



Original Article

Relationship between stress perceived by married individuals and attitudes to violence against women in the pandemic

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Abstract

Objectives: The aim of this study was to determine the relationship between married individuals' perceived stress level and violence against women attitudes in the pandemic.

Methods: This descriptive correlational study was conducted on a total of 773 married individuals between January and July 2021. The data were collected using a demographic information form, the perceived stress scale (PSS), and the ISKEBE violence against women attitude scale (ISKEBE Attitude Scale).

Results: Of the married individuals, 34.8% were subjected to verbal violence, and 4.7% were subjected to physical violence. In addition, 18.9% of them had a worse marital relationship in the pandemic than that before the pandemic. There was a weak positive correlation between the married individuals' PSS and ISKEBE Attitude Scale total mean scores ($p < 0.05$).

Conclusion: Midwives and nurses should evaluate their patients' perceived stress levels and violence against women attitudes.

Keywords: Pandemic; perceived stress; violence against women.

What is presently known on this subject?

- Increased violence against women is one of the negative consequences of the pandemic. Violence is considered to be associated with stress and has many negative effects on women. Being exposed to violence increases physical, mental, and behavioral health problems. There are a limited number of studies suggesting a relationship between violence and perceived stress.

What does this article add to the existing knowledge?

- Of the married individuals, 34.8% were subjected to verbal violence, and 4.7% were subjected to physical violence. In addition, 18.9% of them had a worse marital relationship in the pandemic than that before the pandemic. There was a weak positive correlation between the married individuals' PSS and ISKEBE Attitude Scale total mean scores.

What are the implications for practice?

- In the pandemic process, wherein several restrictions are imposed, it is important for both nurses and midwives to evaluate individuals in terms of symptoms of violence against women and to inform them about coping methods to reduce stress levels.

The Coronavirus Disease 2019 (COVID-19) pandemic, which emerged in Wuhan, China, in December 2019, still affects people all over the world. Several countries have taken various measures such as social distancing, isolation, and undergoing quarantine to prevent the spread of the virus. However, these measures have caused mental, social, and economic problems.^[1] Economic, social, and environmental factors can cause mental and physical health issues. An insufficiency of social and economic resources in the pandemic increases stress in this process.^[2]

One national study conducted in China found that 35% of the respondents had stress during the COVID-19 pandemic.^[3] Another study conducted in Italy found that younger population and women had higher stress levels in the pandemic.^[4] Given that stress may adversely affect both physical and mental health in individuals, causing several problems such

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as sleep disorders, digestive disorders, pain and fatigue, lack of motivation, anxiety, irritability, and anger, the stress experienced during the pandemic may lead to similar consequences.^[5]

Increased violence against women is one of the negative consequences of the pandemic.^[5] Women are exposed to psychological, physical, and sexual violence at all stages of their lives, including infancy, childhood, adolescence, adulthood, and old age.^[6] One study has reported that the number of domestic violence cases in Wuhan, China, where the epidemic first appeared, tripled in February 2020, compared that in the same period of the previous year, and that 90% of these cases were associated with the COVID-19 pandemic.^[7] This increase is 30%–36% in France, 40%–50% in Brazil, 25% in Argentina, 33% in Singapore, and 10%–35% in different states of the USA.^[7] Due to the increase in violence against women in the pandemic, some hotels in Italy and France have started to serve as women's shelters.^[8] Another study has reported that emergency helpline calls for domestic violence increased by 25% in England, 20% in Spain, and 30% in Cyprus with the implementation of stay-at-home measures due to the pandemic.^[9] In Australia, given the to stay-at-home orders, there has been a 40% drop in crime overall, a 5% increase in police call-outs for violence against women, and a 75% increase in online search for violence.^[8]

