ORIGINAL RESEARCH ARTICLE

Evaluation of nurses' and midwives' knowledge and attitudes towards recognizing violence against women

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Abstract

The study was cross-sectional research that surveyed 410 nurses and midwives from March 2020 to March 2021 in Turkey. The aim of this study was to evaluate the knowledge and attitudes of nurses and midwives towards recognizing violence against women. The "Scale for Nurses' and Midwives' Recognition of the Symptoms of Violence against Women" were used. The average total scale score was 20.3 ± 3.2. The score of participants who are receiving postgraduate education, working in the field of gynaecology and obstetrics, and considering intervention as a professional responsibility when encountering a woman who has experienced violence was found to be significantly higher than the other groups ($p<.05$). It is important for midwives and nurses to be aware of signs of violence to identify violence against women. Providing education to midwives and nurses regarding signs of violence against women will contribute to the recognition, prevention, and awareness of violence. *(Afr J Reprod Health 2024; 28 [2]: 116-124)*

Keywords: Midwifery, nursing, violence against women, gender-based violence, women health

Résumé

L'étude était une recherche transversale qui a enquêté sur 410 infirmières et sages-femmes de mars 2020 à mars 2021 en Turquie. L'objectif de cette étude est d'évaluer les connaissances et les attitudes des infirmières et des sages-femmes envers la reconnaissance de la violence contre les femmes. L'échelle de reconnaissance des symptômes de la violence contre les femmes des infirmières et des sages-femmes a été utilisée. Le score moyen total de l'échelle était de 20,3 ± 3,2. Le score des participants qui suivent une formation de troisième cycle, travaillant dans le domaine de la gynécologie et de l'obstétrique, et considérant l'intervention comme une responsabilité professionnelle lorsqu'ils rencontrent une femme victime de violence s'est avéré significativement plus élevé que les autres groupes ($p<.001$). Il est important que les sages-femmes et les infirmières soient conscientes des signes de violence pour identifier la violence contre les femmes. Fournir une éducation aux sages-femmes et aux infirmières concernant les signes de violence contre les femmes contribuera à la reconnaissance, à la prévention et à la sensibilisation à la violence. *(Afr J Reprod Health 2024; 28 [2]: 116-124).*

Mots-clés: Sage-femme, soins infirmiers, violence contre les femmes, violence basée sur le genre, santé des femmes

Introduction

Violence against women is defined as any type of behaviour that emerges based on gender and harms women by hurting them, causes/will cause physical, sexual, and psychological harm, and generates arbitrary restriction of women's freedom by applying pressure in their private and public life[1-3]. Millions of women around the world have been subjected to violence in their lifetimes. However, cases of violence against women are mostly concealed due to low social status, lack of economic freedom and traditions[4,5]. Researchers on violence against women report that women subjected to violence are mostly perpetrated by their husbands or by their own and their spouses' families[2,6,7].

Literature has declared violence against women, especially spouse/partner violence and sexual violence, an important public health and a reproductive health problem, and a reproductive health, and a violation of women's human rights[8,9]. In a study, the presence of unjust gender norms in communities and households has been associated with an increased risk of intimate partner violence[10,11]. According to WHO estimates, in their lifetimes, approximately 30% of women worldwide is subjected to physical and/or sexual violence perpetrated by their spouses/partners or experience

sexual violence perpetrated by individuals they do not know. Most of this violence is perpetrated by the spouse/partner, and approximately 27% of women aged 15 - 49 were reported to have experienced physical and/or sexual violence by their spouse/partner[8]. However, in a study examining US general nursing textbooks, it was stated that more than 40% of them did not mention violence against women[12]. Authors of a large-scale domestic violence study conducted in Türkiye reported that the rates of women subjected to violence perpetrated by their spouses/partners as follows: physical violence (36%), sexual violence (12%), emotional violence (44%) and economic violence (30%)[7]. Another researcher group reported the rate of domestic violence as 206 per hundred thousand (United Nations Population Fund (UNFPA)[5]. In a study conducted in Iran, it was recommended that midwives and nurses conduct routine screening for all women, especially those at high risk, to detect cases of violence, discover the cause and prevent it[13].

