



# Reproductive Health and Rights in Abused Women: A Qualitative Study

Anvar Sadat Nayebi Nia<sup>1</sup>, Mahrokh Dolatian<sup>2\*</sup>, Seyedeh Batool Hasanpoor-Azghdy<sup>3</sup>, Abbas Ebadi<sup>4</sup>, Alireza Akbarzadeh-Baghdan<sup>5</sup>

## Abstract

**Objectives:** Globally, violence against women is considered as a violation of human rights, a major barrier to gender equality, and one of the health problems that require immediate attention. The aim of this study was to explain the reproductive health and rights of abused women in Tehran, Iran.

**Materials and Methods:** This qualitative study was carried out using the content analysis method among 18 abused women and 8 key informants. Data were collected using an unstructured interview in healthcare centers of Tehran, Iran. To this end, the samples were selected through purposeful sampling technique. Data analysis was performed using the content analysis method, with the help of MAXQDA software, version 10.

**Results:** According to the results, there were three main categories: fostering the nobility of proper and timely marriage, institutionalization of gender stereotypes in the society, and mutual commitment in marital relationships.

**Conclusions:** Regarding the results, domestic violence is a human rights violation, which has serious impacts on women's reproductive health and rights. It is essential to address the reproductive health and rights of abused women in order to improve the health status of women and society.

**Keywords:** Reproductive health, Rights, Abused women, Content analysis

## Introduction

Intimate partner violence (IPV) can take a number of forms including physical, emotional, and sexual abuse. This kind of behavior includes: 1) acts of physical aggression such as slapping, hitting, kicking, and beating; 2) psychological abuse such as intimidation, constant belittling and humiliating; 3) forced intercourse and other types of sexual abuse (1). IPV is a global public health concern that affects cultural values and social beliefs of individuals (2-4). Globally, violence against women is considered violation of human rights, a major barrier to gender equality, and one of the health problems that require immediate attention (5).

Violence against women is an obstacle to the achievement of equality, development, and peace (6). Additionally, this violence has a profound effect on women's life, well-being, reproductive health encompassing abortion, unwanted pregnancy, sexual dissatisfaction, sexually transmitted diseases, and adverse health consequences during pregnancy (7-9), and human rights (5). Nayebi Nia et al in 2018 conducted a systematic review and demonstrated

that violence has the greatest relationship with 5 areas of reproductive health including the lack of contraceptive use, abortion, genital diseases, poor pregnancy outcome, and lack of reproductive health services use (10).

In the study carried out by Moore et al in 2010, about 74% of the domestic violence victims reported forced pregnancy by their partners (11). According to the report of the International Conference on Population and Development, the keys to the health of women are reproductive health and right. Reproductive and sexual health includes the right to life, freedom, security, and access to healthcare and information, as well as the elimination of discrimination in favor of the use of these services (12).

The World Health Organization (WHO) defines the reproductive rights as recognizing the fundamental rights of all individuals and couples to choose and decide liberally and responsibly on the number, spacing, and timing of their children, and the right of men and women to be informed of and to have access to safe, effective, affordable, and admissible methods of fertility regulation

Received 11 May 2018, Accepted 9 September 2018, Available online 3 October 2018

<sup>1</sup>Student Research Committee, Department of Midwifery and Reproductive Health, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran. <sup>2</sup>Department of Midwifery and Reproductive Health, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran. <sup>3</sup>Department of Midwifery, School of Nursing and Midwifery, Iran University of Medical Sciences, Tehran, Iran. <sup>4</sup>Behavioral Sciences Research Center, Life Style Institute, Faculty of Nursing, Baqiyatallah University of Medical Sciences, Tehran, Iran. <sup>5</sup>Proteomics Research Center, Department of Basic Sciences, School of Rehabilitation Sciences, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

\*Corresponding Author: Mahrokh Dolatian, Tel: +98 21 88202517; Email: mhdolatian@gmail.com



of their choice (13).

