

Review Paper

Application of Health Education Theories and Models in Intimate Partner Violence Interventions Against Women in Iran: A Review Study



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ABSTRACT

Background: Intimate partner violence (IPV) is a significant global public health issue and a violation of human rights, particularly affecting women's physical and mental well-being. Health education interventions are effective worldwide. This review aimed to identify Iranian studies utilizing health education models and theories in interventions aimed at reducing or preventing violence.

Methods: This is a narrative review of published articles on the application of health education models and theories in IPV interventions against women in Iran. The search was conducted using English keywords relevant to the topic, including domestic violence, IPV, intimate partner abuse, spouse abuse, sexual abuse, intervention, and Iran. These keywords were combined with Boolean operators such as "AND," "OR," and "NOT" to find all relevant articles or exclude those with specific identified keywords. The search was performed in reliable databases, including Google Scholar, Scopus, and PubMed. Additionally, Persian keywords such as domestic violence and wife abuse were used in the country's databases, including Elmnet, Noormags, the Scientific Information Database (SID), Civilica, and Magiran. The inclusion criteria were: 1. Intervention studies where education using a model or theory aimed at preventing or reducing IPV is their main intervention; 2. Studies conducted in Iran; 3. Studies published between January 1, 2000, and the end of December 2023; 4. Studies for which full text is accessible. The exclusion criteria were: 1. Descriptive, qualitative, and review studies, as well as theses and unpublished studies.

Results: Out of a total of 289 identified articles related to the topic, only five articles have used models and theories of health education and health promotion in their interventions from 2000 to September 2023.

Conclusion: Health education models and theories can effectively reduce IPV; however, in Iran, there is a lack of investigation into IPV as a public health issue, which has led to the underutilization of interventions based on health education and promotion theories.

Keywords: Health education, Theories, Intimate partner violence (IPV), Intervention

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Introduction

Family is often thought of as a haven of safety and happiness; however, domestic violence is part of the experience of many family members, including women [1]. The most common form of violence experienced by women globally is intimate partner violence (IPV) [2]. IPV refers to violence or behavior by an intimate partner or ex-partner that causes physical, sexual, or psychological harm [3].

The recognition of IPV as a social problem gained widespread attention in the 1970s, following a history of being regarded as a private issue that did not merit investigation or concern beyond the confines of the family. From a feminist perspective, wife abuse is more similar to rape and sexual harassment than to other forms of family violence [4]. IPV encompasses physical violence, emotional abuse, forced sexual activity, or other forms of controlling behavior that can result in physical, emotional, or sexual harm to the victim [5]. The World Health Organization (WHO) estimates indicate that globally, approximately one in three women have experienced physical and/or sexual IPV or non-partner sexual violence in their lifetime [6]. The percentage of violence against women in all countries—even in developed countries that have established strong laws to prevent violence—is concerning [7]. However, many women prefer to remain silent in the face of violence and even attempt to hide it [8].

Various studies have estimated the prevalence of domestic violence in Iran to range from 27% to 83% [9-11]. In a study in 2019, almost all (98.8%) participants stated that they had been exposed to a type of violence at least once. The prevalence of psychological violence was 80.8%, while verbal violence was reported at 95.4%. Physical violence occurred in 28.8% of the participants. Additionally, economic violence was reported by 45%, sexual violence by 28.3%, and all types of violence leading to injury occurred in 14.6% of the participants [12].

Today, IPV is a major obstacle to attaining social development purposes in society due to gender inequality. As a risk factor, IPV has adverse effects on women's health both directly and indirectly [12]. All forms of domestic abuse have one goal: To control the victim and to maintain and continue this control [13]. In addition, violence against women poses a barrier to achieving development goals, and the associated economic implications further emphasize the significance of addressing issues related to violence against women [14].

Failure to resolve marital disputes and conflicts leads to the intensification of these unresolved problems during subsequent periods, and many couples do not even realize that most of the strategies they employ to deal with marital conflicts are somehow associated with physical violence, particularly emotional violence [15]. The reality is that, in many cases, violence is situational and bilateral; when a couple finds themselves in a conflict situation, they perceive violence as the only solution [16].

Numerous physical, psychological, and social injuries and even suicide have been reported as adverse effects of IPV [17]. Unfavorable health conditions, low quality of life, and increased use of health and medical services are also among the effects of violence. However, the impact of this destructive violence on the future generation is more destructive than it seems [18].

