

ORIGINAL ARTICLE

Assessing Types and Causes of Domestic Violence Against Women During Covid-19 Pandemic in Bandung Urban Slum Areas, Indonesia

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ABSTRACT

Introduction: When Covid-19 cases soar, physical distancing is enforced. The potential increase in domestic violence occurs in the movement of individuals and persons who are restricted and persons confined to their households, where the victim is trapped with the violent perpetrator. This study was administered to describe domestic violence types experienced by married women living in urban slum areas in Bandung, Indonesia, and to assess the causes. **Methods:** 300 married women who lived in urban areas in Bandung, Indonesia, were selected as the study samples using purposive sampling technique. This study employed cross-sectional design using structured interviews. The analysis of this study used Multivariate Logistics Regression test using STATA version 16. **Results:** 78.3% of married women have experienced domestic violence emotionally, physically, and sexually. The most common emotional violence is husbands always trying to find out where their wives are when they are out of the house (58.0%), while the most common sexual violence is forcing sexual intercourse when wife is not interested (11%). Factors causing domestic violence include family income (p-value: 0.006; OR:0.41) and husband alcohol consumption habits (p-value: 0.050; OR: 0.14). **Conclusion:** The negative impacts of women who have received domestic violence include mental, physical and female reproductive health. Comprehensive health services for women victims of violence need to be improved in all sectors, both government and non-government.

Keywords: Domestic violence, Urban slum areas, Women's rights

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INTRODUCTION

The urbanization rate in Indonesia reaches \pm 1.7 per year and \pm 23% of city dwellers live in slum areas. The definition of slum environment according to Government Law No. 1 Year 2011 is settlements that are unfit for habitation due to high building density, building irregularity, and building, infrastructure, and facility quality that do not fulfill the requirements. There was an increase in urban slum household percentage in Indonesia, from 7.62% in 2017 to 7.42% in 2018. It then experienced a surge of 13.86% in 2019. West Java Province is at the second rank of slum household percentage on Java island, which increased from 11.86% in 2017 to 19.86% (1). It becomes a challenge

for government not only to meet housing needs but also the need for adequate quality health (2,3).

The slum area in Bandung City, West Java, Indonesia, according to Mayor Decree No. 648/Kep.286-distarcip/2015, is the largest slum area in West Java Province, reaching 1,457.45 hectares. Of 151 urban villages in Bandung, there are 121 urban villages or 80.1% categorized as slum areas. According to the 2020 census data, female-to-male ratio is 0.98 (1). In Bandung City Spatial Detail Plan, two urban slum areas are prioritized for handling by Bandung City Government, namely Arcamanik Sub-Area and Gede Bage Sub-Area (4).

There is an assumption that the health status of people living in slum areas is better than people living in rural areas but worse than urban residents. This is due to better access to public health services compared to rural residents. However, several recent studies doubt

this assumption. Whether slum residents have a similar, worse, or better health status than other rural and urban residents is not fully understood because indicators for slum residents are hidden in urban averages (5).

According to WHO, health is a state of complete physical, mental and social well-being and not the absence of disease or infirmity. Currently, reproductive health rights refers to a part of human rights (6). Even, with the reproductive provision improvements in health services around the world, access inequalities to the service have led to an increasing trend of maternal mortality and morbidity. In this case, women living in slum areas are among the group affected by the inequality (7,8).

Reproductive health indicators of women who lived in slum areas are lower than other women. These women almost always face reproductive health problems, for instance domestic violence (5,9). Domestic violence is one of the most important issues discussed in public health and human rights. WHO, in 2021, reported that around 1 of 3 (30%) women have experienced sexual and/or physical violence from their intimate partner or non-partner sexual violence worldwide. Most of the violence comes from intimate partner violence. Nearly a third (27%) of women aged 15-49 in the world, who have been in a relationship, report that they have experienced sexual and/or physical violence from their intimate partner (10).

