Women's Perception Regarding Domestic Violence

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ABSTRACT: Domestic violence is a serious public health problem that is internationally recognized due to its magnitude and the consequences on women's health and widely recognized as a serious violation of human right. **Aim**: The study aimed to assess women's perception regarding domestic violence. **Design**: A quasi-experimental design was applied in this study. **Sample**: convenient sample was equal 139 women. **Setting**: Association affiliated to social affairs (local society development association "women protection project" at Minia City. **Tools**: **1st** interviewing questionnaire covering four parts. demographic characteristic of women and their husbands, women's knowledge about domestic violence, **2nd** women's attitude regarding domestic violence and **3rd** women's reported practice. **Results**: The study results revealed that 57.6% of the studied women had poor knowledge regarding domestic violence, 75.5% had negative attitude regarding domestic violence and 48% of women had moderate level of exposure to domestic violence. **Conclusion**: There was a highly statistically significant positive correlation between total knowledge scores among studied women and their attitude scores. While there was highly significant negative correlation between total knowledge scores attitude scores among studied women and their reported practice scores. Also there was highly significant negative correlation between total practice and total attitude scores. **Recommendations**: Periodic teaching courses for women about hazards and health effects of domestic violence.

Key words: Domestic violence and Women's perception

Introduction

Violence has become a global phenomenon which has weakens deep into the marrow of the family and society as a whole, to the extent that it is sometimes not seen as a societal ill, but rather accepted as a normal occurrence. Domestic violence is 'misuse of power by a husband or intimate partner against a woman, resulting in a loss of dignity, control and safety as well as a feeling of powerlessness and entrapment experienced by the woman [1].

Violence against women occurs in all countries of the world and remains one of the most serious unresolved problems of our time. Despite progress in the development of international legal norms, standards and principles, the creation of international legal and political structures that monitor the various forms and types of violence committed both in public places and in the family, progress in reducing the level of violence against them is small [2].

Domestic violence is one of the most common types of violence against women that exists in all societies and among rich as well as poor women. The term domestic violence refers to the abuse taking place usually between husband and wife, or between other present or former cohabiting partners. Other terms that are often used to describe domestic violence include: intimate partner violence, battering, wife/ spouse/partner abuse [3].

Domestic violence is the preferred term as it is more descriptive in defining the type of relationship the subjects are involved in—however, it says nothing about the direction of this violence. Even though this is one of the most common forms of violence directed at women, the term domestic violence needs to be made specific by adding ''against women'' to exactly describe the phenomenon [4].

Domestic violence is a serious and widespread problem worldwide. Apart from being violations of human rights, they profoundly damage the physical, sexual, emotional, mental and social well-being of women and families. The immediate and long-term health outcomes that have been linked to these types of violence encompasses physical injury, unwanted pregnancy, abortion, gynecological complications and sexually transmitted infections (including HIV/AIDS). There are also a number of pregnancy-related complications such as miscarriage, premature labour and low birth weight associated with violence during pregnancy. In addition, high-risk behaviors such as smoking, harmful use of alcohol and drugs are significantly more frequent among victims of intimate partner violence [5].

Domestic violence is now well recognized as a public health problem and human rights violation of worldwide significance. It is an important risk factor for women's ill health, with far reaching consequences for both their physical and mental health. There is a

need to know better about the magnitude and nature of different forms of violence against women. Clear definitions are needed to be able to compare information across studies and to generate a knowledge base that will allow identify the various and overlapping ways in which violence against women occurs and what actions may serve to prevent it and respond to its consequences [1].

Intimate partner violence against women can be exercised either as physical, sexual, psychological violence, or any combination of these. Studies from United States of America (USA) and Mexico, estimated that 40%–52% of women experiencing physical violence by an intimate partner have also been sexually coerced by that partner. Battering as a separate category of partner abuse distinguished from physical assault by its longstanding, continuous nature and battering has been defined as ''a process whereby one member of an intimate relationship experiences psychological vulnerability, loss of power and control and entrapment as a consequence of the other member's exercise of power through the patterned use of physical, sexual, psychological and/or moral force [6].

Community health nurses could play a central part in raising awareness among the women and community to prevent domestic violence. To openly debate this subject is a way to reduce society's tolerance towards violence against women. There is still limited knowledge about what interventions are most effective for the prevention of domestic violence, however health education and evaluation are keys elements in building knowledge [7].