Studies targeting women indicate that interventions, such as education, support, counseling, and psychology have effectively reduced domestic violence cases against women [2, 19]. Teaching methods for dealing with men can assist abused women in managing their partners' anger and in preventing or reducing violent behavior. Strategies such as avoiding confrontation, engaging in discussions after calming down, using positive language, seeking help and guidance from family elders, and visiting counseling centers are effective and efficient coping methods [20]. Studies in the field of couple therapy show that education and therapeutic interventions among couples have led to an increase in the quality of relationships, emotion regulation, improvement of attachment, receiving support and compassion, satisfaction with life, greater tolerance of turmoil, and an increase in the quality of married life [21]. However, a study conducted in Iran reported no change in the frequency of violence following educational intervention [22].

There is nothing more practical than a good theory [23]. Research has shown that effective educational programs are based on theory-based approaches. The use of behavior change models and theories increases the possibility of increasing the effectiveness of health education programs and helps to identify individual characteristics and the surrounding environment that affect behaviors [24]. The effectiveness of health education programs is increased by using behavior change theories and models [25]. In recent decades, health education models have been used to achieve large-scale behavioral change [26]. Several theories and models have been used in the world to control and reduce domestic violence against women [27, 28]. One of the key strategies in promoting health is to empower individuals within the community, which involves enhancing community ownership and control over their own destiny.

Table 1. Interventions focused on health education theories and models

Author, Year, City	Model/Theory	Type of Study	Target Population	Tool(s)	Interventions	Result(s)
Soleiman Ekhtiari et al. 2013, Tehran [26]	PRECEDE-PROCEED	Interventional	510 teenage girls living in the 17 th district of Tehran who were randomly divided into two groups of 255 people, intervention and control	A researcher-made questionnaire based on the stages of the PRECEDE-PROCEED model	Conducting lectures to enhance knowledge, holding focus group meetings to change attitudes, implementing role-playing exercises to modify behavior, providing support and training for school counselors to strengthen enabling factors, and introducing free counseling centers to improve accessibility	The results showed that the mean behavior score variable in the intervention group, immediately after the intervention and two months later, indicated a statistically significant increase compared to the baseline and the control group
Ezzati Rastegar et al. 2021, Hamadan [8]	PEN3	Randomized control trial	150 pregnant women living in the poor areas of Hamadan were randomly divided into two groups (intervention group: 50 people and control group: 100 people).	A researcher-made questionnaire based on the PEN3 model	Five training sessions focusing on familiarization with violence and its triggers, empowerment in the development of communication skills, and guidance on seeking advice and assistance when necessary	The results showed that the post-test scores for knowledge, communication skills, family support, and social expectations of obedience among the victims in the intervention group were significantly higher than those in the control group. Additionally, physical, psychological, and sexual violence were reduced in the experimental group compared to the control group.
Garmaroudi et al. 2015, Tehran [25]	Health belief model	A randomized controlled clinical trial	242 female students of the 8 th district of Tehran who were randomly divided into two intervention and control groups	A researcher-made domestic violence questionnaire	Three sessions of 45 minutes over the course of a month, covering the topics of the definition and types of violence, symptoms, and ways to prevent and control anger based on the health belief model.	The results showed that two months after the end of the study, knowledge, perceived severity, perceived sensitivity, perceived benefits, and perceived barriers to preventive behaviors against domestic violence had increased significantly in the intervention group.
Taghdisi et al. 2014, Gorgan [29]	Empowerment	A pre- and post-assessment intervention without a control group	91 women covered by the Imam Khomeini Relief Committee of Gorgan, who were randomly selected	A researcher-made questionnaire based on the constructs of the empowerment model	Training based on the theory of self-efficacy delivered in three 60-minute sessions using various methods, including group discussions, question-and-answer sessions, counseling, practical demonstrations, short lectures, pamphlets, and guidance	Additionally, the results indicated that the frequency of violence against participating women had decreased significantly after the intervention compared to before.

