Journal of Midwifery & Reproductive Health

JMRH.mums.ac.ir

The Relationship between Domestic Violence and Addiction with Menopausal Women's Experiences

Sedigheh Shariatmoghani (MSc)[1*], Maliheh Nasiri (PhD)[2]

[1] Lecturer, Department of Midwifery, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran
[2] Assistant Professor, Department of Biostatistics, School of Allied Medical Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran

ARTICLE INFO

Article type:
Original article

Article History:
Received: 12-Mar-2021
Accepted: 20-Jun-2021

Key words:
Violence
Addiction
Women
Menopause

ABSTRACT

Background & aim: Domestic violence is a major public health concern that could cause long-term physical and mental health problems for women. Evidence indicates that addiction is among important issues resulting in violence against women. This study was performed to investigate the relationship between domestic violence and spousal addiction with experiences of menopausal women.

Methods: This cross-sectional study was performed on 250 menopausal women aged 45-65 years who referred to Mashhad health centers, Mashhad, Iran in 2017. The subjects were selected using multistage sampling. Data collection tools included the Menopausal Experiences Questionnaire and the Spouse Unhealthy Behavior Questionnaire (Violence, Addiction). Data were analyzed using Pearson's correlation coefficient by SPSS Version 16.

Results: The mean age of participants was 55.05± 5.72 years. The mean score of violence and addictive behaviors was 73.3% and 26.7%, respectively. Total score of menopausal experiences was 33.5 ± 18.11%. There was a significant direct relationship between the dimensions of violence and mental, physical, emotional as well as total score of menopausal experiences (p= 0.04, r= 0.139; p= 0.009, r = 0.177; p= 0.002, r= 0.211; p= 0.03, r= 0.147, respectively). Also, a significant direct relationship was seen between the sexual dimensions of violence and experiences of menopausal women (p = 0.002, r = 0.22) and addiction (p = 0.880, r = 0.01).

Conclusion: Considering the relationships between husband's violence and physical, mental and emotional experiences of menopausal women, it is recommended to provide appropriate counseling and training programs for spouses to decrease violence and negative experiences of menopausal women.

Please cite this paper as:
Shariatmoghani S, Nasiri M. The Relationship between Domestic Violence and Addiction with Menopausal Women's Experiences. Journal of Midwifery and Reproductive Health. 2021; 9(3): 2844-2852. DOI: 10.22038/jmrh.2021.56345.1683

Introduction

Menopause is the permanent cessation of menstruation which occurs averagely at the age of 51 years (1). Despite the sharp increase of "life expectancy" in women, the menopausal age has remained dramatically constant. Today, women in the United States spend about 30 years or more than one third of their life in the menopausal period (2). Menopausal age is apparently determined genetically and is not affected by race, socioeconomic status, menarche age, or previous ovulation (1).

The population of menopausal women in the world is predicted to reach more than 1.2 billion by 2030, with an increase of 47 million per year (3). By 2050, one per three people in most developed countries and one per five people in less developed countries will be ≥60 years of age (4). According to the General Population and Housing Census in Iran (2011), the number of women in the age group of 45-65 years are estimated to be 6,1008,688 (5), which is more than the estimation of five million people in 2021 (6). Complications of menopause include

* *Corresponding author:* Sedigheh Shariatmoghani, Lecturer, Department of Midwifery, School of Nursing and Midwifery, Mashhad University of Medical Sciences, Mashhad, Iran. Tel: 05138591511; Email: shariatmoghanis@mums.ac.ir

vasomotor disorders, urinary symptoms, atrophic vaginitis, and sexual disorders as well as long-term effects such as osteoporosis, cardiovascular disorders, and psychological complications (2).