Estimates of lifetime prevalence of intimate partner violence include 20% in Western Pacific, 22% in Europe and high-income countries, 25% in Americas, 33% in Africa, 31% in Eastern Mediterranean, and 33% in Southeast Asia (6). Indonesia, as one of the countries in Southeast Asia, had 406.178 violence against women cases in 2018 which increased to 431.471 cases in 2019. West Java is the province with the highest domestic violence cases, namely 1.459 cases (1). It means that one of 4 women and one of 10 men get domestic violence. Violence can include physical, sexual, psychological, or emotional violence. People of all races, genders, cultures, socioeconomic classes, religions, and sexual orientations can experience domestic violence. On the other hands, the violence has a disproportionate effect on families living in slum areas. Economic instability, environmental violence, unsafe housing, the lack of stable and safe child care, and social support can exacerbate the fragile situation. Domestic violence cannot be overcome without considering social factors, especially during pandemic which causes a substantial isolation (11,12).

When Covid-19 cases soar, physical distancing is enforced. Schools are closed. A lot of workers are laid off or work from their home. Limited movement and people confined to their homes raise concerns about a potential of domestic violence increase. Stay-at-home order, to prevent the widespread infection and protect the public, has contributed to the increase in the number

of domestic violence victims. Victims are trapped with violent perpetrators (13,14).

In 2020, it was reported that there was a decrease in the number of violence against women cases by 31%, namely 299.911 cases. The data is collected from 3 sources, namely from religious courts, with a total of 291.677 cases, from National Commission for Women, a partner service a total of 8.234 cases and from the Service and Referral Unit, a unit that was deliberately formed by National Commission for Women, to receive direct complaints from victims, totaling 2.389 cases. Based on the data collected from the service agency/data collection form for National Commission for Women as many as 8.234 cases, the most prominent type of violence against women is in the private sphere, namely domestic violence. However, the decrease in the number of cases cannot be said to be a reduction in cases of violence against women. In line with the results of the National Commission for Women survey on the dynamics of domestic violence during the pandemic, the decrease in the number of cases was due to victims not daring to report because they were close to the perpetrators during the pandemic; victims tend to complain to their families or remain silent; technological literacy issues; and a complaint service model that is not ready for pandemic conditions (not yet adapted to turning complaints online). For example, during a pandemic, religious courts limit how they serve, and limit the trial process (1).

According to the Australian Institute of Health and Welfare 2018, domestic violence occurs due to several factors, including beliefs and cultural values (masculinity related to dominance, toughness, and rigid roles of gender), situational factors (male control and dominance in the family and over the wealth of family, alcohol and other substance use, and intimate partner conflict), and social factors (unemployment, socioeconomic status, number of children, social and geographical isolation) (15). In addition, Kira S. Birditta, Wylie Wanb, Terri Orbuchac, and Toni Antonuccia (2017) mention that the age of marriage can cause domestic violence. Changes in marriage conditions occur after five years and over. After five years of married, husbands and wives experience shocks and problems. The wife and husband age differences also affect domestic violence incidence (16).

Domestic violence has negative impacts on woman physical, mental, sexual, and reproductive health. Domestic violence is important problems in global health discussions. Maintaining women's health services while mitigating pandemic impacts is an unprecedented challenge. There is an urgency to improve reproductive health services for women living in slum areas. The absence of research on reproductive health, especially domestic violence in urban slum areas in Indonesia, made the researchers interested in finding out the

description of domestic violence forms experienced by married women aged 15-49 years who lived in urban slum areas in Bandung, Indonesia, and analyzing the causes.

MATERIALS AND METHODS

Ethical Clearance

This research is approved by the ethics committee of the Faculty of Medicine, Gadjah Mada University, number KE-FK-0527-EC-2021. Administrative and research data collection in Bandung City Region, Indonesia, permits were obtained from the Government Office of National Unity and Politics Number PP.09.01 /208-kesbangpol/II/2021.

Study Design

The study was conducted in Bandung, West Java Province, Indonesia from February 2021 to July 2021. 300 women were selected as the samples of the study. The sample size was calculated using Cochran formula for an unknown population ($n = z^2pq/d^2$). The 90% confidence interval ($z=0.164$) and the accuracy of $d=0.05$, $q=0.5$, $p=0.5$ were confirmed. The sample size was designed for 270 persons. To improve and ensure the sample size accuracy, 300 individuals were considered.