The promotion of reproductive health is one of the subsets of human rights (14), which requires the consideration of the structure of reproductive rights (15). Reproductive health and rights have a great impact on health in society. However, they are always neglected; for instance, one of the violations of them is domestic violence (16). The first barriers to women's health promotion originate from cultural, legal, social, and political factors (14).

Since a native study based on the experiences of domestically abused women and key informants about the reproductive health and rights of abused women was not available, this qualitative study was carried out to determine the reproductive health and rights of the abused women in Iran.

### Materials and Methods

This qualitative study was performed using the content analysis method to determine the reproductive health and rights among the victims of domestic violence in healthcare centers of Tehran, Iran. The centers had the widest variety in terms of the type and extent of violence, and the underlying factors such as educational stage, age, and socioeconomic status. After sampling, the key informants were interviewed for data richness.

In this study, the key informants were the experts, whose specialty was extracted from the findings obtained from the interviews with abused women. According to Polit and Beck, in this study, sampling continued to reach the conceptual saturation of information (17). The subjects, who were 18 abused women and 8 key informants, were selected through purposeful sampling method to reach data saturation.

The inclusion criteria in the abused women group entailed being abused according to the domestic violence questionnaire developed by WHO, lack of physical or psychological diseases, negative history of substance abuse, and living to the fertility age range.

The domestic violence questionnaire included questions about physical violence (10 items), emotional violence (11 items), and sexual violence (5 items) that happened one year prior to the study. The questionnaire was designed in Likert scale (always, often, sometimes, seldom, never).

In the key informants group, the criteria for entering the study included having a clear perception of the topic and being interested in commenting. Those who were reluctant to participate in the study were excluded from both groups.

Data were collected through unstructured individual interviews. During the interview, the researcher observed the research context and the interviewees and wrote some notes to use in data analysis. The interview began with an open-ended question. Firstly, the participants were asked to talk about what they thought why their husband was unfair to them.

Thereafter, the questions about reproductive rights were asked. Additionally, an open-ended question was posed to the key informants about the reproductive rights among the abused women. Then, exploration questions were asked. Each interview lasted between 20 and 75 minutes. Each interview was listened several times at the earliest opportunity, the text of which, as well as that of non-verbal communication such as word tone, silence, emphasis, and smile were first transcribed and then typed.

Firstly, each interview was analyzed and then the next one was conducted. In order to analyze the interviews, the qualitative content analysis method was used based on Graneheim and Lundman method (18). In this regard, after each interview, the text of the interview was transcribed separately in Microsoft Word 2010. All the interviews were coded line-by-line, and basic codes were identified. They were assigned to classes and subclasses after sorting, considering their similarities and differences. Finally, the ideas behind the text were extracted. Data analysis was carried out in the MAXQDA software, version 10.

In this study, Guba and Lincoln criteria of credibility, transferability, appropriateness, validity, and reliability for the accuracy of data were used (19). The credibility improved through a prolonged engagement with research data. The data were reviewed by the research team and participants. For this purpose, the full texts of three coded interviews were returned to the participants to check whether or not the text of the interview reflected their experiences.

Moreover, those colleagues who were not involved in the data collection assessed the extracted codes and classes to comment on how to ask the questions and encoding process. To investigate the transferability of the results of the study, the study steps were completely described. Furthermore, to evaluate the validity, the text of an interview with classes and subclasses was provided to three foreign observers, who were familiar with qualitative studies. For trust and auditing, the research steps were carefully recorded and reported to allow other researchers to continue the research.

### Results

This study was conducted among 18 female victims of domestic violence, who were aged between 23 and 45 years old (Table 1), and 8 key informants. The mean work experience was 20.6 years among the key informants. Seven key informants had Ph.D. and one of them had Master's degree, and their professions were: law, forensic medicine, gynecology, reproductive health, psychology, sociology, and management of public health.

Table 2 indicates the data obtained from the interviews in 3 classes and several subclasses.