Menopause can be a starting point of domestic violence against women due to decreased sexual intercourse, misconceptions about menopause, and the spouse's abnormal feelings about menopause (7). Prevalence of domestic violence against women in developing countries is reported to be 4-28% (8). The studies have shown that many risk factors play a role in the occurrence of unhealthy behaviors, among which violence plays an important role in the middle age of women's lives (9). Violence against women is a global phenomenon varying according to the political, social, and cultural characteristics of each place (10). Domestic violence includes physical, psychological, sexual, and economic violence perpetrated by a spouse and close relatives (11). Domestic violence as the most common type of violence against women creates fear and intimidation and commits abusive behaviors to exercise power and control over women and force deprivation of their individual and social freedom (12). The World Health Organization estimates that 45% of women suffer from domestic violence (13). According to an extensive study which was conducted in 28 provincial capitals, in 66% of families, women have experienced violence at least once in their life (14). The results of another study on married women referring Ahvaz's health centers showed that prevalence of violence against women varied between 27% and 83% (9). The other research showed that women who are victims of violence experience higher levels of stress (15). Violence can occur among all women in different age groups, although it is often neglected among older women. One study found that more than half of women over the age of 60 reported the onset of violence from 10 years earlier (16). According to international statistics, at least one per five women is subjected to domestic violence during the lifetime by her husband or close relatives (17).

The issue of menopausal violence is important for several reasons; older women are less likely to be employed and do not have regular contact outside the home to receive supportive services, second, abused older women often deny being abused, third, menopause can decrease sexual relations and cause abnormal feelings or addiction (7). Addiction also increases violence due to psychological and emotional problems. Men's personality and psychiatric problems are other sources of violence against women that stem from alcohol and substance abuse and addiction (18). Heidarinejad et al. (2017) reported that 63.3% of families with addicted fathers experience psychological and physical violence (19). As a result, the spouse's addiction reduces his supportive role in the family (18). So, the widespread effects of husband's violence and addiction on women's physical and mental health, specifically, during menopausal transition and its social and economic consequences can indicate the importance and necessity of research on violence against women. Therefore, due to the limited studies conducted in this field in Iran and the increase in life expectancy, the present study was conducted for the first time in Iran with aim to determine the relationship between husband's violence and addiction with menopausal experiences in Mashhad.

Materials and Methods

This descriptive cross-sectional study was performed on 250 women in Mashhad, Iran, during 2016-2017. Sampling was performed by multi-stage method. At first, the city of Mashhad was divided into five regions. Second, all urban health centers were listed and numbered, and several centers were selected by the simple random method. Then, the sample size inside each center was selected by quota method according to the population covered by each center. Finally, sampling was done by the available methods in the centers. The sample size was obtained based on the study of Simbaret al. (2013) and with the following formula: $n \geq \left[\frac{\left(z_{1-\alpha/2}+z_{1-\beta}\right)}{0.5\times\ln\left[(1+r)/(1-r)\right]}\right]^2+3$ (20).

$$r = 0.2$$

$$\alpha = 0.05 \Rightarrow z_{1-\alpha/2} = 1.96$$

$$\beta = 0.80 \Rightarrow z_{1-\beta} = 0.84$$

The study's population included all the menopausal women referred to the centers. The

inclusion criteria included written consent, age of 45 to 65 years, menopause, being Iranian, married, no known mental illness, not taking psychotropic drugs (imipramine, Diazepam, phenobarbital, fluoxetine, haloperidol, chlordiazepoxide), no drug or alcohol use, no serious event (death of first-degree relatives, accident, burglary, illness of the research's subjects or their close relatives) during last 6 months. The exclusion criteria were dissatisfaction, use of drugs affecting the psyche, use of alcohol, or not answering to 95% of the questions.

This study was conducted after approval by the ethics committee of Shahid Beheshti University of Medical Sciences and Health Services (license number 1980/1000) and after obtaining permission from the Vice Chancellor for Research Shahid Beheshti University of Medical Sciences. 20 women were excluded due to incomplete forms, and the final analysis was performed on 220 women. The intervention's variables were controlled by the exclusion criteria.

Data collection tools included demographic checklists, spouse's unhealthy behaviors (violence and addiction), and assessing women's experiences during menopause. The demographic checklist was consisted of two parts: demographic characteristics (age, education, occupation, housing status, and monthly income) and gynecology and obstetrics characteristics (number of pregnancies, number of deliveries, number of children, menstrual age, postmenopausal age, and duration of menopause).