Significance of the Study:

Violence against women in Egypt, particularly spousal violence, is rooted in the subordinate position of women in the family and society. The stigma against divorced women, for example, puts Egyptian women who had a previous marriage at highest risk of abuse; they are twice as likely as women who are in their first marriage to be physically abused by their husband recently. Poor and less-educated women who generally tend to marry at a younger age are more likely to experience spousal violence than those who marry later and have more education. Gender-based violence is more common among less privileged women [8].

In Egypt, the result of Egypt demographic health survey conducted at 2014 found that more than 1 in 3 women experiencing spousal physical or sexual violence are injuries as a result of the violence and 7 % have serious injuries. Three in 10 ever married women age 15 –

49 years have experienced some form of spousal violence as 25 % of them physical violence, 19% emotional violence and 45% sexual violence [9].

Domestic violence remains a serious and frequent aspect of women's intimate relationships, and women and children suffer health consequences as a result, community health nurses have a significant role to play in working toward the prevention and early intervention of domestic violence [10]. Therefore, this study was conducted to assess women's perception regarding domestic violence.

Aim of the study

The aim of this study to assess women's perception regarding domestic violence:

Research questions:

1. What is the level of women's knowledge about domestic violence?

2. What is the women's attitude about domestic violence?

3. What is the women's reported practice about domestic violence? 4. Is there a relation between demographic characteristics of women and their knowledge, attitude and reported practice about domestic violence?

Subject and Method

Research Design:

A Quasi-experimental study design was applied to achieve the aim of this study.

Settings:

The study has been carried at associations affiliated to social affairs (local society development association **"women protection project"** at El Minya City).Which chosen due to introducing many services for women. Local society development association have consulting and supporting office for women which provide guidance, counseling and hosting for battered women, social services including assist women to participate in the (Takaful and Karama program & Hayat Karima program) of social affairs. Also, provide services such conduct educational and training courses to women. Total number of attendance to an association during 2019 - 2021 equal 350 women.

Subjects:

A convenience sample was used in this study. The sample was equal 139 women attended at the association (women at local society development).The calculation of sample size done based on power analysis.

The sample size was calculated based on:

$$N = \frac{N \times p\,(1-p)}{\{N-1 \times (d^2 \div z^2)\} + p\,(1-P)\}}$$

- **Type I error with significant level (α) = 0.5.**
- **Type II error by power test (1-B) = 95%.**

Which:

- **n= Sample size**
- **N= Total population (350 women)**
- **Z= 1.96**
- **d= Error level 5%**
- **p= 0.5.**
- **Sample size: 139 [11].**

Tools for data collection:

Data was collected using the following tools:

1st Tool: A structure interviewing sheet (appendix I) was designed based on literature review and approved by supervisors. It was written in simple Arabic language and consists of two parts:

Part I Demographic characteristics of the women and their husbands include age, educational level, marital status, place of residence, occupation and monthly income it composed of 10 closed/ended questions (Q1:Q10).

Part II: Concerned with women's knowledge about domestic violence such as meaning, causes, types, risk factor, manifestations, physical effect, psychological effect, sexual effect of domestic violence, reasons of women silence to violence and the best solutions to stop domestic violence. It covering items from (Q11:Q20).

Scoring system: The Women's knowledge was checked with a model key answer and accordingly. Women's knowledge was categorize into "complete answer was scored with 2 grade, incomplete answer was scored with 1 grade and don't know was scored zero". Total scores were 20 grades for 10 items. These scores were be stumped and converted into a percent score. It was classified into 3 categories:

- **Good knowledge** score ≥ 75% (15-20 grades).

- **Average knowledge** score from 50%-<75% (10-<15 grades).

- **Poor knowledge** score <50% (0-<10 grades).

2nd Tool concerned with women's attitude about domestic violence developed by [12]. Including attitude and response of women regarding domestic violence covering 14 items. Including information about the wife should leave her house if husband tried to prevent wife from mixing with others, the husband can beats wife without harmed her if he is excused, mixing with others people makes husband jealous, during a heated discussion it is acceptable to insult husband by word, some men resort to violence as a means of resolving marital problems, it is ok for a husband to hit wife if he is drunk, it is ok for husband asks wife what she does every minute of the day, it is ok for husband to hit wife if she embarrass him, think it is ok for husband to hit wife if he thinks she deserves it, It is no big deal if husband insults wife in front of others, think it is ok for husband to hit wife if he is apologizes to her after that, and women prefer to remain silent on the violence against them for psychological and social reasons. It include question from (Q21:Q34).