#### 1. Fostering the Nobility of Proper and Timely Marriage

Despite the fact that abused women brought up a family, they emphasized the prevention of violence and identified

**Table 1.** Demographic Characteristics of the Participants and IPV Types

Variable	Number
<b>Age</b>	
22-27	3
28-33	4
34-39	7
40-45	4
<b>Education</b>	
Primary or less	3
Secondary	4
Diploma	4
University	7
<b>Job</b>	
Homemaker	8
Employee	6
Informal job	4
<b>Duration of marriage</b>	
1-5	4
6-10	2
11-15	6
16-20	2
21-30	4
<b>IPV types</b>	
<b>Physical</b>	
Severe	5
Moderate	2
Mild	11
<b>Sexual</b>	
Severe	13
Moderate	3
Mild	1
No	1
<b>Psychological</b>	
Severe	18
Moderate	0
Mild	0

one of the following strategies as proper infrastructures for marriage.

#### *Making Proper Infrastructures for Marriage*

In order to enforce women's reproductive rights, culture-making is helpful in removing inappropriate grounds derived from incorrect taboos and norms. For instance, cultural and age differences in marriage and child

marriage would be inappropriate.

A 39-year-old woman with a junior high school degree, her voice choked with tears, said: "Sometimes I wish I was not married early, so I did not get all these punishments". In addition to individual factors, family or community might be the reason for bad marriages. For example, the peer pressure and traditional and unaware people are of the risk factors of a bad marriage. The mentioned participant said: "If people around me were more aware, and had not traditional views, I might have reversed my decision in the first week of marriage".

#### *Information to Support a Right Decision in Marriage*

The lack of experience and understanding of the spouse before marriage are among the most important causes of wrong choices in marriage. This shows the need for culture-making for marriage. The mentioned subject said: "At the time, I was not experienced, if I had a good head on my shoulders, I could understand that he was lining me." It seems that women can be supported by qualified premarital counseling and communication skills training.

A woman with a Master's degree in psychology and 18 years of work experience said: "In Iran, it seems that premarital counseling is done perfunctorily in only one two-hour session. However, in my opinion, eight 8-hour sessions are not enough yet."

#### *2. Institutionalizing Gender Stereotypes in the Society Modifying Patriarchal Patterns*

One of the ways to institute the right gender stereotypes in society is to modify patriarchal patterns, which are sometimes fomented by women. For instance, tolerating the IPV is normal and among the criteria of being a good wife in several societies. A woman with a Ph.D. in psychology and 20 years of work experience said: "In downtowns, tolerating the IPV is among the criteria of being a good wife. In fact, these values are counter-values."

In addition, IPV is a patriarchal pattern that plays a major role in violating women's reproductive rights. A 25-year-old with an elementary education degree said: "He wanted to throw me out of the window on the second floor two times. Once, he threw a vacuum cleaner at me and I fainted. Again, he hit me with a shovel handle, and my eardrum hurt."

**Table 2.** Attended Classes and Subclasses on Reproductive Health Rights by Abused Women

Main Themes	Categories
Fostering the nobility of proper and timely marriage	<ul style="list-style-type: none"> <li>- Information to support a proper decision in marriage</li> <li>- Making proper infrastructures for marriage</li> </ul>
Institutionalizing gender stereotypes in society	<ul style="list-style-type: none"> <li>- Modifying patriarchal patterns</li> <li>- Social security for divorced women</li> <li>- Gender equality</li> <li>- Recognition of the right of women to decide on child-bearing</li> </ul>
Mutual commitment in marital relationships	<ul style="list-style-type: none"> <li>- Effective communication in marriage</li> <li>- Motivating couples to stay together</li> </ul>

### *Social Security for Divorced Women*

Tolerating domestic violence due to the fear of post-divorce issues and stigma of being a divorced woman demonstrates that there is no social security for these women. A man with Ph.D. in law and 18 years of work experience said: "That female swimmer with her high socioeconomic status stands to live with a man who broke her nose twice only due to considering the divorce as a taboo."

The lack of a proper and independent place for divorced women is an incorrect gender norm, which affects their social security. A 42-year-old woman with a junior high school degree said: "The society should help the women like me, who suffered and lived. We need to work in order to protect our children. But there is no such place for us."

