

Research Article

## Age, Low Education and Unemployment are Associated with Intimate Partner Violence among Women

### *Usia, Edukasi yang Kurang, dan Pengangguran Berperan terhadap Kekerasan oleh Pasangan pada Perempuan*

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#### Abstract

**Objective:** To describe the prevalence of violence in women visiting Puskesmas Kecamatan Makassar by their partners and their association with socio-demographic factors and gender role perception.

**Methods:** A cross-sectional study using validated WHO questionnaires was conducted on 141 women visiting Puskesmas Makassar in December 2011 to identify presence of physical, sexual or emotional abuse and women's perception of gender roles. The data was then analyzed using a combination of univariate analysis and Chi-square test.

**Results:** Our study showed that the lifetime prevalence of female abuse in Puskesmas Makassar population was 21.3%, with physical violence constituting 5.7%, sexual violence 6.4% and emotional abuse 17.0% among the subjects. Violence was associated with the wife's demographic factor (age >35 years, education <9 years) and her partner's sociodemographic factors (age >35 years and unemployment). Women's perception of gender role was not significantly associated with prevalence of abuse

**Conclusion:** A woman's age and her partner's age of more than 35 years, an education level of less than nine years, and unemployed partner, were all significantly associated with the lifetime prevalence of female abuse, and was not consistent with gender role beliefs.

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**Keywords:** gender role perception, intimate partner violence, Puskesmas Makassar

#### Abstrak

**Tujuan:** Penelitian ini bertujuan menggambarkan prevalensi kekerasan terhadap perempuan yang mengunjungi Puskesmas Makassar dan hubungan terjadinya kekerasan dengan faktor sosio-demografis dan persepsi terhadap peran lelaki dan perempuan.

**Metode:** Merupakan penelitian cross-sectional menggunakan kuesioner WHO dilakukan pada 141 perempuan yang mengunjungi Puskesmas Kecamatan Makassar Desember 2011. Data dianalisis menggunakan kombinasi analisis univariat dan Chi-square.

**Hasil:** Hasil penelitian menunjukkan lifetime prevalence kekerasan terhadap perempuan di Puskesmas Kecamatan Makassar adalah 21,3%, dengan kekerasan fisik 5,7%, kekerasan seksual 6,4% dan emosional 17,0%. KTP berhubungan bermakna secara statistik dengan faktor demografis istri (usia >35 tahun, pendidikan <9 tahun) dan faktor sosiodemografi pasangannya (usia >35 tahun dan tidak bekerja). Persepsi perempuan terhadap peran sosial lelaki dan perempuan tidak berhubungan bermakna dengan prevalensi KTP.

**Kesimpulan:** Usia perempuan dan pasangan lebih dari 35 tahun, tingkat pendidikan kurang dari 9 tahun dan pasangan tidak bekerja, berhubungan bermakna dengan lifetime prevalence KTP di kalangan perempuan Puskesmas Kecamatan Makassar.

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**Kata kunci:** persepsi peran gender, kekerasan terhadap pasangan, Puskesmas Kecamatan Makassar

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## INTRODUCTION

Violence against women is a significant public health problem and human rights violation with impact in both developed and developing countries. The term violence is a very variable entity, and encompasses physical, sexual, emotional and economic abuse. It is an important risk factor for women's health, with devastating and lasting consequences on both their physical and mental health. It is a severe and preventable public health

problem of epic proportions. The 'Declaration on the Elimination of Violence against Women' adopted by the United Nations General Assembly in 1993 defined violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.<sup>1</sup> According to the Centers for Disease Control and Pre-

vention (CDC), intimate partner violence (IPV) is defined as being inclusive of psychological, physical or sexual harm by a current or former partner or spouse.<sup>2</sup> It may occur between married and unmarried couples and between heterosexual and same-sex couples.