Scoring system: Each item was evaluated as Likert scale "Agree, Neutral and disagree" 3, 2, 1 respectively, total scores was 42 point for 14 items. The scores of each item summed up and then converted into a percentage score. It classified into 2 categories:

- **Positive attitude:** if score ≥ 60% (26-42 grades).

- **Negative attitude**: if score < 60% (14<26 grades).

3rd Tool: Concerned with women's reported practice about domestic violence [13]. Which consist of 19 items for controlling behaviors by husband covering 6 items, psychological violence covering 4 items, physical violence covering 6 item, and sexual violence covering 3 item.

Contain four sections from (Q35:Q53).

The first section included controlling behavior by husband which include keeping wife from seeing friends, blocking connection to her family, insisting on knowing where woman is at all times, ignoring or treating wife indifferently, getting angry if woman speaks with other men and controlling her access to health care. It covering 6 items from (Q35:Q40).

The second section included psychological violence which includes being insulted or made to feel bad about oneself, being humiliated in front of others, being intimidated or scared on purpose and being threatened with harm the respondent or hurt some one cared about. It covering 4 items (Q41:Q44).

The third section included physical violence which includes slapped wife, thrown something that could hurt her, pushed or shoved wife, hit with a fist or something else that could hurt her, choked or burnet her on purpose, threatened wife with or actually used a gun, knife or other weapon against her. It covering 6 items (Q45:Q50).

The fourth section included sexual violence, which include being physically forced to have sexual intercourse against her will, having sexual intercourse because woman afraid of what husband might to do and being forced to do something sexual she found degrading or humiliating. It covering 3 items (Q51:Q53).

Scoring system women's reported practice designed to be answered by always, sometimes and never. Scores of each item ranged from three to one (always=3, sometimes=2 and never=1) respectively. Total scores were 57 grades for 19 items. The scores of each item summed up and then converted into a percentage score. It classified into 3 categories:

- **High level of exposure:** $\geq 75\%$ (43-57 grades).
- **Moderate level of exposure:** 50% - <75% (29-<43 grades).
- **Low level of exposure:** < 50% (19-<29 grades).

Validity:

The validity of the tool was tested through a panel of three experts from Community Health Nursing Faculty Staff to review relevance of the tools for, comprehensiveness, accuracy, understanding and applicability.

Reliability

Testing the reliability of the tools through Alpha Cronbach Reliability analysis.

Items	No. of items	Alpha Cronbach	F	p-value
Women's knowledge regarding domestic violence	10	0.857	3.251	.007**
Women's attitude regarding domestic violence	14	0.870	3.500	.000**
Women's Reported practice regarding domestic violence	19	0.896	3.722	.000**

Ethical consideration:

Ethical consideration was gained from scientific ethical committee of Helwan University; in addition to verbal and written informed consent was be attained from each participant prior to data collection they were be assured that anonymity and confidentiality were be guaranteed and the right to withdraw from the study at any time. Ethics, values, culture and beliefs were respected.

An official permission approval was obtained from the Dean of Faculty of Nursing at Helwan University and official permission from the director of local society development association "women protection project" to conduct the study. This letter included a permission to collect the necessary data and explain the purpose and nature of the study.

Statistical analysis:

Data collected from the studied sample was revised, coded and entered using Personal Computer. Computerized data entry and Statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 24. Data were presented using descriptive statistics in the form of frequencies, percentages. Chi-square test (X2) was used for comparisons between qualitative variables. Spearman correlation measures the strength and direction of association between two ranked variables.

Quantitative data were expressed as mean ± SD (standard deviation). Pearson correlation coefficient used to calculate correlation between quantitative variables. The significance level for all above mentioned statistical tests done. The threshold of significance is fixed at 5% level (P-value). P value of >0.05 indicates non-significant results. P-value of <0.05 indicates significant results. P-value of <0.01 indicates highly significant. The main result of a correlation is called the correlation coefficient (or "r"). It ranged from -1.0 to 1.0. The closer "r" is to +1 or -1, the more closely the two variables are related.

