

The Relationship between Domestic Violence and Women's Sexual Function in the City of Pontianak

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ABSTRACT

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| Introduction | The increasing number of domestic violence every year causes many health problems mainly women's reproductive health. This violence may influence the sexual life in their families, especially women's sexual function. It is known that the sexuality is as a part of family's life. The fulfilled family will guarantee their pleasurable sexual life. At this point, no research has been conducted to investigate whether there is a relationship between the domestic violence and the sexual function in Pontianak. The research was planned to investigate the relationship between domestic violence and women's sexual function in Pontianak. |
| Methods | We used the Analytic Observational Research and the cross-sectional study designs. We also used cluster random sampling to select women in Pontianak as the respondents. The research instrument used was the FSFI that was developed by Rosen et al (2000). The data was analyzed by using the statistics program version 8 th . Moreover, the Hypothesis test used the test of Binomial Logistic Regression. |
| Results | From the total of 121 research respondents, it was found that the domestic violence is related to women's sexual function. It revealed that women who suffered domestic violence had 4,045 times the risk (OR = 4,045, 95%, CI, 34-12) of having sexual dysfunction compared to women without domestic violence. The statistical test also showed that there was a significant relation between the women suffering domestic violence and their sexual dysfunction ($p < 0, 01$). This research also explained that age, education and occupation were associated with sexual function. |
| Discussion | This study highlighted that one of the problems resulting women's sexual dysfunction is domestic violence. As a root of the problem, domestic violence against women must be discontinued. Although women's sexual dysfunction is not a disease, it may influence women's sex life as a whole. Therefore, as health professions, we need to facilitate these women on how to cope with their problems regarding sexual dysfunction and how to recover from the suffering of the violence. |
| Conclusions | The prevalence of sexual dysfunction and women suffering domestic violence in Pontianak city was 14,88 %. However, the prevalence of women suffering domestic violence was 17,36 % lower than the previous study. It can be concluded that there was a relationship between domestic violence and the sexual dysfunction where women suffering domestic violence had the risk of having sexual dysfunction. ($p < 0,01$, OR= 4,045, 95% CI 1,34-12). |
| Keywords | Domestic violence, Women's sexual dysfunction |

INTRODUCTION

According to the National Commission of Anti Violence against Women in 2006, there were 22.512 cases managed by 258 foundations in 32 provinces in Indonesia. Most of the cases were handled in Jakarta (7.020) and Central java (4.878). Unfortunately, the number of the cases seems to increase every year¹.

Data shows that 11,4% of 217 millions people in Indonesia or approximately 24 millions rural community women have experienced violence². Moreover, domestic violence is the largest number of cases occurred to these women. Although there is no absolute number of cases, it should be seen as an iceberg phenomenon where the factual case is further more frequent than it appears. Household is a place where married couples and their children may share one and another to attain wealth, love and happiness. However, domestic violence may bother couples' passionate, including sexual activity.

Sexuality plays an important role for both couples in family live hood. It is a complex process coordinated by neurology, vascular and endocrine systems³. Many factors may affect individual's sexuality. Emotional aspect and having good relationship may contribute to take pleasure in sexual activity rather than physiological response⁴. Conversely, poor interpersonal relationship, lack of trust with spouse and lack of trustworthy communication may inhibit sexual activities and individual's sexual functions. Violence against women may influence their sexual functions. Moreover, domestic violence may interrupt women's psychological condition that may increase to anxiety. Women feeling anxiety tend to have mental disorder such as post traumatic stress, depression, phobia, panic and low self esteem (The Johns Hopkins University School of Public Health, 1999). Another psychological problem that may influence sexual functions is fear of sexual activity⁵.

Domestic violence may also cause female reproductive health problem (Golding, 2002) as well as female sexual dysfunction (The Johns Hopkins University School of Public Health, 1999). There are several types of domestic violence namely physical violence, psychological or emotional violence, sexual violence or marital tape and economic violence that are disallowing a spouse to work and earn money.

Domestic violence can be resulted by patriarchal culture and misunderstanding of religious practice. The later may assume that men can control over women. Boys also tend to imitate their fathers' manners in speaking offensively and assaulting their mothers.

Andersson et.al found several risk factors that were associated with domestic violence. These

factors were age, income, family pattern, occupation, disparity of income and attitude toward sex⁶. As with Andersson's study, Koenig et. al found that factors influencing domestic violence are socioeconomic status, education, demography, age, number of children, and women's autonomy in a family⁷. Domestic violence may cause women's reproductive health problem, instead of other impacts on those women⁸. Consequently, the reproductive health problem may result in sexual dysfunction⁹.