Women's postmenopausal experience assessment questionnaire was designed and psychometized by Hakimi and Simbar in 2013 (20). This questionnaire includes six subscales: physical complications, psychological complications, anxiety, negative emotions, attitudes, and adjustment. Each subscale contains expressions with a Likert five-choice classification range (never, low, medium, high, very high). The scores ranged from 0 to 4 (from very high to at all). This questionnaire includes 44 items (12 items for anxiety dimension, 10 items for psychological effects, 11 items for physical effects, 5 items for negative emotions, 4 items for negative attitudes, and 2 items for adaptation). The overall score is from 0 to 176. A score of zero means low negative experiences and a score of 176 means high negative experiences. The questionnaire's content validity and reliability have been determined with equivalence reliability method by Hakimi and colleagues (2013) in Tabriz (20). The validity index of the tool was 0.98 and the validity ratio was 0.98. In the study of Simbar et al., the tool's stability was estimated to be 0.78 using retest and the tool's internal consistency was estimated to be 0.96 using Cronbach's alpha coefficient (19).

The researcher-made checklist of the spouse's unhealthy behavior was designed in two parts: the spouse's violence and addiction. The violence section includes physical dimensions with the questions (pushing - hitting - beating with a belt - beating leading to a broken limb - attack with a cold weapon - firearm - burning), sexual dimension (indifference - coercion in sexual intercourse - unconventional sexual coercion - coercion in illegal activities), psychological dimension (intimidation - threat of divorce - deprivation of children - deprivation of telephone contact), and economic dimension (tightening of household expenses- prohibition of employment - lack of funding- take over woman's income – suspicion) **.**Each dimension contains phrases marked with the answers (yes-no) and receives a score if yes, and a zero score if no. The answers to the questions of the violence section (20 questions) were added to the addiction section of the spouse (3 questions) and are expressed as a percentage in the form of unhealthy behavior. The total score is 0_23. A score of zero indicates lower unhealthy behavior and a score of 23 indicates higher unhealthy behavior. Content validity and reliability of the tool have been determined with the equivalence reliability method by Shariat Moghani and Simbar (2016) in Mashhad. The validity index of the tool was 0.97 and the validity ratio was 0.96.

Data were analyzed by SPSS software (version 16). Descriptive statistics including mean, standard deviation, absolute and relative frequency distributions, as well as analytical statistics including Pearson correlation coefficient (for quantitative normal variables) or Spearman (non-normal and rank variables)

were used to determine the relationship between the variables. P< 0.05 was considered statistically significant.

Results

A total of 220 menopausal women referring to health and hospital centers and public and cultural centers of Mashhad with mean age of 55.05± 5.72 years were included in the study. Mean (menstrual age was 13.17 ± 1.74 and menopause duration was 7.15 ± 5.91 and menopausal age was 48 ± 4.56 years).

Table 1. Comparison of the mean score of total menopausal experiences in percentage by occupation, spouse occupation, status, and housing

Characteristic	Number	Experiences Mean ±SD	P-value
Woman's Job:			
Manual worker	4	64.25 ±19.36	0.467
Employee	29	62.48 ±34.97	
housewife	159	59.69 ±31.52	
Retired	26	52.23 ±32.62	
Homework	2	28 ±5.65	
Husband's job:			
manual worker	14	55.35 ±28.59	0.785
Employee	23	54.13 ±39.93	
Free	90	57.63 ±2.87	
Retired	81	62.24 ±3.71	
Other cases	12	60.20 ±12.08	
Housing status:			
Personal	185	57.95 ±31.13	0.544
Rent	34	64.20 ±36.11	
Other cases	1	70	

ANOVA test

Median was (number of pregnancies 4, number of deliveries 4, and number of children 4). The women's education in primary school was the highest at 37.7% and illiterate with the lowest at 5.5%. The wife's education was the highest in the university and the illiterate with the lowest. Table 1 showed the comparison of the mean score of total tools of postmenopausal women in percentage by the job, spouse occupation, housing status (Table 1).

Based on one-way analysis of variance test, there was no statistically significant difference in the mean total score of menopausal experiences in terms of woman's occupation, husband's occupation and housing status (p=0.467, p=0.785, p=0.544, respectively).

Also, the mean score to the percentage of different areas of women's experiences in menopause from highest to lowest, compatibility 62.4 ± 29.7, Mean score of negative emotions 34.6 ± 24.6, physical 34.5 ± 19.5, psychological 33.3 ± 21.3, anxiety 29.37 ± 21.9, and negative attitude was 27.6 ± 26.5.

Table 2 showed that the score of unhealthy behaviors of the spouse in the two dimensions of violence (73.3%) and addiction (26.7%).

