Global Journal of Health Education and Promotion
Vol. 17, No. 1, pp. 1–4

Editorial

Role of Public Health Education in Addressing Intimate Partner Violence Against Women: A Global Crisis

Deborah A. Fortune, *North Carolina Central University*

Intimate partner violence (IPV) against women is a serious public health problem that is pervasive worldwide (World Health Organization [WHO], 2013). It is a global public health problem that affects about one third of women across the globe (WHO, 2013). Intimate partner violence includes both physical and sexual violence. The Centers for Disease Control and Prevention (CDC, 2012) defines intimate partner violence as physical, sexual, or psychological harm by a current or former spouse or partner. The WHO (2013) defines IPV as physical and/or sexual violence by an intimate partner. The intimate partner may be a formal partnership (e.g., marriage) or informal partnership (e.g., dating relationship or unmarried sexual relationship (WHO, 2013). For a working definition, WHO (2013) refers to physical violence to include any of the following: slapping, throwing objects to hurt a person, pushing/shoving, hitting a person with a fist or object, kicking, dragging, beating, choking, or purposively burning a person. Sexual violence is defined as physically forcing sexual intercourse, having sexual intercourse due to fear of partner, forcing partner to have sexual intercourse without use of condoms or other contraceptives, and forcing a person to perform a sexual act that is degrading or humiliating (WHO, 2013).

The WHO (2013) conducted the first global systematic review and synthesis of scientific literature on the prevalence of two forms of violence against women, which were intimate partner violence and non-partner sexual violence. The key findings from the study that are pertinent for this article include the following:

- 35% of women globally have experienced either physical and/or sexual IPV or nonpartner sexual violence.

Deborah A. Fortune is an associate professor, Department of Public Health Education, North Carolina Central University. Please send correspondences to dfortune@nccu.edu.

- 30% of all women have experienced physical violence and/or sexual violence by their husband or intimate partner. The rates were higher for some WHO regions, particularly low and middle income regions. The prevalence for South-East Asia was approximately 38%, Eastern Mediterranean was 37%, and Africa was 37%
- 38% of all murders of women are committed by their intimate partners.

The health effects that women suffer as a result of IPV include physical trauma; psychological/mental health trauma; and sexual health, such as unwanted pregnancy and HIV/other sexually transmitted infections. These health problems may lead to disability and/or death (WHO, 2013). A myriad of factors may put women at risk for IPV, including

- lack of or low employment of women, which makes women depend on men for subsistence, thus placing them at risk for IPV;
- social norms regarding male masculinity;
- male dominance over their wife or intimate partner;
- cultural acceptance of male dominance and control over women;
- lack of criminalization of domestic violence in some countries;
- lack of enforcement of laws against domestic violence in some countries; and
- lack of respect of women's right as a wife or intimate partner.

Translation to Health Education Practice

The CDC (2012) indicates that IPV can be prevented. Thus, a public health approach should be used to understand and prevent IPV among women around the world. A primary prevention public health approach should be emphasized. The following public health education strategies are recommended to prevent IPV against women globally.

Suggested Public Health Education Strategies

1. Increase awareness and knowledge about risk factors and ways to prevent IPV among youth. Emphasis should be placed on strategies for developing healthy relationships. Schools should include lessons on IPV in the health education curriculum as a component of violence prevention.
2. Empower women through education about IPV, helping them to develop self-efficacy and skills to protect themselves against IPV. Provide employment assistance to women. In addition, provide support for women who are victims of IPV.

3. Develop and provide treatment programs for male perpetrators of IPV. One component of treatment programs should emphasize changing concepts of masculinity as it pertains to dominance and control of women (e.g., men's wives or intimate partners).
4. Advocate for policies that support women's human rights and that discourage victimization of women by their husband or intimate partner. Also, advocacy efforts should include legal reform, particularly criminalizing domestic violence and enforcing laws against IPV.

Responsibilities II, IV, VI, and VII of the National Commission for Health Education Credentialing and Society for Public Health Education (NCHEC & SOPHE, 2015) are highlighted in the articles in this issue, but all seven roles and responsibilities for health educators are applicable for addressing IPV. Responsibility II states that health educators "plan health education/promotion" (NCHEC & SOPHE, 2015, p. 34). Subcompetency 2.4.1 for this responsibility recommends that those programs be based on proven health education theories and models. The WHO and London School of Hygiene and Tropical Medicine (2010) recommend the use of an ecological model to address IPV against women because of the complex nature and many factors associated with IPV. An ecological model would address influences for individual, relationship, community, and societal factors.

Responsibility IV states that health educators "conduct evaluation and research related to health education/promotion" (NCHEC & SOPHE, 2015, p. 43). There is a need for the development of evidence-based intervention for the prevention of IPV among adults (CDC, 2014). Results from those studies will serve as the foundation for addressing IPV across the globe.

Responsibility VI states that health educators "serve as health education/promotion resource person" (NCHEC & SOPHE, 2015, p. 55). Health educators need to disseminate information that is culturally relevant for countries across the globe with suggested strategies to prevent the occurrence of IPV against women.

Responsibility VII indicates that health educators should "communicate, promote, and advocate for health, health education/promotion, and the profession" (NCHEC & SOPHE, 2015, p. 59). Thus, health educators should create and tailor messages that are culturally relevant for countries on warning signs and symptoms of IPV, risks factors for perpetrator and victims of IPV, ways to promote women's rights, and strategies to prevent or reduce behaviors associated with IPV. Also, health educators should advocate that schools (K–12), health care settings (hospitals and physicians' offices), community settings (e.g., community-based organizations and local health departments), businesses, and colleges and universities intervene to prevent or reduce the burden of IPV against women across the globe.

In conclusion, IPV is a global public health problem that affects women across the globe. As a public health problem, public health educators have a role to play in addressing IPV against women. At the present, public health educators need to develop and conduct media campaigns to increase the awareness about IPV against women in an effort to generate resources and interventions for preventing IPV.

References

Centers for Disease Control and Prevention. (2014). *Understanding intimate partner violence: Fact sheet*. Atlanta, GA: Author.

National Commission for Health Education Credentialing & Society for Public Health Education. (2015). *A competency-based framework for health education specialists – 2015*. Whitehall, PA: National Commission for Health Education Credentialing.

World Health Organization. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Geneva, Switzerland: Author.

World Health Organization & London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. Geneva, Switzerland: World Health Organization.