This study used a cross-sectional design using structured interviews and was conducted in one study visit. The questionnaire used was firstly tested for its validity and reliability to 30 married women. The items for assessing domestic violence were chosen from two questionnaires in National language, including the questionnaire by PV Indu, S. Remadevi, K. Vid Hukumar, TV Anilkumar, N. Subha in their research on Development and Validation of the Domestic Violence Questionnaire for married women aged 18–55 years and the NorAQ questionnaire by IM Katarina Swahnberg, Barbro Wijma. Each question item about the domestic violence type was scored from 0 to 3 (0: never, 1: sometimes (once/twice), 2: always (3-5 times), 3: Often (6-or more)).

The questionnaire validity analysis was carried out using a computer programme by correlating each question item value with the total value as the sum of each question item values. The questions in the questionnaire list having a correlation value below 0.361 could not be used in further analysis (invalid). Meanwhile, the question item that had a correlation value >0.361 could be declared valid. The validity test was carried out using Pearson Product Moment technique. Then, the analysis

proceeded by doing a reliability test using Alpha Cronbach method. There were 12 questions regarding Sociodemography and 27 questions to identify valid types of domestic violence. Sociodemographic variable reliability test results gained Cronbach's Alpha value of $0.706 > 0.60$. It concludes that the questions for sociodemographic variables are reliable or consistent. Likewise with the reliability test for the type of domestic violence variable, the obtained results are reliable or consistent with Cronbach's Alpha value of $0.794 > 0.60$.

Interviews were conducted one by one by trained female study staff in Sundanese and Indonesian languages, at the choice of the participants, and lasted for 60 minutes on average. Interviews were conducted at the participant's home or workplace (depending on privacy guarantees). To provide more direction or to focus on the selection, purposive sampling technique was used. The inclusion criteria included a woman aged 15-49, married, living with their spouse in Bandung slum area, Indonesia, planning to stay in the area for the next few years, and fluent in verbal communication. Meanwhile, women who did not want to participate were excluded from the study. Multivariate logistic regression analysis and descriptive statistical analysis were conducted using STATA package version 16. In multivariate regression analysis, the domestic violence incident was divided into 2, namely 0: never experienced domestic violence and 1: experienced domestic violence.

RESULT

The results of descriptive sociodemographic analysis on married women in urban slum areas in Bandung, Indonesia, show that most of them have an age difference of 1-5 years with their husbands (57.0%), the wife's education level is mostly Elementary School/equivalent (37.7%), and their status is not working or a housewife (73.3%). The wives who work mostly work as a seller (40.0%). Meanwhile, the husbands in urban slum areas in Bandung, Indonesia, are mostly graduated from Senior High School/equivalent (38.3%), most of them have a job (82.3%), most of the husbands are casual daily laborers (38.5%). The income of families living in slum areas is mostly >2 million/month (60.0%). Both wife and husband are mostly married at the age of 19 years. Husbands and wives mostly have their first marriage/never experienced a divorce (87.7%). Husbands and wives mostly have 1-2 children (74, 0%). The family type is mostly nuclear family type (70.3%) and most of the husbands do not consume alcohol (91.7%) (Table I).

Table I: Sociodemographic Description of Married Women Aged 15-49 Years Living in Slum Areas in Bandung, Indonesia (n= 300)