### *Gender Equality*

Gender power inequality is one of the hallmarks of gender injustice that sacrifices women. A 37-year-old woman with a high school degree said: "For example, the lady always has to answer her husband about where she is and what she is doing, but she is not allowed to ask him such questions. I think this inequality is unpardonable." Therefore, to enforce women's reproductive rights, the elimination of gender inequality in society is of great importance.

A female gynecologist, who was the staff of Social Medicine, with 26 years of work experience said: "In fact, we do not see 96% of the common characteristics of men and women, and we only see the differences, while their commonalities are so much more. Thus, we forget human issues and women become the victim. Men and women are all human beings and gender inequality should be eliminated."

### *Recognition of the Right of Women to Decide on Child-Bearing*

The belief that having children will improve one's marriage may affect his/her child-bearing intention. In several cases, it is compulsory to add a baby to household immediately after marriage to get rid of common gossip. Hence, it may have a great effect on the women's decision on the number and timing of giving birth. A 36-year-old woman with a college education said: "You know? We were spouses for three years. Three years after our marriage all the people around us said that I am infertile. Once, my colleagues cooked noodle soup for me, which indicated that they really thought I am infertile. Thus, I decided to bear a child."

Exerting pressure on women to bear a child is an example of ignoring their reproductive rights.

A 25-year-old woman, her voice choked with tears, said: "I decided to have a second kid after three years due to my sister-in-law's insistence." On the other hand, women resort to illegal abortion as a result of IPV. A 38-year-old woman with a college education said: "Indeed, I myself

wanted to abort, but I was upset about the way my husband treated me. He could not support me and I was forced to have an abortion."

### *3. Mutual Commitment in Marital Relationships*

#### *Effective Communication in Marriage*

The inability of women to communicate with their husbands and express their needs is among the leading causes of IPV. A 36-year-old woman with a college education said: "I know that I have a fundamental problem in communicating with my spouse. Maybe it would be better if I could do it." On the other hand, the sense of frustration that the couples cannot make an emotional relationship hurts the women more and more.

A 32-year-old woman with a college education said: "Our relationship was not emotionally safe. This unsafety was a barrier to create a reliable emotional relationship. In fact, I was disappointed with the relationship." Life skills training is one of the clear needs of abused women, which has an impact on the implementation of reproductive rights. A male forensic medical examiner with 23 years of work experience said: "Life skills training can be very helpful for both women and men. Learning how to deal with problems and how to make a good relationship with your spouse can be very effective."

#### *Motivating Couples to Stay Together*

The irresponsibility of husband toward family and the lack of desire lead to IPV and affect the women's reproductive rights. A 26-year-old woman with a college education said: "My husband says he likes to be single. Every friend of him has told him why did you get married? He does not like marital life." Therefore, women do not care about their appearance. A 23-year-old woman with a high school degree said: "So far, I cared about my appearance a lot without any result. Now, I think that everyone who is slutty is dearer." Accordingly, the need for sustainable and favorable living conditions is one of the women's reproductive rights. A 28-year-old woman said: "So anyway, all women want to have a decent and honest life, in which they are not always worried."

### **Discussion**

According to the results, from the point of view of abused women, the reproductive rights consist of three themes of making proper infrastructures for marriage, institutionalizing gender stereotypes in the society, and mutual commitment in marital relationships.

According to Shaw, sexual and reproductive health and rights may include: the right of non-discrimination, the right of all to make decision concerning reproduction, free of discrimination, coercion, and violence, the right of equality in marriage and divorce, and the right of woman to decide about their life (20).

The right to choose the time and the person to be get married to can seriously affect women's reproductive and

sexual health (15). Early marriage has socioeconomic and health consequences that may undermine women's reproductive rights (21). In a study carried out by Raj, marriage in earlier ages was accompanied by socioeconomic vulnerabilities and gender inequities including domestic ones (22).

The findings of a study conducted by Nour in 2009 showed that early marriage was considered a violation of women's rights. In addition, it affected their education and health and increased the risk of depression and adverse consequences of non-compliance with reproductive rights (23).

