

## THE ROLE OF EDUCATION LEVEL IN INTIMATE PARTNER VIOLENCE AMONG PREGNANT WOMEN IN RURAL INDONESIA

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### Abstrak

**Latar Belakang:** Kehamilan merupakan masa yang rentan secara fisik dan psikologis, dan perempuan dengan pendidikan rendah cenderung lebih rentan secara psikologis. **Tujuan:** Penelitian ini menganalisis peran pendidikan terhadap kekerasan pasangan intim pada perempuan hamil di pedesaan Indonesia. **Metode:** Studi cross-sectional menggunakan data sekunder Survei Demografi dan Kesehatan Indonesia tahun 2017. Penelitian ini melibatkan 1.337 ibu hamil yang memiliki pasangan di pedesaan Indonesia. Selain kekerasan pasangan intim sebagai variabel terikat, penelitian ini juga melibatkan pendidikan, usia, perkawinan, pekerjaan, kekayaan, paritas, kepemilikan rumah, dan aktivitas seksual terkini sebagai variabel bebas. Pada tahap akhir, penulis menghitung peran menggunakan regresi logistik biner multivariabel. **Hasil:** Hasil penelitian menunjukkan ibu hamil dengan tingkat pendidikan kategori tidak berpendidikan mempunyai kemungkinan 2,479 kali lipat ibu hamil dengan tingkat pendidikan lebih tinggi mengalami kekerasan pasangan intim (AOR 2,479; 95% CI 1,158-5,305). Ibu hamil dengan tingkat pendidikan dasar memiliki peluang 1.650 kali lebih besar mengalami kekerasan oleh pasangan intim dibandingkan ibu hamil dengan tingkat pendidikan lebih tinggi (AOR 1.650; 95% CI 1.059-2.571). Sebaliknya, ibu hamil dengan tingkat pendidikan menengah memiliki peluang 1,682 kali lebih besar untuk mengalami kekerasan oleh pasangan intim dibandingkan dengan tingkat pendidikan tinggi (AOR 1,682; 95% CI 1,094-2,585). Selain tingkat pendidikan, status kekayaan dan variabel kepemilikan rumah juga berhubungan dengan kekerasan pasangan intim pada ibu hamil di pedesaan Indonesia. **Kesimpulan:** Penelitian ini menyimpulkan bahwa tingkat pendidikan mempunyai peran terhadap kekerasan pasangan intim di pedesaan Indonesia.

**Kata Kunci:** kekerasan pasangan intim; kesehatan ibu; kesehatan masyarakat; wanita hamil

### Abstract

**Background:** Pregnancy is a physically and psychologically vulnerable period, and women with lower education tend to be more psychologically vulnerable. **Objective:** The study analyzes the role of education in intimate partner violence among pregnant women in rural Indonesia. **Methods:** The cross-sectional study uses secondary data from the 2017 Indonesian Demographic and Health Survey. The study employed 1,337 pregnant women who had partners in rural Indonesia. Apart from intimate partner violence as the dependent variable, this study involves education, age, marital, employment, wealth, parity, owning a house, and recent sexual activity as the independent variable. In the final stage, the author calculated the role using multivariable binary logistic regression. **Results:** The results show pregnant women with the education level in the no education category had 2.479 times the possibility of pregnant women with a higher education level experiencing intimate partner violence (AOR 2.479; 95% CI 1.158-5.305). Pregnant women with a primary education level have 1.650 times greater odds than those with a higher education level of experiencing intimate partner violence (AOR 1.650; 95% CI 1.059-2.571). On the other hand, pregnant women with a secondary education level have 1.682 times greater odds of experiencing intimate partner violence than those with a higher education level (AOR 1.682; 95% CI 1.094-2.585). Apart from education level, wealth status and the variable of owning a house are related to intimate partner violence among pregnant women in rural Indonesia. **Conclusion:** The study concluded that education level has a role in intimate partner violence in rural Indonesia.

