Seminar dan Workshop

"Penanganan Kekerasan Seksual pad Perempuan"

Ikatan Peminat dan Ahli Kesehatan Reproduksi (IPAKESPRO)

Yogyakarta, 3 Juli 2015

Pemaparan Data Kekerasan Terhadap Perempuan

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Epidemiology

 The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control of health problems.

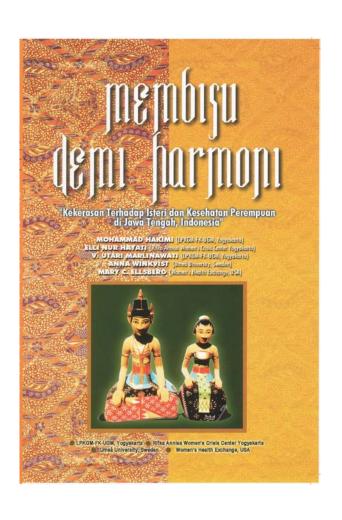
Last JM (ed.). Dictionary of Epidemiology, 4th ed.

New York: Oxford University Press, 2001.





SEHATI



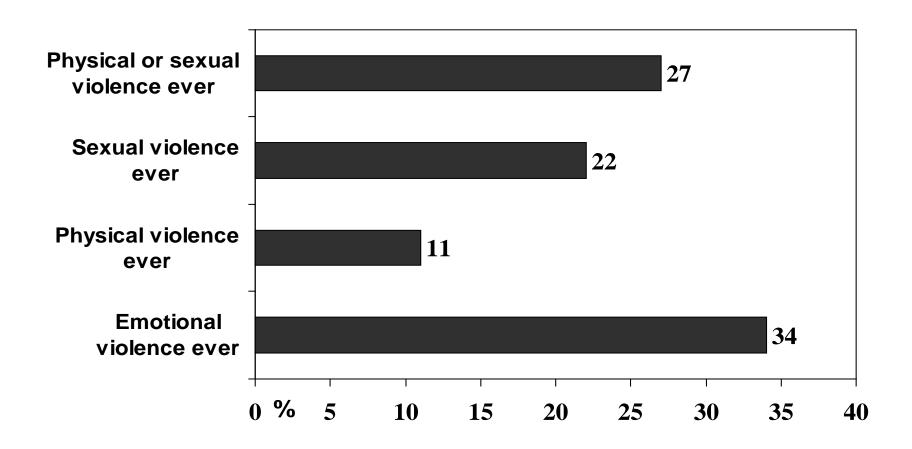
- Community Health and Nutrition Research Laboratory
- Rifka Annisa Women's
 Crises Center
- Umea University,
 Sweden
- Women's Health Exchange, USA

Aims

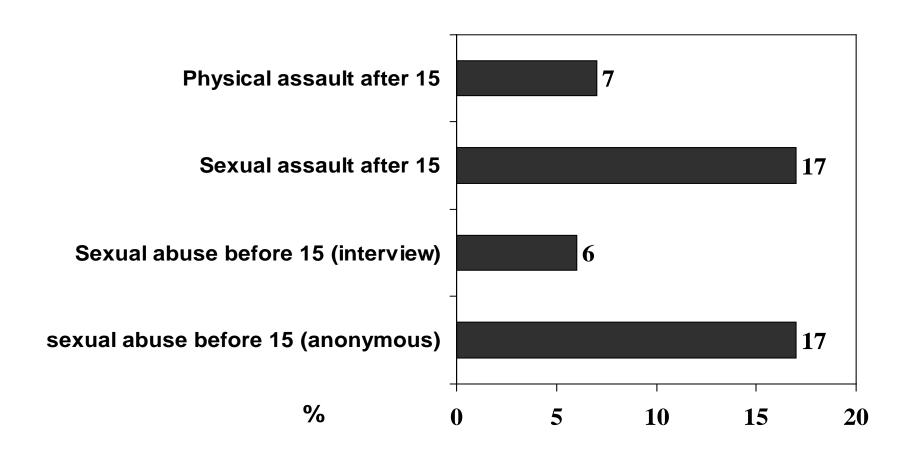
 Prevalence of physical, sexual and emotional violence against women