Although this situation is not so different in our country, the Federation of Women Associations of Turkey has reported an increase of 93% in psychological violence, 80% in physical violence, and 78% in demand for women's shelters in March 2020 compared to that in the same period of the previous year.^[10] The Socio-Political Field Research Center conducted a survey with a total of 1,873 women from 28 cities in Turkey between April 3–8, 2020, and found that domestic violence increased by 27.8% during the pandemic.^[11] One study has reported that the number of women who referred to the emergency service of the Faculty of Medicine at Dokuz Eylül University due to domestic violence tripled between March and April, 2020, compared to that in the same period of the previous year.^[12] In Turkey, the Police Academy prepared a report on the COVID-19 pandemic and its aftermath and reported a significant increase in the number of domestic violence cases during the pandemic.^[13]

Violence is considered to be associated with stress and has many negative effects on women. Being exposed to violence increases physical, mental, and behavioral health problems^[14] and the risk of premature death in women.^[15] In addition, domestic violence negatively affects women's mental health, self-perception, and well-being, whereby these negative effects are passed down from generation to generation, increasing the burden on society.^[16–18]

There are a limited number of studies suggesting a relationship between violence and perceived stress in the pandemic.^[19,20] In this regard, the aim of this study was to determine the relationship between perceived stress and violence against women attitudes in married individuals in the pandemic.

Research Questions

1. What is the perceived stress level of married individuals in the pandemic?
2. What is the violence against women attitudes of married individuals in the pandemic?
3. Is there a relationship between the married individuals' perceived stress levels and violence against women attitudes in the pandemic?

Materials and Method

Study Design

This descriptive, correlational, and cross-sectional study was conducted to determine the relationship between the married individuals' perceived stress levels and violence against women attitudes in the pandemic.

Sample and Setting

The population of the study included a total of 61,368,387 married individuals aged 18 years and over in Turkey between January and July, 2021. The sample size was calculated according to the analysis performed with OpenEpi (version 3) software. Based on the anxiety rate, which was unpredictable and predicted as 50%, the sample size of 664 was found to be sufficient to represent the number of married individuals, with 5% alpha error and 99% power rate. The study was completed with a total of 773 married individuals. The data were obtained from married women and men who resided in Turkey between January and July, 2021, were members of social media and used social networking platforms, 18 years of age and over, able to read and understand Turkish, and agreed to participate in the study. Individuals under the age of 18 years who are single and do not use social media were not included in the study. Participants who answered all questions completely at the data collection date were included in the sample.

Data Collection

The data were collected using a demographic information form, the perceived stress scale (PSS), and the violence against women attitude scale (ISKEBE Attitude Scale).

Before data collection, they were informed about the purpose of the research, and their consent was obtained by ticking the option that they were willing to participate in the study. The data collection form was created on Google Forms and shared through the researchers' social media platforms (Instagram, Facebook, and WhatsApp). Individuals participating in the research were asked to forward the survey form link to the individuals who met the research criteria. Through snowball sampling, the questionnaire form was delivered to the relevant individuals.

Demographic Information Form: The form included 12 questions about the participants' sociodemographic and violence-

related characteristics such as age, gender, and education level.

PSS: The scale was developed by Cohen et al. (1983) to measure how one perceives stressful situations in their life. This is a five-point Likert-type scale, scoring from never (0) to very often (4). The scale consists of 14 items, seven of them contains positive statements and are scored in reverse. The total scale score ranges from 0 to 56. A higher scale score indicates a higher perceived stress. The scale has two subscales: perceived insufficient self-efficacy and perceived stress/distress. The scale was adapted to Turkish by Eskin et al. (2013), wherein the Cronbach's alpha value of the scale was found to be 87.^[21] In this study, the Cronbach's alpha value of the scale was determined as 91.

ISKEBE Violence Against Women Attitude Scale (ISKEBE Attitude Scale): This is a five-point Likert-type scale developed by Kanbay (2016) and consists of 30 items and two factors, including "attitudes toward the body" and "attitudes toward the identity."