**Keywords:** intimate partner violence; maternal health; public health; pregnant women.

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## INTRODUCTION

Intimate partner violence is a public health problem that affects 25%-43% of women globally (Taylor et al., 2017). Intimate partner violence is violence experienced by someone that results in physical, sexual, psychological, and emotional trauma and is carried out by a partner (Ntaganira et al., 2008). Meanwhile, another researcher defined intimate partner violence as being physically hurt or forced to participate in sexual activities or threatened or frightened by a partner (Oseso et al., 2022). In addition, a systematic review found that 24 countries in America show that intimate partner violence also impacts the incidence of physical injury, chronic pain, asthma, and sexually transmitted infections (Bott et al., 2021). A study shows that the proportion of intimate partner violence among pregnant women in developing countries is higher (27.7%) than in developed countries (13.3%) (Orpin et al., 2020).

Pregnancy is a condition prone to intimate partner violence (Fazraningtyas et al., 2020). Intimate partner violence against pregnant women harms them physically and mentally (Field et al., 2018; Ntaganira et al., 2008). Pregnant women and their unborn babies, children, and families feel the impact of intimate partner violence. They are prone to suicide, premature birth, repeated miscarriages, and poor quality of life for pregnant women and their families (Gautam and Jeong, 2019). Several factors cause the high rate of intimate partner violence experienced by women. The factors include age and employment status. Young married people are at risk of experiencing intimate partner violence perpetrated by their partners. Couples who do not have established jobs are at risk of experiencing intimate partner violence by their partners. On the other hand, an education level (low education level has the potential to experience intimate partner violence by their partner) and patriarchal culture also cause the high rate of intimate partner violence experienced by women. The patriarchal culture portrays the dominant position of men in the context of social life so that they have complete control over their wives or partners (Alebel et al., 2018; Almajali et al., 2019; Field et al., 2018; Manji et al., 2020; Sunghee Lee, 2017).

Examining intimate partner violence incidents in Indonesia is closely related to social and cultural norms that hold a patriarchal culture. Patriarchal culture still strongly influences son preference and patrilocal residence (married women are asked to live in their husband's home territory) in people's lives in Indonesia (Taylor et al., 2017; Tonsing and Tonsing, 2019). The situation makes the position of men and women in society very unequal, which impacts the emergence of discrimination against women (Putra et al., 2019). Currently, people's thinking patterns toward a gender perspective have shifted. However, conservative culture and thinking still position women as struggling in domestic work, namely taking care of the household and educating children to submit to and obey their husbands (Taylor et al., 2017).

Some local traditions in Indonesia are said to justify violence against pregnant women. Women wanting to give birth, for example, in Papua's Muyu tribe, must leave their separate homes and reside in small shelters. The idea is that the blood of working women may bring misfortune and disease to family members (Laksono et al., 2016). In another case, pregnant women in Aceh's Gayo tribe are forced to work in the fields and undertake challenging activities like heavy lifting. In this sense, Gayo thinks that the harder they work, the easier delivery will be (Pratiwi et al., 2019).

Based on data from the Annual Report of the National Commission on the Elimination of Violence against Women (CATAHU) they recorded an increase in cases of violence against women, namely 321,752 cases in 2015, 259,150 cases in 2016, 348,446 in 2017, 406,178 cases in 2018, and 431,471 cases in 2019 (Komnas Perempuan, 2021). Meanwhile, in Northwest Ethiopia, in 2021, nearly half of the women experienced intimate partner violence during pregnancy (A. A. Kebede et al., 2022). The situation of intimate partner violence against women in Indonesia places women living in rural areas at greater odds of experiencing intimate partner violence than women in urban areas (Hayati et al., 2011). The study in Thailand also stated that almost 35% of women in rural areas experienced physical violence compared to

women in urban areas at 22.9%, 28.9% of women in rural areas experienced sexual violence, and 29.9% in urban areas. More than 47% experienced both types of violence compared to women. in urban areas experienced both kinds of violence by 41% (Chuemchit et al., 2018).

