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Socioeconomic Status and Domestic Violence Interact in Predict of Quality of Life in Married Women: A Population-Based Study in Western Iran

Manoocher Koulani; M.Sc.¹, Nader Rajabi-Gilan; M.Sc.^{1,2}, Ali Almasi; Ph.D.¹, Mehdi Khezeli; Ph.D.¹, Zahra Jorjoran Shushtari; Ph.D.³, Yahya Salimi; Ph.D.¹

1 Social Development and Health Promotion Research Center, Health Institute, Kermanshah University of Medical Sciences, Kermanshah, Iran

2 Sociology Department, Faculty of Humanities and Social Sciences, University of Kurdistan, Sanandaj, Iran

3 Social Determinants of Health Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran

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Abstract

Objective: Women's quality of life is essential both for women's and their family's health. The aim of this study was to examine the quality of life status and interaction of subjective socioeconomic status and violence, on quality of life of married women in west of Iran.

Materials and methods: This was a cross-sectional study that recruited 1533 married women using multi-stages sampling method. Multiple linear regression was employed for estimating adjusted association and 95% confidence intervals.

Results: The mean (SD) age of the participants was 33.67(11). The majority of participants (92%) experienced some degree of domestic violence. Less than half of women (46.70%) perceived medium socioeconomic status. Mean (SD) score of quality of life was 3.57 (0.94). There was a significant statistical interaction between socioeconomic status and domestic violence on quality of life.

Conclusion: These findings suggest that considering the interaction of subjective socioeconomic status with domestic violence in prevention program, especially in poor categories of family, appears to be one of the important ways in improving married-females' quality of life.

Keywords: Domestic Violence; Quality of Life; Socioeconomic Status; Women

Introduction

The central role of women in determining family health especially in developing countries has been previously addressed (1). Women's Quality of life

(QOL) has been affected by their important roles in family context. QOL as a multi-factorial concept reflects the individuals' well-being and happiness and expresses how an individual evaluates his/her different aspects of life (2). Based on the results of a large survey in United states, social contexts are the most important predictors of health and well-being (3). It has been suggested that self-satisfaction, family

Correspondence:

Dr. Yahya Salimi

Email: salimiyahya@yahoo.com



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socioeconomic resources, and most importantly emotional and mental status are determinants of quality of life (4).

Fundamental social development and improvement in living standards lead QOL to be a widely investigated outcome (5-8) Evidence support that Socioeconomic Status (SES) is a complex phenomenon that is predicted by a wide variety of variables including financial, occupational and educational factors (9), and can be measured objectively or subjectively. Subjective SES has been defined as "individual's subjective perceptions of their rank, relative to others, in the socioeconomic hierarchy (10).

Domestic violence is one of the most important forms of violence against women which is defined as a multifaceted gender-based phenomenon that results in physical and psychological harm to women (11). The worldwide prevalence of violence against women by their partners is reported around 30% by WHO (12). Evidence suggests that (13) people with lifetime history of violence by their intimate partner, generally experienced poorer general health, mental health, and quality of life (13-15). Domestic violence against women can even lead to suicidal ideation in women (16, 17).

Although there are several research on quality of life and its related variables among women, none of them investigated the possible statistical interaction between SES, domestic violence and quality of life (18- 21). In order to promote the quality of life, it would be of great value to explore the possible interaction between determinants of quality of life. In the present study using a population-based approach we examined the effects of subjective SES and domestic violence on the quality of life among married women in western of Iran.

Materials and methods

Sample and procedure: This cross-sectional study was conducted in April-May 2019 on the 1,079,325 married women of four provinces center of western of Iran; Kermanshah, Sanandaj, Hamadan, and Ilam. The required sample size was determined as 1750 based on the Cochran formula (22). The following steps were done for sample selection using multi-stages sampling method; First, each of four cities was considered as the cluster. Second, from each of these clusters, two neighborhoods were selected randomly as the target area and the required sample size was randomly selected. Inclusion criteria were being married, signed written informed consent

form, and not being hospitalized due to the mental illness during the past six-month.

Measurement

We used a four-part questionnaire for the data collection.

The first part of the questionnaire involved demographic variables i.e. age, spouse's age, number of household member, educational level, spouse's education, illness, history of hospitalization, occupation status, and spouse's occupation.