Additionally, Clark et al in 2006 demonstrated that acquired immune deficiency syndrome and sexually transmitted infections were more prevalent among women who married early. This result might be because they had more sexual intercourse and their spouses did not use a condom (24). The results of the mentioned studies emphasize the critical role of early marriage and its effects on women's reproductive health.

Moreover, Speizer and Pearson in 2011 indicated that the incidence of IPV was higher between the women who married before the legal age (25). Furthermore, Santhya et al in 2010 demonstrated that women who got married under the age of 18 were less likely to be involved in marriage decisions, to use contraceptive methods and nursing care, and more likely not to be abused (21). In this regard, the findings of the study performed by Jensen and Thornton in 2003 revealed that women at early ages had a lower educational level and were more likely to get married to men older than themselves. In addition, since these women are less mature from mental, emotional, and physical aspects are more abused (26).

Erulkar in 2013 showed that women who got married at the teenage years were less probably to be aware of the marriage and were more probably to experience domestic violence (27). According to the findings of the present study, adequate information to support proper and timely marriage is among the abused women's reproductive rights. In addition, in concurrence with our results, the obtained results of the aforementioned studies demonstrated that lower marriage age, by affecting women's rights, can make them more vulnerable to violence.

According to the results of the current study, the institutionalization of gender stereotypes in the society through reforming the patriarchal patterns and rules, social security for divorced women, gender equality, and the right to decide on childbearing are considered as reproductive rights of the victims of domestic violence. According to García-Moreno and Stöckl, violence against women is exacerbated by gender inequality. Laws that discriminate against women with regard to the age of marriage and divorce, make it difficult for women to leave abusive relationships (5).

Gender equality, as one of the Millennium Development Goals, has attracted the attention of women as

policymakers for many years (28).

Gender equality and the balance of power between men and women in the community and home have a significant impact on the health status of women and girls (29). According to the results obtained by Grown et al in 2005 and given the fact that gender discrimination is rooted in tradition, political commitments at the national and international levels are required to promote gender equality and empower women to promote their health status (30).

Regarding the results of this study, the implementation of the reproductive rights of abused women requires intervention at the national and international levels to change gender attitudes towards women. Gender inequality and patriarchal patterns in the family and society place women at risk of violence. Therefore, correcting these rules and norms can be one of the ways to enforce the reproductive rights of abused women.

According to the studies of WHO, being young or being exposed to domestic violence in childhood, imbalanced power and gender inequality, the lack of supportive organizations, social norms that support traditional gender norms, and patriarchal patterns in the society are considered as the risk factors for violence (31). Interventions at all levels of the family, community, and government should take place to achieve equality in human rights. The objective of this intervention was to increase access to justice and supportive services such as counseling, education, and participation in social life (6).

Htun and Weldon in their study in 2010 showed that policies that keep women as servitor and prevent their political and social participation, include family laws that consider women as subordinate to men and does not consider any right to marital life, child-bearing, and employment, as well as violence against women, which is rooted in patriarchal patterns (32).

Additionally, according to the results of this study, the right to decide on child-bearing is considered as a subcategory of gender norms in society. Several laws affect women's rights in marriage, divorce, and child custody, and violate human rights (6). The right of individuals to decide on the number, spacing, and conditions of child-bearing ensures the access of couples to safe, effective, and affordable information and methods for the fertility regulation. Moreover, it facilitates access to suitable health services which provide the women with the ability to go safely through pregnancy and childbirth and supply couples with the best chance of having a healthy infant (15).

Based on the results of the present study, a mutual commitment to marital relations, which consists of effective communication skills with the spouse and couple attachment, is recognized as one of the reproductive rights of the victims of domestic violence. The negligence of this right may negatively affect the health of women.

Gabriel et al in 2010 revealed that marital conflicts are

associated with depression (33). The results of the meta-analysis carried out by Jackson et al in 2014 showed that women generally report less marital satisfaction than men (34). Edalati and Redzuan in 2010 demonstrated that there was discrimination between women and men in the family. Furthermore, there was a direct relationship between the attitudes of women toward traditional values, such as inequality, and marital satisfaction (35).