CDC reports showed that about 1 in 3 women in the United States have experienced rape, battering or a certain form of violence by their partner, with nearly half of all women experiencing psychological abuse at some point.<sup>3</sup> A recent multi-country study on domestic violence against women by the World Health Organization<sup>4</sup> in 2005 found widely differing prevalence of violence against women in different settings.<sup>5</sup> Asian women reported 40 to 60% cases of physical and/or sexual violence by their partner during their lifetime, which was higher than the 12.8% rate for Asians and Pacific Islanders in the same national survey. This difference was possibly attributed to under-reporting from language and socio-cultural barriers, raising concern that a larger number of women may be at risk for violence.<sup>5</sup> In Indonesia, a recent study by Hayati in Central Java, Indonesia, found that lifetime exposure to sexual and physical violence among local women was 22% and 11%, respectively.<sup>6</sup>

Many factors exist for gender violence and oppression based on race, ethnicity, age, sexual orientation, gender role and identity, employment, level of education, class position, immigration/refugee status or disability. There is a growing need to better understand and elucidate the magnitude and nature of different forms of violence against women, and the many factors contributing to them. Clear definitions and standardized methods and tools are required to allow comparisons of information across studies and generate a knowledge base that will ultimately serve for identification of factors and actions that may prevent and manage its effects.

There remains a lack of documentation regarding intimate partner violence against women in Indonesia, and the actual number of cases may be under-reported given the lack of facilities and socio-cultural barriers. This study attempts to fill the lack of epidemiological data on violence against women in varying types and degrees. It describes the prevalence of abuse in women visiting Puskesmas Makassar by their partners, whether physical, sexual or emotional in nature. It briefly explores

the socio-demographic factors that may predispose women to acts of violence by their partners. It also reports on the gender role perception among these women and whether such beliefs may correlate to abuse. The constellation of factors in this study may serve as an important milestone in targeted groups of women for violence prevention strategies.

## METHODS

The research design was a cross-sectional survey, aimed to investigate the prevalence of intimate partner violence (physical, sexual and emotional) among women in Makassar Primary Health Care Center in December 2011. The survey was conducted in the Makassar Primary Health Care Center using questionnaire distributed to female patients and healthcare workers. The validated WHO multi-country questionnaire was translated into the Indonesian language and pretested to ensure that the content was culturally appropriate for the setting. The data was collected in December 2011 by five field workers and one female supervisor who could speak the local language and had previous data collection experience.

Women aged 15 to 65 years old living in Kecamatan Makassar were asked to participate in this cross-sectional intimate partner violence survey. Consecutive sampling was conducted, in which the sample was obtained from the female population who visited the Makassar Primary Health Care Center for health services or who were accompanying their family for health care services. Investigators conducted interviews using the WHO Multi-Country study instrument on intimate partner violence. Sample size calculation takes into consideration of the prevalence of female abuse in a study done in Jogjakarta, which is 22%. The required sample size was 66 participants.

Subjects deemed eligible for the study included women of age 15-65 years old, women currently living in Kecamatan Makassar, women having visited the Makassar Primary Health Care Center in December 2011. Exclusion criteria included women outside the age range of 15-65 years, male gender, and who were not cooperative or did not want to take part in the study.

The questionnaire utilized in this study was based on the 5-items Abuse Assessment Screen (21) recommended to be used in a healthcare set-

ting by Centre of Disease Control and Prevention (CDC) and has a documented sensitivity of 93%-94% and specificity of 55%-99%. The validated multi-country questionnaire consisted of several main sections namely, the presence of abuse, sociodemographic variables and attitudes toward gender roles. The presence of emotional or physical abuse was classified as positive if at minimum there was one answer to the questionnaire which was positive. Emotional abuse was defined as any pressure or discomfort caused by another party (in our study, by someone important to the subject), compromising her quality of life. Physical abuse was defined as any physical act that caused harm to the subject, by someone close to or otherwise. This included sexual abuse or the act of forcing sexual interaction on female subjects. Experience of violence referred to physical and sexual abuse by a current or former intimate partner. Woman reported having been slapped, hit by an object, pushed, dragged, kicked, or beaten by her husband was regarded as having experienced physical abuse. Woman physically forced to have sex when she did not want to, or had sex because she was afraid of what her husband might do or had been forced to perform sexually degrading acts was classified as sexual abused.