Significance of the results:

Highly significant at p-value < 0.01

Statistically significant was considered at p-value <0.05

Non-significant at p-value>0.05

Results

Table (1) shows that, 37.4% of the studied women their age ranged between 30<40 years, the mean of age was 36.29 ± 5.7 year. In relation to the educational level of the women under study was 33.1% of them had secondary education. As regard to marital status, 76.3% of the studied women were married. Concerning places of residence, 52.5% of them residing in rural areas. Regarding occupation, 71.2% of the women were housewife. In addition, 71.9% of the women their monthly income was not adequate.

Figure (1) shows that, 57.6%, 18% and 24.4% of the studied women had poor, average and good knowledge regarding domestic violence before the program, respectively.

Figure (2) clarifies 75.5% and 35.3% of studied women had negative and positive attitude respectively.

Figure (3) shows that, 28.1%, 48.9% and 23% of the studied women had low level, moderate level and high level of exposure to domestic violence respectively.

Table (2) shows that, there were highly statistically positive correlation between total knowledge scores among the studied women's regarding domestic violence and their attitude scores (P= < 0.01).

Table (3) shows that, there were highly statistically negative correlation between total knowledge scores of the studied women's regarding domestic violence and their reported practice scores (P= < 0.01).

Table (4) shows that, there were highly statistically negative correlation between total reported practice scores of the studied women's regarding domestic violence and their total attitude scores (P= < 0.01).

Table (1): Frequency distribution studied women related to their demographic characteristics (n= 139).

Demographic characteristics for women	No.	%
Age / year		
20-<30	42	30.2
30-<40	52	**37.4**
40-<50	30	21.6
≥ 50	15	10.8
Mean ± SD 36.29 ± 5.7 year		
Educational level		
Not read and write	34	24.5
Read and write	20	14.4
Basic education	18	12.9
Secondary education	46	**33.1**
University and more	21	15.1
Marital status		
Married	106	**76.3**
Divorced	33	23.7
Residence		
Urban	66	47.5
Rural	73	**52.5**
Occupation		
Work	40	28.8
Housewife	99	**71.2**

Monthly income		
Adequate	30	21.6
Not Adequate	100	**71.9**
Adequate and save	9	6.5

Figure (1): Percentage distribution of the studied women according to their total knowledge scores about Domestic Violence (n=139)
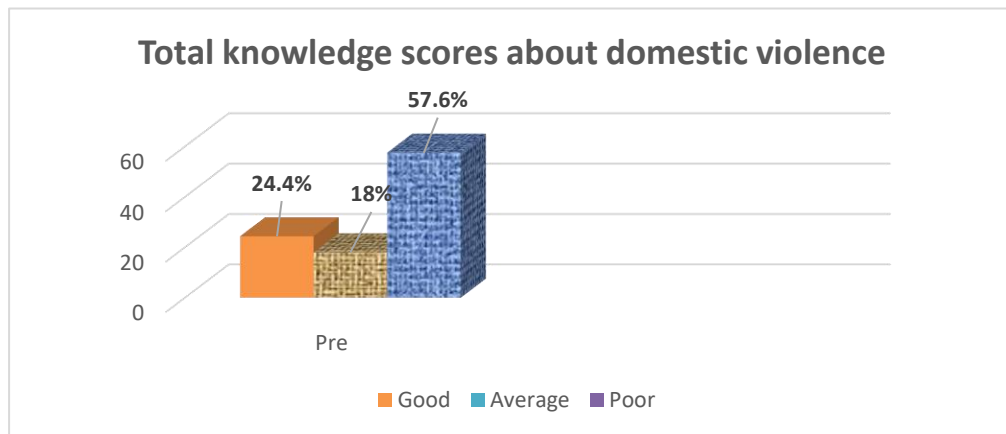

