, the average score of men who had witnessed physical/psychological violence in childhood (*X*=60.49) was lower than the average score of those who had witnessed multiple types of violence (*X*=67.56), with a significant difference between them (t:-2.477, p<0.05). In the attitude towards the identity subscale of the ISKEBE attitude scale, the average score of men who had witnessed physical/psychological violence in childhood (*X*=31.88) was lower than the average score of those who had witnessed multiple types of violence (*X*=38.84), with a significant difference between them (t:-2.535, p<0.05).

**Table 2.** Distribution of average scores of ISKEBE attitude scale and sub-dimensions according to men's witnessing violence in childhood

| **Characteristics** | **Statistical analysis** | | | | **statistical analysis** | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | **Attitude towards body** | | | Attitude towards identity |
| **Witnessing violence in childhood** | **n** | **%** | **X± SS** | **t** | **X± SS** | **t** | **X± SS** | **t** |
| Yes | 167 | 43,9 | 94,47±23,58 | -2,815** | 61,55±13,36 | -2,424* | 32,92±1286 | -2,478* |
| No | 213 | 56,1 | 100,85±20,48 | | 64,74±12,23 | | 36,10±12,06 | |
| **Type of violence witnessed** | | | | | | | | |
| Physical / Psychological | 142 | 85,0 | 92,37±23,08 | -2,798** | 60,49±13,25 | -2,477* | 31,88±12,44 | -2,535* |
| More than one | 25 | 15,0 | 106,40±23,32 | | 67,56±12,54 | | 38,84±13,88 | |

***:p<0,01, *:p<0,05*

## 4. DISCUSSION

The World Health Organization defines violence against women as a violation of women's human rights and a major public health issue. It also states that violence negatively affects women's physical, mental, sexual and reproductive health and can increase the risk of becoming infected with HIV (WHO, 2017). Thirty-five percent of women have been subjected to physical or sexual violence during their lifetime, either by their partners or by others (WHO, 2013). It has been determined that more than 30% of women in the world have been subjected to physical and sexual violence. (WHO,2017, WHO ,2020). In a study conducted across Turkey, women were found to have been exposed to physical (36%), sexual (12%) and emotional (34%) violence at some time in their lives (Research on Domestic Violence Against Women in Turkey, 2014).

Since most of those who commit violence against women are male, this study aimed to determine the attitudes of men regarding violence against women. Our study results determined that the total and subscale score averages of the men aged 46 and older were

lower than that of men in the other age groups, with a statistically significant difference between them . This shows that the male participants in this study were more prone to violence against women, violence towards the body (sexual and physical violence), and violence towards identity (psychological/economic). In contrast to our study, another study found that men aged 35-44 years committed the most physical violence against women. Furthermore, while the rates of physical violence against women show an increase up to men's age of 44 years, the rates decrease after they become 45 years of age (Akkuş and Yıldırım, 2018). The Fernandez et al. study (2017) reported that the peak age range of men who committed violence against women was in the 31-40 age range (Fernandez et al, 2017). The reason for this difference in our study may be related to the fact that older generations of men living in Kars province in eastern Turkey are more prone to violence.

Marital status is a fundamental feature that has the greatest impact on the level of violence committed against women. A study conducted across Turkey in 2014 reported that 36% of married women had been exposed to physical violence by their spouses or partners at some time during their lives (Research of Domestic Violence Against Women in Turkey, 2014).

In this study, the ISKEBE attitude scale total and subscale score averages of married men were lower than the scores of single men, with a statistically significant difference between them. These results show that single men opposed violence against women more than married men. One study determined that married women suffered more violence than singles (Yanık et al, 2014). In another study, a significant relationship has been found between the length of the marriage and women's exposure to physical violence (Altınay and Arat, 2008). The results of their research support our study.

The increased educational level of women in Turkey has helped to reduce the percentage of physical violence experienced by them. However, the rate of physical violence experienced by illiterate women or by the women married before finishing primary school has been found to be two times higher than the violence experienced by women who have a bachelor's degree or higher (Domestic Violence Against Women in Turkey Survey, 2015). Another study determined that the educational levels of women exposed to violence and the educational level of their spouses was lower than that of women who had not experienced violence (Şahin et al, 2012). Our study results showed that the average scores in the ISKEBE attitude scale and its subscales of men with primary education were lower than the average scores of men who have secondary education, undergraduate degrees and graduate degrees.