Characteristics of violence

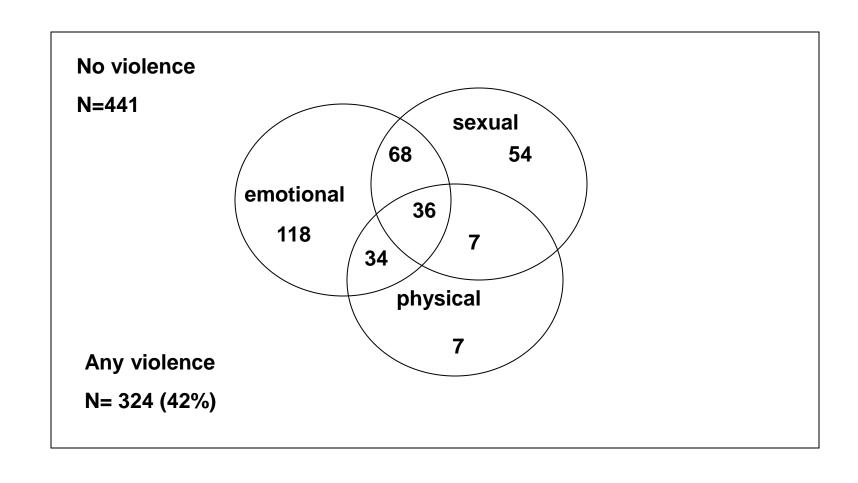
Prevalence of partner violence against women (n=765)



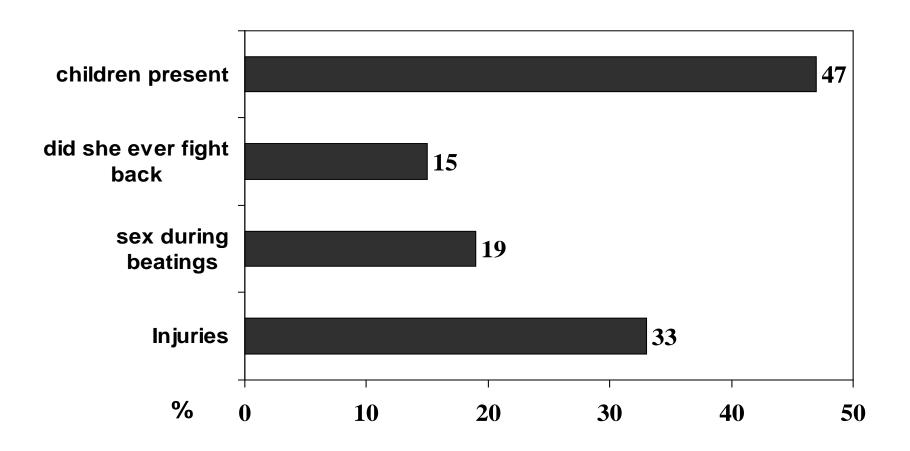
Prevalence of non partner violence against women (n=765)