Sociodemography Factor	f	%
Age Gap of Husband and Wife		
Coeval	22	7,3
1-5 Years	171	57,0
>5 Years	107	35,7
Wife Educational Status		
Elementary School/Equivalent	113	37,7
Junior High School/Equivalent	102	34,0
Senior High School/Equivalent	80	26,7
College	5	1,6
Wife Working Status		
Not Working	220	73,3
Working	80	26,7
Wife Occupation		
Seller	32	40,0
Factory Worker	21	26,3
Housekeeper	12	15,0
Seamstress	11	13,7
Private Employees	4	5
Husband Educational Status		
Elementary School/Equivalent	99	33,0
Junior High School/Equivalent	82	27,3
Senior High School/Equivalent	115	38,3
College	4	1,4
Husband Working Status		
Not Working	53	17,7
Working	247	82,3
Husband Occupation		
Casual Daily Laborers	95	38,5
Online Driver	40	16,2
Factory Worker	30	12,1
Seller	27	10,9
Seamstress	11	4,5
Security	4	1,6
Workshop Owner	2	0,8
Private Employees	38	15,4
Family Income		
≤2 million/month	120	40,0
>2 million/month	180	60,0
Wife's Age at First Marriage		
<19 Years	95	31,7
≥19 Years	205	68,3
Husband's Age at First Marriage		
<19 Years	20	6,7
≥19 Years	280	93,3
Divorce History		
No	37	12,3
Yes	263	87,7
Number of Children		
1-1 child	5	1,7
2-4 children	222	74,0
>4 children	73	24,3
Type of Family		
Extended family	89	29,7
Nuclear	211	70,3
Husband Alcohol Consumption		
Yes	25	8,3
No	275	91,7

Assessed from domestic violence experiences, 235 (78.3%) of 300 married women living in slum areas admitted that they had experienced domestic violence, emotionally, physically, and sexually. Table II shows

Table II: Types of Domestic Violence Experienced by Married Women Living in Slum Areas in Bandung, Indonesia

Types of Domestic Violence	Never f (%)	Sometimes f (%)	Always f (%)	Often f (%)
Emotional				
Emotional Mild				
a) husband/partner does not allow wife to meet/interact with friends	223 (74,3%)	62 (20,7%)	7 (2,3%)	8 (2,7%)
b) husband/spouse limits wife's interaction with wife's family members	263 (87,7%)	28 (9,3%)	7 (2,3%)	2 (0,7%)
c) husband/spouse treats wife like a servant	246 (82,0%)	41 (13,7%)	5 (1,7%)	8 (2,7%)
d) husband/partner insults, pressures, humiliates his wife in front of others	275 (91,7%)	21 (7,0%)	2 (1,0%)	1 (0,3%)
Emotional Moderate				
a) husband/spouse does not allow wife to handle money	235 (78,3%)	42 (14,0%)	18 (6,0%)	5 (1,7%)
b) husband/spouse does not allow wife to choose/buy goods	225 (75,0%)	64 (21,3%)	9 (3,0%)	2 (0,7%)
c) husband/partner is irritated/suspicious/angry when wife talks to other men	143 (47,7%)	129 (43,0%)	12 (4,0%)	16 (5,3%)
d) husband/spouse accuses wife of being unfaithful	256 (85,3%)	34 (11,3%)	8 (2,7%)	2 (0,7%)
e) husband/spouse always tries to find out where the wife is	126 (42%)	100 (33,3%)	47 (15,7%)	27 (9,0%)
f) husband/spouse does not involve wife taking part in decision-making	210 (70,0%)	60 (20,0%)	18 (6,0%)	12 (4,0%)
g) husband/spouse does not react or support his relatives when they insult his wife	247 (82,3%)	38 (12,7%)	12 (4,0%)	3 (1,0%)

CONTINUE

Table II: Types of Domestic Violence Experienced by Married Women Living in Slum Areas in Bandung, Indonesia (cont.)