Better education for women can increase their independence. Education plays a role in encouraging women to make better decisions for themselves and their families (Bahati et al., 2022; A D Laksono et al., 2021). Several studies have found that education level is related to the incidence of intimate partner violence (S. A. Kebede et al., 2022; Laksono and Wulandari, 2022a; Stamatakis et al., 2023). A better education class can reduce intimate partner violence (S. A. Kebede et al., 2022; Laksono and Wulandari, 2022a). Conversely, a low level of education is closely related to the incidence of intimate partner violence (Stamatakis et al., 2023; Tsegaw et al., 2022), including pregnant women (Stiller et al., 2022). Based on the background study, the study aims to analyze the role of education level on intimate partner violence among pregnant women in rural Indonesia.

## **METHODS**

### **Data Source**

The research used secondary data from the 2017 Indonesian Demographic and Health Survey (IDHS). The IDHS was a part of the Inner City Fund program's global Demographic and Health Survey. Moreover, the study employed pregnant women (15–49 years old) with partners in rural Indonesia as the study population. The survey used stratification and multistage random sampling to draw a sample. The investigation got 1,337 pregnant women as respondents.

### **Outcome Variable**

In this research, the outcome variable was intimate partner violence. The study assessed physical violence. The violence includes beating justified if the wife goes out without telling the husband, beating justified if the wife neglects the children, beating justified if the wife argues with the husband, beating justified if the wife refuses to have sex with the husband, and beating justified if wife burns the food. There are two responses to intimate partner violence: no and yes. The study was categorized as "Yes" if the wife experienced physical violence.

### **Exposure Variable**

The study employed the highest education level as an exposure variable. The education level consists of four categories: no formal education, primary, secondary, and higher.

### **Control Variables**

Based on the results of prior research, the study included six factors as control variables, including age group, marital status, employment status, wealth status, parity, homeownership, and recent sexual activity (Almajali et al., 2019; S. A. Kebede et al., 2022; Ntenda, 2019; Tsegaw et al., 2022). The age group consists of seven types: 15-19 years, 20-24 years, 25-29 years, 30-34 years, 35-39 years, 40-44 years, and 45-49 years. Marital status consists of two classifications: married and living with a partner. Employment status consists of two types: unemployed and employed.

The IDHS assessed wealth or socioeconomic status based on each family's wealth quintile. Households, such as televisions, motorcycles, vehicles, and housing features, were scored based on the number and kinds of existing products, such as drinking water sources, sanitation facilities, and primary flooring materials. The survey uses critical component analysis to measure the ratings of these factors. National wealth quintiles were arranged based on household scores for each person in the household. The

wealth consists of the same five groups, representing 20% of the population, namely quintile 1 (poorest), quintile 2 (poorer), quintile 3 (middle), quintile 4 (richer), and quintile 5 (richest) (Wulandari et al., 2022).

Parity is the number of babies born alive. There are two types of parity: primiparous ( $\leq 1$ ) and multiparous ( $\geq 2$ ). Meanwhile, recent sexual activity is the respondent's identification of the respondent's sexual activity in the past four weeks. There are two types of sexual action: active in the last four weeks and not active in the previous four weeks. Homeownership, meanwhile, consists of three kinds: not owning, alone, and jointly owning.

**Data Analysis**

The study employed the chi-square test to examine the initial stage's relationship between the dependent and independent variables. In the final stage, the study employed a binary logistic regression to determine the factors associated with intimate partner violence among pregnant women in rural Indonesia. The author carried out all the statistical analyses using SPSS 26 software.

**Ethical Approval**

The study employed secondary data from the 2017 IDHS as a materials analysis. The IDHS removes the identity of all respondents from the dataset. Respondents have supplied consent forms to participate in this study, and parents or guardians have given consent to child respondents (under 16 years). For this study, the author got permission to utilize data from the website <https://dhsprogram.com>.

The 2017 IDHS adheres to the Standard DHS survey methodology under The Demographic and Health Surveys (DHS) Program (DHS-7) authorized by ICF International's Institutional Review Board, evaluated initially and approved by the ORC Macro IRB 2002. DHS surveys that adhere to the criteria are classified as DHS-7 Program approved, and the approval paperwork is included. ICF International's Institutional Review Board followed the US Department of Health and Human Services criteria for the "Protection of Human Subjects" (45 CFR 46).

