

The Perceptions of Gender-Based Violence: A Cross-Sectional Study Among University Students at Asia-Pacific International University, Thailand¹

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Abstract

Gender-based violence (GBV), which primarily affects women's health, is predicted by attitudes conducive to the acceptance of such violence. While there are extensive studies on the perception of GBV and its correlation with gender, only a few studies have analyzed the attitudes toward GBV in a predominantly Christian, Asian university, and how religion correlates with GBV. This cross-sectional study empirically compared the difference in perception of GBV between genders and religions, using survey data collected from 182 students at Asia-Pacific International University, Thailand; female respondents comprised 54% of this number. The predictive factors of acceptance of GBV were assessed through an online questionnaire that included demographic data, attitudes toward gender norms and justification of GBV. The results showed that gender and gender role beliefs were significantly positively correlated, and that religion had a significant effect on the justification of GBV as shown by a one-way ANOVA. This study demonstrated that gender, religion, gender role beliefs, and justification of GBV had a significant effect on the attitudes toward acceptance of GBV.

Keywords: *Gender-based violence, university students, perceptions gender-based violence*

Introduction

The definition of Gender-based Violence (GBV), according to the United Nations High Commissioner for Refugees (UNHCR, 2023), is harmful acts directed at an individual based on their gender. The majority of the burden of GBV falls on women, and it is estimated that one in three women will experience GBV in her lifetime. GBV includes but is not limited to sexual, physical, mental, and economic harm. GBV can be inflicted by strangers, family, institutions, and intimate partners. Physical violence involves using physical force, strength, or weapons to harm or injure a woman. Sexual violence includes abusive sexual contact, making a woman engage in a sexual act without her consent, and attempted or completed sex acts with a woman who is ill, under pressure, or under the influence of alcohol or other drugs (WHO, 2012). Addressing GBV as a pressing public health issue will contribute to the United Nations Sustainable Development Goals in achieving gender equality; therefore, it is an important issue to be researched, analyzed, and resolved (United Nations, 2015).

Literature Review

Gender-based violence, a prevalent problem that affects the health of women, is mainly predicted by attitudes conducive toward the acceptance of GBV. These attitudes differ across the three predictive factors addressed in this paper: gender, beliefs in gender roles, and religion.

Prevalence and Effects

Gender-based violence affects not only adult women, but also young girls. An estimated 83 to 102 million women in 28 European Union member states have experienced at least one form of sexual harassment since the age of 15 (Latcheva, 2017). Gender-based violence can be inflicted by both intimate and non-intimate partners. Globally, 27% of women ages 15 to 49 have been subjected to Intimate Partner Violence (IPV) (Kalra, 2021). Gross (2006) found that 27% of college women had experienced unwanted sexual contact. Cultures that tolerate violence against women and actively victim-blame also exhibit low rates of reporting violence (Kalra, 2021).

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Gender-based violence affects the physical, mental, and emotional health of women. Physical and sexual violence can lead to issues such as bruises, bone fractures, hemorrhaging, pelvic pain, sexually transmitted infections such as HIV, unwanted pregnancies, unsafe abortions, gynecological disorders, chronic diseases, and even death (Kalra, 2021). In a study conducted by Gurung in Nepal in 2016, 91% of pregnant women reported experiencing gender-based violence, of which 41.8% was sexual. Beyond the victim herself, the violence frequently extended to causing deformities or broken bones in the fetus, and even to miscarriage. Additionally, GBV affects the psychological health of women, leading to an assortment of issues such as substance abuse, depression, post-traumatic stress disorder, and anxiety disorders (Kalra, 2021). Women who have experienced abuse had a significantly higher rate of post-traumatic stress disorder related symptoms than women who were not abused (Pico-Alfonso, 2005).