Attitudes toward the body (sexual and physical violence): 16 items (items no: 3,4, 8, 9,10, 12, 14, 15, 16, 17, 20, 22, 25, 26, 28 and 30). **Attitudes toward the identity (psychological and economic violence):** 14 items (items no: 1, 2, 5, 6, 7, 11, 13, 18, 19, 21, 23, 24, 27 and 29).

In the scale, the 5th and 24th items are scored in reverse. The total scale score is obtained by summing the subscale scores. This is a five-point Likert-type scale, scoring as 1 = totally agree, 2 = agree, 3 = undecided, 4 = disagree, and 5 = totally disagree. A higher scale score indicates a higher negative attitude toward violence against women (that is, the person is against domestic violence) and vice versa. The lowest and highest scores are 16 and 80 for the first factor, 14 and 70 for the second factor, and 30 and 150 for the overall scale. A total scale above 90 indicates that the individual is against domestic violence, and a score below 90 indicates that he/she is not against domestic violence. Kanbay calculated the Cronbach's alpha value of the scale as 0.80 for the first factor, 0.83 for the second factor, and 0.86 for the overall scale. The scale can be applied to individuals who are at least primary school graduates and between the ages of 15–65 years.^[22] In this study, the Cronbach's alpha value of the scale was determined as 0.82 for the first factor, 0.86 for the second factor, and 0.88 for the overall scale.

Data Analysis

Analysis was completed by transferring the study data to the IBM SPSS Statistics 23 program. Frequency distributions for categorical variables and descriptive statistics for numerical variables (mean±standard deviation [SD]) were given. Accordingly, Kolmogorow–Smirnov normality test ($n > 50$) was applied to all scores first to decide on the analyses to be applied. As a result of the test, it was seen that all scores provided the assumption of normality, and therefore parametric tests were used in comparisons. Pearson correlation coefficient was used

to determine the degree of non-causal relationships between two numerical variables.

Ethical Considerations

The written approval and permissions necessary for conducting the research and collecting the data were obtained from the Scientific Research and Publications Ethics Committee (on 09/12/2020 No: 129/5). The online questionnaire has been arranged in such a way that each participant will answer the questions once.

Limitations and Strengths of the Study

This study has some limitations. It could not be compared whether there was a change in the perceived stress levels of married individuals and their attitudes toward violence against women during and before the pandemic, as there were no data on these variables before the pandemic. In addition, due to the lack of studies examining perceived stress and attitudes toward violence against women in the literature, it was difficult to discuss the results. Nonetheless, the study has also some strengths. This is the first study on the perceived stress and violence against women attitudes in the Turkish society during the pandemic. In addition, given that the data were obtained from online platforms, wherein the identity of the participants would not be known, it is considered that the participants gave more objective and realistic answers to the questions about their exposure to physical and verbal violence and their attitudes toward violence against women. In addition, given that the violence perception of the participants is not evaluated by the clinician, the possibility of exaggeration in the answers of the participants should also be considered.

Results

The mean age of the married individuals was 37.09 ± 10.03 years, 57.7% of them were female, 68.2% were university graduates, 66.2% were employed, 73.4% had children, 67% had a balanced income, 83.1% had social security, 35.3% were married for 1–5 years, and 70.1% lived a city center (Table 1).

In addition, 34.8% of the married individuals were exposed to verbal violence of their spouse, and 4.7% were exposed to physical violence in the pandemic, and 18.9% had a worse marital relationship during the pandemic than that before the pandemic (Table 2).

The total mean score of the married individuals was 28.64 ± 8.88 for the PSS, 14.04 ± 4.79 for the perceived insufficient self-efficacy subscale, and 14.59 ± 4.68 for the perceived stress/distress. In addition, their total mean score was 124.05 ± 22.30 for the ISKEBE Attitude Scale, 72.42 ± 12.22 for the attitudes toward the body subscale, and 51.63 ± 11.82 for the attitudes toward the identity subscale (Table 3).