Violence can adversely affect women's physical, mental, sexual, and reproductive health and increase their risk of encountering the Human Immunodeficiency Virus (HIV) and/or other sexually transmitted infections[8,14]. Professionals indicate that violence against women adversely affects women's health, and that the healthy life span of women in reproductive age decreases due to the violence they experience only because they are women. Violence is considered not only as a health problem, but also as a risk factor that negatively affects health in general[5,8,15].

Violence against women can be prevented. Health services have an important role as an entry point to provide comprehensive health services to women subjected to violence and guide them to other support services they may need[5,8]. Healthcare personnel have crucial roles in identifying and assisting people experienced violence. In this regard, each health worker has important responsibilities individually. Physicians are responsible for evaluating the condition of the patient and the relevant conditions in detail and doing everything for the benefit of the patient when they meet. Midwives and nurses, on the other hand, have the functions of protecting and improving the health of women, families, and society, and providing rehabilitation, when necessary, as required by their roles as advocates, consultants, trainers, and carers[16-19].

Examination of the current studies conducted in Türkiye shows that researchers on violence against women mostly focus on the results[4,6,7]. In this context, there is a need for research conducted on midwives and nurses that can reveal more comprehensive information/knowledge to reflect the cultural characteristics of the country about violence against women. We aimed to present the knowledge and attitudes of nurses and midwives on this subject. The information obtained in this study is expected to reveal the cultural and structural characteristics relevant to nurses' and midwives' professional experiences on violence against women. Thus, we expected to contribute positively to the quality of the health services provided to women subjected of violence and to women's health in general. It is also expected to draw attention to the knowledge and awareness of nurses and midwives on violence against women, and to create a resource for both pre-graduate training and post-graduate in-service training. The aim of this study is to evaluate the knowledge and attitudes of nurses and midwives towards recognizing violence against women. The hypotheses and questions of this study are as follows: H_0: There is no difference between nurses' and midwives' knowledge and attitudes towards recognizing the symptoms of violence against women and their individual and professional characteristics. H_1: There is a difference between the knowledge and attitudes of nurses and midwives towards recognizing the symptoms of violence against women and their individual and professional characteristics.

Methods

Study design and participants

This research was planned as a cross-sectional study. The research universe consisted of the midwives and nurses employed at a training and research hospital in İzmir. The data were collected by the researchers between March 2020 and March 2021 by visiting nurses and midwives who were employed at a training and research hospital in İzmir. Sample selection was not carried out; instead, 410 midwives and nurses who volunteered to participate in the study formed the sample group. Before filling out

the data collection forms, the purpose of the research was explained to the nurses and midwives, and only those who volunteered to participate in the study were included in the research.

Data collection tools

The research data were collected using the Personal Information Form developed by the researchers which includes the descriptive characteristics of the participants, and the "Scale for Nurses' and Midwives' Recognition of the Symptoms of Violence against Women (SNMRSVAW)".

Personal information form

The form consists of a total of 13 questions about the sociodemographic characteristics of nurses and midwives (age, education level, working year) and their attitudes towards violence against women.

Scale for Nurses' and Midwives' Recognition of the Symptoms of Violence against Women (SNMRSVAW)

SNMRSVAW was developed by Baysan[20]. The scale consists of 31 items that can be answered as "true" or "false". The scale has two subdimensions (factors) as physical and emotional. The reliability of the scale was found by examining its internal consistency. It was applied to 154 nurses and midwives working in community health centers and the Cronbach alpha reliability coefficient was found to be 0.76. The nurses and midwives who correctly know 80% or more of the items that make up the total and sub-scale scores on recognizing the symptoms of violence against women are regarded to have "Sufficient" knowledge, those who know 50-79% correctly are regarded to have "Partially Sufficient" knowledge and those who know 50% or less correctly are regarded to have "Insufficient" knowledge. SNMRSVAW can be answered by nurses and midwives themselves. The scale has reverse and direct items, and it should be 0 - 31 (the lowest-the highest) for the total scale score. It should be in the range of 0 - 13 (the lowest-the highest) for the Physical Subscale score, and 0 - 18 (the lowest-the highest) for the emotional Subscale score. A high score on the scale indicates that the level of knowledge about recognizing the symptoms of violence against women is sufficient.