Attitudes

One of the defining factors that exacerbate GBV is the societal attitudes associated with it. The perceptions around GBV seem to be sympathetic towards the abuser. Society rationalizes perpetrating or tolerating GBV because of belief in strict gender roles such as the acceptance for men to discipline, own, and control their female partners and emphasize their authority, or that violence is an important factor which defines manhood (Darj, 2017; Sikweyiya et al., 2020). These perceptions are exhibited across genders, and sadly the women who justify physical and sexual violence are those who are most likely to have experienced either physical or sexual violence. Additionally, the justification of GBV and like-minded perceptions stem from the false belief that women are somehow inferior to men (Hayati, 2011). Keller et al. (2017) found that more positive attitudes shown toward women influenced school-aged boys to intervene when witnessing GBV. Moreover, male adolescents with more equitable gender attitudes had less self-reported violence perpetration, including dating abuse and sexual harassment (Miller, 2020).

Attitudes regarding GBV include, but are not limited to, the acceptability of violence against women, community responses to women experiencing violence, and how acceptable it is for women to refuse to have sex or engage in sexual activity (Abramsky et al., 2012). Societal attitudes affect how women are treated when they are victims of GBV. Li (2020) found that in college students, the tolerance for intimate partner violence was affected primarily by their attitudes towards GBV. In a study of Taiwanese university students, the intention to commit violent behaviors against women was significantly predicted by their behavioral beliefs regarding GBV; students who had tolerant attitudes towards GBV were more likely to intentionally perpetrate GBV themselves (Lin, 2021). In a study of medical and nursing students by Majumdar (2004), it was evident that attitudes towards GBV can affect victims seeking medical support since the responses of healthcare staff might differ if they believe that the abuse was justified. Noticeably, attitudes in which GBV was justified led to worse outcomes for women, ranging from lack of community and medical support, to enduring and engaging in violence. Perceptions about GBV may therefore lead to the pervasive spread of certain behaviors such as a decrease in victims seeking support, reduced assistance to victims, and an increase in assaultive behaviors.

In a study conducted by Abramsky et al. (2014), it was discovered that community interventions for violence prevention were associated with lower social acceptance of IPV among women and men, a significantly greater acceptance that women can refuse sex, more supportive community responses, and lower levels of both physical and sexual IPV directed towards women. There was a clear correlation between attitudes and behaviors, with attitudes affecting the behaviors of perpetrators, victims, and social workers or healthcare providers. This calls attention to the fact that attitudes can change with intervention, and accordingly so can behaviors, which demonstrates why analyzing attitudes is important in addressing issues regarding women's rights and their health.

Attitudes differ across demographics and cultures. Some predictive factors of attitudes include gender, beliefs in strict gender roles, justification of GBV, and religion. These are discussed below.

Gender

Gender is a statistically significant predictive factor of attitudes towards gender-based violence (Yilmaz & Taplak, 2021). Attitudes that condone GBV are more prevalent in men than in women. For example, undergraduate male students were more tolerant of instances of females being raped than were females (Talbot, 2010). As seen in multiple studies, men exhibited higher levels of victim-blaming, were more tolerant of GBV, and were more accepting of rape myths than women (Caron, 1997; Johnson, 1997; Kamal et al., 2010).

Female medical students had stronger convictions against GBV than their male counterparts (Majumdar, 2004). According to a study by De Vries (2014), adolescent boys had more positive views of forced sex than girls; they associated it with signs of love, and even regarded it as an acceptable punishment for girls. Even among the youth of indigenous tribes, victim-blaming attitudes were shown to be rampant among males (War, 2013). Permissive attitudes toward GBV in men are seemingly ubiquitous across cultures, ages, and continents.

Gender Role Beliefs and Justification of GBV

Different beliefs concerning gender roles also play a role in GBV. Individuals who had more traditional and conservative beliefs about gender roles were more accepting of rape than individuals who believed in more egalitarian gender roles (Talbot, 2010). Johnson et al. (1997) confirmed that those who maintained conservative views of gender roles believed in rape myths to a greater extent than those who held liberal views. They also indicated that traditional and rigid gender roles were associated with tolerant attitudes toward domestic violence. Little has changed since 1997; Chilanga (2020) reported that the presence of strict gender roles oftentimes led to gender-based power imbalances, which increased the risk of women experiencing IPV due to beliefs in male superiority and dominance. Those who hold conservative views of gender roles expect women to be submissive, controllable, and passive about their experiences and wishes (Johnson & Johnson, 2021). The existence of traditional gender roles need not be problematic, but because such views of gender roles are based in cultures with higher levels of sexism, there is a more accepting stance toward sexual violence when they are held.