The overlap of physical, sexual and emotional violence by partners

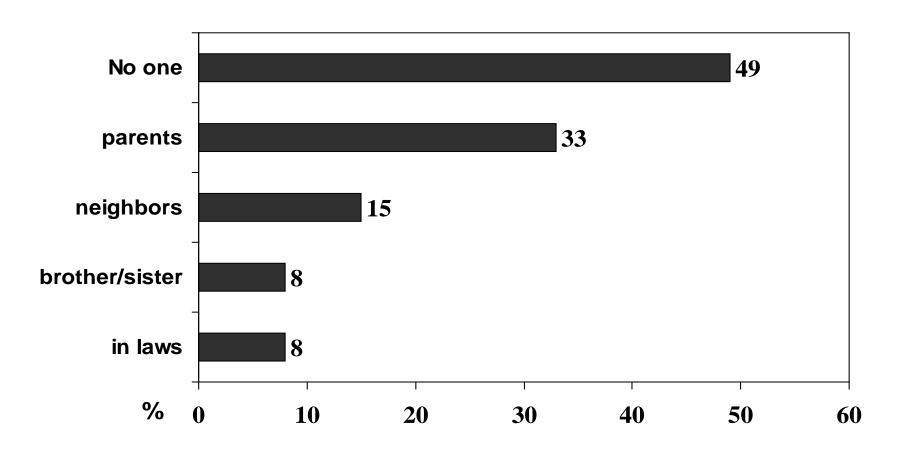


Characteristics of partner violence



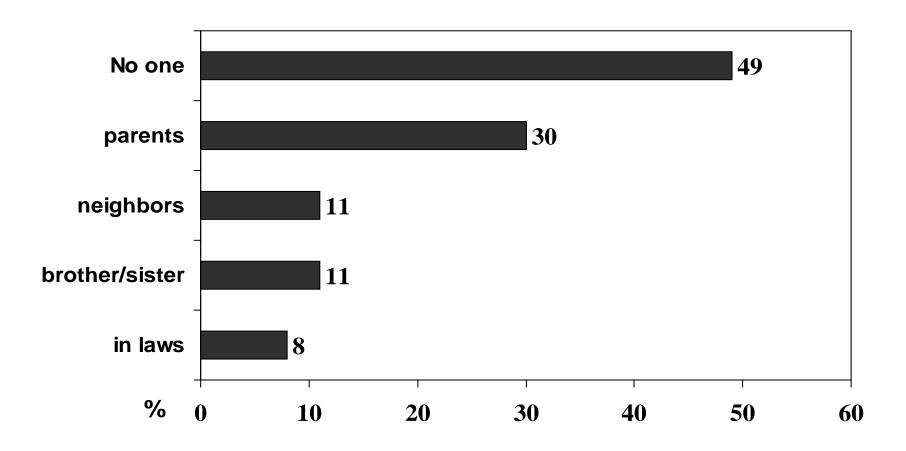
n=80 physically abused women

Who did you tell about the violence?



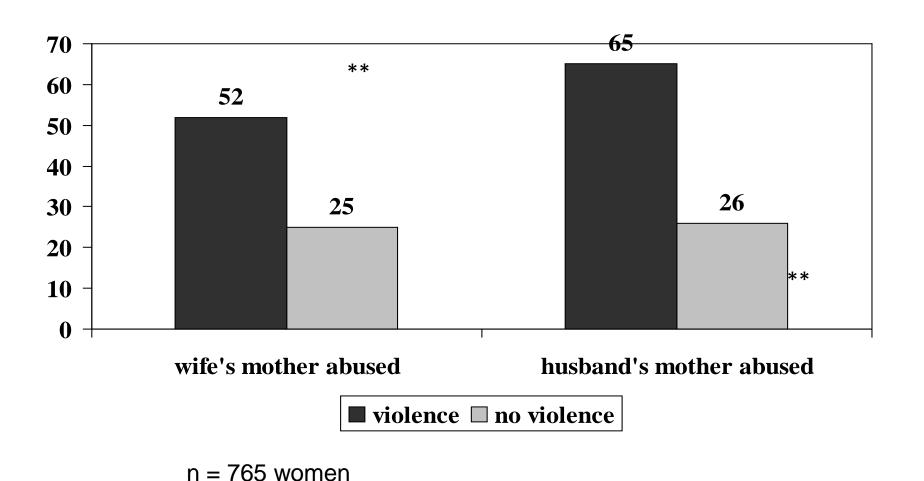
N=80 physically abused women

Did anyone try to help?