Lifetime prevalence referred to a woman having experienced one or more of the acts described above at any time during her life. Sociodemographic variables include women's and husband's age and education, number of children, and women's and husband's economical status. Husband's psychosocial and behavioral characteristics included being willing to share his income with his wife and fighting with other men. Attitudes toward gender roles consisted of six statements, with which the women were asked to agree or disagree. The statements included "a good wife obeys her husband", "family problems should only be discussed with a family member", "a man should show who is the boss", "a wife is obliged to have sex with her husband", "a woman should be able to choose her own friends" and "others outside the family should intervene".

Data was then keyed into SPSS and categorized according to different variables. The baseline characteristics (age, education, economic status) of subjects and their perception of gender role were the independent variables, with the presence of abuse as the dependent variable. Data was analyzed using SPSS for Windows version 13.0.5. Statistical out-

come of this study was the prevalence of female abuse in association with perception of gender role and the bivariate analysis according to age, education, economic status, and gender role using Chi-square and Fisher's exact tests.

## RESULTS

The lifetime prevalence of female abuse in our study population was 21.3% (30 cases out of 141 participants). The violence was then further analyzed according to their subtypes, with physical violence constituting 5.7% (8 cases), sexual violence 6.4% (9 cases) and emotional abuse 17.0% (24 cases) among the participants. Two women (1.4%) experienced a combination of physical, sexual and emotional abuse by their partners. Similarly, two women (1.4%) each experienced a combination of physical and sexual, and physical and emotional abuses, respectively. Three women (2.1%) reported sexual and emotional abuse. Isolated incidents showed 2 cases of physical abuse (1.4%), 2 cases of sexual abuse (1.4%), and 17 cases of emotional abuse (12.1%), respectively. Of the 141 total participants, 111 women (78.7%) reported no experience of abuse.

**Table 1.** Frequencies of various types of abuses experienced by women.

Types of abuse	Frequency	Percent
Physical + Sexual + Emotional	2	1.4
Physical + Sexual	2	1.4
Physical + Emotional	2	1.4
Sexual + Emotional	3	2.1
Physical	2	1.4
Sexual	2	1.4
Emotional	17	12.1
None	111	78.7
<b>Total</b>	<b>141</b>	<b>100.0</b>

The mean age of women in our study was 32.8 years, with a range of 16 to 64 years. The mean age of their partners was 37.7 years old, with a range of 16 to 66 years old. The baseline characteristics of the participants and their partners in our study are summarized in Table 3. The women's age and education level, and their partners' age and employment status, were significantly associated with the lifetime prevalence of female abuse in the family ( $p < 0.05$ ). The age group of more than 35

years old, education length of less than nine years, partners' age of more than 35 years old, and partners' unemployment were all positively associated with an increased prevalence of female abuse. On the other hand, women's economic status, number of children, partners' education, sharing of income and partners' history of fighting with other people were not associated with the presence of abuse of women ( $p > 0.05$ ).

In women aged above 35 years old, 35.29% experienced violence compared to 13.33% in women aged below 35 years old ( $p < 0.05$ ). In women with more than 9 years of education, only 13.04% experienced violence compared to 37.5% of women with an education period equal to or less than 9 years ( $p < 0.05$ ). Prevalence of violence in women with unemployed partners were significantly higher than those with employed partners (50.00% vs 19.69%,  $p < 0.05$ ). Women's perception of gender