Religion

Religious fundamentalism refers to religious groups that believe in the superiority of their religious teachings, and believe that they must be applied to all social, economic, and political issues (Kossowska, 2018; Razaghi et al., 2022). Seventh-day Adventists (SDAs) are not typically fundamentalist, but they do share some beliefs with fundamentalist Christians (Lawson, 2001). They represent the majority of the Christians at Asia-Pacific International University, the location where this study took place.

A recent study done in a religiously affiliated university indicated that religious fundamentalism had a positive association with rape myth acceptance: as religious fundamentalism increased, so did rape myth acceptance (Ensz, 2020). An extreme internalization of religious fundamental values, such as preserving a stereotypical patriarchal society, can set the stage for GBV by heterosexual men towards women, especially lesbians and queer women, and increase the risk of violence towards these already marginalized, vulnerable groups (Vincent et al., 2011).

On Christian campuses, limited research indicates that fewer acts of sexual violence are committed, and communities were more willing to intervene in sexual violence prevention than on secular campuses (Foubert et al. 2021). On the contrary, a study by Vanderwoerd and Lankhof (2020), found that 23% of women in Christian colleges reported having experienced stalking behaviors, which are a form of GBV, more than five times since turning 18 years of age. This study affirmed that women were at a greater risk of experiencing sexual violence than men, and that acts of sexual violence did occur at Christian colleges.

While most predictive factors of attitudes toward GBV were analyzed in separate studies, in this research, the intention was to fill this gap by analyzing the perceptions of GBV in a single study by exploring potential predictive factors, namely: gender, religion, and justification of GBV. Considering

all the information discussed, it was evident that most predictive factors of attitudes had been analyzed in separate studies. Thus, it was decided to assess the three attitudinal predictive factors in one study.

Research Objectives

Gender-based violence is a highly prevalent problem that affects the health of women, and is mainly predicted by attitudes towards GBV, with these attitudes differing depending on gender, religion, and beliefs in gender roles. This study will contribute to the body of knowledge about GBV and assess the perceptions of students on a faith-based Asian college campus.

Research Questions and Hypotheses

Question 1: Is there a significant correlation between gender and perceptions of GBV among students at Asia-Pacific International University (AIU)?

Null hypothesis 1: There is no significant correlation between gender and perceptions of GBV.

Question 2: Are there significant differences in perceptions of GBV among AIU students of different religious beliefs, i.e., Seventh-day Adventist Christians, and adherents of other religions?

Null hypothesis 2: There are no significant differences in perceptions of GBV among different religions.

Methods

Study Design

The research was designed as a quantitative, observational cross-sectional study using gender and religion as the independent variables, and perceptions regarding GBV as the dependent variable.

Population and Sample

The population studied involved students enrolled at AIU during the academic year of 2021–2022. A convenience sampling technique was selected, and participants were reached through Teams and Messenger (online platforms), and chose whether or not to be part of the study. Using a confidence level of 95% and a margin of error of 5% for 900 students, the ideal sample size was determined to be about 270 participants.

Ethical Considerations

Institutional Review Board approval was sought and given. Information about the study, procedures, benefits, confidentiality, and risks were explained to the participants in a consent form, which they voluntarily signed when agreeing to participate. All participants retained the right to refuse or withdraw from participation at any time during the study. Participants' responses were anonymous, and no identifying information accompanied the data.

Instrumentation

The 20 questions in the questionnaire were adapted from two sources:

1. The Social Norms and Beliefs about Gender-Based Violence Scale was used, which was found in the public domain (Perrin et al., 2019); and
2. A questionnaire on GBV in Myanmar conducted by UKAID was used, which was found in the public domain (UKAID, 2016).