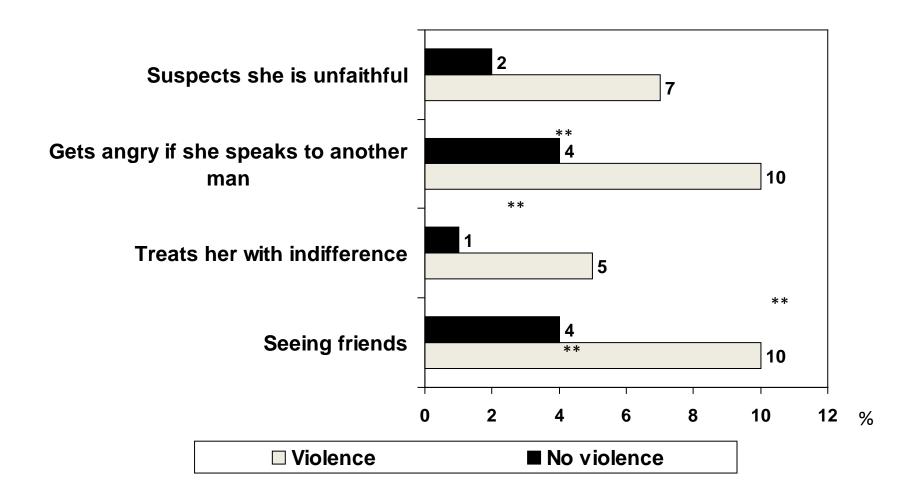


N=80 physically abused women

Family history and the risk of violence



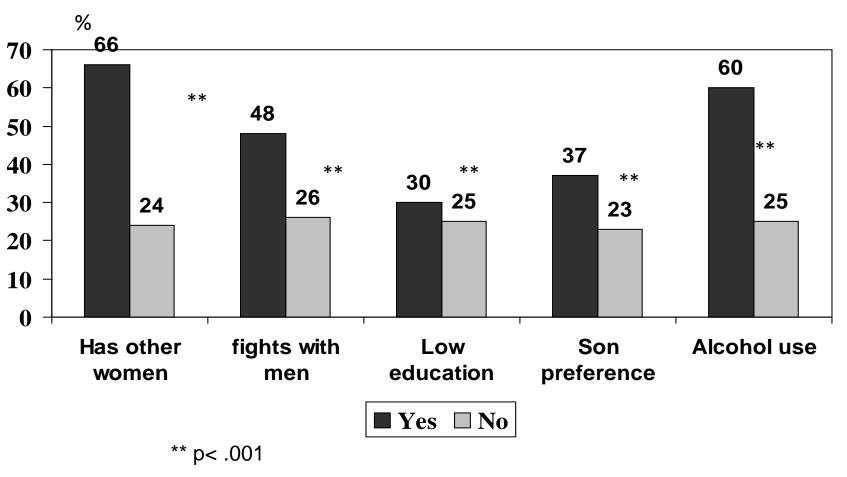
Husband's control and violence



** p<0,01

n = 765 women

Husband's characteristics and violence



N=80 physically abused women

Alhabib S, Nur U & Jones R.
Domestic Violence Against
Women: Systematic Review
of Prevalence Studies. *J Fam Viol*(2010) 25:369–382.