Data analysis

Statistical analysis of the data was performed using the SPSS 21.0 (Statistical Package for Social Science) package program. Mean±standard deviation and median (minimum-maximum) were used for descriptive quantitative variables. For the two-category variables with normal distribution, the means were examined and the "Independent Sample T-Test" was used to determine whether there was a statistically significant difference. "Anova Test" was used to analyse how the independent variables interact among themselves and the effects of these interactions on the dependent variable in those showing normal distribution for more than two groups. In the comparison of categorical variables; whether there is a difference between two or more groups, whether there is a relationship between two variables, homogeneity between groups and whether the distribution obtained from the sample fits any desired theoretical distribution were analysed using the "Chi-Square" test. Statistical significance level was taken as $p<.05$.

Ethical considerations

Approval was obtained from the Izmir University of Health Sciences Tepecik Training and Research Hospital Non-Interventional Scientific Research Ethics Committee protocol no: 2020/9-28. The patients/participants provided their written informed consent to participate in this study.

Results

The average age of the midwives and nurses (n = 410) participating in this study was 37.46 (the lowest-the highest: 21 - 63) and the average working year of the participants in their profession was 15.55 (the lowest-the highest: 1 - 40). Of the participants, 67.3% were married, 63.7% had children, 63.4% were undergraduates, and 35.9% were midwives. It was found that when they encountered women who were subjected to violence, the participants regarded it as their professional responsibility to act (94.6%). Of the participants, some worked in the field of obstetrics and gynaecology (60% midwives), some previously met women subjected to violence in their professional lives (55.1%), received training about Violence against Women during their education. (44.9%) or received in-service training (32.9%)

Table 1: Nurses' and midwives' descriptive characteristics (n = 410)

Characteristics	Groups	Number (n)	Percentage (%)
Age, mean: 37.46 ± 0.50; min:21; max: 63			
Educational status	High school	35	8.5
	Associate degree	47	11.5
	Undergraduate	260	63.4
	Graduate / Postgraduate	68	16.6
Marital satus	Married	276	67.3
	Single	134	32.7
Occupation	Midwife	147	35.9
	Nurse	263	64.1
Working years mean: 15.55 ± 0.50; min:1; max:40			
Working years	1 - 5 years	69	16.8
	6 - 10 years	103	25.1
	11 - 15 years	52	12.7
	15 years or more	186	45.4
Working in the field of obstetrics and gynecology	Yes	246	60.0
	No	164	40.0
Regarding it as a professional responsibility to act when they encounter women subjected to violence	It is a professional responsibility	388	94.6
	It is not a professional responsibility	22	5.4
Encountering women subjected to violence during their professional lives	Yes	226	55.1
	No	184	44.9
Receiving training on violence against women during nursing-midwifery education	Yes	184	44.9
	No	226	55.1
Receiving in-service training on violence against women in their professional lives	Yes	135	32.9
	No	275	67.1
Considering their knowledge to deal with violence against women to be sufficient	Sufficient	161	39.3
	Insufficient	249	60.7
SNMRSVAW Total Score mean: 20.39 ± 3.20; min:8; max:28			
Physical Symptoms Subscale Score mean: 8.15 ± 1.56; min:2; max:12			
Emotional Symptoms Subscale Score mean: 11.57 ± 2.20; min:5; max:16			
Cronbach Alpha: 0.84			

during their professional lives and had sufficient knowledge (39.3%) to address Violence against Women. The total mean score of the midwives and nurses from the scale was 20.39 ± 3.20 (min:8; max:28), physical symptoms subscale mean score was 8.15 ± 1.56 (min:2; max:12), emotional symptoms subscale mean score was 11.57 ± 2.20 (min:5; max:16) and Cronbach's alpha was 0.84 (Table 1).