It was determined that men with primary education were more prone to violence against women than men with higher education. In their study, Boz et al. (2008) found that most victims and perpetrators of violence had a primary education or lower (Boz et al, 2008). Similarly, Güler's (2010) study found a statistically significant difference between the physical violence experienced by pregnant women and the lower level of education of both the women and their spouses (Güler, 2010). Another study found that women's exposure to domestic violence decreases as their educational level increases (Bedir et al, 2017). The study conducted by Ediz and Altan (2017) found that the women with only a primary education (36%) had been exposed to violence (Ediz and Altan, 2017). These results show that in order to reduce and prevent domestic violence, increasing the level of education for all citizens is very important. Children who have witnessed or who have been the direct victims of domestic violence are at risk for repeating similar behaviors (Holden, 2003). This study found that the average ISKEBE attitude scale score and its subscale scores of men who had witnessed violence in their childhood were lower than the average scores of those who had not witnessed any violence in their childhood, with a significant difference between them . Men who had witnessed violence in their childhood were found to be more prone to violence against women than men who had not witnessed it. Kitzmann et al. (2003) observed that children who had witnessed domestic violence exhibited more negative behaviors than those who had not witnessed it (Kitzmann et al, 2003). A study by Ayan, which was conducted with secondary school students, reported that students who experienced violence had a greater tendency to aggression (Ayan, 2007). Similarly, the study by Vahip and Doğanavşargil (2006) determined a significant relationship between the history of physical violence in childhood and the violence against one's own child ($p<0.01$) (Vahip and Doğanavşargil, 2006). This current study is in line with the literature.

Hattery reported that children raised in families with violence-related behaviors provide an important clue to their violent behaviors in later years (Hattery, 2009). Children who witness domestic violence learn that men are aggressive and dominant, while women are powerless and deserve mistreatment (McCue, 2008). In our study, it was determined that the average ISKEBE attitude scale score and its subscale scores in men who had witnessed physical/psychological violence in childhood were lower than the score averages of the men who had witnessed multiple types of violence, with a significant difference between them . These results show that individuals who had witnessed physical and psychological violence

during childhood were more prone to violence. A study found that 71% of men had witnessed domestic violence, 4% were victims of violence, and 25% were perpetrators of violence (Rahmatian, 2009). Another study found that men who had been exposed to physical domestic violence as children or who had witnessed their fathers commit physical violence against their mothers were more likely to abuse their own wives (McCue, 2008).

The ISKEBE attitude scale score average of men in this study was $X$=98.04, whereas average scores in the violence against the body and identity were $X$=63.34, and $X$=34.71, respectively . Furthermore, the violence against women attitude scale scores of the study participants were close to the positive end (Kanbay et al, 2017). These results show that the men who took part in the study oppose violence against women.

Although the men in our study were shown to oppose violence against women, we found that those who were married, primary school graduates, and who had witnessed violence in childhood were more prone to violence against women than those who were single, had higher education levels, and had not witnessed violence in childhood, respectively. These results indicate that in order to combat violence against women, the education of all society's members must become a high priority. Education and training should be given to families at regular intervals by health personnel, especially nurses and experts working in this field, and NGOs and recognized religious leaders within their communities. It is believed that these measures will be very important in focusing society's attention on the detrimental effects of domestic violence on its members.

In conclusion, the goal of education and training regarding domestic violence issues is to help improve and protect the health of women, children and society in general. Included in this would be the development of psychosocial and legal approaches for men who engage in violence.

**Conflict of Interest:** The authors declare that they have no conflict of interest.

## REFERENCES

Akkuş, S., and Yıldırım, Ş. (2018). Investigating the factors affecting man's physical violence to women. Gaziantep University Journal of Social Sciences, 17(4): 1368-1388. https://doi.org/10.21547/jss.408090

Altınay, A. G., and Arat, Y. (2008). Violence against women in Turkey, Metis Yayınları. (2nd Ed.). Istanbul.

Asian Development Bank. (2016). Gender statistics, the pacific and timor leste. Retrieved from https://www.adb.org/sites/default/files/publication/181270/gender-statistics-pacific-tim.pdf

Ayan, S. (2007). Aggressiveness tendencies of the children exposed to domestic violence. Anadolu Psikiyatri Dergisi, 8(3): 206-214.