Fig. 4 Forest plot of current physical violence studies

study_id	ES (95% CI)
Garcia-Moreno C et al Bangladish 2006 Garcia-Moreno C et al Brazil 2006 Garcia-Moreno C et al Ethiopia 2006 Garcia-Moreno C et al Japan 2006 Garcia-Moreno C et al Japan 2006 Garcia-Moreno C et al Peru 2006 Garcia-Moreno C et al Samoa 2006 Garcia-Moreno C et al Serbia 2006 Garcia-Moreno C et al Serbia 2006 Garcia-Moreno C et al Thailand 2006 Garcia-Moreno C et al Tanzania 2006 Hcks MHR et al 2006 Yang MS et al 2006 McCloskey LA et al 2005 Romito P et al 2005 Serquina-Ramiro L 2004 Salena H 2004 Eisikovits Z et al 2004 Ghazizadeh A 2005 op-Sidibe N et al 2006 Jain D et al 2004 Naved R.T et al 2006 Khawaja.M & Barazi.R 2005 Ramiro.L.S et al 2004 (Egypt) Ramiro.L.S et al 2004 (Philippine) Ramiro.L.S et al 2004 (India) Jewkes.R et al 2002 Raj A & Silverman.J.G 2002 Jewkes.R et al 2001/a Jewkes.R et al 2001/c Ellsberg.M.C et al 1999 Deyessa.N et al 1998 CDC, Georgia 1998 Hakimi et al 2001	19.00 (17.08, 20.92) 8.30 (6.72, 9.88) 29.00 (27.38, 30.62) 3.10 (2.18, 4.02) 15.90 (14.05, 17.75) 16.90 (14.95, 18.85) 17.90 (16.04, 19.76) 3.20 (2.30, 4.10) 7.90 (6.55, 9.25) 14.80 (13.17, 16.43) 3.00 (0.51, 5.49) 10.10 (7.93, 12.27) 16.20 (14.30, 18.10) 19.00 (15.27, 22.73) 29.00 (26.19, 31.81) 70.00 (64.89, 75.11) 6.00 (4.78, 7.22) 15.00 (12.80, 17.20) 47.00 (45.79, 48.21) 24.00 (20.26, 27.74) 19.00 (17.52, 20.48) 17.40 (12.81, 21.99) 10.50 (8.11, 12.89) 6.20 (4.71, 7.69) 3.60 (1.82, 5.38) 25.30 (22.12, 28.48) 9.50 (7.91, 11.09) 26.60 (19.75, 33.45) 10.90 (7.83, 13.97) 11.90 (8.80, 15.00) 4.50 (2.61, 6.39) 27.00 (23.06, 30.94) 10.00 (7.73, 12.27) 6.00 (5.17, 6.83) 2.00 (1.01, 2.99)
	1

Fig. 5 Forest plot of prevalences of current physical violence from population studies

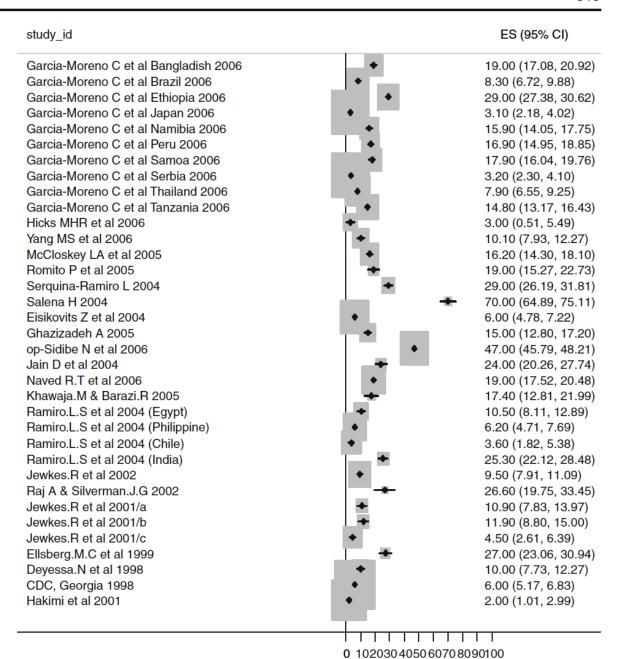


Fig. 6 Forest plot of high quality studies on life time prevalence of physical violence