Figure (2): Percentage distribution of the studied women according to their total attitude regarding Domestic Violence (n=139).
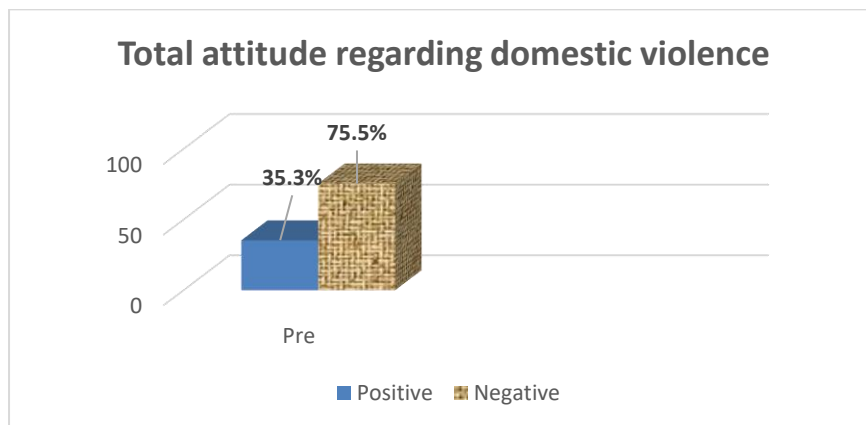

Figure (3): Percentage distribution of the studied women according to their total reported practice regarding Domestic Violence (n=139).
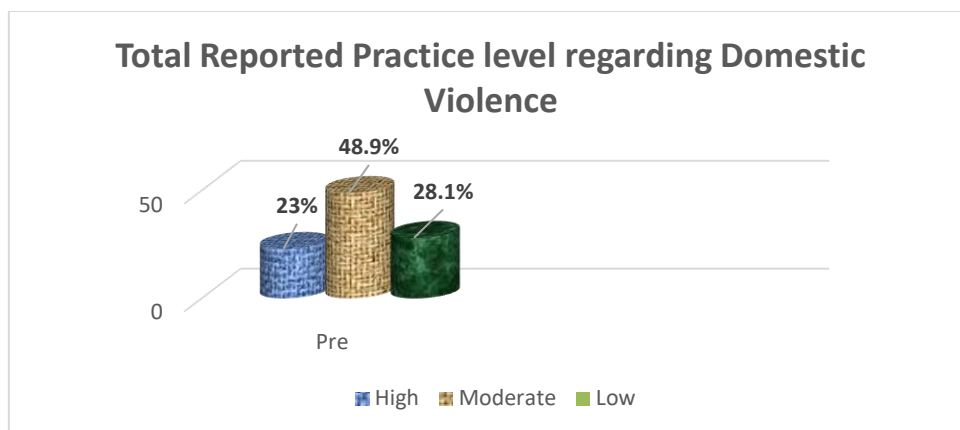
Table (2): Correlation between women's' knowledge and their attitude towards domestic violence.

Variables		Levels of total knowledge						X2	P-Value
		Good (n=34)		Average (n=25)		Poor (n=80)			
		NO	%	NO	%	NO	%		
Total attitude	Positive	34	100	15	60	0	0.0	14.62	.001**
	Negative	0	0.0	10	40	80	100		
Pearson correlation coefficient		r=.395 p= .000**							

**highly significant at p ‹ 0.01.

r=Correlation Coefficient

Table (3): Correlation between women's' knowledge and their reported practice towards domestic violence

Variables		Levels of total knowledge						X2	P-Value
		Good (n=34)		Average (n=25)		Poor (n=80)			
		NO	%	NO	%	NO	%		
Total reported practice	High	0	0.0	0		32		13.05	.005**
	Moderate	0	0.0	20		48			
	Low	34	100	5		0	0.0		
Pearson correlation		r= -.359 p= .001**							

coefficient			

**highly significant at p ‹ 0.01.

r=Correlation Coefficient

Table (4): Correlation between women's' attitude and their reported practice towards domestic violence.

Variables		Levels of total reported practice						X2	P-Value
		High (n=32)		Moderate (n=68)		Low (n=39)			
		NO	%	NO	%	NO	%		
Total attitude	Positive	0	0.0	10		39		16.08	.000**
	Negative	32		58		0			
Pearson correlation coefficient		r= -.368 p= .000**							

**highly significant at p ‹ 0.01.

r=Correlation Coefficient

Discussion

Violence against women is widely recognized as an important public health problem, owing to its substantial consequences for women's physical, mental and reproductive health. Domestic violence against women is universal phenomenon that persists in all countries of the world and a major contributor of ill health of women. The social, sexual, reproductive health and wellbeing of millions of individuals and families is adversely affected by violence [14].