Babu, B. V., and Kar, S. K. (2010). Domestic violence in Eastern India: Factors associated with victimization and perpetration. Public Health, 124: 136-148. https://doi.org/10.1016/j.puhe.2010.01.014

Bedir, N., Ekerbiçer, H. Ç., İnci, M. B., Köse, E., Karatepe, T. U., Demirbaş, M., … Kılıç, Z. (2017).Violence perceptions of a group of women living in Sakarya and ınfluential factors. Sakarya Tıp Dergisi, 7(4): 188-196. https://doi.org/10.31832/smj.363175

Bilican-Gökkaya, V. (2011). Economic violence towards women: Sample of Sivas (Cumhuriyet University). Journal of World of Turks, 3(3): 129-145.

Boz, B., Acar, K., and Kurtuluş, A. (2008). Intra familiar violence cases of Pamukkale University School of Medicine Department of Legal Medicine between May 2003-July 2004. Pamukkale Üniversitesi, Tıp Fakültesi Adli Tıp Anabilim Dalı Anabilim Dalı, Pamukkale Tıp Dergisi, Denizli, 1: 13-16.

Cengiz-Özyurt, B., and Deveci, A. (2010). The relationship between domestic violence and the prevalence of depressive symptoms in married women between 15 and 49 years of age in a rural area of Manisa, Turkey. Türk Psikiyatri Dergisi, 22(1): 10-6. doi: 10.5080/u6350

Devries, K. M., Mak, J. Y., Bacchus, L. J., Child, J. C., Falder, G., Petzold, M., … Watts, C. H. (2013). Intimate partner violence and ıncident depressive symptoms and suicide attempts: A systematic review of longitudinal studies. PLOS Medicine 10(5):e1001439. doi: 10.1371/journal.pmed.1001439. Epub 2013 May 7

Directorate General on The Status of Women. (2012-2015). National action plan for combating violence against women. T. C. Ministry Of Family And Social Policies. Retrieved from http://bianet.org/files/doc_files/000/000/643/original/kadina_yonelik_siddet_uep12-15.pdf

Domestic Violence Against Women in Turkey. (2009). Hacettepe University Institute of Population Studies, Ankara. Retrieved from http://www.hips.hacettepe.edu.tr/TKAA2008-AnaRapor.pdf

Domestic Violence Against Women in Turkey Survey. (2015). Hacettepe University Institute of Population Studies, Ankara. Available from URL:http://www.hips.hacettepe.edu.tr/KKSA-TRAnaRaporKitap26Mart.pdf

Ediz, A., and Altan, Ş. (2017). A field study on violence against women in Turkey. TBB Dergisi (Özel Sayı). Retrieved from http://tbbdergisi.barobirlik.org.tr/m2017-2017-1729

Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., and Garcia-Moreno, C. (2008). Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: An observational study. Lancet, 371(9619): 1165-72. doi: https://doi.org/10.1016/S0140-6736(08)60499-7

Fernandez, M. D., Silva, I. M. M., Vazquez-Portomene, F., and Calvo, M. S. R. (2017). Features and consequences of gender violence: Study of cases confirmed by a conviction. Spanish Journal of Legal Medicine, 43(3): 115-122. https://doi.org/10.1016/j.remle.2017.07.003

Garcia-Moreno, C., Jansen, H. A., Ellsberg, M., Heise, L., and Watts, C. (2005). WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses. World Health Organization, Geneva.

General Statistics Office. (GSO). of Viet Nam (2010) Keeping silent is dying: Results from the national study on domestic violence against women in Viet Nam. Summary Report.

Güler, N. (2010). Physical, emotional, sexual, and economic violence by spouse during pregnancy and associated factors background. Dokuz Eylül Üniversitesi Hemşirelik Yüksekokulu Elektronik Dergisi, 3(2): 72-77.

Hattery, A. J. (2009). Intimate partner violence. Rowman and Littlefield Publishers, 222.

Heise, L. (2011). What works to prevent partner violence? An evidence overview. STRIVE, London School of hygiene and tropical medicine, London.

Holden, G. W. (2003). Children exposed to domestic violence and child abuse: terminology and taxonomy. Clin Child Fam Psychol Rev, 6(3): 151-160. https://doi.org/10.1023/A:1024906315255

Jewkes, R. K., Flood, M. G., and Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: A conceptual shift in prevention of violence against women and girls. The Lancet, 385(9977): 1580-1589.