Table 2. Mean and standard deviation of spouse's unhealthy behavior scores and its various domains

Dimensions of unhealthy spouse's behavior *	range	N (%)
Spouse's violence	0-20	142(73.3)
Spouse's addiction	0-3	48(26.7)
Total	0-23	100

* The dimensions of unhealthy behavior refer to the two dimensions of violence and addiction of the spouse. In the unhealthy behavior checklist, the answers to the questions of the two sections were added together and expressed as a percentage

Therefore 73.3% of women experienced domestic violence and 26.7% of husbands have addiction.

There was also a direct and significant relationship between the dimension of violence and the mental, physical, and emotional

dimensions of postmenopausal experiences. Addiction had no significant relationship with any of the dimensions of menopausal experiences (Table 3) .

Table 3. Matrix correlation of dimensions of spouse's unhealthy behavior with areas of menopausal women's experience

Classes of Spouse's unhealthy behavior		Compatibility	Negative attitude	Negative emotions	Physical complications	Psychological complications	Worry	Postmenopausal experiences
Violence	r	-0.032	0.084	0.211*	0.177**	0.139*	0.062	0.147*
	P	0.637	0.216	0.002	0.009	0.040	0.359	0.030
Addiction	r	-0.107	0.380	0.350	0.067	0.038	0.062	0.010
	P	0.115	0.576	0.609	0.322	0.572	0.360	0.880
Total	r	-0.052	0.084	0.199**	0.175**	0.135*	0.043	0.136*
	P	0.443	0.212	0.003	0.009	0.046	0.522	0.044

* Significance at the level of 0.05* * Significance at the level of 0.01 Pearson correlation coefficient

The results showed that the score of physical dimension of violence had a direct and significant relationship with physical dimension of experiences and its sexual dimension had a direct and significant relationship with mental, physical, negative emotions, and attitudes of experiences. There was a direct and significant relationship between the mean score of the psychological dimension of violence with the dimension of experiences' negative emotional and between the mean score of the economic dimension of violence with the mental and physical dimensions of experiences (Table 4).

Table 4. Matrix correlation of violence dimensions with the experiences of women during menopause

Aspects of violence		Compatibility	Negative attitude	Negative emotions	Physical complications	Psychological complications	Worry	Postmenopausal experiences
Physical	r	-0.030	0.039	0.123	0.144	0.079	0.052	0.099
	P	0.659	0.569	0.068	0.033	0.243	0.440	0.143
Sexual	r	0.078	0.205**	0.245**	0.186**	0.211**	0.129	0.220**
	P	0.251	0.002	<0.001	0.006	0.002	0.057	0.002
Psychological	r	-0.092	-0.047	0.155*	0.045	-0.002	-0.037	0.010
	P	0.172	0.484	0.022	0.506	0.974	0.588	0.880
Economic	r	0.038	0.079	0.128	0.165*	0.148*	0.054	0.130
	P	0.574	0.242	0.058	0.014	0.028	0.424	0.055
Violence	r	-0.032	0.084	0.211**	0.177**	0.139*	0.062	0.147*
	P	0.637	0.216	0.002	0.009	0.040	0.359	0.030

*Significance at the level of 0.05 * *Significance at the level of 0.01 Spearman's rank correlation coefficient

Discussion

The present study was performed with aim to investigate the relationship between spouse's violence and addiction and women's experiences in menopause.

Accordingly, the results of the present study showed a statistically significant inverse relationship between spouse's education and the psychological dimension of menopausal experiences, and a significant relationship was observed with violence. Family income was significantly related to physical and psychological complications of menopausal women. The study by Vakili et al. (2010) in Kazerun found a significant relationship between domestic violence and family income, education level, and religious beliefs of spouses (21). In the study of Alizadeh et al. (2013) the level of education, occupation, and income of women in the group of domestic violence were lower than the two control groups (22). Studies have shown that men with higher levels of education use less violence against their wives. Given that the level of education of men is mainly related to their social and cultural status; violence against women is higher in families with lower social status (7). Despite the high education of the husband, the percentage of violence was high, emphasizing that the education of the spouse has no effect on reducing violence. Certainly, the traditional

context and culture of the research community are of great importance.

Physical violence was significantly associated with the physical effects of menopausal women. It can be said that men are not familiar with all aspects of violence and often consider cases such as physical abuse as violence. As a result, its consequences are manifested in the form of physical complications. Also, women who receive less social support from their husbands are more exposed to physical and psychological problems following violence (23).

