

**T.C.
REPUBLIC OF TÜRKİYE
HACETTEPE UNIVERSITY
GRADUATE SCHOOL HEALTH SCIENCES**

**RESEARCH ON GENDER-BASED VIOLENCE OF
WOMEN RECEIVING CARE AT CLINICA SUR HOSPITAL
IN GUAYAQUIL, ECUADOR**

Dr. Tito Francisco ALVARADO ÁLAVA

**Public Health Program
MASTER'S THESIS**

**ANKARA
2024**

**T.C.
REPUBLIC OF TÜRKİYE
HACETTEPE UNIVERSITY
GRADUATE SCHOOL HEALTH SCIENCES**

**RESEARCH ON GENDER-BASED VIOLENCE OF
WOMEN RECEIVING CARE AT CLINICA SUR HOSPITAL
IN GUAYAQUIL, ECUADOR**

Dr. Tito Francisco ALVARADO ÁLAVA

**Public Health Program
MASTER'S THESIS**

**SUPERVISOR
Prof. Dr. Şevkat BAHAR ÖZVARIŞ**

**ANKARA
2024**

PUBLISHING AND INTELLECTUAL PROPERTY RIGHTS STATEMENT

YAYIMLAMA VE FİKRİ MÜLKİYET HAKLARI BEYANI

Enstitü tarafından onaylanan lisansüstü tezimin/raporumun tamamını veya herhangi bir kısmını, basılı (kağıt) ve elektronik formatta arşivleme ve aşağıda verilen koşullarla kullanıma açma iznini Hacettepe Üniversitesine verdiğimi bildiririm. Bu izinle Üniversiteye verilen kullanım hakları dışındaki tüm fikri mülkiyet haklarım bende kalacak, tezimin tamamının ya da bir bölümünün gelecekteki çalışmalarda (makale, kitap, lisans ve patent vb.) kullanım hakları bana ait olacaktır.

Tezin kendi orijinal çalışmam olduğunu, başkalarının haklarını ihlal etmediğimi ve tezimin tek yetkili sahibi olduğumu beyan ve taahhüt ederim. Tezimde yer alan telif hakkı bulunan ve sahiplerinden yazılı izin alınarak kullanılması zorunlu metinlerin yazılı izin alınarak kullandığımı ve istenildiğinde suretlerini Üniversiteye teslim etmeyi taahhüt ederim.

Yükseköğretim Kurulu tarafından yayınlanan **“Lisansüstü Tezlerin Elektronik Ortamda Toplanması, Düzenlenmesi ve Erişime Açılmasına İlişkin Yönerge”** kapsamında tezim aşağıda belirtilen koşullar haricince YÖK Ulusal Tez Merkezi / H.Ü. Açık Erişim Sisteminde erişime açılır.

- Enstitü/fakülte yönetim kurulu kararı ile tezimin erişime açılması mezuniyet tarihimden itibaren 2 yıl ertelenmiştir (1).
- Enstitü/fakülte yönetim kurulunun gerekçeli kararı ile tezimin erişime açılması mezuniyet tarihimden itibaren 6 ay ertelenmiştir (2).
- Tezimle ilgili gizlilik kararı verilmiştir (3).

17/05/2024

Tito Francisco ALVARADO ALAVA

¹“Lisansüstü Tezlerin Elektronik Ortamda Toplanması, Düzenlenmesi ve Erişime Açılmasına İlişkin Yönerge” Madde 6.