Kanbay, Y., Aslan, O., Işık, E., and Tektaş, P. (2017). "Development study on ISKEBE violence against women attitude scale (ISKEBE Attitude Scale)", 18(5): 453-459. doi: 10.5455/apd.256374

Kanbay, Y., Işık, E., Yavuzaslan, M., and Keleş, S. (2012). Determination of the opinions and attitudes of nursing students about domestic violence against women. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, 1(2): 107-119.

Kitzmann, K. M., Gaylord, N. K., Holt, A. R., and Kenny, E. D. (2003). Child witnesses to domestic violence: A meta-analytic review. Journal of Consulting and Clinical Psychology, 71(2): 339-52.

Lewis, I., Maruia, B., and Walker, S. (2008). Violence against women in Papua New Guinea. Journal of Family Studies, 14: 183-197. https://doi.org/10.5172/jfs.327.14.2-3.183.

McCue, M. L. (2008). Domestic violence. Contemporary world ıssues, ABC-CLIO, California, 328.

Noroien, A. I., and Schei, B. (2008). Partner violence and health: Result from the first national study on violence against women in Norway. Scandinavian Journal of Public Health, 36(2): 161-8. https://doi.org/10.1177/1403494807085188

Parish, W. L., Wang, T., Laumann, E. O., Pan, S., and Luo, Y. (2004). Intimate partner violence in China: National prevalence, risk factors and associated health problems. International Family Planning Perspectives, 30(4): 174-81. doi: 10.1363/ifpp.30.174.04

Rahmatian, A. A. (2009). Breaking down the social learning of domestic violence. Iranian Journal of Psychiatry and Behavioral Sciences, 3(1): 62-66.

Research of Domestic Violence against Women in Turkey. (2014). Hacettepe University Institute of Population Studies, Summary Report, Ankara. Retrieved from http://www.hips.hacettepe.edu.tr/TKAA2014_Ozet_Rapor.pdf

Şahin, E. M., Yetim, D., and Öyekçin, D. G. (2012). Rate of intimate partner violence against women and attitudes of women towards violence in Edirne Turkey. Cumhuriyet Tıp Dergisi, 34(1): 23-32. http://dx.doi.org/10.7197/1305-0028.940

Turk, R., Senol-Celik, S., Çetin, M., and Soydan, G. (2017). Experiences and views of married women about domestic violence. International Journal of Nursing Practice. https://doi.org/10.1111/ ijn.12543

United Nations General Assembly. (1993). Declaration on the elimination of violence against women. Sexual and gender-based violence, UN General Assembly. A/RES/48/104. Retrieved from https://www.refworld.org/docid/3b00f25d2c.html

Vahip, I., and Doğanavşargil, Ö. (2006). Domestic physical violence and female patients. Türk Psikiyatri Dergisi, 17(2): 107-114.

World Health Organization. Global and regional forecasts The prevalence of violence against women and its effects on health intimate partner violence and non-partner sexual violence. Executive Summary. Retrieved 27 October 2017 from http://.apps.who.int/iris/bitstream/10665/85241/1/WHO_RHR_HRP_13.06_eng.pdf.

World Health Organization. Global and regional forecasts The prevalence of violence against women and its effects on health intimate partner violence and non-partner sexual violence. Retrieved July 07, 2020 from https://apps.who.int/.iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessionid=1A6C2F3A503E596CAB7AD022945898B8?array=1

World Health Organization. (1996). Global Consultation on Violence and Health. Violence: a public health priority. Geneva, Switzerland.

World Health Organization. (2013). Global and regional estimates of violence against women. Prevalence and health effects of intimate partner violence and non-partner sexual violence, Department of reproductive health and research, WHO, Geneva, Switzerland.

World Health Organization. (2017). Violence against Women. Retrieved from https://www.who.int/news-room/fact-sheets/detail/violence-against-women

Yanık, A., Hanbaba, Z., Soygür, S., Ayaltı, B., and Doğan, M. (2014). Evaluation of violent behavior against women: Evidence from Turkey. Electronic Journal of Vocational Colleges, 4(4): 104-111. https://doi.org/10.17339/ejovoc.49520.