Violence against women is increasing global problems, which require actions and rules to alleviate its psychosocial consequences. Interventions for preventing or reducing domestic violence against women through domestic violence screening accompanied by key therapeutic interventions, such as counseling, psychotherapy and education, consultation with stakeholders, with the choice of the method being based upon what is locally feasible and acceptable [15]. Therefore, the aim of this study to assess women's perception regarding domestic violence.

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The present study finding showed that, more than one third of the studied women their age ranged between 30-<40 years with the mean age was 36.29 ± 5.7 year. This result was approved with the study performed by [16] in Egypt on entitled as *"Prevalence and predictors of intimate partner violence among married women in Egypt"* and showed that 37.8% of the studied women their age ranged between 30-<40 years**.** In the same field, this result was similar with the result of study performed by [17] in Riyadh, Saudi Arabia on 720 women entitled as *"Prevalence and risk factors of domestic violence against women attending a primary care center''* who stated that, more than one third of women under study their age ranged between 30-<40 years. From the investigator point of view, this result might be due to this age group considered high risk for exposure to domestic violence.

Regarding to women's educational level is considered one of the decisive and highly influential factors in dealing with domestic violence. The present study showed that, about one-third of the studied sample had secondary education. This result was congruent with [18] in Tanzania on 403 women and entitled as *" Knowledge, experience and perception of gender-based violence health services: a mixed methods study on adolescent girls and young women"* whose mentioned that 33.8% of the studied women had secondary education. These results may be due to the different culture of the community and the different concept of women's education in society

Regarding to marital status, the present study illustrated that more than three quarters of the studied women were married. This result was consistent with result of [19] in Tanzania carried out on 1049 women entitled as *"Prevalence of intimate partner violence and abuse and associated factors among women enrolled into a cluster randomized trial in northwestern Tanzania"* whose proved that 78% of participants were married. From the investigator point of view, these results might be due to that women whose getting married at young ages and are deprived of education and social insurance due to early marriage are exposed to domestic violence more than women whose complete their education and getting married in adulthood.

Regarding to residence and occupation, the present study findings reported that, more than half of the studied women residing in rural areas and less than three quarters of them were housewife. This finding was similar with the study done by (20). in Bangladesh on 510 women entitled as "Prevalence and associated factors of intimate partner violence (IPV) against women in Bangladesh amid COVID-19 pandemic" and revealed that the majority 69.80% of the participants were from rural area and (71.96%) of them were unemployed or housewife.

Moreover, this finding was approved with result of study done by [21]. whose carried out study in Riyadh, Kingdom of Saudi Arabia on 1883 women entitled as " social determinants of domestic violence among Saudi married women" and reported that The majority (83.6%) was married and 60% were housewives and 34% of studied women have intermediate and secondary education. On the other hand, this finding incongruent with study done in Turkey on 762 women by [22]. whose conducted study about *"Determination of the factors affecting sexual violence against women in Turkey"* and reported that less than three quarters of the studied women living at urban areas. From investigator point view, these results might be due to different social beliefs which play an important role such as prevent women's work outside home or considering women's work inappropriate or unnecessary.

Concerning to monthly income, the present study illustrated that less than three quarters of the studied women their monthly income was not adequate. This result was approved with the study done in Brazil on 1046 women by [23]. entitled as *"Effects of socioeconomic status and social support on violence against women"* whose stated that 71.4% of women were housewife. Also, 71,4% of them their monthly income were not adequate. From investigator point of view, these results might be due to high standard of living and high prices of products which makes family income not adequate.

Regarding to total knowledge about domestic violence, the current study showed that more than half of the studied women had poor knowledge about domestic violence. This finding was consistent with [24]. in their study which conducted in Sahneh city, Iran on 274 pregnant women about "The effect of family-based counseling intervention on domestic violence in pregnant women referring to health centers" and revealed that, showed that more than half of the studied women had poor knowledge about domestic violence. This result might due to lower level of education among women which reflected in their poor knowledge.

Also, these current results were supported with the study done in Pakistan on 1325 pregnant women by [25]. whose conducted study entitled as "Women's perceptions and experiences of domestic violence" whose stated that, less than two thirds of the studied women had poor knowledge regarding domestic violence.