No significant difference was found between the age groups, marital status, occupation and working year based on the comparison of midwives' and nurses' descriptive characteristics and the averages of the total scores and sub-dimensions of the scale. When the midwives and nurses were examined based on educational status; the scores of those with postgraduate education were found to be higher compared to the other groups. Obtained scores were as follows: total scale (22.36 ± 2.83; $p < .05$), physical symptoms sub-dimension (8.83 ± 1.40; $p < .05$) and emotional symptoms sub-dimension (12.57 ± 2.17; $p < .05$) and a statistically significant difference was also found (Table 2).

Comparing the mean scores of midwives' and nurses' descriptive characteristics related to Violence against Women shows that, the total scale, physical and emotional symptoms subscale scores of those working in the field of gynaecology and obstetrics were higher than those who did not work in these units, and the difference was statistically significant [respectively; (23.18 ± 3.28; $p < .05$); (11.14 ± 1.63; $p < .05$); (12.36 ± 2.21; $p < .05$)]. The total scale, physical and emotional symptoms subscale scores of midwives and nurses who previously encountered women subjected to violence in their professional lives were higher than

Table 2: Comparison of nurses' and midwives' descriptive characteristics and their mean scores (n = 410)

Characteristics	Groups	SNMRSVAW Total	Physical symptoms	Emotional symptoms
Age groups	20 - 30	20.69 ± 2.85	8.15 ± 1.34	11.87 ± 2.24
	31 - 40	20.21 ± 3.73	8.15 ± 1.77	11.39 ± 2.31
	41 - 50	20.19 ± 3.24	8.06 ± 1.61	11.42 ± 2.13
	51 - ↑	20.39 ± 2.85	8.35 ± 1.55	11.43 ± 1.98
Test value	*F*	*0.673*	*0.414*	*1.365*
	p	*0.569*	*0.743*	*0.253*
Educational status	High School	19.62 ± 3.43	7.65 ± 1.49	11.34 ± 2.57
	Associate Degree	21.19 ± 2.77	8.55 ± 1.47	11.89 ± 2.07
	Undergraduate	20.10 ± 3.26	8.02 ± 1.58	11.41 ± 2.16
	Graduate / Postgraduate	22.36 ± 2.83	8.83 ± 1.40	12.57 ± 2.17
Test value	*F*	*4.584*	*5.08*	*2.10*
	p	***0.004****	***0.002****	***0.009****
Occupation	Midwife	20.46 ± 2.84	8.14 ± 1.51	11.53 ± 1.96
	Nurse	20.35 ± 3.38	8.16 ± 1.58	11.62 ± 2.33
Test value	*t*	*-0.351*	*-0.093*	*-0.378*
	p	*0.726*	*0.926*	*0.925*
Marital status	Married	20.26 ± 3.19	8.09 ± 1.53	11.50 ± 2.21
	Single	20.66 ± 3.19	8.27 ± 1.62	11.70 ± 1.87
Test value	*t*	*-1.186*	*-1.107*	*-0.836*
	p	*0.236*	*0.269*	*0.404*
Working years	1 - 5 years	20.49±3.21	8.21 ± 1.45	11.65 ± 2.40
	6 - 10 years	20.63 ± 3.09	8.15 ± 1.28	11.79 ± 2.29
	11 - 15 years	19.84 ± 3.24	8.05 ± 1.89	11.11 ± 1.74
	16 years or more	20.38 ± 3.24	8.15 ± 1.64	11.54 ± 2.19
Test value	*F*	*3.365*	*0.103*	*1.138*
	p	*0.542*	*0.958*	*0.333*

** Bold value represents significance at 0.05.*

Table 3: Comparison of the mean scores of various nurse and midwife characteristics related to violence against women (n = 410)