Types of Domestic Violence	Never f (%)	Sometimes f (%)	Always f (%)	Often f (%)
Emotional				
Emotional High				
a) husband/ spouse stays away from home for days or weeks without telling wife, nor giving money	280 (93,3%)	15 (5,0%)	1 (1,0%)	2 (0,7%)
b) husband/ spouse is unfaithful, having a relationship outside of marriage	291 (97,0%)	7 (2,3%)	0 (0,0%)	2 (0,7%)
c) wife experiences life in fear because her husband/partner threatens wife or their closest person	293 (97,7%)	5 (1,7%)	2 (0,7%)	0 (0,0%)
Physical				
Physical Mild				
a) husband/partner slaps wife	295 (98,3%)	4 (1,3%)	0 (0,0%)	1 (0,3%)
b) husband/partner hits wife on other body parts	295 (98,3%)	5 (1,7%)	0 (0,0%)	0 (0,0%)
c) husband/partner twists arm/ pulls wife's hair	291 (97,0%)	6 (2,0%)	1 (0,3%)	2 (0,7%)
Physical Moderate				
a) husband/partner punches wife with fist or other objects	294 (98,0%)	6 (2,0%)	0 (0,0%)	0 (0,0%)
b) husband/partner kicks and drags wife	294 (98,0%)	6 (2,0%)	0 (0,0%)	0 (0,0%)
c) husband/partner strangles or causes burns to wife	294 (98,0%)	2 (0,7%)	1 (0,3%)	1 (0,3%)
Physical High				
a) husband/partner attacks wife with knife or other weapons	293 (97,7%)	7 (2,3%)	0 (0,0%)	0 (0,0%)
b) husband/ spouse threatens wife's life by, for example, trying to strangle wife, showing a gun or knife, or other similar actions	293 (97,7%)	4 (1,3%)	2 (0,7%)	1 (0,3%)

CONTINUE

Table II: Types of Domestic Violence Experienced by Married Women Living in Slum Areas in Bandung, Indonesia (cont.)

Types of Domestic Violence	Never f (%)	Sometimes f (%)	Always f (%)	Often f (%)
Sexual				
Sexual Mild				
a) husband/partner forces wife to watch pornographic films	292 (97,3%)	5 (1,7%)	0 (0,0%)	3 (1,0%)
b) husband/ spouse deliberately ignores wife by not having sexual relations with wife for weeks	277 (92,3%)	22 (7,3%)	0 (0,0%)	1 (0,3%)
Sexual Moderate				
a) husband/partner forces wife to engage in unnatural sexual practices hated by wife	286 (95,3%)	13 (4,3%)	1 (0,3%)	0 (0,0%)
Sexual High				
a) husband/partner forces sexual intercourse when wife is not interested	265 (88,3%)	31 (10,3%)	3 (1,0%)	1 (0,3%)

the types of domestic violence experienced by married women living in slum areas in Bandung, Indonesia (Table II).

Table II shows that most of married women did not experience domestic violence either emotionally, physically, or sexually. Meanwhile, mild emotional domestic violence experienced by married women who lived in slum areas are mostly husbands/partners not allowing them to meet or interact with friends (2.7%) and husbands/partners treating their wives like servants (2.7%). The moderate emotional domestic violence is mostly husband/partner is irritated/suspicious/angry if wife talks to another man (43.0%). At the high emotional level, the most domestic violence experienced is husband/partner leaving the house for days/weeks without giving any money (5.0%). The type of mild physical violence is mostly husband/partner twisting their arms/pulling their hair (2.0%), while the type of moderate physical violence is mostly husband/partner attacking wife with a knife or other weapons (2, 3%). In domestic violence with mild sexual violence, the violence is mostly husband/partner neglecting wife intentionally by not having sexual intercourse (7.3%). In moderate sexual violence level, the most violence experienced is husband/partner forcing wife to practice

unnatural sexual violence hated by wife. Meanwhile, in the high sexual violence level, husband/partner forces sexual intercourse when wife is not interested (10.3%) (Table III).

Table III shows that most domestic violence are experienced by married women living in urban slum areas in Bandung, Indonesia, with the following characteristics: having an age gap of 1-5 years with their husband (79.0%), the wives having Senior High School/ equivalent educational status (82.5%), working wife

Table III: Domestic Violence Analysis according to Sociodemography of Married Women Living in Urban Settlements in Bandung, Indonesia