- (1) Madde 6.1. Lisansüstü teze ilgili patent başvurusu yapılması veya patent alma sürecinin devam etmesi durumunda, tez danışmanının önerisi ve enstitü anabilim dalının uygun görüşü üzerine enstitü veya fakülte yönetim kurulu iki yıl süre ile tezin erişime açılmasının ertelenmesine karar verebilir.
- (2) Madde 6.2. Yeni teknik, materyal ve metotların kullanıldığı, henüz makaleye dönüşmemiş veya patent gibi yöntemlerle korunmamış ve internetten paylaşılması durumunda 3. şahıslara veya kurumlara haksız kazanç imkânı oluşturabilecek bilgi ve bulguları içeren tezler hakkında tez danışmanının önerisi ve enstitü anabilim dalının uygun görüşü üzerine enstitü veya fakülte yönetim kurulunun gerekçeli kararı ile altı ayı aşmamak üzere tezin erişime açılması engellenebilir.
- (3) Madde 7.1. Ulusal çıkarları veya güvenliği ilgilendiren, emniyet, istihbarat, savunma ve güvenlik, sağlık vb. konulara ilişkin lisansüstü tezlerle ilgili gizlilik kararı, tezin yapıldığı kurum tarafından verilir. Kurum ve kuruluşlarla yapılan iş birliği protokolü çerçevesinde hazırlanan lisansüstü tezlere ilişkin gizlilik kararı ise, ilgili kurum ve kuruluşun önerisi ile enstitü veya fakültenin uygun görüşü üzerine üniversite yönetim kurulu tarafından verilir. Gizlilik kararı verilen tezler Yükseköğretim Kuruluna bildirilir.

Madde 7.2. Gizlilik kararı verilen tezler gizlilik süresince enstitü veya fakülte tarafından gizlilik kuralları çerçevesinde muhafaza edilir, gizlilik kararının kaldırılması halinde Tez Otomasyon Sistemine yüklenir.

* Tez danışmanının önerisi ve enstitü anabilim dalının uygun görüşü üzerine enstitü veya fakülte yönetim kurulu tarafından karar verilir.

ETHICAL STATEMENT

I hereby confirm that all the information and documents used in this study were obtained in accordance with academic rules. I have presented all visual, audio, and written information and results following the scientific ethics guidelines. I have not manipulated any data used in this study, and I have cited all the sources used according to scientific norms. This thesis is original, except for the cases cited. My thesis advisor, Prof. Dr. Şevkat BAHAR ÖZVARIŞ, supervised me during the writing process, which was in accordance with the Hacettepe University Institute of Health Sciences Thesis Writing Directive.

Dr. Tito F. ALVARADO ÁLAVA

ACKNOWLEDGMENT

For those I imagine smiling to see me here,
For those who are not with us today,
For my beloved mother,

It was all for love.

Tito Francisco.

In addition,
To the woman who believed in me from the first day.
Without her, this could not have been fulfilled.
For your invaluable wisdom,
Thank you for choosing me,
My deepest gratitude,
to you,
Prof. Dr. Şevkat BAHAR ÖZVARIŞ.

Your dear Tito.

ABSTRACT

ALVARADO ÁLAVA, T. F., Research on Gender-Based Violence of Women Receiving Care at Clínica Sur Hospital in Guayaquil, Ecuador, Hacettepe University, Graduate School Health Sciences, Public Health Program, Master's Thesis, Ankara, 2024 This study examines the influence of socio-demographic factors on Ecuadorian women and how these factors shape their experiences of violence. The focus is mainly on gender-based violence, including mistreatment by intimate partners. The research aims to delve into women's attitudes and thoughts regarding gender roles to provide insights into societal dynamics. The ultimate goal of the study is to develop effective prevention interventions and evidence-based policies to prioritize women's safety and well-being in Ecuador. The study is a descriptive epidemiological study involving 598 women who receive care in a primary care facility in Guayaquil. Key findings reveal that 44.8% of women experienced psychological or emotional violence, 20.9% experienced physical violence, and 11.7% experienced sexual violence. Older women were more likely to experience insults, threats with weapons, and forced sexual intercourse involving physical coercion. Despite experiencing violence, 57.8% of women did not disclose information to their close ones, and 91% did not seek professional support. Married or partnered women reported higher levels of psychological, physical, and sexual violence compared to single women. Men over 40 exhibited more frequent emotional or psychological violence and physical violence towards their partners compared to younger men. Partners with lower levels of education are presumed to engage more in physical violence. The findings highlight the complex nature of gender-based violence and the connotation of addressing various socio-demographic factors, attitudes, and behaviors to combat violence against women effectively.

Keywords: Gender, Violence Against Women, Gender Inequality, Violence, Intimate Partner Abuse.