Characteristics	Groups	SNMRSVAW Total	Physical symptoms	Emotional symptoms
Working in the field of obstetrics and gynecology	Yes	23.18 ± 3.28	11.14 ± 1.63	12.36 ± 2.21
	No	20.71 ± 3.06	8.16 ± 1.45	11.88 ± 2.16
Test value	*t*	*1.647*	*2.116*	*2.362*
	p	***0.000****	***0.008****	***0.009****
Encountering women subjected to violence during their professional lives	Yes	22.53 ± 3.12	9.95 ± 1.48	12.71 ± 2.18
	No	20.21 ± 3.29	8.15 ± 1.65	11.39 ± 2.22
Test value	*t*	*4.014*	*2.017*	*2.443*
	p	***0.003****	***0.004****	***0.001****
Regarding it as a professional responsibility to act when they encounter women subjected to violence	It is a professional responsibility	20.65 ± 2.88	8.25 ± 1.44	11.71 ± 2.08
	It is not a professional responsibility	15.81 ± 4.74	6.45 ± 2.44	9.00 ± 2.65
Test value	*t*	*7.323*	*5.426*	*5.842*
	p	***0.000****	***0.000****	***0.000****
Receiving training on violence against women during nursing-midwifery education	Yes	20.61 ± 3.17	8.19 ± 1.62	11.69 ± 2.25
	No	20.21 ± 3.21	8.11 ± 1.50	11.46 ± 2.16

Test value	*t*	*1.251*	*0.491*	*0.491*
	p	*0.212*	*0.624*	*2.301*
Receiving in-service training on violence against women in their professional lives	Yes	20.38 ± 3.08	8.35 ± 1.61	11.25 ± 2.12
	No	20.40 ± 3.26	8.05 ± 1.52	11.72 ± 2.23
Test value	*t*	*-0.044*	*1.840*	*-2.059*
	p	*0.965*	*0.067*	*0.060*
Considering their knowledge to deal with violence against women to be sufficient	Sufficient	20.42 ± 3.23	8.31 ± 1.62	11.39 ± 2.26
	Insufficient	20.37 ± 3.18	8.05 ± 1.51	11.68 ± 2.16
Test value	*t*	*0.170*	*1.639*	*-1.279*
	p	*0.865*	*0.102*	*0.201*

** Bold value represents significance at 0.05.*

those who did not encounter women subjected to violence before and the difference was statistically significant [respectively; (22.53 ± 3.12; $p < .05$); (9.95 ± 1.48; $p < .05$); (12.71 ± 2.18; $p < .05$)]. The total scale, physical symptoms, and emotional symptoms subscale scores of midwives and nurses who considered taking the initiative as a professional responsibility when faced with women subjected to violence were found to be statistically significant compared to those who did not regard taking the initiative as professional responsibility when they encountered women experienced violence [respectively; (20.65 ± 2.88; $p < .05$); (8.25 ± 1.44; $p < .05$); (11.71 ± 2.08; $p < .05$)]. There was no statistically significant difference between the groups in terms of receiving training on Violence against Women during nursing-midwifery education, receiving in-service training in their professional lives, and thinking that one has sufficient knowledge to deal with Violence against Women (Table 3).

Discussion

We conducted this study to determine the knowledge and attitudes of nurses and midwives on violence against women identified some problems: mainly the nurses and midwives did not receive training on violence against women during their education and during their professional lives, and that they did not have enough information to deal with violence against women. In addition, it was found that university graduates, those working in the field of gynaecology and obstetrics, those who previously encountered women subjected to violence in their professional lives and those who regarded it as a professional responsibility to take action when faced with women subjected to violence, had higher scale scores compared to the other groups, which shows that their level of knowledge was also higher.