A weak positive correlation was found between the individuals' total mean scores on the PSS total scale, ISKEBE Attitude

Table 1. Distribution of married individuals based on sociodemographic characteristics

Variables (n=773)	n	%
Age (Mean.=37.09±10.03) (min:18, max:71)		
Sex		
Female	446	57.7
Male	327	42.3
Education level		
Primary school	114	14.7
High school	132	17.1
University and above	527	68.2
Employment status		
Employed	512	66.2
Unemployed	261	33.8
Having children		
Yes	567	73.4
No	206	26.6
Income level		
Revenues less than expenditures	131	16.9
Revenues equivalent to expenditures	518	67.0
Revenues more than expenditures	124	16.1
Social security		
Yes	642	83.1
No	131	16.9
Duration of marriage		
1-5 years	273	35.3
6-10 years	149	19.3
11-15 years	111	14.4
16 years and above	240	31.0
Place of residence		
Village / Town / District	231	29.9
City	542	70.1

Table 2. Distribution of married individuals' characteristics regarding violence

Variables (n=773)	n	%
Status of being exposed to verbal violence in the pandemic		
Yes	269	34.8
No	504	65.2
Status of being exposed to physical violence in the pandemic		
Yes	36	4.7
No	737	95.3
Quality of marital relationship in the pandemic		
Same as before the pandemic	529	69.7
Better than before the pandemic	88	11.4
Worse than before the pandemic	146	18.9

Scale total, attitudes toward the body subscale, and attitudes toward the identity subscale ($p < 0.05$). A weak positive corre-

lation was also found between their mean scores on the perceived insufficient self-efficacy subscale, perceived stress/distress subscale, VAWAS total scale, attitudes toward the body subscale, and attitudes toward the identity subscale ($p < 0.05$) (Table 4).

Discussion

The study determined that 34.8% of the married individuals were exposed to verbal violence, 4.7% were exposed to physical violence, and 18.9% had a worse marital relationship during the pandemic compared to that during pre-pandemic period (Table 2). Although these results do not suggest a high level of domestic violence among married individuals, they indicate that violence against women is one of the negative effects of the pandemic on married individuals. Quarantine, which is used to cope with the pandemic, is necessary for people to survive, but it can become a threat to people themselves and their coexistence. During a quarantine, individuals can exacerbate the problems they cannot get through, which can reflect on other people as bullying, oppression, and violence. There are studies showing that the degree and rate of domestic violence have increased in the COVID-19 pandemic.^[1,11,13] Domestic violence has tripled in China due to social isolation during the pandemic.^[23] Stay-at-home orders in the pandemic have also increased domestic violence cases in Italy, France, Spain, and Brazil.^[24] The Council of Europe has also reported an alarming increase in domestic violence cases in several member countries during the COVID-19 pandemic and recommended to strictly implement the Council of Europe Convention on preventing and combating violence against women and domestic violence, which is better known as the Istanbul Convention.^[25] The United Nations has reported that police call-outs for domestic violence increased in Germany, the United Kingdom, France, Cyprus, the USA, Canada, and Singapore.^[12] Research results that the COVID-19 pandemic has increased all kinds of violence against women, drawing attention to a different aspect of the pandemic and suggesting that urgent measures should be taken, and social policies should be developed in this regard.

The total mean score of the married individuals was 28.64±8.88 for the PSS, 14.04±4.79 for the perceived insufficient self-efficacy subscale, and 14.59±4.68 for the perceived stress/distress subscale (Table 3). These results suggest that the married individuals had a moderate level of stress in the pandemic. Similarly, Göksu and Kumecek (2020) conducted a study to determine the perceived stress and anxiety levels in individuals during the COVID-19 pandemic and found their PSS mean score as 25.83±7.43.^[26] Duan and Zhu (2020) found that the COVID-19 pandemic increased the stress and anxiety levels of individuals.^[27] Zhang et al. (2020) had a study on healthcare professionals during the COVID-19 pandemic and found that they had high stress levels.^[28] Wang et al. (2020) examined the psychological reactions and related factors in the first stage of the COVID-19 pandemic and found that individuals had high