Sociodemography Factor	Experiencing Violence		p-value	OR
	Yes f (%)	No f (%)		
Age Gap of Husband and Wife				
Coeval	20 (91,0%)	2 (9,0%)	0,116	0,29
1-5 Years	135 (79,0%)	36 (21,0%)	Baseline	
>5 Years	80 (74,8%)	27 (25,2%)	0,418	
Wife Educational Status				
Elementary				
School/Equivalent	88 (77,9%)	25 (22,1%)	0,364	0,43
Junior High	78 (76,5%)	24 (23,5%)	0,412	
School/Equivalent	66 (82,5%)	14 (17,5%)	0,233	0,32
Senior High	3 (60,0%)	2 (40,0%)	baseline	
School/Equivalent				
College				
Wife Working Status				
Not Working	172 (78,2)	48 (21,8%)	0,916	1,03
Working	63 (78,8)	17 (21,2%)	baseline	
Husband Educational Status				
Elementary				
School/Equivalent	74 (74,8%)	25 (25,2%)	0,250	0,34
Junior High	66 (80,5%)	16 (19,5%)	0,172	
School/Equivalent	93 (80,9%)	22 (19,1)	0,161	0,24
Senior High	2 (50,0%)	2 (50,0%)	baseline	
School/Equivalent				
College				
Husband Working Status				
Not Working	42 (81,1%)	10 (18,9%)	0,586	0,81
Working	192 (77,7%)	55 (22,3%)	baseline	
Family Income				
≤2 million/month	104 (86,7%)	16 (13,3%)	0,005	0,41
>2 million/month	131 (72,8)	49 (27,2%)	baseline	
Wife's Age at First Marriage				
<19 Years	71 (74,7%)	24 (25,3%)	0,304	1,35
≥19 Years	164 (80,0%)	41 (20,0%)	baseline	
Husband's Age at First Marriage				
<19 Years	17 (85,0%)	2 (15,0%)	0,458	0,62
≥19 Years	218 (77,9%)	62 (22,1%)	baseline	
Divorce Status				
Yes	30 (81,1%)	7 (18,9%)	0,665	0,82
No	205 (77,9%)	58 (22,1)	baseline	

Table III: Domestic Violence Analysis according to Sociodemography of Married Women Living in Urban Settlements in Bandung, Indonesia (cont.)

Sociodemography Factor	Experiencing Violence		p-value	OR
	Yes f (%)	No f (%)		
Number of Children				
1-1 children	4 (80,0%)	1 (20,0%)	0,969	0,96
2-4 children	176 (79,3%)	46 (20,7%)	baseline	
>4 children	55 (75,3%)	18 (24,7%)	0,480	
Type of Family				
Extended family	72 (80,9%)	17 (19,1%)	0,484	0,80
Nuclear	163 (77,2%)	48 (22,8%)	baseline	
Husband Alcohol Consumption				
Yes	24 (96,0%)	1 (4,0%)	0,054	0,14
No	211 (76,7%)	64 (23,3%)	baseline	

(78.8%), having husbands with Senior High School/ equivalent educational status (80.9%), having husband who does not work (77.7%), and having family income ≤2 million/month (86.7%). In addition, domestic violence is also common in the group of wives married at the age of >19 years (80.0%). In husband groups, domestic violence is more common in husbands who are married at the age of <19 years (77.9%). Domestic violence is more common in extended family type (80.9%) and in households whose husbands have alcohol consumption habits (76.7%).

The bivariate analysis results showed that three variables had a p-value <0.25, namely husband's education, husband's alcohol consumption, and family income. The three variables were analyzed multivariately using multiple logistic regression to produce a full model. The results obtained on the husband's education variable was p-value >0.05 (p-value for elementary school =0.589, p-value for junior high school =0.366, p-value for senior high school =0.259, College as the baseline), thus the Education variable was excluded from the model. Subsequently, a confounding test was conducted to see changes in OR after the husband's education variable was excluded. The OR changed before and after the husband's education variable excluded from the husband's alcohol consumption variable and the family income variable. The result was that there was no change in the OR >10%. Thus, the husband's education variable was excluded. Furthermore, an interaction test between the husband's alcohol consumption variable and the family income variable was conducted. The test showed that there was no interaction between the variables. Therefore, the modeling has been completed. The valid model is the model without interaction (Table IV).