In addition, violence as one of the factors affecting marital satisfaction can influence the rights of abused women. Shortt et al in 2010 verified that women, who experience IPV, predicted the lower level of marital satisfaction (36). The results obtained by Panuzio and DiLillo in 2010 showed that domestic violence was associated with lower marital satisfaction (37). These results confirm the importance of women's marital satisfaction and mutual commitment in a marital relationship.

In the present study, the need for effective communication with a spouse was known as a subset of the mutual commitment in marital life, which requires the government's commitment to education. Li and Fung conducted a review in 2011 and suggested that several factors, including cultural transformations and influences can affect marital goals. In addition, factors such as the patterns of communication and problem solving can promote marital satisfaction (38).

The results obtained by Animasahun and Oladeni in 2013 demonstrated that communication skills training had a significant impact on marital satisfaction (39). Additionally, Rogge et al in 2013 revealed that communication skills training, including conflict management, problem-solving, acceptance, support, and empathy can have a positive impact on marital satisfaction (40).

The results of a study conducted by Mohammadi et al in Iran indicated that 85.3% of women suffered physical abuse from their husbands in the previous year, 76.0% had experienced sexual abuse, and 86.7% had experienced various intensities of psychological abuse (41). Considering the high prevalence of violence in Iran and its effect on various aspects of women's reproductive health, the results of the current study as a comprehensive qualitative study based on the experiences of domestically abused women and key informants could be very useful in planning and providing appropriate services to abused women.

### Conclusions

In summary, the findings of this study demonstrated that domestic violence as a human rights violation could affect women's reproductive rights. Based on these results, appropriate information support and setting for marriage, correction of patriarchal patterns, gender equality, social security for women, free decision making for child-bearing, effective communication with the spouse, and motivation for attachment to life are among the abused

women's reproductive rights. It is essential to pay attention to these rights to promote women's and social health.

The culture and norms of society often determine the availability of reproductive health and rights. Therefore, the support of the community, government, and international organizations are needed to enforce these rights. For the generalizability of the findings of the current study, further studies in a wider social dimension are recommended for comparing different cultures and societies.

### Limitations of the Study

Access to contributors willing to participate in the study and conducting the interviews was challenging due to the private nature of the research subject. We attempted to resolve this problem at our convenience by establishing appropriate communication with participants and protecting their privacy.

### Conflict of Interests

Authors have no conflict of interests.

### Ethical Issues

For ethical considerations, permission was obtained from healthcare centers for sampling, individual interviews were conducted in a private setting, verbal and written consent was obtained from the participants, the interviews were hidden-encoded for privacy, and permission was obtained from the interviewees for recording the conversations. The study was approved by the Ethics Committee of Shahid Beheshti University of Medical Sciences, Tehran, Iran (code of ethics: SBMU2.REC.1394.113), in 2015.

### Financial Support

This research was supported by Shahid Beheshti University of Medical Science, Tehran, Iran.

### Acknowledgments

This article is based on the doctoral thesis at Reproductive Health, Shahid Beheshti University of Medical Sciences, Tehran, Iran. The cooperation of all the participants, the authorities of the healthcare centers of Tehran, Iran, for collaborating in sampling, and the authorities of Shahid Beheshti University of Medical Sciences for approving this project are appreciated.

### References

1. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. *Lancet*. 2002;360(9339):1083-1088. doi:10.1016/s0140-6736(02)11133-0
2. Garcia-Moreno C, Pallitto CC, Devries K, Stockl H, Watts C, Abrahams N. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. World Health Organization; 2013.
3. Mohammadi N, Kochak HE, Gharacheh M. The lived experience of domestic violence in Iranian HIV-infected