We concluded that although university graduates were found to higher knowledge levels, they still have needs related to information in this study. Other researchers conducted a study to determine the level of knowledge of healthcare professionals (midwife, nurse, physician) about recognizing violence against women in Türkiye, and they reported that midwives and nurses with undergraduate and post graduate degrees have higher knowledge levels on the subject[18]. Süt and Akyüz and Kıyak and Akın, also reported -by not taking educational status as a variable- that most nurses and midwives believed not having enough knowledge to deal with violence[16,21]. Researchers showed that midwives needed more information about violence against women with a study conducted on only midwives in various countries around the world[19,22-24]. According to these results, it can be argued that most midwives and nurses, with very important roles in the detection, prevention, and reporting of violence against women, do not have sufficient knowledge. In this regard, it is recommended to conduct both pre-graduate and in-service training programs about the issue. We concluded that the level of knowledge of those working in the field of obstetrics and gynaecology was higher compared to others working in different units. Similar results were shown in other previous studies, and authors stated that midwives and nurses working in primary care for long periods better recognized physical symptoms[21,25]. Austrian researchers state in a qualitative study that when midwives questioned women who came for childbirth due to their suspicious behaviour, they

found that these women were subjected to violence[19]. Based on these results, it can be argued that violence is an important health problem for women that midwives and nurses frequently encounter. In this context, it is an important finding that the midwives and nurses working in these areas have a high level of knowledge about violence and the negative effects of violence on women's health, since violence can be detected more commonly during obstetrics and gynaecology and primary health care services compared to other areas.We determined that the total scale, physical and emotional symptoms subscale scores of midwives and nurses who encountered women subjected to violence in their professional lives were higher than those who did not. Similarly, authors in Türkiye showed that those who witnessed the phenomenon/suspicion of violence against women during their work lives had higher knowledge levels compared to those who did not witness this phenomenon/suspicion[18]. Aba and Başar concluded that participants who reported encountering violence several times a month found them-selves moderately successful in diagnosing domestic violence[26]. Mauri *et al*. in Australia and Eaustace *et al*. in Italy reported that midwives felt themselves inadequate to question women about violence in qualitative studies[22,23]. These results are important in revealing the need that midwives and nurses should have sufficient knowledge about the precautions to be taken and the procedures to be followed in case of encountering violence against women during service provision.

The total scale, physical symptoms and emotional symptoms subscale scores of midwives and nurses who regarded it as a professional responsibility to act when they encountered women subjected to violence were found to be higher compared to those who did not regard this situation as their professional responsibility. Researchers concluded that nurses and midwives who believed that violence against women should be included in their professional practices had a higher level of knowledge about recognizing the symptoms of violence against women[16] while others reported that mid-wives and nurses stated that addressing violence against women should be included in their professional practices[25]. Also, authors showed routine questioning about violence was regarded as an integral part of midwifery in Australia[23]. Similarly English midwives who had received training on domestic violence regarded questioning women as a critical part of their professional role and were proud to support women in this regard[27]. Siller *et al*. presented that midwife regarded dealing with violence against women among their professional roles, but they needed more information[19]. Based on these results, it can be argued that midwives and nurses who mostly work with women are aware that addressing the issue of violence against women is among their professional responsibilities. However, nurses' and midwives' self-efficacy may decrease due to lack of education, knowledge, and skills about what to do with women who are subjected to violence, and therefore, training on diagnosing violence against women should be continued at intervals.

Limitations

The limitations of this study, the results include only the midwives and nurses in the hospital where the research was conducted. It is thought that the midwives and nurses participating in the study do not have enough knowledge to deal with evidence-based violence against women and still they answered the survey questions correctly.

Conclusion

In this study, it was found that the scale scores of midwives and nurses who are university graduates and work in the field of obstetrics and gynaecology, and consider taking action when encountering a woman who has been subjected to violence as a professional responsibility, were higher compared to other groups. It is important that midwives and other health personnel make a comprehensive assessment to check the possibility of violence by questioning the background of women in detail during the provision of services, and be prepared for all interventions, including referral and security systems, if needed. Non-governmental organizations and local governments need to provide environments where experiences can be shared, and peer trainings are conducted to raise social awareness about violence that women may face. Health professionals can contribute to the development of knowledge and attitudes of midwives and nurses by including topics such as the impact, consequences and importance of violence against women on women's health in in-

service training programmes. They can also contribute to raising awareness in the society through trainings to be organised for the community. Administrators and politicians can also develop programs that can prevent or reduce violence against women and ensure that legal arrangements are made on the subject. In addition, qualitative and quantitative studies that can be a source of research in this field and that can improve the social service delivery can be conducted in a wider scope.