study_id	ES (95% CI)
Kocacik F et al 2006	38.25 (34.31, 42.20)
Garcia-Moreno C et al Bangladish 2006	39.68 (37.28, 42.07)
Garcia-Moreno C et al Brazil 2006	◆ 27.13 (24.59, 29.68)
Garcia-Moreno C et al Ethiopia 2006	48.67 (46.89, 50.46)
Garcia-Moreno C et al Japan 2006	12.84 (11.07, 14.61)
Garcia-Moreno C et al Namibia 2006	30.60 (28.27, 32.93)
Garcia-Moreno C et al Peru 2006	48.59 (45.98, 51.19)
Garcia-Moreno C et al Samoa 2006	40.49 (38.11, 42.86)
Garcia-Moreno C et al Serbia 2006	22.80 (20.65, 24.96)
Garcia-Moreno C et al Thailand 2006	22.92 (20.81, 25.02)
Garcia-Moreno C et al Tanzania 2006	32.86 (30.70, 35.02)
Xu X 2005	42.95 (39.02, 46.88)
Sethi D 2004	34.85 (28.21, 41.49)
Ruiz-Perez I 2006	22.75 (18.64, 26.86)
Michelle Hynes et al 2004	24.91 (19.93, 29.90)
XU X et al 2001	38.00 (34.12, 41.88)
Fanslow.J and Robinson.E 2004	1 6.98 (15.03, 18.94)
Hakimi et al 2001	10.98 (8.76, 13.20)
	<u> </u>

0 10 20 30 40 50 60 70 80 90100

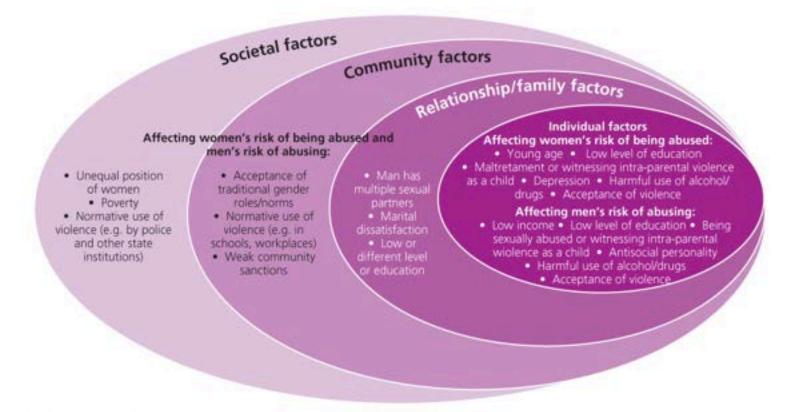


Figure 1.1 Factors associated with violence against women.

Source: WHO 2012 Understanding and addressing violence against women: overview. Reproduced by permission of the World Health Organization.

Wathen, C.N., & MacMillan, H.L. (2005). Interventions for violence against women: Scientific review. *Journal of the American Medical Association*, 289(5), 589-600.

- Health Evidence (McMaster University, Canada):
 Review Quality Rating = 8 (strong)
- OBJECTIVE: To systematically review, from the perspective of primary health care, the available evidence on interventions aimed at preventing abuse or reabuse of women.
- CONTEXT: Intimate partner violence is prevalent and is associated with significant impairment, yet it remains unclear which interventions, if any, reduce rates of abuse and reabuse.

DATA SYNTHESIS

- Screening instruments exist that can identify women who are experiencing intimate partner violence.
- No study has examined, in a comparative design, the effectiveness of screening when the end point is improved outcomes for women (as opposed to identification of abuse).
- No high-quality evidence exists to evaluate the effectiveness of shelter stays to reduce violence. Among women who have spent at least 1 night in a shelter, there is fair evidence that those who received a specific program of advocacy and counseling services reported a decreased rate of reabuse and an improved quality of life.

DATA SYNTHESIS

- The benefits of several other intervention strategies in treating both women and men are unclear, primarily because of a lack of suitably designed research measuring appropriate outcomes.
- In most cases, the potential harms of interventions are not assessed within the studies reviewed.

CONCLUSIONS

- Much has been learned in recent years about the epidemiology of violence against women, yet information about evidence-based approaches in the primary care setting for preventing intimate partner violence is seriously lacking.
- The evaluation of interventions to improve the health and well-being of abused women remains a key research priority.

STABLE PORTION OF PARTIES OF PART