Author, Year, City	Model/Theory	Type of Study	Target Population	Tool(s)	Interventions	Result(s)
ZarbaF et al. 2023, Kerman [35]	IMB model	A randomized, clinical trial	81 married women in Kerman, aged between 18 and 45, who met at least one of the criteria for violence against women regarding contraceptive methods according to the WHO checklist, were divided into three groups of 27 individuals each (control, psychoeducational counseling, and IMB method).	The research tool consisted of demographic information, a checklist for evaluating the contraceptive method requested by the spouse (WHO), and a specialized researcher-made questionnaire on contraceptive methods and sexual satisfaction.	Three online counseling sessions were conducted for the psychoeducational group, while four sessions were held for the IMB group. The control group received routine care.	The results showed that there was no statistically significant difference between the intervention and control groups, and the IMB method impacted men's sexual satisfaction but did not lead to any changes in the contraceptive method.



Empowering communities and strengthening individuals is one of the key strategies in promoting health, as it increases their ownership and control over their destiny [29]. Since domestic violence is known as one of the priorities and determinants of health in Iran [30], and given numerous studies and actions carried out in Iran have not positively impacted the reduction of IPV [31], the effectiveness of health education programs largely depends on the proper application of health education theories and models. Therefore, health education and health promotion specialists need to utilize behavior change theories and models. In this study, an attempt was made to identify studies in Iran that have used health education models and theories in their interventions to reduce or prevent IPV.

Methods

This is a narrative review of published articles on the application of health education models and theories in interventions against IPV targeting women in Iran. In this study, English keywords related to the subject, including domestic violence, IPV, spouse abuse, partner abuse, battered abuse sexual, intervention, theory/model, and Iran were used. These keywords were combined with Boolean operators such as “AND,” “OR,” and “NOT” to identify all relevant articles or exclude those with identified keywords. The search was conducted in reliable information databases, including Google Scholar, Scopus, and PubMed. Additionally, Persian keywords, such as domestic violence, wife abuse, intervention, and Theory/Model were searched in national databases, including the ElmNet, Magiran, Noormags, Scientific Information Database (SID), and CIVILICA.

The inclusion criteria were as follows: 1) Intervention studies where education using a model or theory aimed at preventing or reducing IPV is the primary focus; 2) Studies conducted in Iran; 3) Studies published between January 1, 2000, and December 31, 2023; 4) Availability of the full text. The exclusion criteria were: Descriptive, qualitative, and review studies, as well as theses and unpublished studies.

Results

The process of selecting studies was as follows: First, 289 articles were extracted and entered into EndNote software, version 20 through database searches. Then, 249 articles were removed due to being repetitive or unrelated to the purpose of the study, and the titles and abstracts of 39 articles were reviewed. Thirty-one articles were excluded for not using a model or theory, and three articles were excluded due to the lack of an intervention using a model or theory. Finally, according to the inclusion and exclusion criteria, five articles were included in the study (Figure 1). One article was dedicated to predicting partner violence against spouses using the BASNEF model [32]. Two articles were excluded from the study due to using the PRECEDE- PROCEED and PEN3 models only to identify factors affecting domestic violence [33, 34]. Most of the studies and published interventions were based on training and skill development for women, utilizing methods to increase women's self-efficacy, change women's perceptions and motivations, cognitive behavioral therapy, coping therapy, Gestalt therapy, monotheistic integrated psychological intervention, spiritual counseling, resilience building, teaching life and communication skills, anger control,