METHODS

This study used quantitative observational analytic and cross sectional design. The research was conducted in Pontianak which was consisted of six districts, namely the City of Pontianak, North Pontianak, East Pontianak, South Pontianak, West Pontianak and Souths East Pontianak. The population in this study research was fertile women in Pontianak, specifically 12.000 women. The samples were women suffering domestic vioancee and living in six districts of the Pontianak. According to the calculation of sample size in *Sample size Determinator in Health Study*, with *Confidence Interval* 95% ($\alpha=0,05$), $1- \beta = 20$ and $P= 0,45$, it can be determined that the total number of the sample in this study was 118 women. Cluster random sampling and simple random sampling were recruited from six districts in the City of Pontianak.

Questionnaire was applied as an instrument. The questionnaire was used to collect respondents' identities, namely dependent variable, independent variable as well as control variable. Female Sexual Function Index (FSFI) developed by Rosen was employed because it has been validated and reliable to examine the female sexual dysfunction.¹⁰ Data was analyzed by using the statistics program version 8th while the hypothesis test used Chi-square and the test of Binomial Logistic Regression. Accordingly, the data were presented in Tables and narratives.

RESULTS

Univariate Analysis

It can be seen from the data in Table 1 that the majority of respondents (71, 07%) were more than 35 years old. The education variable showed that approximately half of the women in this study (59,50%) had a high level of education, which was higher than high school level. Moreover, the table 1 shows that government officer was the major occupation listed in the occupation variable (79 respondents). Surprisingly, more than one sixth of the respondents (17, 36%) have suffered domestic violence and the prevalence of sexual dysfunction was 14, 88%.

Table 1 Research Subject Characteristics and the Prevalence of Domestic Violence and Women's Sexual Function

| Variables | n= 121 | |
|--------------------------------------|--------|-------|
| | n | % |
| Domestic Violence | | |
| 1. Yes | 21 | 17,36 |
| 2. No | 100 | 82,64 |
| Sexual Function | | |
| 1. Dysfunction | 18 | 14,88 |
| 2. Normal | 103 | 85,12 |
| Age | | |
| 1. ≥35 years old | | |
| 2. < 35 years old | 86 | 71,07 |
| | 35 | 28,93 |
| Education | | |
| 1. Low | 49 | 40,50 |
| 2. High | 72 | 59,50 |
| Head of a family's Occupation | | |
| 1. Laborer | 29 | 23,97 |
| 2. Non Government Officer | 13 | 10,74 |
| 3. Government Officer | 79 | 65,29 |

Table 2 describes the types of violence in domestic violence. It illustrates that the violence were performed by their family or the husband. Emotional violence was the majority of violence performed by the respondents' husband (n=21,

17%). Furthermore, the second most common violence was verbal violence (15%), followed by Physical violence (8%) and sexual violence (3%).

Table 2 The Prevalence of Domestic Violence based on the Types of Violence

| Jenis Kekerasan | n=121 | | | |
|-----------------------|-------|----|-----|----|
| | Yes | | No | |
| | N | % | N | % |
| 1. Verbal Violence | 19 | 15 | 102 | 85 |
| 2. Physical Violence | 10 | 8 | 111 | 92 |
| 3. Emotional Violence | 21 | 17 | 100 | 83 |
| 4. Sexual Violence | 4 | 3 | 117 | 97 |

Bivariate Analysis

This study research found that there was a relationship between domestic violence and women's sexual function where women suffering domestic violence had 4, 045 times the risk of receiving sexual dysfunction ($OR= 4,045$, 95% CI 1,34-12) compared to women without domestic violence. The statistical test also showed that there was a significant relationship between domestic violence and female sexual dysfunction ($p < 0,01$). Moreover, the study also revealed that age ($p < 0,01$), education ($p < 0,002$) and occupation ($p < 0,01$) related to women's sexual function. The result of the estimation test showed that women

having a high level of education reduced the risk of having sexual dysfunction compared to women with a low level of education ($OR=0,9$ 95% CI 0,33-2,57). Thirty five year old women and older had 1, 1 times the risk of having sexual dysfunction compared to women younger than 35 years old ($OR=1,1$ 95% CI 0,35-3,2). In addition, the result of the estimation test in occupation test shows that the family head working as a laborer had 1,2 times the risk of causing female sexual dysfunction ($OR=1,2$ 95% CI 1,34-2,12). This research also aims to identify other factors relating to domestic violence suffered by women. The factors can be seen from Table 4.