The structure of the survey addressed perceptions on gender roles as well as the justification, tolerance for and acceptability of GBV. A five-point Likert scale was used. Within the sections of the survey, average scores were taken. Lower scores in the sections of gender roles and justification of GBV would specify more conducive views toward GBV. Data collection began after Institutional Review Board approval was received, and online survey questionnaires were distributed through Teams and Facebook Messenger to AIU students in the form of a Google Form link.

Data Analysis

Data analysis was performed using a statistical software package. A 95% confidence interval, and $\alpha < .05$ was used. The study sample was described using descriptive statistics. The statistical analyses used were Pearson's Coefficient and One-way Analysis of Variance (ANOVA). A bivariate correlation of Pearson's Coefficient was applied to assess the relationship between gender and perceptions. The analysis of variance was used to determine if there were any statistically significant differences between the scores for perceptions and religion of the respondents.

Results

A total of 182 participants voluntarily attempted the online questionnaire. Of the surveys distributed, 170 (93.4%) questionnaires were valid after removing incomplete questionnaires. The ages of the participants ranged from 16 and above. Further, 93 (54.1%) participants were female and 75 (43.6%) were male. The respondents were mostly 139 (81.3%) from the International program, while 28 (16.4%) were from the Thai program. Of the students, 130 (76.4%) were Seventh-day Adventist Christians, 24 (14.11%) were Buddhists, seven were (4.1%) atheists/agnostics, and 5.2% were other Christians. With regards to the year of study, 63 (37%) of participants were senior students, 38 (22.3%) were juniors, 39 (22.9%) were sophomores, and 32 (18.8%) were freshmen.

The data obtained indicated that the average score of gender role beliefs for males ($M = 4.0$, $SD = 0.8$) was lower than the average score for females ($M = 4.2$, $SD = 0.81$). A one-way ANOVA (Table 1) assessed that the effect of gender on gender role beliefs was statistically significant [$F (1,166) = 4.06$, $p = .046$].

Table 1 ANOVA of Mean Scores of Gender Role Beliefs by Gender

Comparison	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.696	1	2.696	4.060	.046
Within Groups	110.250	166	0.664		
Total	112.947	167			

Note. Three respondents did not answer the questions in this analysis.

Male participants ($N = 75$) had average justification scores of 4.28 ($SD = 0.76$), while the female participants ($N = 93$) had average scores of 4.32 ($SD = 0.81$). Table 2 shows that there was no statistically significant difference in the mean score of justification of GBV between males and females.

Table 2 ANOVA of Mean Scores of GBV Justification by Gender

Comparison	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.059	1	0.059	0.093	.761
Within Groups	104.715	166	0.631		
Total	104.774	167			

Note. Three respondents did not answer the questions in this analysis.

The respondents who self-identified as SDA Christians ($N = 130$) had an average gender role belief score of 4.19 ($SD = 0.79$), while the other respondents ($N = 40$) had an average score of 4.08 ($SD = 0.96$). Table 3 indicates that there was no statistically significant difference in the mean scores of gender role beliefs between SDA and all other non-SDA religions analyzed, as demonstrated by a one-way ANOVA [$F (1,166) = .496$, $p = .482$].

Table 3 ANOVA of Mean Scores of Gender Roles by Religion

Comparison	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	0.346	1	.346	0.496	.482
Within Groups	117.099	168	.697		
Total	117.445	169			

Note. One respondent did not answer the questions in this analysis.

The respondents who self-identified as SDA Christians ($N = 130$) had an average justification of GBV score of 4.38 ($SD = 0.70$), while the other non-SDA respondents ($N = 40$) had an average score of 4.10 ($SD = 0.99$). Table 4 shows ($p = .049$) that there was a statistically significant difference in the mean score of justification of GBV between Adventists and all other non-SDA religions.

Table 4 ANOVA of Mean Scores of GBV Justification by Religion

Comparison	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.411	1	2.41	3.915	.049
Within Groups	103.471	168	0.616		
Total	105.881	169			

Note. One respondent did not answer the questions in this analysis.