**RESULTS**

Table 1 presents descriptive statistics of intimate partner violence among pregnant women in rural Indonesia. Pregnant women with secondary education have a higher proportion in the two categories of intimate partner violence based on the highest education level. Meanwhile, based on age, pregnant women aged 30-34 dominated the group who experienced or did not experience intimate partner violence.

Table 1. The descriptive statistics of intimate partner violence among pregnant women in rural Indonesia, 2017 (n = 1,337)

| Variables               | Intimate Partner Violence |                | p-value |
|-------------------------|---------------------------|----------------|---------|
|                         | No<br>(n=784)             | Yes<br>(n=553) |         |
| Highest Education Level |                           |                | **0.008 |
| • No education          | 2.2%                      | 4.2%           |         |
| • Primary               | 35.7%                     | 38.9%          |         |
| • Secondary             | 50.4%                     | 49.7%          |         |
| • Higher                | 11.7%                     | 7.2%           |         |
| Age group               |                           |                | 0.398   |
| • 15-19                 | 0.8%                      | 0.9%           |         |
| • 20-24                 | 9.8%                      | 8.1%           |         |
| • 25-29                 | 25.9%                     | 27.5%          |         |
| • 30-34                 | 29.7%                     | 29.8%          |         |
| • 35-39                 | 24.9%                     | 26.6%          |         |
| • 40-44                 | 7.4%                      | 6.7%           |         |
| • 45-49                 | 1.5%                      | 0.4%           |         |

| Variables   | Intimate Partner Violence |                | p-value   |
|---|---------------------------|----------------|-----------|
|   | No<br>(n=784)             | Yes<br>(n=553) |           |
| Marital status                                    |                           |                | 0.302     |
| • Married   | 96.7%                     | 97.6%          |           |
| • Living with partner                             | 3.3%                      | 2.4%           |           |
| Employment status                                 |                           |                | 0.067     |
| • Unemployed                                      | 63.0%                     | 58.0%          |           |
| • Employed  | 37.0%                     | 42.0%          |           |
| Wealth status                                     |                           |                | ***<0.001 |
| • Poorest   | 46.8%                     | 57.1%          |           |
| • Poorer  | 23.1%                     | 17.0%          |           |
| • Middle  | 15.4%                     | 13.4%          |           |
| • Richer  | 9.9%                      | 6.1%           |           |
| • Richest   | 4.7%                      | 6.3%           |           |
| Parity  |                           |                | **0.002   |
| • Primiparous                                     | 29.1%                     | 21.5%          |           |
| • Multiparous                                     | 70.9%                     | 78.5%          |           |
| Homeownership                                     |                           |                | **0.001   |
| • Does not own                                    | 34.4%                     | 26.2%          |           |
| • Alone only                                      | 19.3%                     | 17.2%          |           |
| • Jointly   | 46.3%                     | 56.6%          |           |
| Recent sexual activity                            |                           |                | 0.227     |
| • Never had sex/Not active in the last four weeks | 32.4%                     | 29.3%          |           |
| • Active in last four weeks                       | 67.6%                     | 70.7%          |           |

Note: \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001.

According to marital status, married pregnant women have a higher proportion in both categories of intimate partner violence. On the other side, based on employment status, the study found that the unemployed dominated the two groups of intimate partner violence. The research also informed the most deficient pregnant women have a higher proportion in groups who experience or do not experience intimate partner violence.

Based on parity, multiparous pregnant women have a higher proportion in the two categories of intimate partner violence. Meanwhile, based on homeownership, pregnant women with the joint category have a higher proportion in the two groups of intimate partner violence. Moreover, according to recent sexual activity, pregnant women actively sexually dominated the two types of intimate partner violence in the last four weeks.

Table 2 shows the binary logistic regression test results of intimate partner violence among pregnant women in rural Indonesia. The researcher uses 'intimate partner violence = no' as a reference in this final analysis stage.