- women. *Glob J Health Sci.* 2015;7(5):43-50. doi:10.5539/gjhs.v7n5p43
4. Pallitto CC, Garcia-Moreno C, Jansen HA, Heise L, Ellsberg M, Watts C. Intimate partner violence, abortion, and unintended pregnancy: results from the WHO Multi-country Study on Women's Health and Domestic Violence. *Int J Gynaecol Obstet.* 2013;120(1):3-9. doi:10.1016/j.ijgo.2012.07.003
  5. Garcia-Moreno C, Stockl H. Protection of sexual and reproductive health rights: addressing violence against women. *Int J Gynaecol Obstet.* 2009;106(2):144-147. doi:10.1016/j.ijgo.2009.03.053
  6. Bliss S. Gender equality: women's rights. *Geogr Bull.* 2012;44(1):23-31.
  7. Gharacheh M, Azadi S, Mohammadi N, Montazeri S, Khalajinia Z. Domestic violence during pregnancy and women's health-related quality of life. *Glob J Health Sci.* 2015;8(2):27-34. doi:10.5539/gjhs.v8n2p27
  8. Laanpere M, Ringmets I, Part K, Karro H. Intimate partner violence and sexual health outcomes: a population-based study among 16-44-year-old women in Estonia. *Eur J Public Health.* 2013;23(4):688-693. doi:10.1093/eurpub/cks144
  9. Okenwa L, Lawoko S, Jansson B. Contraception, reproductive health and pregnancy outcomes among women exposed to intimate partner violence in Nigeria. *Eur J Contracept Reprod Health Care.* 2011;16(1):18-25. doi:10.3109/13625187.2010.534515
  10. Nayebinia AS, Dolatian M, Hasan Pour Azghadi B, Ebadi A, Akbarzadeh Baghban A. Domestic violence and its association with domains of reproductive health in women: A systematic review. *Journal of Mazandaran University of Medical Sciences.* 2018;27(158):205-217.
  11. Moore AM, Frohwirth L, Miller E. Male reproductive control of women who have experienced intimate partner violence in the United States. *Soc Sci Med.* 2010;70(11):1737-1744. doi:10.1016/j.socscimed.2010.02.009
  12. Shalev C. Rights to sexual and reproductive health: the ICPD and the convention on the elimination of all forms of discrimination against women. *Health Hum Rights.* 2000;4(2):38-66. doi:10.2307/4065196
  13. Lamyian M, Mashhoori A, Hajimirzai S, Memarian Z, Mohammadi N, Samkan Z. Reproductive rights from the view point of human rights. *National Association of Iranian Obstetricians & Gynecologists.* 2013;8:38-43.
  14. Merali I. Advancing women's reproductive and sexual health rights: using the international human rights system. *Dev Pract.* 2000;10(5):609-624. doi:10.1080/09614520020008797
  15. Janghorban R, Latifnejad Roudsari R, Taghipour A, Abbasi M. A review of the concept and structure of sexual and reproductive rights in international human rights documents. *Iranian Journal of Obstetrics, Gynecology and Infertility.* 2014;17(100):16-26.
  16. Bosmans M, Nasser D, Khammash U, Claeys P, Temmerman M. Palestinian women's sexual and reproductive health rights in a longstanding humanitarian crisis. *Reprod Health Matters.* 2008;16(31):103-111. doi:10.1016/s0968-8080(08)31343-3
  17. Polit DF, Beck CT. Study guide for essentials of nursing research: appraising evidence for nursing practice. Lippincott Williams & Wilkins; 2013.
  18. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today.* 2004;24(2):105-112. doi:10.1016/j.nedt.2003.10.001
  19. Speizer IS, Pearson E. Association between early marriage and intimate partner violence in India: a focus on youth from Bihar and Rajasthan. *J Interpers Violence.* 2011;26(10):1963-1981. doi:10.1177/0886260510372947
  20. Shaw D. Access to sexual and reproductive health for young people: bridging the disconnect between rights and reality. *Int J Gynaecol Obstet.* 2009;106(2):132-136. doi:10.1016/j.ijgo.2009.03.025
  21. Santhya KG, Ram U, Acharya R, Jejeebhoy SJ, Ram F, Singh A. Associations between early marriage and young women's marital and reproductive health outcomes: evidence from India. *Int Perspect Sex Reprod Health.* 2010;36(3):132-139. doi:10.1363/ipsrh.36.132.10
  22. Raj A. When the mother is a child: the impact of child marriage on the health and human rights of girls. *Arch Dis Child.* 2010;95(11):931-935. doi:10.1136/adc.2009.178707
  23. Nour NM. Child marriage: a silent health and human rights issue. *Rev Obstet Gynecol.* 2009;2(1):51-56.
  24. Clark S, Bruce J, Dude A. Protecting young women from HIV/AIDS: the case against child and adolescent marriage. *Int Fam Plan Perspect.* 2006;32(2):79-88. doi:10.1363/iffp.32.079.06
  25. Speziale HS, Streubert HJ, Carpenter DR. Qualitative research in nursing: Advancing the humanistic imperative. Lippincott Williams & Wilkins; 2011.
  26. Jensen R, Thornton R. Early female marriage in the developing world. *Gend Dev.* 2003;11(2):9-19. doi:10.1080/741954311
  27. Erulkar A. Early marriage, marital relations and intimate partner violence in Ethiopia. *Int Perspect Sex Reprod Health.* 2013;39(1):6-13. doi:10.1363/3900613
  28. Siegel RB. Sex equality arguments for reproductive rights: their critical basis and evolving constitutional expression. *Emory Law J.* 2006;56(4):815.
  29. Belhadj H, Toure A. Gender equality and the right to health. *Lancet.* 2008;372(9655):2008-2009. doi:10.1016/s0140-6736(08)61786-9
  30. Grown C, Gupta GR, Pande R. Taking action to improve women's health through gender equality and women's empowerment. *Lancet.* 2005;365(9458):541-543. doi:10.1016/s0140-6736(05)17872-6
  31. Harvey A, Garcia-Moreno C, Butchart A. Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2-3, 2007. Geneva: World Health Organization, Department of Violence and Injury Prevention and Disability; 2007.
  32. Htun M, Weldon SL. When do governments promote women's rights? A framework for the comparative analysis of sex equality policy. *Perspect Politics.* 2010;8(1):207-216. doi:10.1017/S1537592709992787
  33. Gabriel B, Beach SR, Bodenmann G. Depression, marital satisfaction and communication in couples: investigating gender differences. *Behav Ther.* 2010;41(3):306-316. doi:10.1016/j.beth.2009.09.001
  34. Jackson JB, Miller RB, Oka M, Henry RG. Gender differences in marital satisfaction: A meta-analysis. *J Marriage Fam.* 2014;76(1):105-129. doi:10.1111/jomf.12077