Table IV shows that the most influential variable on domestic violence incidence among women living in urban slum areas in Bandung, Indonesia, is family income (B; 1.94), which means that the wives of families

Table IV: Final Model

Variable	B	P value	OR
Husband Alcohol Consumption			
Yes	0,87	0,050	0,14
No			
Family Income			
≤2 million/month	1,94	0,006	0,41
>2 million/month			

having ≤2 million/month income have 0.41 times higher risk of experiencing domestic violence compared to families with >2 million/month income. Meanwhile, families with husbands who consume alcohol have 0.14 times higher risk of experiencing domestic violence compared to families without husbands with alcohol consumption habits.

DISCUSSION

This study has limitations, including in the data collection process. The data collection was conducted through questionnaires that might be subjective and depend on the respondent's honesty. The results showed that 78.3% of married women living in slum areas in Bandung, Indonesia, admitted that they had experienced domestic violence, which shows high violence against women incidents. Regarding Indonesia National Commission on Violence Against Women, 60% from 1,413 cases in 2019 became 2,389 cases in 2020. In Indonesia, the high level of domestic violence has worsened since the beginning of Covid-19 pandemic (4,17). Apart from the increase of recorded domestic violence cases, many domestic violence victims are not recorded because they refuse to report since they do not want to disgrace their families (18–20).

Domestic violence is one of the most important concerns in global health (21). Maintaining women's health services while mitigating the impact of pandemics is an unprecedented challenge. Another research says that >30% of women are at risk of domestic violence. WHO states that domestic violence incidents in Ethiopia are above 71%, while 90% of domestic violence victims in China are women (6). Domestic violence can have negative impacts on women's physical, mental, reproductive, and sexual health (22,23). In the reproductive health aspect, women can experience earlier menstruation and menopause. During pregnancy, women can experience miscarriage, immature delivery, and antepartum stillbirth. During childbirth, women will experience labor complications, including uterine contraction loss, prolonged labor, even surgery. Therefore, we need to know the factors causing domestic violence cases so that solutions and policies can be found to reduce domestic violence incidence in women (23)

Research shows that married women living in slum areas in Bandung, Indonesia, experience domestic violence. The most common violence found in this study includes domestic emotional violence, such as husband/partner not allowing wife to meet or interact with friends (2.7%), husband/partner treating wife like a servant (2.7%), husband/partner feeling irritated/suspicious/angry if wife talks to another man (43.0%), and husband/partner leaving the house for days/weeks without giving any money (5.0%). Meanwhile, domestic physical violence includes husbands/partners twisting their arms/pulling their hair (2.0%) and husbands/partners attacking their wives with knives or other weapons (2, 3%). In domestic sexual violence, the violence is mostly husbands/partners ignoring wife intentionally by not having sexual intercourse (7.3%), husbands/partners forcing wives to perform unnatural sexual practices hated by wives, and husbands/partners forcing sexual intercourse when wife is not interested (10.3%).

Research shows that if a husband consumes alcohol, the family has 0.14 times higher risk of domestic violence than families whose husbands do not consume alcohol. Alcohol harmful consumption and domestic violence are two major public health issues worldwide. Apart from their high prevalence, these two phenomena produce psychological, sociological, and biological consequences for both individuals and general population (24). These phenomena frequently coexist and share a complex set of psychosocial risk factors. However, in-depth studies to support interventions to overcome these two phenomena remain scarce.

Although the alcoholic beverage consumption level in Indonesia is among the lowest in the world, a new survey conducted by the Center for Indonesian Policy Studies (CIPS) on alcohol consumption in Bandung city, Indonesia, said that most of alcohol consumers (64%) were low-income (0-3 million/month) persons and almost all of them (93%) were male, with the 25–34 years age group as the highest age group in consuming alcoholic beverages (25). The uncontrolled drunkenness effects caused by alcoholic beverages can cause many problems. In parents and families, consuming alcoholic beverages can cause heavy mental, emotional, and social burdens. In addition, it can also cause a high-cost burden even to family economic bankruptcy. Consuming alcoholic beverages can also cause a prolonged suffering burden, destruct children's futures, and trigger family abandonment, domestic violence, and divorce process (26).