**Table 2.** Characteristics of women and their partners in relation to exposure to abuse.

Characteristics of woman and her husband		Frequency (n=141)	Presence of abuse		Association with abuse
			Yes	No	
Woman's age	≤ 35 years old	90 (63.8%)	12	78	Age group >35 years old is positively associated with presence of abuse ( $p = 0.02$ )
	> 35 years old	51 (36.2%)	18	33	
Women's education	≤ 9 years old	48 (34.0%)	18	30	Women with education level of less than 9 years are positively associated with presence of abuse ( $p = 0.03$ )
	> 9 years old	92 (65.2%)	12	80	
Women's income independency	Has own income	48 (34.0%)	9	39	Income status is not significantly associated with presence of abuse ( $p = 0.598$ )
	No own income	93 (66.0%)	21	72	
Number of children	No children	25 (17.7%)	3	22	Number of children is not significantly associated with presence of abuse ( $p = 0.102$ )
	1	41 (29.1%)	6	35	
	≥ 2	74 (52.5%)	21	53	
Partner's age	≤ 35 years old	60 (42.6%)	4	56	Partner's age group > 35 years old is positively associated with presence of abuse ( $p = 0.00$ )
	> 35 years old	70 (49.6%)	23	47	
	Dead	6 (4.3%)	2	4	
	No partner	4 (2.8%)	0	4	
Partner's education	≤ 9 years old	28 (19.9%)	10	18	Partner's level of education is not significantly associated with presence of abuse ( $p = 0.051$ )
	> 9 years old	108 (76.6%)	20	88	
	No partner	4 (2.8%)	0	4	
Partner's employment	Yes	127 (90.1%)	25	102	Partner with an occupation is associated with less abuse ( $p = 0.041$ )
	No	10 (7.1%)	5	5	
	No partner	4 (2.8%)	0	4	
Partner shares income	Yes	125 (88.7%)	27	98	Partner's income sharing is not associated with presence of abuse ( $p = 0.664$ )
	No	11 (7.8%)	3	8	
	No partner	4 (2.8%)	0	4	
Partner involved in fights with other men	Yes	13 (9.2%)	5	8	Partner's history of fighting with others is not associated with presence of abuse ( $p = 0.129$ )
	No	124 (87.9%)	25	99	
	No partner	4 (2.8%)	0	4	

**Table 3.** Association between women's attitudes toward gender roles and abuse.

Attitudes		Frequency (n=141)	Presence of abuse		Association with abuse
			Yes	No	
Good wife obeys husband	Agree	141 (100%)	30	111	All women agreed that good wife obeys husband.
	Disagree	0 (0.0%)	0	0	
	Don't know	0 (0.0%)	0	0	
Family problems should only be discussed with people in the family	Agree	127 (90.1%)	27	100	Sharing family problems with outsiders is not associated with abuse (p=0.810)
	Disagree	11 (7.8%)	2	9	
	Don't know	3 (2.1%)	1	2	
A man should show who is the boss	Agree	38 (27.0%)	10	28	Male dominance is not associated with abuse (p=0.346)
	Disagree	100 (70.9%)	19	81	
	Don't know	3 (2.1%)	1	2	
A wife is obliged to have sex with her husband	Agree	137 (97.2%)	29	108	Wife's obligation to have sex with her husband is not associated with abuse (p=0.611)
	Disagree	3 (2.1%)	1	2	
	Don't know	1 (0.7%)	0	1	
Woman should be able to choose own friends	Agree	121 (85.8%)	24	97	Woman's ability to choose own friends is not associated with abuse (p=0.148)
	Disagree	17 (12.1%)	6	11	
	Don't know	3 (2.1%)	0	3	
Hitting wife is justified if there is a reason	Agree	38 (27.0%)	12	26	Hitting wife is justifiable with a reason is not associated with abuse (p=0.079)
	Disagree	101 (71.6%)	18	83	
	Don't know	2 (1.4%)	0	2	
Women have rights to refuse sex	Agree	96 (68.1%)	21	75	Woman with rights to refuse sex is not associated with abuse (p=0.966)
	Disagree	36 (25.5%)	8	28	
	Don't know	9 (6.4%)	1	8	

role was not significantly associated with prevalence of abuse ( $p > 0.05$ ), as summarized in Table 3.

### DISCUSSION

Our survey showed that women violence existed in the sub-district of Makassar. Among these women, intimate partner violence (IPV) includes the spectrum of physical, sexual and emotional abuse. It should be noted however that some extent of overlapping occur between sexual and physical violence because most women who experienced sexual abuse also experienced physical abuse. We found 4 socio-economic factors significantly associated with higher prevalence of violence in women. One socio-economic factor associated with higher prevalence of violence includes women older than age of 35. Young women are usually found to be more at risk of rape than older women.<sup>7</sup> According to data from justice systems and rape crisis centers in Chile, Malaysia, Mexico, Papua New Guinea, Peru and the United States, between one-third and two-thirds of all victims of sexual assault are aged 15 years or less.<sup>8</sup> This pattern reflected in part that women whose partners were

younger men tend to be more violent than older men, and that violence tends to start early in many relationships. Contrary to these, our results suggested that both physical and sexual violence were found to be more frequent in women above 35 years of age. These results implied that more elderly women in sub-district of Makassar were exposed to violence at some point of time compared to women younger than 35 years of age. The explanation of this finding is not known but we proposed that this could be the effect of improving health services offered among women in sub-district of Makassar which had undergone better coverage and community outreach with time.