Table 2 informs that no-education women are 2.479 times more likely than women with higher education to experience intimate partner violence (AOR 2.479; 95% CI 1.158-5.305). Meanwhile, pregnant women with primary education have 1.650 times greater odds than pregnant women with higher education to experience intimate partner violence (AOR 1.650; 95% CI 1.059-2.571). Besides, pregnant women with a secondary education have 1.682 times greater odds of experiencing intimate partner violence than those with higher education (AOR 1.682; 95% CI 1.094-2.585). This analysis indicates that all categories of the education level of pregnant women in rural Indonesia are more likely to experience intimate partner violence than pregnant women with a higher level of education.

Table 2. Binary Logistic Regression of Intimate Partner Violence among Pregnant Women in Rural Indonesia, 2017 (n=1,337)

| Predictor                             | Intimate Partner Violence |       |             |             |
|---------------------------------------|---------------------------|-------|-------------|-------------|
|                                       | p-value                   | AOR   | 95% CI      |             |
|                                       |                           |       | Lower Bound | Upper Bound |
| Highest Education Level: No education | *0.019                    | 2.479 | 1.158       | 5.305       |
| Highest Education Level: Primary      | *0.027                    | 1.650 | 1.059       | 2.571       |
| Highest Education Level: Secondary    | *0.018                    | 1.682 | 1.094       | 2.585       |
| Highest Education Level: Higher       | -                         | -     | -           | -           |
| Wealth status: Poorest                | 0.145                     | 0.679 | 0.403       | 1.143       |
| Wealth status: Poorer                 | **0.003                   | 0.432 | 0.247       | 0.753       |
| Wealth status: Middle                 | *0.034                    | 0.536 | 0.301       | 0.955       |
| Wealth status: Richer                 | **0.005                   | 0.405 | 0.214       | 0.763       |
| Wealth status: Richest                | -                         | -     | -           | -           |
| Parity: Primiparous                   | 0.083                     | 0.789 | 0.603       | 1.031       |
| Parity: Multiparous                   | -                         | -     | -           | -           |
| Homeownership: Does not own           | **0.003                   | 0.678 | 0.523       | 0.879       |
| Homeownership: Alone only             | *0.028                    | 0.710 | 0.524       | 0.963       |
| Homeownership: Jointly                | -                         | -     | -           | -           |

Note: \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001; AOR: adjusted odds ratio; CI: confidence interval.

Apart from education, the study found two control variables related to intimate partner violence among pregnant women in rural Indonesia. Both are wealth status and homeownership.

Based on wealth status, pregnant women in the more deficient category have 0.432 times fewer odds than the richest pregnant women of experiencing intimate partner violence (AOR 0.432; 95% CI 0.247-0.753). Besides, pregnant women in the middle category have 0.536 times fewer odds than the richest pregnant women to experience intimate partner violence (AOR 0.536; 95% CI 0.301-0.955). On the other hand, pregnant women in the more decadent category have 0.405 times fewer odds than the richest pregnant women of experiencing intimate partner violence (AOR 0.405; 95% CI 0.214-0.763). Meanwhile, there was no significant difference between the poorest and the wealthiest pregnant women who experienced intimate partner violence.

Table 2 shows that pregnant women who do not have their own homes have 0.678 times fewer odds than pregnant women who live with other families of experiencing intimate partner violence (AOR 0.678; 95% CI 0.523-0.879). Meanwhile, pregnant women who have their own home have 0.710 times fewer odds than pregnant women who have a home with other families of experiencing intimate partner violence (AOR 0.710; 95% CI 0.524-0.963). This analysis indicates that in all categories of homeownership, pregnant women in rural Indonesia are less likely to experience intimate partner violence than pregnant women who share a home with other families.

## DISCUSSION

The analysis found that all lower categories of the education level of pregnant women in rural Indonesia were more likely to experience intimate partner violence than pregnant women with a higher level of education. In Indonesia, it is reported that women with lower levels of education are more likely to be in rural areas (Seran et al., 2020; Wulandari and Laksono, 2020).