Considering that people in productive age are often negatively affected by alcohol consumption, specific and comprehensive special arrangements are needed (25). For this reason, future arrangements should focus more on efforts to protect public from the negative effects of alcoholic beverage consumption. The regulation needs to be carried out in a firm, specific, and comprehensive

manner by considering several factors, including product, distribution and consumption, rehabilitation, community participation, government commitment, and harmonious cooperation across sectors at regional and central levels. In addition, it is important to not only pay attention to the alcohol pharmacological effects but also the socio-cultural and environmental factors influencing alcohol consumption and violent behavior patterns. Alcohol may become coping strategy to handle stress caused by economic burdens of losing a job, especially during the current pandemic (15).

The increasing number of COVID-19 cases has prompted Government to issue restriction instructions. Since March 16, 2020, Civil Servants have been instructed to work from home and some private companies have imposed the same instructions (22). The Ministry of Manpower and BPJS Employment recorded 2.8 million workers have been laid off during COVID-19 pandemic. The high wave of Termination of Employment and the loss of community livelihoods are followed by other impacts, such as domestic violence experienced by women after the issuance of COVID-19 in Presidential Decree No. 12 Year 2020 concerning the Determination of Non-Natural Disasters for the Spread of Corona Virus Disease 2019 (COVID-19) as National Disasters. This condition increases women's burdens, they should even look for additional family income. This double burden triggers stronger household conflicts which lead to violence potential.

The results showed that there was a relationship between domestic violence cases and economic factors among married women in slum areas in Bandung, Indonesia (p -value = 0.006). There is 0.41 times higher risk of domestic violence to the wife of a family with ≤ 2 million/month income compared to a family with > 2 million/month income. Domestic violence was more common in families with husbands who did not work or lost their jobs during Covid-19 pandemic, which was 77.7%. Poverty can trigger confusion to meet daily needs, resulting in frustration, stress, hopelessness, depression, irritability, and uncontrollable behavior. According to data from the Central Bureau of Statistics, the number of poor people in Indonesia has increased more than 2.7 million due to Covid-19 pandemic. It is different from the research conducted by Jessica Ruth Andina, Marvel Tanara, Dzaky Putra Wirahman (2020) saying that, in Indonesia, domestic violence does not only occur in the lower economic class. It happens at every level of society. It is because economy is not the strongest factor in domestic violence, but the household mentality (27).

Economic problems often trigger physical violence started with verbal violence. Unconsciously, wives insult their husband for not being able to provide for the family's needs. If he cannot regulate his emotions, he can commit violence or leave the house. Research shows

that domestic violence is more common in households with husbands who do not work or lose their jobs due to Covid-19 pandemic. 5% of husbands leave the house without providing for their family. Economic problems causing families to live in poverty also increase the sexual violence risk against children. There are cases where a father molesting his child because they sleep in the same room. Poverty makes them unable to provide a decent place. Under these conditions, the deviant sexual activity potential becomes very open (28).

In 2020, the Ministry of Women Empowerment and Child Protection of the Republic of Indonesia in collaboration with the United Nations Population Fund (UNFPA) compiled a Protocol for Handling Violence against Women Cases during Covid-19 Pandemic. Among them are complaint services, protocols for providing assistance services, referrals to health services, legal consultations, and self-rescue protocols for violence against women victims during the Covid-19 pandemic. The lack of information obtained by married women regarding this new protocol could be the cause of the government's failure to deal with this problem. Therefore, it is important to provide information and knowledge about domestic violence forms and how to report the cases.

CONCLUSION

This study found that 78.3% of married women living in slum areas in Bandung, Indonesia, admitted that they had experienced domestic violence physically, emotionally, and sexually. The causal factors associated with domestic violence incidents are family income and husband's alcohol drinking habits. Providing information through pre-wedding seminars regarding domestic violence forms and self-rescue protocols for domestic violence victims is important so that domestic violence cases can be handled immediately, especially for women living in slum areas.

ACKNOWLEDGEMENTS

We would like to deliver our gratitude to Bandung City Government for allowing us to conduct research area during Covid-19 Pandemic. This research was funded by LPPM UPI, grant No. 567/UN40.LP/PT.01.03/2021.

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