The second part was Subjective Social Status Scale (23) by which respondents rated their socioeconomic status using a 10-step ladder. The subjective evaluation of one's socio-economic status is a self-perceived of his or her position in the social structure. In this ladder using occupation, education and wealth variables, the subjective socioeconomic status was assessed. Respondents were asked to subjectively rate their socioeconomic status on the ladder. A higher score indicates a better subjective socioeconomic status (24).

The third part of the questionnaire was a 26-items domestic violence questionnaire which measured the four types of spousal abuse including mental and psychological, economic, physical, and sexual (25). A higher score indicates on a more severe suffered violence (25).

The fourth part of the questionnaire was a single-item quality of life question. We used the first item of the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF) which measures the QOL on a 5-point Likert scale (very bad / bad / not good not bad / good / very good). The higher score shows the better quality of life (26).

This study received ethics approval from the Research Ethics Committee of Kermanshah University of Medical Sciences (No: IR.KUMS.REC.1397.258).

Statistical Analysis: Descriptive analyses were reported as numbers and percentages or mean and standard deviations. In the bivariate analysis, Pearson correlation, and one-way ANOVA were used. Several variables were examined to detect their adjusted association with the QOL using multiple linear regression. For evaluation of statistical interaction a product term using subjective socioeconomic status, as a categorical variable, and domestic violence scores was included into the regression model. The P-value<0.05 was considered statistically significant. All statistical analyses were analyzed by Stata version 12 (StataCorp LP, College Station, TX).

Results

Of 1750, 1533 married women completed the study questionnaire (response rate=88%). The mean (SD) age and the number of households member were 33.74 (11.00), and 3.25 (1.20), respectively. Nearly 52% of the participants had University education level. More than 92%(95%CI: 90%, 94%) of the study participates experienced some degree of domestic violence and. While the mean (SD) of subjective socioeconomic status(SES) was 5.72 (1.80), the mean (SD) of quality of life was 3.57 (0.94) (Table 1).

Table 2 indicates the bivariate association between QOL and Pearson correlation test showed that age ($r = 0.108$, $p < 0.001$) and spouse's age ($r = 0.075$, $P = 0.003$) were significantly correlated with quality of life score. Also, the level of education of women and their husbands was significantly correlated with the quality of life of women ($P < 0.001$).

There was a significant relationship between subjective SES and quality of life ($p < 0.001$). The results on the variable of violence showed that there was a significant difference between the level of violence and quality of life ($p < 0.001$). The mean of QOL was higher in those women who were governmental employee or their spouses were retired. There is a significant relationship between chronic illness and quality of life according to which, those with chronic illness had a lower quality of life (Table 2).

As shown in the table 3, women educational level, husband's educational level, women's job title, husband's job title, domestic violence score, subjective SES level, and interaction between the subjective SES level and the domestic violence score were significant variables in the multiple linear regression models.

Discussion

Domestic violence against women is a global public health problem especially in developing countries like Iran. We investigated the possible interaction of SES and domestic violence on quality of life in married women of western Iran.

The results showed that domestic violence was inversely associated with quality of life, in other words, with increasing violence, the quality of life has decreased. This result was consistent with the similar studies (27, 28). Domestic violence is one of the major obstacles to women's participation in sustainable development, because it suppresses women's independence and deprives them of effective

power in society. Feelings of inadequacy in family management, reduced emotional energy, severe anxiety, psychosomatic disorders, reduced life satisfaction, and reduce quality of life are the negative effects of domestic violence against women (25).

Table 1: Characteristics of participants

Variables	Categories	N (%)
Age groups	16-21	108 (7.04)
	21-30	644 (42.01)
	31-40	447 (29.16)
	41-50	214 (13.96)
	51-60	69 (4.50)
	>60	51 (3.33)
Husband's age groups	20-30	456 (29.7)
	31-40	593 (38.7)
	41-50	367 (17.4)
	51-60	138 (18.5)
	>60	86 (5.6)
Family members	2-3	990 (64.7)
	4-5	460 (30.1)
	6 and above	79 (5.2)
Women's Education	Elementary	297 (19.37)
	High School diploma	440 (28.70)
	Associate degree	290 (18.92)
	Bachelor	458 (29.88)
	Master and higher	48 (3.13)
Husband's education	Elementary	207 (13.50)
	High School diploma	363 (23.68)
	Associate degree	283 (18.46)
	Bachelor	531 (34.64)
	Master and higher	149 (9.72)
Women's job title	Housewife	1170 (76.32)
	Freelance	166 (10.83)
	Governmental	180 (11.74)
	Retired	17 (1.11)
Husband's job title	Unemployed	133 (8.67)
	Freelance	745 (48.60)
	Governmental	565 (36.86)
	Retired	90 (5.87)
Chronic disease	Yes	147 (9.59)
	No	1386 (90.41)
Domestic violence	Never	116 (7.57)
	Low (sometimes)	1156 (75.41)
	High (often)	228 (14.87)
	Very high (Always)	33 (2.15)
Subjective SES	poorest	67 (4.37)
	poor	280 (18.26)
	Intermediate	716 (46.71)
	Rich	374 (24.40)
	Richest	96 (6.26)
Quality of Life; Mean (SD)		3.57 (0.94)