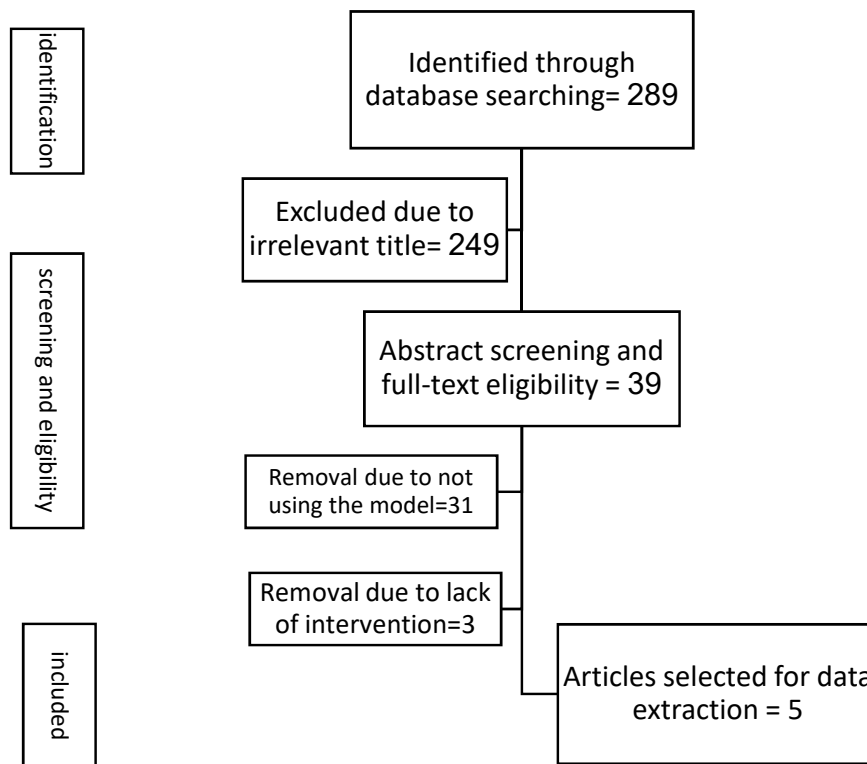


Figure 1. Flowchart of the study selection process



group therapy, couples therapy, social inoculation, family empowerment, adaptation, emotion regulation, patronage, and assistance.

All the final articles included in the study process were prepared for extraction using a pre-prepared checklist. The checklist included the name of the first author, the model or theory used, the type of study, the target group of the intervention, the tools used, and the results (Table 1).

The intervention target group in model-based studies: The intervention target group in the studies by Soleiman Ekhtiari et al. [26] and Garmaroudi et al. [25] included high school students covered by the Imam Khomeini Relief Committee. The study focused on the dignity of pregnant women and the sanctification of women.

Type of intervention: The sanctification study was a before-and-after intervention without a control group, while the other three studies were clinical trials with a control group.

Content of training and intervention: The training programs consisted of 3-5 face-to-face sessions, each lasting 45-60 minutes. The content included familiarization with types of violence, triggers of violence, prevention,

and coping strategies, how to ask for help when necessary, and the empowerment of participants' communication skills. These were the most important subjects covered in the training sessions.

Effectiveness of interventions: The study by Soleiman Ekhtiari et al. [26], which was conducted using an intervention based on the PERECEDE-PROCEED model, showed that the average score of preventive behavior against domestic violence, as well as awareness and motivation to change behavior, and enabling and strengthening factors in the intervention group, significantly increased two months after the interventions compared to the beginning of the program and the control group. In Garmaroudi et al.'s study, which was conducted using an intervention based on the health belief model, the average scores for awareness, perceived sensitivity, perceived severity, perceived benefits and barriers, and behavior in the intervention group significantly increased three months after the training. However, the mean scores for the guide for action and self-efficacy did not show significant differences compared to before the training and the control group. The study by Ezzati Rastegar et al., which was planned and implemented based on the PEN3 model, introduced the intervention group to violence and

its driving factors, as well as the development of communication skills, counselors, and supportive environments over five training sessions. After three months of educational intervention, the levels of physical, psychological, sexual, and economic violence in the intervention group decreased compared to before the training and the control group, although this difference was statistically significant only for sexual violence [8]. In the study by Taghdisi et al., which was conducted based on the empowerment model, participants showed significant increases in knowledge, attitude, self-efficacy, and self-esteem, along with a significant decrease in the incidence of violence [29]. However, in the study by Zarbaf et al., the use of the model did not show a significant change in the reduction of contraception violence [35].

Discussion

The summary and analysis of the results of the studies showed the importance and effectiveness of interventions based on primary prevention or the reduction of domestic violence against women.

Domestic violence is a hidden threat and a complex, difficult, and widespread issue that we face in our lives. It affects people, especially women and girls, physically, psychologically, or socially, and is often perceived as uncontrollable. Actions and recommendations for addressing violence against women have been provided by world assemblies and international conventions, which primarily emphasize protective measures (such as the establishment of special centers, shelters, financial support, and social emergency services), legal frameworks, and educational and advisory initiatives. It is worth noting that, firstly, the solutions to deal with violence are in accordance with the specific culture of the West, and secondly, despite the efforts and measures taken, the incidence of violence against women has not decreased in these countries [36]. Given that multiple factors contribute to violence against spouses, preventive interventions should be as comprehensive and thorough as possible [37].