Table 3 Relationship between Domestic Violence and Sexual Function with Several Disturbing Variable

| Variable | Sexual Function | | | | X ² | P | OR | 95% CI |
|--------------------------------------|-----------------|-------|--------|-------|----------------|-------|-------|-------------|
| | Dysfunction | | Normal | | | | | |
| | n | % | n | % | | | | |
| Domestic Violence | | | | | | | | |
| 1. Yes | 7 | 33,33 | 14 | 66,67 | 6,83 | 0,013 | 4,045 | 1,34 -12 |
| 2. No | 11 | 11 | 89 | 89 | | | | |
| Age | | | | | | | | |
| 1. ≥ 35 years old | 13 | 15,12 | 73 | 84,88 | 0,9 | 0,01 | 1,1 | 0,35 – 3,2 |
| 2. <35 years old | 5 | 14,29 | 30 | 85,71 | | | | |
| Education | | | | | | | | |
| 1. High Level | 7 | 14,29 | 42 | 85,71 | 0,8 | 0,02 | 0,9 | 0,33 – 2,57 |
| 2. Low Level | 11 | 15,28 | 61 | 84,75 | | | | |
| Occupation of the Family Head | | | | | | | | |
| 1. Laborer | 4 | 13,79 | 25 | 86,21 | 0,71 | 0,01 | 1,2 | 1,34 -12 |
| 2. Non Government Officer | 13 | 16,46 | 66 | 83,54 | | | | |
| 3. Government Officer | 1 | 7,69 | 12 | 93,31 | | | | |

*Significant at $p < 0,05$

Table 4 Factors Related to Domestic Violence

| Variable | Domestic Violence | | | | X ² | p | OR | 95% CI |
|----------------------------------|-------------------|-------|----|-------|----------------|------|------|-----------|
| | Yes | | No | | | | | |
| | n | % | n | % | | | | |
| Age | | | | | | | | |
| 1. ≥ 35 years old | 16 | 18,60 | 70 | 81,40 | 0,33 | 0,05 | 1,4 | 0,4 - 4 |
| 2. <35 years old | 5 | 14,29 | 30 | 85,71 | | | | |
| Education | | | | | | | | |
| 1. High level | 12 | 24,49 | 37 | 75,51 | 2,92 | 0,08 | 2,2 | 0,8 – 5,8 |
| 2. Low level | 9 | 12,50 | 63 | 87,5 | | | | |
| Occupation of Family Head | | | | | | | | |
| 1. Laborer | 7 | 24,14 | 22 | 75,86 | 0,36 | 0,57 | 1,35 | 0,5 - 3 |
| 2. Non government officer | 11 | 13,92 | 68 | 86,08 | | | | |
| 3. Government officer | 3 | 23,08 | 10 | 76,92 | | | | |

* Significant at $p < 0,05$

The study found that from the statistical test, age, education and family head's occupation were significantly not related to domestic violence. Nonetheless, from the result of estimation test, 35 year old women and older had 1,4 times the risk of having domestic violence compared to women younger than 35 years old (OR. 1,4, 95% CI 0,4 – 4). In education variable, the study indicated that high level of education (higher than high school) had 2,2 times the risk of having domestic violence compared to low level of education (OR=2,2 95% CI 0,8 – 5,8). Whereas, in occupation variable, family heads working as a laborer had 1,35 times the risk of performing domestic violence against

their wives compared to family heads working as a government officer and a non government officer.

DISCUSSION

The prevalence of sexual dysfunction and women suffering domestic violence in the City of Pontianak

This study found out that the prevalence of sexual dysfunction in the City of Pontianak was counted for 14,88%. Additionally, according to the types of violence, emotional violence was the most common violence performed by the husband (n=21, 17%). This phenomenon was followed by verbal violence (15%), physical violence (3%) and sexual violence (3%). This prevalence was slightly lower

than it was found in a prior study by Nicolosi, et.al¹¹. They discovered that the prevalence of sexual dysfunction in Indonesia (20-40%) was nearly similar to that in several countries in South East Asia.

The prevalence of women suffering domestic violence in the city of Pontianak was 21%. Surprisingly, it was almost twice as much as the prevalence predicted by the Ministry of Women Empowering which is 11,4% or 24 millions women living in village (Veny 2003). Moreover, this study has also found that the prevalence was higher than the cases reported in West Kalimantan (5%).

The small number of reported cases involving domestic violence may be resulted by the trend of family or wives to conceal their condition because they think that the household problems may be a scandal that can not be exposed to other people. Nevertheless, there are still numerous women as a victim to report the case of domestic violence to police station. It indicates that public awareness regarding this issue has increased reasonably.

Additionally, this study also discovered that the majority of domestic violence performer was the victims' husband. In regards to family head's occupation, husbands working as a laborer had the risk to perform domestic violence compared to those working as a non government officer or a government officer.

Factors related to Women's Sexual Dysfunction in the City of Pontianak

In statistical test, this study has discovered that education and age was not related to women's sexual dysfunction. Still, in estimation test, women having a high level of education reduced the risk of having sexual dysfunction compared to those having a low level of education. Likewise, 35 year old women and older had the risk of having sexual dysfunction compared to women younger than 35 years old.