ÖZET

ALVARADO ÁLAVA, T. F., Ekvador Guayaquil Clinica Sur Hastanesi'ne Başvuran Kadınlarda Toplumsal Cinsiyete Dayalı Şiddet Araştırması, Hacettepe Üniversitesi Sağlık Bilimleri Enstitüsü Halk Sağlığı Programı, Yüksek Lisans Tezi, Ankara, 2024. Bu çalışma, Ekvadorlu kadınların şiddet deneyimlerinin sosyodemografik faktörler tarafından nasıl şekillendiğini ve bu deneyimlerin, özellikle de yakın ilişkide bulunan partnerlerinden kötü muamele görmelerinin cinsiyete dayalı şiddet üzerindeki etkilerini incelemektedir. Araştırma, sosyal dinamikler hakkında veri elde etmek amacıyla kadınların ilişkilerde cinsiyet rollerine yönelik tutumlarını ve düşüncelerini ortaya çıkarmayı hedeflemekte olup uzun vadeli hedefi, Guayaquil, Ekvador'da kadınların yaşadığı cinsiyete dayalı şiddeti hükümet yetkililerinin anlayışına katkıda bulunmak ve kadınların güvenliği ve refahını sağlamak için etkili müdahaleler ve kanıta dayalı politikaları uygulamaktır. Tanımlayıcı epidemiyolojik çalışma, Guayaquil'de yer alan ve Sosyal Güvenlik kamu sistemine ait bir birinci basamak sağlık merkezine başvuran 598 kadını içermektedir. Cinsiyete dayalı şiddet (CDŞ), Guayaquil, Ekvador dahil olmak üzere tüm dünyada önemli bir toplum sağlığı sorunudur. Çalışma, ortalama yaşları 41,9 olan çeşitli sosyodemografik geçmişlere sahip 598 kadını içermekte olup hedefleri arasında hem kadın hem erkeklerde farkındalığı artırmak ve eğitimi teşvik etmek, halk sağlığı profesyonelleri için ileri çalışmalara yol göstermek ve kanıta dayalı müdahaleler geliştirmek yer almaktadır. Bu çalışma, Guayaquil, Ekvador'da CDŞ'in yaygınlığı ve doğası hakkında görüşler sunarak, bu konuyu ele alan kapsamlı stratejilere acil ihtiyacı vurgulamakta ve kadınların güvenliği ve refahını artırmak için çaba göstermektedir. Araştırma popülasyonu, Ekim ve Aralık 2023 tarihleri arasında bu polikliniğe randevu için başvuran kadınlardan oluşmaktadır. Örneklem katılan 598 katılımcıyı içermekte olup; bu katılımcılar belirtilen dönemde farklı bilim dallarında ilk muayene, kontrol veya takip randevuları için hastaneye başvurmuşlardır. Çalışma, Clínica Sur Hastanesi'nde takip edilen ve Guayaquil'de yaşayan kadınları içermektedir. Anketin %30'u ve fazlasını boş bırakan katılımcılar çalışma dışında tutulmuştur. Anket öncesinde terimlerin daha iyi anlaşılması için şiddet türleri ile ilgili sağlık eğitimi verilmiştir. Ana bulgular, kadınların %44,8'inin psikolojik veya duygusal şiddet, %20,9'unun fiziksel şiddet ve %11,7'sinin cinsel şiddete maruz kaldığını göstermektedir. Daha yaşlı