Table 2: Bivariate association of related variables with quality of life of married women

Variables	Categories	QOL's Mean (SD)	Test statistics	P-value
Age	-	33.76 (11.00)	Pearson's r = 0.108	<0.001
Husband's age	-	38.28 (14.00)	Pearson's r = 0.075	0.003
Family members	-	3.25 (1.20),	Pearson's r = 0.040	0.118
Women's Education	Elementary	3.33 (0.975)	F(4,1528) = 54.55	<0.001
	High School diploma	3.26 (0.961)		
	Associate degree	3.52 (0.833)		
	Bachelor	3.98 (0.778)		
	Master and higher	4.40 (0.644)		
Husband's education	Elementary	3.04 (1.01)	F(4,1528) = 40.41	<0.001
	High School diploma	3.43 (0.967)		
	Associate degree	3.53 (0.990)		
	Bachelor	3.75 (0.782)		
	Master and higher	4.13 (0.704)		
Women's job title	Housewife	3.45 (0.916)	F(3,1529) = 32.54	<0.001
	Freelance	3.77 (0.850)		
	Governmental	4.12 (0.937)		
	Retired	4.06 (0.966)		
Husband's job title	Unemployed	2.38 (0.918)	F(3,1529) = 116.36	<0.001
	Freelance	3.88 (0.761)		
	Governmental	3.12 (0.937)		
	Retired	3.06 (0.966)		
Chronic disease	Yes	3.36 (0.937)	t(1531) = -2.90	0.004
	No	3.60 (0.966)		
Domestic violence	Never	4.48 (0.691)	F(3,1529) = 237.29	<0.001
	Low (sometimes)	3.73 (0.714)		
	High (often)	2.48 (0.106)		
	Very high (Always)	2.58 (0.830)		
Subjective SES	Poorest	1.94 (0.886)	F(4,1528) = 370.18	<0.001
	Poor	2.67 (0.915)		
	Intermediate	3.61 (0.590)		
	Rich	4.20 (0.589)		
	Richest	4.66 (0.499)		

The results showed that there is a positive and significant relationship between subjective SES and quality of life. As the regression results showed, the quality of life improved one and a half times when the subjective SES increased from the lower to the upper level.

This result is consistent with studies on patient groups and also in the public population (29-33). In fact, SES can be considered as a variable affecting social phenomena, and in all approaches to quality of life, SES index has been emphasized as one of the influential factors. (4), considers the four main factors that influence quality of life including family status, SES, physical status, and mental-emotional state. These four variables can independently and directly affect the quality of life of individuals, but these factors together can influence more strongly the

quality of life.

The results of the present study showed that there is a positive relationship between age and quality of life, so that the quality of life increased with increasing age. This result is consistent with similar studies (34, 35), and also is inconsistent with the some studies (7, 36). Analysis of regression model showed that age group variable was not significant in model. This finding is consistent with a part of the findings of (37), and also is inconsistent with another part of their study. They showed that age was correlated significantly with physical health domains but had no significant association with social, environmental, and mental health-related quality of life.

The results showed that husband's occupation had a significant relationship with women's quality of life. This variable was also significant in the regression model.