Rasulian et al. have proposed a model in Iran to prevent and reduce spousal abuse in the primary healthcare system [38]. Despite the emphasis in various studies on interventions targeting men [39-41], the studies conducted in Iran have primarily focused on interventions involving women, or in some cases, in the form of two-person counseling (woman and man). No interventions have been found that were implemented solely for men. Although couple-based interventions for other problematic antisocial behaviors, such as substance abuse, are quite effective as a treatment component, they are

widely frowned upon in the context of IPV and often viewed as victim-blaming [42]. However, the results of previous studies showed that in cases where couples are committed to staying together, couple-based therapy can be effective in reducing IPV [43]. The results of couple therapy interventions in Iran have also been reported as favorable. Considering the role of religion and spirituality in addressing issues related to domestic violence [44], there have not been many studies conducted in our country that incorporate spiritual and religious interventions. Despite the demonstrated effectiveness of health education models and theories in addressing health problems and the use of various models [45], such as the theory of reasoned action [27], the theory of planned behavior [46, 47], the stages of change model [48], and the theory of diffusion of innovation, the use of these frameworks remains limited in the context of IPV.

Few studies have been conducted in Iran to reduce or control violence against women using theoretical frameworks. The purpose of these models is to help identify and understand the effective factors influencing behavior and to determine how these factors operate [49]. The effectiveness of health education programs depends on the appropriate application of theories and models in health education [50]. Among the five studies found that were conducted based on intervention theories and models, two studies by Soleiman Ekhtiari et al. and Garmaroudi et al. were implemented with student populations. Given the age range and the importance of schools and universities in shaping culture, these studies could also be conducted at the university level. In addition to lectures, the studies by McFarlane et al. used other methods in their interventions, which seem appropriate considering the greater effectiveness of combined methods in interventions, especially education that includes role-playing and the distribution of pamphlets [51, 52]. The improvement in the performance of participants in the intervention group in Soleiman Ekhtiari et al.'s study [26], compared to the baseline and control groups, is consistent with El-Kest et al.'s study [53]. Furthermore, the significant increase in knowledge, perceived severity, perceived sensitivity, perceived benefits and barriers, and preventive behaviors against domestic violence in the intervention group compared to the control group in Garmaroudi et al.'s study aligns with the findings of Burke [54].

Despite the fact that the information-motivation-behavioral (IMB) model was introduced as an effective intervention factor and predictor of behavior in the studies by Fisher et al. [55] and Mittal et al. [56], the study by Zarbaf et al. found no statistically significant difference between the intervention and control groups after the in-

tervention [35]. This lack of difference may be attributed to the cultural differences between societies. The ultimate goal of interventions is to reduce violence against women by an intimate partner; however, in the studies by Soleiman Ekhtiari et al. and Garmaroudi et al., almost all participants were single, making it practically impossible to measure this goal [25, 26]. Also, this review did not include any studies that demonstrated the participation of trustee organizations, such as those related to sports and youth, welfare, etc. In general, the results of the present study also showed that the use of health education models and theories to reduce and prevent IPV against women in Iran has been effective, which is consistent with findings from studies conducted abroad.

Conclusion

The use of interventions based on models and theories of health education and health promotion is effective in preventing and reducing IPV. The theory of planned behavior, the theory of reason action, the PERECEDE-PROCEED model, the health belief model, the BASNEF model, the PEN3 model, and other planning and behavior change models can be used to address IPV in Iran. However, due to the ineffectiveness and lack of positive impact of some interventions in Iran, IPV has not been significantly reduced. It is suggested that future studies be conducted based on various theories and models of health education, involving both sexes and different age groups, with the participation of relevant organizations and custodial offices. Furthermore, the failure to investigate IPV in Iran as a public health issue, along with its study by psychologists and sociologists, has led to the limited use of models and theories of health education and health promotion.

Study limitations

Based on the search strategy employed in the study, we included all studies with available full texts in English and Persian that investigated the interventions in both control and intervention groups. Additionally, we excluded articles published in preprint databases due to a lack of peer review.

Ethical Considerations

Compliance with ethical guidelines

No ethical considerations were considered in this research.

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Authors' contributions

All authors equally contributed to preparing this article.

Conflict of interest

The authors declared no conflict of interest.

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