kadınların sözel şiddet, silah tehditleri ve fiziksel şiddetle zorla cinsel ilişkiye maruz kalma olasılığı daha yüksek olduğu gösterilmiştir. Buna rağmen, kadınların %57,8'i deneyimlerini aileleriyle, arkadaşlarıyla veya yakın diğer akrabalarıyla paylaşmamıştır ve %91,0'i profesyonel destek aramamıştır. Şiddete maruz kalma oranı evli veya ilişkisi olan kadınlarda daha yüksek saptanmış ve 40 yaş üstü erkeklerin daha sık duygusal, psikolojik ve fiziksel şiddet uyguladığı gösterilmiştir. Düşük eğitim seviyesine sahip partnerlerin fiziksel şiddet kullanma oranı daha yüksektir. İlişkilerde kadınların rollerine ilişkin kadınların görüşleri incelendiğinde kadınların %7'si eşleriyle anlaşmazlık yaşasalar dahi sessiz kalmaları ve tartışmamaları gerektiğine inanmaktadır. Benzer şekilde, kadınların %16,2'si paralarını istedikleri gibi harcama özgürlüğüne sahip olmaları gerektiği fikrine katılmamıştır. Bununla birlikte, %94,8 oranla kadınların büyük çoğunluğu erkeklerin yemek yapma, bulaşık yıkama, çamaşır yıkama ve ütü gibi ev işlerini paylaşması gerektiğini düşünmektedir. Kadınların %21,9'u çocuklarını disipline etmek için fiziksel ceza kullanılması gerektiğine inanmaktadır ve %21,2'si erkek aile üyelerinin bir kadının tutum ve davranışlarından sorumlu olduğuna katılmaktadır. Bu bulgulara dayanarak, Guayaquil'de cinsiyete dayalı şiddeti ele almak, dikkat çekmek ve önlemek için çeşitli önerilerde bulunulabilir. Clínica Sur Hastanesi kadınların toplumdaki konumunu güçlendiren, cinsiyete dayalı şiddet hakkında farkındalık yaratan bütüncül programlar aracılığıyla toplum farkındalığını ve eğitimini artırmalıdır. Guayaquil, acil durumlarda kullanılmak üzere panik düğmeleri hakkında bilgilendirmek ve gizli uyarıları teşvik etmek gibi destek sistemlerini geliştirmeli ve cinsiyete dayalı şiddete karşı gelecekteki hareket planlarına yol göstermek için kamu hizmeti profesyonelleri için çalışmalar yapmalıdır. Bu çalışmalar, cinsiyete dayalı şiddet vakalarını etkili bir şekilde tanımlamak ve değerlendirmek için eğitimi teşvik etmelidir. Ekvador, diğer ülkelerdeki başarılı modelleri kullanarak kanıta dayalı müdahaleler geliştirmeli ve bu müdahalelerin kalitesini geri bildirimleri analiz ederek artırmalıdır. Bu önerilerin uygulanmasıyla, siyasete yön verenler Guayaquil'de cinsiyete dayalı şiddeti önleme ve kadınların güvenliğini ve refahını sağlama konusunda çalışabilirler.

Anahtar Kelimeler: Toplumsal Cinsiyet, Kadına Yönelik Şiddet, Toplumsal Cinsiyet Eşitsizliği, Şiddet, Eş istismarı

TABLE OF CONTENT

APPROVAL PAGE	iii
PUBLISHING AND INTELLECTUAL PROPERTY RIGHTS STATEMENT	iv
ETHICAL STATEMENT	v
ACKNOWLEDGMENT	vi
ABSTRACT	vii
ÖZET	viii
TABLE OF CONTENT	x
SYMBOLS AND ABBREVIATIONS	xiv
INDEX OF TABLES	xv
INDEX OF FIGURES	xvii
1. INTRODUCTION	1
1.1. Introduction	1
1.2. Short-term Purpose of the Research	3
1.3. Long-term Purpose of the Research	3
2. GENERAL INFORMATION	4
2.1. General Information	4
2.1.1. Violence Against Women (VAW)	4
2.1.2. Intrapersonal Violence	4
2.1.3. Gender-Based Violence	4
2.1.4. Global Situation of Violence Against Women (VAW)	6
2.1.5. Health Consequences of Violence Against Women	9
2.1.6. Protective Mechanisms Toward Violence Against Women	9
2.1.7. Factors Affecting Violence Against Women According to the Social Ecological Model	10
2.1.8. The Mission of Shelters in Protecting Women from Violence	10

2.1.9. Measures for Women's Empowerment to Fight Violence Against Women	11
2.1.10. Istanbul Convention Prevention and Protection Measures	11
2.1.11. Public Health Measures for Violence Against Women at Different Levels of Prevention	12
2.1.12. Gender Equality	13
2.1.13. Gender Equity	14
2.1.14. Patriarchy	14
2.1.15. Women's Attitudes and Behaviors Towards Gender Roles	15
3. MATERIALS AND METHODS	17
3.1. Location of Research	17
3.2. Population and Sample of the Research	19
3.3. Type of Research	19
3.4. Research Variables	19
3.4.1. Defining Variable(s)	19
3.4.2. Defined Variable(s)	19
3.5. Data Collection	20
3.5.1. Data Collection Tool – Survey	20
3.6. Pre-Test	20
3.6.1. Method of Data Collection	20
3.7. Analysis of Data	21
3.8. Manpower of Research	21
3.9. Ethical Issues and Institutional Permissions	21
3.10. Limitations of the Research	22
3.11. Budget of the Research	22
3.12. Timeline of Research	22