Table 3. Descriptive statistics and reliability of the scales

Scales	Mean	Standard deviation	Minimum	Maximum
Perceived stress scale total				
Perceived insufficient self-efficacy subscale	28.64	8.88	0	56
Perceived stress/distress subscale	14.04	4.79	0	28
Perceived stress/distress subscale	14.59	4.68	0	28
Violence against Women Attitude Scale	124.05	22.30	30	150
Attitudes towards the body (sexual and physical violence)	72.42	12.22	16	80
Attitudes towards the identity (psychological and economic violence)	51.63	11.82	14	70

Table 4. Correlation analysis results regarding the total scale and subscale scores

		1.	2.	3.	4.	5.	6.
1. Perceived stress scale total	r_p	1	.940**	.937**	.273**	.303**	.202**
	p		.000	.000	.000	.000	.000
2. Perceived insufficient self-efficacy subscale	r_p		1	.761**	.251**	.275**	.189**
	p			.000	.000	.000	.000
3. Perceived stress/distress subscale	r_p			1	.263**	.294**	.191**
	p				.000	.000	.000
4. Violence against Women Attitude Scale	r_p				1	.930**	.925**
	p					.000	.000
5. Attitudes towards the body (sexual and physical violence)	r_p					1	.721**
	p						.000
6. Attitudes towards the identity (psychological and economic violence)	r_p						1
	p						

** $P < 0.01$; r_p : Pearson's Correlation Coefficient.

stress levels.^[29] During the pandemic process, curfews, social restrictions, work-at-home set-ups, dismissal of some people due to the pandemic, inability to control the disease, and death of several people due to the disease have caused stress in individuals.

The total scale score of the married individuals was 124.05 ± 22.30 for the ISKEBE Attitude Scale, 72.42 ± 12.22 for the attitudes toward the body subscale, and 51.63 ± 11.82 for the attitudes toward the identity subscale (Table 3). These results show that the individuals were almost completely opposed to violence against women's body and were highly opposed to violence against women's identity. According to the TDHS 2018 data, the rate of women with positive attitude toward physical violence was 9%.^[30] Consistent with those in the present study, this result suggests that only a low percentage of women approve physical violence. Similarly, the violence against women attitude mean score was found to be 127.76 ± 21.52 by Demir (2017), 129.57 ± 0.92 by Şahin et al. (2019), and 119.94 ± 0.75 by Tektaş et al. (2020).^[31-33] One study conducted on men in an eastern province of Turkey found their violence against women attitude mean score to be 98.04 ± 22.10 .^[34] Delibaş et al. (2020) conducted a study on educated young people and determined their mean scores as

122.60 ± 22.3 for the ISKEBE Attitude Scale, 72.7 ± 11.8 for the attitudes toward the body subscale, and 49.8 ± 13.1 for the attitudes toward the identity subscale.^[35] The study results show that violence against women is unacceptable.

A weak positive correlation was found between the married individuals' total mean scores on the PSS total scale, VAWAS total scale, attitudes toward the body subscale, and attitudes toward the identity subscale (Table 4). As individuals' perceived stress increases, they also approach sexual, physical, psychological, and economic violence negatively. This result shows that stress causes intolerance to all kinds of violence. Aktan et al. (2015) determined that perceived stress levels were higher in women who were exposed to violence than those who were not exposed to violence.^[19]

Conclusion

This study, which was conducted to determine the relationship between married individuals' perceived stress levels and violence against women attitudes in the pandemic, determined that married individuals had moderate stress in the pandemic, they considered violence unacceptable, and their stress levels were effective in their attitudes toward violence against

women. During the pandemic, wherein several restrictions are imposed, it is important for both nurses and midwives to evaluate individuals in terms of symptoms of violence against women and to inform them about coping methods to reduce stress levels. In future studies, it is recommended that intervention studies be conducted to reduce individuals' stress situations and to provide zero tolerance to violence.

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