Women's education also plays a crucial role in reducing the prevalence of violence. Our results revealed that those women whose educations were more than 9 years had significantly lower prevalence of violence. Similarly, a study from WHO found that higher education was associated with less violence in many third-world countries such as urban Brazil, Namibia, Peru, Thailand, and the United Republic of Tanzania but the report pointed out that the protective effect of education appears

to start only when women's education goes beyond secondary school.<sup>5</sup> Previous research in Indonesia also suggests that education for women has a protective effect, even when the income and age were controlled.<sup>8</sup> It is proposed that the exposure to higher education allows women to have a greater range of choice in partners and more ability to choose to marry or not, and are able to negotiate greater autonomy. However, it is also known that women are at increased risk of sexual violence as they are of physical violence by an intimate partner, when they become more educated and thus more empowered. The relationship between empowerment and physical violence is an inverted U-shape with greater empowerment conferring greater risk up to a certain level, beyond which it starts to become protective.<sup>9,10</sup>

A partner factor found to influence the act of violence in women in our study is older partner age. We found women whose partners' age was above 35 years old were associated with higher presence of women violence. We regard this as a new finding because it has previously not been reported in local studies.<sup>6</sup> We propose that there could be a few explanations to this finding. First, possible explanation of how older partner's age leads to more violence is to a large extent rooted in ideologies of male sexual entitlement in older ideologies. These beliefs only grant women few options to refuse sexual advances<sup>11,12</sup> and when women do make an autonomous rejection about participating in sex, physical abuse may ensue. Second, older partner could be associated with the 'Irritable Men Syndrome' during andropause occurring at ages 40 years or later, and the mean partner's age in our study is an almost similar 37.<sup>13</sup> We proposed this mechanism based on feedbacks from our questionnaire where a number of emotionally abused women were expressed fear of their husband as they became more moody with increasing age. Mood swings in men are a primary symptom as a result high stress cortisol levels and low testosterone levels.<sup>14</sup> Some men respond by acting out while others hold these feelings in and become depressed. Behaviours characteristic of men with Irritable Men Syndrome include anger, sarcasm, tense, argumentative, frustration, demanding and sad which could all lead to emotional or physical abuse in women our study.

Unemployment in the male partner is another factor we found to be linked with higher lifetime prevalence of women violence in our study. Unem-

ployment unequivocally leads to poverty in household or the state of being dependent to their wife for a living. When this occurs, male partners may try to exert their superiority by enforcing physical and sexual abuse as a symbol of their dominance in a patriarchal society, which is termed the crisis of masculine identity by some researchers<sup>10,15,16</sup> Bourgois described in his study of poverish men's life in East Harlem, New York where men trapped in the poverty of their slums, who were unlikely to achieve the societal models or expectations of masculine 'success' had reshaped their ideas of masculinity by emphasizing misogyny, substance abuse and participation in crime against women they can no longer control patriarchally or support economically.<sup>15</sup>

Recent studies showing links between women's perspective of men to prevalence of intimate partner violence have been reported.<sup>5,6,12</sup> These studies found that women who believe in male dominance were closely linked to higher prevalence of domestic violence. Our study shows that a majority of women chose not to disclose their family problem with other non-family associates (90.1%), agrees that the man should show who is the boss (70.9%) and agrees that sex is obligatory at the demand of the husband (97.2%). Our findings are in agreement with the findings of Hayati et al in Yogyakarta<sup>6</sup> who found the prevalence to be 94, 83 and 81% respectively. The cultural local belief of a dominant male in the family is widely adopted by the local population, as shown by a recent review.<sup>16</sup> In light of the modernization of urban societies, the husband-wife relationship is now moving towards a pattern of mutual 'partnership', an improvement only seen in well-educated couples, which are only a small fraction of the population.<sup>16</sup> From a sociolegal standpoint, the review reported that males and females enjoy the same rights in schooling and careers. However, there still remain many unspoken laws rooted deeply from traditional cultures and which can be detected from the rights of legacy and prioritization of education.<sup>16,17</sup> The root of proposed association between traditional beliefs and violence stems from the fact that in many cultures, women as well as men regard marriage as entailing the obligation on women to be sexually available virtually without limit<sup>10,18</sup> though sex may be culturally proscribed at certain times, such as after childbirth or during menstruation.<sup>19</sup> Moreover, despite a majority agreeing to the so-called 'traditional' beliefs, we did not find these

beliefs to be significantly associated with higher prevalence of violence.