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Conflict of interest

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References

1. Köşgeroğlu N, Çulha İ, Öz Z and Yılmaz A. Investigation of Women's Behaviours against Violence. *The Journal of Academic Social Science* 2015; 3(9): 342-350. doi:10.16992/ASOS.478.
2. Henrica AFMJ, Nguyen TVNN and Hoang TA. Exploring Risk Factors Associated with Intimate Partner Violence in Vietnam: Results from A Cross-Sectional National Survey. *Int J Public Health* 2016; 61: 923–934 doi:10.1007/s00038-016-0879-8.
3. Sanz-Barbero B, Corradi C, Otero-García L, Ayala A and Vives-Cases C. The effect of macrosocial policies on violence against women: a multilevel study in 28 European countries. *Int J Public Health*, 2018; 63(8): 901-911. doi:10.1007/s00038-018-1143-1.
4. Sargın, A. For public institutions and women's non-governmental organizations: mechanisms to combat violence against women and support for women victims of violence. (2012); 4-14. Available from: https://www.kalkinmakutuphanesi.gov.tr/assets/upload/dosyalar/849ca801e25c91e79940fa6ab56ba03a1218.pdf (Accessed December 9, 2020).
5. United Nations Population Fund (UNFPA). Child, early and forced marriage in Türkiye: 1993-2018 Türkiye Demographic and Health Research Data Analysis. Türkiye (2020). Available from: https://turkiye.unfpa.org/sites/default/files/pub-pdf/ingilizce_web_son_pdf.pdf (Accessed May 15, 2022).
6. Öztürk GZ, Toprak D, Hurşitoğlu M and İpek Y. The Knowledge, Attitudes and Behaviours of Women Applying to A Family Medicine Center about Cesarean Section and Curettage and Their Relationship with Sociodemographic Features. *Türkiye Klinikleri J Gynecol Obst* 2014; 24(1): 1-8.
7. Kaptanoğlu İY, Çavlin A and Ergöçmen BA. Research on Domestic Violence against Women in Türkiye. (2015); 125-144. Available from: http://www.openaccess.hacettepe.edu.tr:8080/xmlui/bitstream/handle/11655/23338/KKSA-TRAnaRaporKitap26Mart.pdf?sequence=1&isAllowed=y (Accessed April 12, 2022).
8. World Health Organization (WHO)+. Violence against Women (2021). Available online: https://www.who.int/news-room/fact-sheets/detail/violence-against-women (Accessed March 12, 2022).
9. Elouard Y, Weiss C, Martin-Hilber A and Merten S. Sexual violence as a risk factor for family planning-related outcomes among young Burundian women. *Int J Public Health* 2018; 63(1): 13-22. doi:10.1007/s00038-017-0988-z.
10. Millar E, Mitiku F, Hiruy HN and Barden-O'Fallon J. Differences by age group in gender-related attitudes in Oromia, Ethiopia: Findings from a cross-sectional study of women of reproductive age. *Afr J Reprod Health* 2023; 27(5s): 36-45. doi:10.29063/ajrh2023/v27i5s.6.
11. Addisalem K, Meskerem S, Jenny K, Danielle G, Lara V, Yohannes A, Ana A, Renu G, Jemal K and Kathryn AO. Prevalence and perceptions of gender-based violence, and factors associated with gender-based violence among adolescents in Addis Ababa, Ethiopia: A Cross-sectional study. *Afr J Reprod Health* 2023; 27(9): 31-42. doi:10.29063/ajrh2023/v27i9.4.
12. Price-Glynn K and Missari Stacy. Perspectives on Violence Against Women: A Study of United States Nursing Textbooks. *Journal of Nursing Education* 2017; 56(3): 164–169. doi:10.3928/01484834-20170222-08.
13. Bigizadeh S, Sharifi N, Javadpour S, Poornowrooz N, Jahromy FH and Jamali S. Attitude Toward Violence and its Relationship with Self-Esteem and Self-Efficacy Among Iranian Women. *Journal of Psychosocial Nursing and Mental Health Services* 2021; 59(4): 31–37. doi:10.3928/02793695-20201203-06.
14. Gökçay G and Şimşekli D. Relationship between people's hopeless, intolerance of uncertainty, and their attitude towards violence against women in Turkey. *Afr J Reprod Health* 2023; 27(5): 21-29. doi:10.29063/ajrh2023/v27i5.2.
15. United Nations, Department of Economic and Social Affairs, Population Division, Abortion policies and reproductive health around the world. (2014). (United Nations publication, Sales No. E.14.XIII.11). Available from: https://www.un.org/en/development/desa/population/publications/pdf/policy/AbortionPoliciesReproductiv