The present study showed a significant relationship between sexual violence in the mental, physical, emotional, and menopausal areas. Maria and Pico (2006) reported the relationship between sexual violence in women with severity of depression and anxiety, substance abuse and suicidal ideation (24). Akbari et al. (2014) found a direct relationship between sexual violence and depression in women (25). The results of various studies, especially those in Iran, show that sexual violence has a lower rank than other types of violence, which is inconsistent with the present study. The factors such as cultural barriers in reporting this type of violence have made the available statistics definitely lower than the actual amount, and as a result, this type of violence has a lower rank. Also, another reason for the low report of sexual violence is the different definition of sexual violence in Iran compared with European and Western countries (26, 27).

The present study also showed a significant relationship between psychological violence and the emotional dimension of women's menopausal experiences. Researchers reported that women who are victims of violence experience higher levels of stress (15). Recent studies have shown a relationship between stressful life events, anxiety, depression, stressful jobs, physical abuse, and low social support (28). Although all women are at risk of violence, other studies have used more verbal and psychological violence. Lack of physical symptoms in psychological and verbal violence has caused this type of violence to be done with more recklessness; since it is not easily provable even if the injured person is pursued, it has a higher rank among all types of violence (26,27). Sandra and colleagues (2012) showed that abused women are more likely to experience psychological problems and negative menopausal experiences (29). De Souza and colleagues (2013) showed the correlation between domestic violence and low quality of marital life and thus reported its impact on women's health (30).

The present study showed a statistically significant relationship between economic violence and the psychological and physical dimensions of postmenopausal status, indicating the importance of the husband's economic support of the woman. Delanoe (2012) stated that women's income was one of the factors affecting women's experiences of menopause (31). There is significant and inverse relationship between monthly income with the score of mental domain, physical domain, emotional domain, and total experiences of menopausal women (32). Bagherzadeh et al. (2008) and Shamsi and Bayati (2012) assessed the economic violence, and reported that it is 23%, with questions such as reluctant payment by the husband and failure to consult with the wife on household finances and obstruction of the woman's employment (34,33). Bagherzadeh et al. found the significant relationship between this factor and the emotional dimension (33). There was a significant relationship between female employment and physical dimension (34) and with psycho-verbal and sexual dimensions (35). McQuary (2009) showed that domestic violence affects women's empowerment and consequently their health and postmenopausal experiences (36). In general, more income can help people achieve better care and access to better health care. However, in the study by Simbar (2013), there was no such relationship (20). This difference may be due to the differences in the research environment or the diversity of research population or their income levels

In this study, the dimension of addiction didn't show any relationship with the dimensions of menopausal experiences. However, in some studies, husband's addiction has been reported as a factor in physical violence, which contradicts with our study. Ghorban Alipour and colleagues (2008) examined the reasons behind the violence from

the perspective of women, including restrictions on women's action and no freedom of action in matters of life and social relations, pessimism and distrust of women, several physical punishments, and addiction, which contradicts with the present study (37). The concealment of facts and the lack of reporting of violence by women are the most likely reasons which should be considered as the study's limitation**.** Also, no complete ability to complete the questionnaire and less cooperation of postmenopausal women and fear of revealing their life's conditions were other limitations of the study. Talking and empathizing with postmenopausal women, ensuring that their information is kept confidential, improved their cooperation.

Conclusion

Given the critical role of menopausal period, and the important effect of stress and violence and addiction of the husband on women's menopausal experiences, it is recommended that more studies be conducted on the extent of violence against women and its relationship with understanding the symptoms and experiences of menopause.

Also, the aspects of violence were directly correlated with women's menopausal experiences. Therefore, counseling and empowerment of women and appropriate training are recommended to improve the level of health literacy, reduce spouses' violence, and thus decrease negative menopausal experiences.

Acknowledgements

This study is a part of a M.Sc. thesis on midwifery at Shaheed Beheshti University of Medical Sciences**.** The study is approved by the ethics committee of Shaheed Beheshti University of Medical Sciences. The authors would like to thank Dean Deputy for Research and Technology of the university, Dean of the Nursing and Midwifery School, Head of Midwifery Department, and participants.

Conflicts of interest

Authors declared no conflicts of interest.