In general, a better level of education is associated with better output in the health sector (Mgawadere and Shuaibu, 2021; Nurokhamah et al., 2022). Women with an adequate level of education tend to be able to make better decisions for themselves and their families. A systematic review in Ethiopia reported several factors related to intimate partner violence. The factors include lack of formal education, childhood violence, rural residency, low decision-making power, family history of violence, attitude, unplanned and unwanted pregnancy by women and partners, late initiation of antenatal care, partner alcohol, and khat use (Biffitu and Guracho, 2022). A better level of education can reduce the incidence of intimate partner violence (Tsegaw et al., 2022). Educated women tend to have bargaining power and can negotiate with their partners (S. A. Kebede et al., 2022; Laksono and Wulandari, 2022a; Ollis and Dyson, 2017). The situation gets even better when the partner's education level is adequate. A balanced level of education between spouses makes the decisions better (Laksono and Wulandari, 2022a).

Psychologically and physiologically, pregnant women need greater attention from their partners, and women who experience intimate partner violence can impact labor output (Gautam and Jeong, 2019). In the Indonesian context, women seem to live in a world of men. This situation is due to Indonesia's patriarchal social system, especially in rural areas (Laksono et al., 2020, 2016; Pratiwi et al., 2019). The patriarchal social system places women care for domestic problems while men care for higher matters, making many essential things. This condition often causes men to behave arbitrarily toward women (Megatsari et al., 2021; Pratiwi et al., 2019).

In some cases, society considers this as something normal. The same situation also applies, even if the woman is pregnant. Although, for example, women take cases to court, they often end up in conciliation decisions (Niza and Sakban, 2017).

Education is one way for women to have a more open mind. Several reports informed that a better education level could increase women's independence and decisions and economic independence. Education is also able to increase women's bargaining power against their partners. A better education level is also related to women's understanding of their marriage rights, including their choice to get pregnant (Ahinkorah et al., 2018; Dickson et al., 2020; Heidari and Dastgiri, 2020). Allowing women to pursue higher education means empowering women in all aspects of life (Ballan and Freyer, 2020; Gibbs et al., 2018; Jabbi et al., 2020). Generally speaking, education is one predictor that positively affects almost all health sector results (Ipa et al., 2020; Agung Dwi Laksono et al., 2021; Megatsari et al., 2020; Wulandari and Laksono, 2020). Meanwhile, several studies regard women with a low standard of education as an obstacle to achieving quality output in health performance (Laksono and Wulandari, 2022b; Masruroh et al., 2021; Rohmah et al., 2020).

This study informs that wealth status was related to intimate partner violence in rural Indonesia. All categories of wealth status have a lower probability of experiencing intimate partner violence than the richest and the poorest. Several previous studies have reported that wealth status or socioeconomic is one of the determinants of intimate partner violence, especially if socioeconomic (poverty) is still a problem in the household (El-Nimr et al., 2020; Murphy et al., 2020). In developing countries such as Indonesia, women should play only domestic problems and dual roles. Poor women take care of domestic problems and participate in seeking additional income, and the situation occurs to help their husbands so that the family needs can be fulfilled (Nisak and Sugiharti, 2020). Several studies indicate that the economic pressures faced by low-income families trigger intimate partner violence (Gibbs et al., 2020; Murphy et al., 2020).

Moreover, the study also found homeownership related to intimate partner violence in rural Indonesia. All homeownership categories are less likely to experience intimate partner violence than pregnant women with a home with other families. The results of the analysis show the role of one of the

phenomena in Indonesia regarding the influence of parents or in-laws in their children's households. Meanwhile, living with parents or in-laws is the same as mortgaging the family's independence. Furthermore, for the wife, living with the in-laws has a double burden to bear: inferior in the patriarchal social system, and the intervention of the in-laws' family supports the existence of the patriarchal social system (Dlaifurrahman, 2018; Sakina and A., 2017).

To catch the phenomena on the surface, the author used secondary data from the 2017 IDHS to analyze. The study used formal education to compare it with other countries. On the other hand, according to prior research, the study could not capture the other education types, such as training and coping intervention (Huang et al., 2022; Johnson et al., 2022; K.J.a et al., 2022). Moreover, the study used cross-sectional survey data, so we can not make conclusions as a cause and effect. Based on the study results, the study concluded that education level has a role in intimate partner violence in rural Indonesia. All lower education level categories of pregnant women are more likely to experience intimate partner violence than pregnant women with higher education levels.

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