Table 3: Multiple linear regression results for related variables of the quality of life among married women in western Iran (n= 1529)

Variables	Categories	B	SE	P-value	95% conf. interval	
Age of women		0.0002	0.0024	0.92	0.004	0.005
Husband's age groups		0.003	0.002	0.05	-0.00006	0.007
Family members	<=3			Ref ^a		
	4-5	0.032	0.038	0.39	0.043	0.11
	6 and above	-0.075	-0.79	0.348	-0.231	0.081
Women's Educational level	Elementary			Ref ^a		
	High School diploma	-0.169	-0.051	0.001	-0.271	-0.067
	Associate degree	-0.138	0.061	.025	-0.259	-0.017
	Bachelor	0.912	0.064	0.155	-0.034	0.021
	Master and higher	0.142	0.108	0.019	-0.071	0.356
Husband's education	Elementary			Ref ^a		
	High School diploma	-0.102	-0.060	0.090	-0.219	-0.015
	Associate degree	-0.108	-0.066	0.106	-0.239	0.022
	Bachelor	-0.206	0.071	0.004	-0.346	-0.067
	Master and higher	-0.275	0.089	0.002	-0.452	-0.099
Occupation	Housewife			Ref ^a		
	Freelance	0.231	0.049	0.000	0.134	0.329
	Governmental	0.151	0.054	0.005	0.044	0.258
	Retired	-0.004	0.161	0.097	-0.320	0.311
Husband's occupation	Unemployed			Ref ^a		
	Freelance	0.484	0.059	0.000	0.367	0.062
	Governmental	0.557	0.065	0.000	0.428	0.685
	Retired	-0.004	0.161	<0.979	-0.320	0.311
History of chronic illness	Yes	0.070	0.055	0.205	-0.038	0.180
Domestic violence		-0.014	0.004	<0.001	-0.021	-0.008
Subjective socioeconomic status	Poorest			Ref ^a		
	Poor	0.972	0.253	0.000	0.474	1.470
	Intermediate	1.627	0.248	0.000	1.140	2.114
	Rich	1.680	0.259	0.000	1.171	1.189
	Richest	1.998	0.322	0.000	1.365	2.632
Interaction of SSES and Domestic violence	Poorest*violence score			Ref ^a		
	Poor *violence score	-0.008	0.039	0.038	-0.015	0.008
	Intermediate*violence score	-0.010	0.004	0.015	-0.018	-0.002
	Rich*violence score	0.005	0.004	0.090	-0.008	0.009
	Richest*violence score	0.001	0.007	0.084	-0.013	0.015

^aReference group

Having an appropriate occupation and consequently sufficient income can lead to improved living status, life satisfaction, and ultimately quality of life. The results also showed a significant relationship between women's occupation status and quality of life.

In the regression model, the freelance and governmental occupations remained in the model and had acceptable levels of significance. This result is consistent with the finding of (38) in Nigeria. They showed that income, and occupation status of women had a significant effect on the quality of life of

Nigerian women. On the other hand, this result is inconsistent with the study of (39) that showed differ quality of life between employed and housewives. They showed that after controlling for age, education, and family income, there was no significant difference between quality of life in housewives and employed women, although the quality of life score was slightly higher in housewives. It has been suggested that employment is one of the factors affecting women's quality of life (40). In fact, it is argued that women's education and employment status are positively related to women's

empowerment and thus affect their quality of life (41). Employment and participation in social activities are a way of escaping from home concerns and a variety of recreation and diversity in life that lead to increased planning power of employed women and a kind of psychological satisfaction (42).

The results showed that higher level of education was associated with high quality of life. The results of regression analysis also showed that bachelor's and master's degrees had significant and positive effects on women's quality of life. One study showed that health-related quality of life dimensions were better in educated housewives than in less educated (43). Studies showed that an education degree can be very effective in family happiness (35). It seems that when high education is associated with high SES, individuals are likely to perform better in problem solving skills, and have less chronic stress in life. Other results on husbands' education showed that the quality of life of women increased significantly when husbands' education levels increased, but regression analysis showed a significant negative relationship between bachelor's and master's level of education. Further findings showed that most women with a bachelor's degree of their spouses also had similar education, which may lead to increase competitiveness in life, anxiety and stress in marital life, and ultimately decrease quality of life.

Strengths and limitations: The present study has several strengths: First, used a population-based design with a representative, and large sample size. Second, a high response rate (88%). However, there are also two limitations: Firstly, we conducted this study using self-reporting tools that are subject to measurement error. Secondly, because of cross-sectional design of current study we cannot establish a cause-and-effect association.

Conclusion

Our findings highlighted the importance of knowing about interaction of SES with domestic violence in design and implementation of prevention program, especially in poor family. These findings can help in the better understanding mechanism of change in QOL among married women.

Conflict of Interests

The authors have no conflicts of interest to declare.

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