On other hand, this result was disagreement with the finding from study in Nepal on 127 women by [26]. about *"Knowledge and experience of domestic violence among women in Jaimini municipality of Baglung"* and stated that more than ninety percent respondents had a high level of knowledge about domestic. This discrepancy could be due to a difference in the tools used to assess knowledge level and educational level among studied sample.

Regarding total attitude regarding domestic violence, the present study illustrated that there was more than three quarters of studied women had negative attitude. While, more than one third of them had positive attitude regarding domestic violence. These results were consistent with study done by [27]. in England on 181 women entitled as *"Community-based intervention for women exposed to intimate partner violence"* whose stated that, less than two thirds of the studied women had negative attitude regarding domestic violence. These results may due to lower level of education among the studied women was reflected in their attitude in the current study, where negative attitude was more prevalent in those women with lower education level. Also, related to lack of knowledge of their rights guaranteed by law.

Concerning to total reported practice regarding domestic violence psychological was the common. While, sexual was the lowest type of domestic violence. Moreover, less than half of them had moderate level of exposure to domestic violence. These results were approved with the study performed by [28]. in their study conducted in South Brazil entitled as "Emotional, physical and sexual violence against female students undergoing medical, dental and psychology courses" whose reported that half of the studied women had moderate level of exposure to domestic violence practices. From researcher view, this result may be referred to lack of knowledge of women's rights and the legitimacy of their demands is one of the most common reasons that help men to violence.

Related to the correlation between women's' knowledge and their attitude towards domestic violence the current study showed that, there were highly statistically positive correlation between total knowledge scores among the studied women's regarding domestic violence and their attitude scores ($P = < 0.01$). This could be explained as; correct knowledge was higher among women with positive attitude. These results were harmony with study Libyan Migrants in the United Kingdom on 175 women by [29]. about *"Attitudes to and perceptions of domestic violence against women in an Arab community"* who found that there was statistically positive correlation between total knowledge scores among the studied women's regarding domestic violence and their attitude scores. This could be explained as poor knowledge level among women was more encountered among those the women with negative attitude regarding domestic violence.

Regarding to the correlation between women's' knowledge and their reported practice towards domestic violence the current study presented that, there were highly statistically negative correlation between total knowledge scores among the studied women's regarding domestic violence and their reported practice scores ($P = < 0.01$). These results were supported with study done by [30]. in Bihar on 197 women entitled as *"Interventions for preventing violence"*

against women and girls" whose found that good knowledge was higher among women with positive reported practice. This could be explained as high reported practice level among women was more encountered among those women with poor knowledge regarding domestic violence.

Regarding to the correlation between women's' attitude and their reported practice towards domestic violence the current study presented that, there were highly statistically negative correlation between total attitude scores among the studied women's regarding domestic violence and their reported practice scores (P= < 0.01). These results were supported with study conducted by [31]. in Canada on 180 women entitled as *"Promoting wellness and perception of young women experiencing gender-based violence and homelessness: the role of trauma-informed health promotion interventions"* and revealed that there was highly statistically negative correlation between total attitude scores among the studied women regarding domestic violence and their reported practice scores. This could be explained as high reported practice level among women was more encountered among those women with negative attitude regarding domestic violence.

Conclusion

There was **57.6%** of women had poor knowledge regarding domestic violence. As regard to women's attitude findings represented that, **75.5%** of women had negative attitude. Concerning women's reported practice results indicated that, **28.1%, 48%** and **23%** of women had low, moderate and high level of exposure to domestic violence. Moreover, there were statistically significant relation between total knowledge of the studied women and their demographic characteristics (p=<0.05%). Also, there was highly significant positive correlation between total knowledge scores among the studied women regarding domestic violence and their attitude scores. While there was highly significant negative correlation between total knowledge scores among studied women and their reported practice scores. Also, there was highly significant negative correlation between total reported practices scores among the studied women and their total attitude scores regarding domestic violence (p=<0.01%).

Recommendation

On the light of the current study findings the following recommendations are suggested.

- Periodic teaching courses for women about hazards and health effects of domestic violence.

- Continuous implementing educational program for women about prevention and control of domestic violence.

- Further research on a large sample and other settings is needed using multidisciplinary approach.

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