From the data presented in Table 5, a weak negative correlation was reaffirmed between both beliefs in gender roles, [$r (170) = -.054$, $p = .482$] and justification, [$r (170) = -.151$, $p = .049$], with religion. However, only the justification figure was statistically significant. The data also indicated a very strong positive correlation ($r (170) = .706$) between gender role scores and justification, which was statistically significant ($p < .001$).

Table 5 Correlations between Religion, Gender Role Scores, and Justification Scores

Factor	Statistical Information	Religion	Mean Score of Gender Roles	Mean Score of Justification
Religion	Pearson Correlation	1	-.054	-.151
	Sig. (2-tailed)		.482	.049*
	N		170	170
Mean Score of Gender Roles	Pearson Correlation	1	.706	.000**
	Sig. (2-tailed)			
	N		170	170

* Correlation is significant at the .05 level (2-tailed); ** correlation is significant at the .001 level (2-tailed).

Discussion

In this study, university students' perceptions of GBV were explored together with predictive factors such as beliefs in gender roles. The results showed a slightly significant ($p = .05$) positive correlation between the predictive factors of acceptance of GBV. Lower mean scores indicated views conducive toward GBV acceptance. The correlation matrix showed that stricter and more conservative respondents had lower scores for beliefs in gender roles, and the respondents who were more inclined to disregard the experiences of GBV victims had lower scores for the justification of GBV.

The bivariate correlation coefficients of gender and beliefs in gender roles established that the relationship had a significant, positive correlation. Based on the data analysis, we can conclude that there is evidence that gender had a relationship to perceptions of GBV: namely, that male students had a greater acceptance of GBV than female students ($r = .155$, $p < .05$) as was hypothesized and

reported in the literature. However, for the justification of GBV, the correlation with gender was not significant, indicating that both males and females had similar views toward the justification of GBV.

The ANOVA analysis indicated that religion did not have a significant effect on gender role beliefs among these participants. This result was somewhat surprising because, according to the literature, fundamentalist religions influence beliefs about gender roles. This could be explained by SDA Christians not embracing all fundamentalist beliefs. However, the analysis indicated that religion significantly affected the justification of GBV.

Pearson's correlation analysis was carried out for religion to verify the ANOVA results. It was found that religion had an overall negative correlation with perceptions of GBV. SDA Christians displayed a significant negative correlation with justifying GBV, inferring that SDA Christians have fewer beliefs that GBV can be justified compared to the other religions included in the study.

Conclusion

In this study, the correlations between gender, religion, and perceptions of GBV were examined. Some predictive factors for GBV were analyzed, including beliefs in gender roles and justification of GBV. For all predictive factors, the positive correlation in males was stronger than in females. Additionally, for all predictive factors, the significant effect of religion was positive, with the fundamentalist-leaning SDA religion less acceding to acceptance of GBV, which contradicted previous findings in the literature.

Overall, these results are important because they lend insights into the population of students at AIU and their beliefs. Although these results are strongly corroborated by previous findings which verify the disparity of acceptance between males and females, this study differed in that it incorporated both gender and religion as predictive factors of GBV acceptance at a Christian university in an Asian country.

Future researchers could consider investigating the effects of culture, educational status, or other potentially significant factors on the acceptance of GBV by other demographic groups in Asian settings.

Limitations

While interpreting the findings of the study, there are some limitations that need to be considered. The target number of respondents indicated as being necessary for high confidence in the results obtained was not achieved. The highest percentage of the study respondents were senior students (36.6%), which means that most of the respondents were more educated compared to the rest which could influence their perceptions. Also, there were more female participants (54.1%) than males (43.6%), which might have skewed the overall results. Since AIU is a Christian university, the overwhelming number of respondents were SDA Christians, leaving only a few other religions, which would affect the validity of the ANOVA analysis of religion. No considerations were given toward culture in the demographic questions of the survey, which could be a limitation because there are differences in perceptions beyond gender and religion, accounted for by cultural norms. However, the target population at AIU was multicultural and the multiplicity of cultures is assumed to have neutralized the overall effect of culture. Since this study was conducted in English and was not translated into Thai, the number of Thai respondents was few.

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