eHealth.pdf (Accessed February 10, 2022).
16. Süt HK and Akyüz P. Nurses and Midwives' Knowledge Levels about Recognition Signs of Violence against Women. *International Refereed Journal of Gynaecological Diseases and Maternal Child Health* 2016; 6(2): 1-15.
17. Henriksen L, Garnweidner-Holme LM, Thorsteinsen KK and Lukasse M. 'It is a difficult topic' A Qualitative Study of Midwives' Experiences with Routine Antenatal Enquiry for Intimate Partner Violence. *BMC Pregnancy and Childbirth* 2017;17(1): 165. doi:10.1186/s12884-017-1352-2.
18. Kara P, Akçayüzlü Ö, Gür AÖ and Nazik E. Determination of knowledge levels associated with recognition of violence against women of health professionals. *Journal of Düzce University Health Sciences Institute* 2018; 8(3): 115-122.
19. Siller H, König-Bachmann M, Perkhofer S and Hochleitner M. Midwives Perceiving and Dealing with Violence against Women: Is It Mostly about Midwives Actively Protecting Women? A Modified Grounded Theory Study. *Journal of Interpersonal Violence* 2022; 37(3–4): 1902–1932 doi: 10.1177/0886260520927497.
20. Baysan LA and Karadağlı A. The Scale Recognizing the Signs of Violence against Woman by Nurses and Midwifes. *Health and Society* 2006; 16(2): 101-12.
21. Kıyak S and Akın B. Knowledge and Attitudes of Nurses and Midwives towards Domestic Violence against Women. *Journal of Research and Development in Nursing* 2010; 12(2): 5-16.
22. Mauri EM, Nespoli A, Persico G and Zobbi VF. Domestic Violence during Pregnancy: Midwives 'Experiences. *Midwifery* 2015; 31(5): 498–504 doi:10.1016/j.midw.2015.02.002i
23. Eustace J, Baird K, Saito AS and Creedy DK. Midwives' Experiences of Routine Enquiry for Intimate Partner Violence in Pregnancy. *Women and Birth: Journal of the Australian College of Midwives* 2016; 29(6): 503–510. doi:10.1016/j.wombi.2016.04.010.
24. Pitter CP. Midwives' knowledge and attitudes when encountering gender-based violence in their practice at a maternity hospital in Kingston, Jamaica. *International Journal of Qualitative Studies on Health and Well-being* 2016; 11: 1,29358. doi:10.3402/qhw.v11.29358.
25. Başar F and Durmaz A. Nurses and midwives' knowledge about domestic available from violence against women. Journal of Medical Social Work (2015) 0(6):6-15.
26. Aba AY and Başar FK. Detection of and approaches to domestic violence by health professionals, *Journal of Continuing Medical Education (STED)* 2015; 24(4): 125-134.
27. Baird K, Salmon D and White P. A five year follow-up study of the Bristol pregnancy domestic violence programme to promote routine enquiry. *Midwifery* 2013; 29(8): 1003–1010. doi: 10.1016/j.midw.2013.01.007.