The Prevalence of Domestic Violence and factors contributed to Domestic Violence

Age, education and occupation were found to be the risk factors contributing to domestic violence against women in this study. This study has further upheld Andersson et al's findings (2007) that found several risk factors of domestic

violence, namely age, income, type of family, occupation, income difference, attitude toward sex⁶. Koenig et al. (2002) described that factors influencing domestic violence in developing country were socioeconomic status, education, demography, age, the number of children and women's autonomy in a family⁷.

Women Suffering Domestic Violence Increasing the Risk of having Sexual Dysfunction

This study found that domestic violence was proven to have a relationship with women's sexual function where women suffering domestic violence had 4,045 times the risk of having sexual dysfunction (OR= 4,045, 95% CI 1,34-12) compared to women without domestic violence. The statistical test also showed that there was a significant relationship between domestic violence against women and women's sexual dysfunction ($p < 0,013$).

This study finding also supports Golding's opinion that domestic violence against women may cause female reproductive health problems despite of other consequences in those women⁸. This problem is also taken into account by The Johns Hopkins University School of Public Health that domestic violence may result in sexual dysfunction⁹.

According to Center for Health and Gender Equity, The Johns Hopkins University School of Public Health in the impact assessment of domestic violence on women and health, sexual harassment one couples may result in less serious influences such as sexual dysfunction⁹. Additionally, it may cause serious impact such as suicide attempt and suicide death.

Previously, a study conducted by Andersson, et al. has identified several risk factors of domestic violence, namely age, income, type of the family, occupation, income differences, and attitude toward sex⁶. Similarly, Koenig et al. describes that factors influencing domestic violence in developing countries are socioeconomic status, education, demography, age, number of children in a family and women's autonomy in a family⁷. Based on the estimation test, the research study found that education, occupation and age have increased the risk of domestic violence while these were not statistically significant.

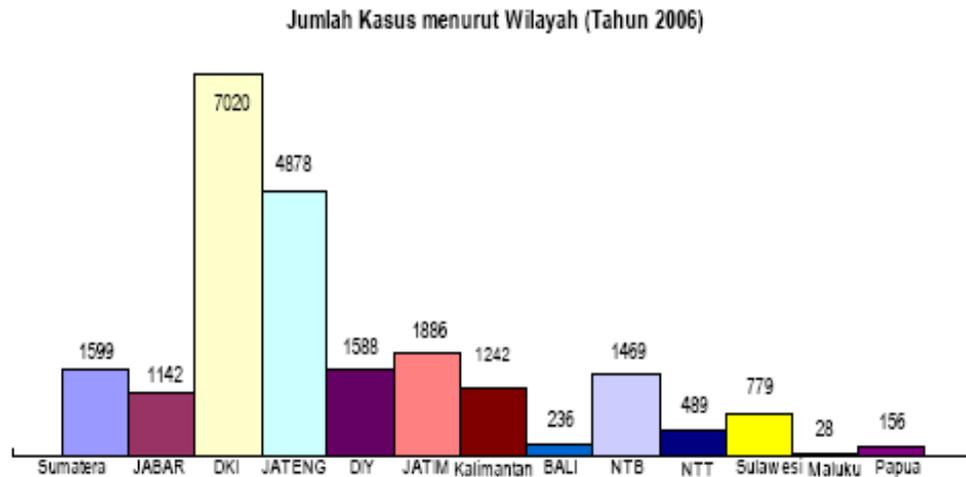


Figure 1 A number of cases as indicated by location in Indonesia¹

CONCLUSIONS

1. The prevalence of sexual dysfunction and domestic violence in the city of Pontianak was 14, 88% which was lower than previous studies.
2. The prevalence of domestic violence against women in the city of Pontianak was 17, 36% which was lower than prior research studies.
3. Women having a high level of education reduced the risk of sexual dysfunction compared to women having low level of education. Likewise, Thirty five women and older had a greater risk of having sexual dysfunction compared to women less than 35 years old.
4. This research has found that age, education and occupation were the risk factors of domestic violence against women
5. There was a relationship between domestic violence and women's sexual function where women having domestic violence had the risk of sexual dysfunction ($p < 0,01$, $OR = 4,045$, $95\% CI 1,34-12$).

RECOMMENDATIONS

1. To increase the public awareness in order to give caring to domestic violence cases and to report the cases to the Police as well as to help women suffering domestic violence.
2. Health professions may facilitate women with domestic violence to recover from sexual dysfunction and other psychological problems. Additionally, the online domestic violence clinic may be organized.

3. The Ministry of Empowering Women may help to socialize women's rights and to end up domestic violence against women.

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