References

1. Novak E, Berek JS. Berek & Novak's gynecology. 16th ed. Philadelphia: Lippincott Williams & Wilkins; 2019.
2. Speroff L, Fritz MA. Clinical gynecologic endocrinology and infertility. 9thed. Philadelphia: lippincott Williams & wilkins; 2019.
3. Bener A, Falah A. A measurement- specific quality-of-life satisfaction during premenopause, perimenopause and postmenopause in Arabian Qatari women. Journal of Mid-life Health. 2014; 5(3): 126-134.
4. Nazarpour S, Simbar M, Tehrani FR. Factors affecting sexual function in menopause: A review article. Taiwanese Journal of Obstetrics and Gynecology. 2016; 55(4): 480- 487.
5. Lowdermilk DL, Perry SE, Cashion MC, Alden KR. Study Guide for Maternity and Women's Health Care. 11th ed. Amsterdam: Elsevier Health Sciences; 2015.
6. WHO, Pan American Health Organization (PAHO). Understanding and addressing violence against women. Geneva: WHO; 2018.
7. Rathnayake N, Lenora J, Alwis G, Lekamwasam S. Prevalence and severity of menopausal symptoms and the quality of life in middle-aged women: a study from Sri Lanka. Nursing Research and Practice. 2019; 9(2019): 1-9.
8. Çelik As, Pasinlioğlu T. Determining the association between Turkish women's menopausal symptoms and their marital adjustment. Turkish Journal of Medical Sciences. 2013; 43(6): 928- 938.
9. Mohammadbeigi A, Sajadi M, Ahmadli R, Asgarian A, Khazaei S, Afrashteh S, Ansari H. Intimate partner violence against Iranian women. The National medical journal of India. 2019; 32(2): 67. [In Persian]
10. Audet M, Dumas A, Binette R, Dionne IJ. Women, weight, poverty and menopause: understanding health practices in a context of chronic disease prevention. Sociology of health & illness. 2017; 39(8): 1412-1426.
11. Madika AL, Nasserdine P, Langlet S, Lecerf C, Ledieu G, Devos P, Mounier-Vehier C. Association between reproductive factors and carotid atherosclerosis in post-menopausal women. Maturitas. 2019; 126: 38-44.
12. Gibson CJ, Huang AJ, McCaw B, Subak LL, Thom DH, Van Den Eeden SK. Associations of intimate partner violence, sexual assault, and posttraumatic stress disorder with menopause symptoms among midlife and older women. JAMA internal medicine. 2019; 179 (1): 80-87.
13. Wendt S, Zannettino L. Domestic violence in diverse contexts: A re-examination of gender. Routledge; 2014.
14. Jansirani N, Vidya S, Muliira.RS. Review Literature on Distress during the Menopausal Transition and Their Impact on the Quality Of Life of Women: What is The Evidence?. Journal Nurs Health Science. 2013; 2(4): 1-10. [In Persian]