35. Edalati A, Redzuan M. Perception of women towards family values and their marital satisfaction. *J Am Sci.* 2010;6(4):132-137.
36. Shortt JW, Capaldi DM, Kim HK, Laurent HK. The effects of intimate partner violence on relationship satisfaction over time for young at-risk couples: The moderating role of observed negative and positive affect. *Partner Abuse.* 2010;1(2):131-152. doi:10.1891/1946-6560.1.2.131
37. Panuzio J, DiLillo DK. Physical, psychological, and sexual intimate partner aggression among newlywed couples: Longitudinal prediction of marital satisfaction. *J Fam Violence.* 2010;25(7):689-699. doi:10.1007/s10896-010-9328-2
38. Li T, Fung HH. The dynamic goal theory of marital satisfaction. *Rev Gen Psychol.* 2011;15(3):246-254. doi:10.1037/a0024694
39. Animasahun RA, Oladeni OO. Effects of assertiveness training and marital communication skills in enhancing marital satisfaction among Baptist couples in Lagos State, Nigeria. *Global Journal of Human-Social Science Research.* 2013;12(14):27-38.
40. Rogge RD, Cobb RJ, Lawrence E, Johnson MD, Bradbury TN. Is skills training necessary for the primary prevention of marital distress and dissolution? A 3-year experimental study of three interventions. *J Consult Clin Psychol.* 2013;81(6):949-961. doi:10.1037/a0034209
41. Mohammadi G, Amir Aliakbari S, Ramezankhani A, Alavi Majd H. The reproductive health status of women with experience of violence in harm reduction centers in Tehran, 2010. *Pajoohande.* 2011;16(5):219-225.

**Copyright** © 2019 The Author(s); This is an open-access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.