As for justification of hitting, most women in the population of sub-district Makassar disagree that hitting wife is justified if there is a good reason (71.6%), and disagree that women have no rights to refuse sex (68.1%). Our results were contradictory to the study by Hayati where only 42% (vs 71.6% in our study) of women disagreed that hitting wife is justified and only 8% (vs 68.1% in our study) agreed that women have the right to refuse sex for 1 or less reason.<sup>6</sup> These differences could be explained possibly due to the presence of a spectrum of beliefs in this multi-cultural country which differs according to geographical location.

The strength of our survey study is that it is relatively cheap, time-efficient, and accurate. The questionnaire we used was based on the Abuse Assessment Screen<sup>20</sup> recommended to be used in a health care setting by the Centre of Disease Control and Prevention (CDC) and has a documented sensitivity of 93%-94%, specificity 55%-99%.<sup>21</sup> After translation, external validity was performed by verbally asking 10 random patients in Puskesmas of Makassar whether their understanding on the translated questions was accurate with our goals. To minimize errors and due to the time limitation to train proper field workers, all our research team members were recruited as field workers. To minimize inter-individual variation among the team of researchers, standard sets of examples were formulated, discussed and applied in Indonesian language in every question so that every researcher will have similar description of any question to the women in Puskesmas Makassar when they require further explanation. Compared to WHO studies that limits women mostly of reproductive age 15-49, we analysed women of a broader range of age in concordance with our goal to determine life-time prevalence of violence therefore obtaining a more accurate figure of the population in sub-district Makassar. Unlike most other questionnaires, physical and sexual violence survey is less affected by recall bias because it is not something woman would actually forget easily.

This study has several limitations to be addressed. Being cross-sectional in design, our study does not possess enough statistical power to establish causal relationships. This may necessitate a more accurate estimate and impact of the risk factors using prospective cohort studies. As our study

depends on self-reported data, women may still choose not to reveal their traumatizing experience or selectively forgetting it because these experiences are unpleasant. Moreover most of our participants were women who had access to the primary health care facilities and given societal norms, husband dominance and the lack of specific places for women to report abuse, most IPV population may still remain unreachable in our study, thus possibly masking any possible association.

## CONCLUSION AND RECOMMENDATIONS

Results from this study emphasize the existence of a lifetime prevalence of violence among women in the Makassar sub-district (21.3%), with emotional abuse being the most common of cases reported (17.0%) followed by sexual (6.4%) and physical (5.7%) respectively. The four sociodemographic factors positively associated with the prevalence of violence are a woman's age above 35 years, an education period of less than 9 years, the woman's partner's age above 35 years and unemployment of the partner. This study is the first of its kind to determine the risk factors in the sub-district Makassar and may so provide valuable base data on the said factors for screening of those predisposed to violence in the local population. The women's perception on gender role was surprisingly not associated with prevalence of violence, in contrary to the results found in the Yogyakarta study. These results provided interesting insight on the perception of the local population in the sub-district of Makassar, which may be due to a lack in number of subjects and data collecting method or a true revolution of beliefs in the population over time. Further study is warranted to establish the true extent of this perception in women in the local population.

The preliminary results from this study provide an interesting basis for future prospective cohorts to establish true associations between sociodemographic factors and the prevalence of intimate partner violence. The end result may allow better screening strategies targeting specific risk factors to better identify women predisposed to violence in the local population, and so perform effective intervention and secondary prevention to the women affected.

Our study also suggests the importance of a universal data collection strategy with validated tools

and terms for better collection and classification of information. This in turn can generate a universal database from which information can be tapped from to generate screening strategies and management for women affected by violence in their lifetime.

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