15. Jahromi MK, Jamali S, Koshkaki AR, Javadpour S. Prevalence and risk factors of domestic violence against women by their husbands in Iran. Global journal of health science. 2016; 8(5): 183- 175. [In Persian]
16. Eraky EM. Impact of Violence on Female Sexual Function among Married Women. Journal of Nursing and Health Science.2018; 7(4): 63-71.
17. Poodineh Z, Badakhsh M, Khamari M, Amirshahi M, Raesi M, Rigi M. Study of Factors Associated with General Health of Menopausal Women in Zahedan. Indian Journal of Public Health Research & Development. 2017; 8(1): 217-365. [In Persian]
18. Meerambika Mahapatro, RN Gupta , and Vinay Gupta. The Risk Factor of Domestic Violence in India. Indian Journal Community Medical. 2012; 37(3): 153–157.
19. Heydari Nejad S, Navah AR. Identification of factors affecting violence at women in Ahvaz city. Quarterly Journal of Women and Society. 2019; 9(36): 133-52.
20. Hakimi S, Nazarpour S, Ramezani Tehrani F, Simbar M, Zaiery F. Women's Experiences about Menopause and Related Factors. Iran Journal Endocrinol Metab. 2017; 19(3): 185- 193.
21. Vakili M, Nadrian H, Fathipoor M, Boniadi F, Morowatisharifabad MA. Prevalence and determinants of intimate partner violence against women in Kazeroon, Islamic Republic of Iran. Violence and Victims. 2010; 25(1): 116- 127.
22. Alizadeh M, Samadi Rad B, Ravanshad Y, Khamenian Z, Azarfar A. A Case Control Study of Married Women under the Violence during Pregnancy in Tabriz. Iran Journal of Obstetrics, Gynecology and Infertility. 2013; 15(32): 8-13. [In Persian]
23. Ford M. A Descriptive Study of Menopausal Woman's Life Experiences, Stressors and Their Occupational Meanings. Eastern Kentucky University Encompass; Occupational Therapy Doctorate Capstone Projects. 2015;7:1-69.
24. Maria A, Pico-Alfonso M, Isabel Garcia-Linares, et al. The Impact of Physical, Psychological, and Sexual Intimate Male Partner Violence on Women's Mental Health: Depressive Symptoms, Posttraumatic Stress Disorder, State Anxiety, and Suicide. Journal Women's Health. 2006; 15(5): 599- 611.
25. Akbari SK, Vameghi R, Sajedi F, Sajjadi H, Alavi Majd H, Hajighasemali S. Relationship between Socio-Economic Status, Perceived Stress, Social Support and Domestic Violence With Womens Depression In Reproductive Age Using Path Analysis. Iran Journal Health Eduction Health Promotion. 2016; 3(4): 391- 401. [In Persian]
26. Tadayon M, Hatami-Manesh Z, Sharifi N, Najar S, Saki A, Pajohideh Z. The relationship between function and sexual satisfaction with sexual violence among women in Ahvaz, Iran. Electronic physician. 2018;10(4): 6608-6615. [In Persian]
27. Wilson KS, Deya R, Masese L, Simoni JM, Stoep AV, Shafi J, Jaoko W, Hughes JP, McClelland RS. Prevalence and correlates of intimate partner violence in HIV-positive women engaged in transactional sex in Mombasa, Kenya. International journal of STD & AIDS. 2016; 27(13): 1194-1203.
28. Shariat Moghani S, Simbar M, Rashidi FF, et al. The Relationship Between Stress, Anxiety and Depression With Menopausal Women Experiences. Avicenna Journal Nursing Midwifery Care. 2018; 26(5): 333-340. [In Persian]
29. Teixeira de Araújo Moraes, Sandra D, da Fonseca, Ângela Maggio, et al. violence on womens health, as shown during climacterium. Menopause. 2012; 19(1): 16- 22.
30. D'Souza MS, Karkada SN, Somayaji G, Venkatesaperumal R. Women's well-being and reproductive health in Indian mining community: need for empowerment. Reproductive Health. 2013; 10(1): 1-12.
31. Delanoe D, Hajri S, Bachelot A, et al. Class, gender and culture in the experience of menopause. A comparative survey in Tunisia and France. Social science & medicine. 2012; 75(2): 401- 409.
32. Shariat Moghani S, Simbar M, Dolatian M, Nasiri M. The relationship between perceived social support and women experiences in menopause. Advances in Nursing & Midwifery. 2016; 25(90): 55-64. [In Persian]
33. Bagherzadeh R, Keshavarz TA, Sharif FA, Dehbashi S, Tabatabaei HR. Relationship between Domestic Violence during pregnancy and Complications of Pregnancy, type of delivery and birth weight on delivered women in hospital affiliated to Shiraz university of Medical Sciences. The Horizon of Medical Sciences. 2008;13(4):51-8. [In Persian]
34. Shamsi M, Bayati A. Frequency and severity of domestic violence in pregnant women. Journal of Gorgan University of Medical Sciences. 2012;13(4):67-75. [In Persian]
35. Del Carmen Macías-Cortés E, Llanes-González L, Aguilar-Faisal L, Asbun-Bojalil J. Response to individualized homeopathic treatment for depression in climacteric women with history of domestic violence, marital dissatisfaction or sexual abuse: results from the HOMDEP-MENOP study. Homeopathy. 2018; 107(03): 202-208.
36. Baheiraei A, Bakouei F, Mohammadi E, Montazeri A, Hosseni M. The Social Determinants of Health in Association with Womens Health Status of Reproductive Age: A Population-Based Study. Iran Iran Journal Public Health. 2015; 44(1): 119-29. [In Persian]

37. MacQuarrie K. Women's empowerment and family formation across the life course in Madhya Pradesh, India: The influence of time- varying and fixed empowerment resources. International Population Conference, Marrakech, Morocco. 2009