4. FINDINGS (RESULTS)	23
5. DISCUSSION	61
5.1. Sociodemographic Characteristics of the Participants	61
5.2. Exposure to Different Types of Violence of the Participants	61
5.3. Participants' Attitudes and Behaviors Towards Violence	62
5.4. Participant's Viewpoints of Their Roles in Relationships	63
5.5. Examining Participants' Frequency of Violence Exposure	64
5.5.1. Comparison of Women Under and Over 40 Years Old	64
5.5.2. Comparison of Women with Levels of Education	65
5.6. Examining Participants' Intimate Partners Violent Behaviors	65
5.6.1. Comparison of Violent Behavior by Intimate Partners Under and Over 40 Years of Age	65
5.6.2. Comparison of Violent Behavior by Intimate Partners' Level of Education	66
5.7. Examining Participants' Hometown Cities.	66
5.8. Examining Participants' Marital Status.	66
6. CONCLUSION AND RECOMENDATIONS	68
6.1. Conclusion	68
6.1.1. Sociodemographic Characteristics of the Participants	68
6.1.2. Exposure to Different Types of Violence the Participants	68
6.1.3. Participant's Attitudes and Behaviors Toward Violence	69
6.1.4. Participant's Viewpoints of Their Roles in Relationships	69
6.1.5. Examining Participants' Frequency of Violence Exposure	69
6.1.6. Examining Participants' Intimate Partners Violent Behaviors	69
6.1.7. Examining Participants' Marital Status	70
6.2. Recommendations	70

7. REFERENCES	72
8. APPENDIXES	78
Appendix 1: Data Collection Form	
Appendix 2: Ethics Approval	
Appendix 3: Permits	
Appendix 4: Consent Form	
Appendix 5: Digital Receipt	
Appendix 6: Originality Report	
9. CURRICULUM VITAE	95



SYMBOLS AND ABBREVIATIONS

CEDAW	: Convention on the Elimination of All Forms of Discrimination Against Women
COE	: Council of Europe Convention
ENVIGMU	: National Survey on Family Relations and Gender Violence Against Women (Encuesta Nacional sobre Relaciones Familiares y Violencia de Género contra las Mujeres)
GBV	: Gender-based violence
H.Ü	: Hacettepe University
IPV	: Intimate Partner Violence
n	: Number
p	: Coefficient of Determination of Significance
SD	: Standard Deviation
SPSS	: Statistical Package for the Social Science
TC	: Republic of Türkiye
UN	: United Nations
VAW	: Violence Against Women
WHO	: World Health Organization

INDEX OF TABLES

Table	Page No
3.1. Research Funding Breakdown	22
4.1. Socio-demographic characteristics of the women surveyed (Guayaquil, 2023)	24
4.2. Socio-demographic characteristics of the intimate partners of the women participating in the study (Guayaquil, 2023)	26
4.3. Psychological or emotional violence against women by intimate partners (ever) (Guayaquil, 2023)	28
4.4. Psychological or emotional violence against women by intimate partner (last 12 months) (Guayaquil, 2023)	29
4.5. Physical violence against women by intimate partners (all time) (Guayaquil, 2023).	31
4.6. Physical violence against women by intimate partners (last 12 months) (Guayaquil, 2023).	33
4.7. Sexual violence against women by intimate partner (all time) (Guayaquil, 2023)	34
4.8. Sexual violence against women by intimate partners (last 12 months) (Guayaquil, 2023)	35
4.9. Participant's attitudes and behavior towards violence (Guayaquil, 2023).	38
4.10. Thoughts of the women participating in the study about the role of women in the relationship (Guayaquil, 2023).	39
4.11. Comparison of women under and over 40 years of age according to the frequency of all-time psychological or emotional violence by intimate partners (Guayaquil, 2023).	41
4.12. Comparison of women under and over 40 years of age according to the frequency of all-time physical violence by intimate partners (Guayaquil, 2023).	42
4.13. Comparison of women under and over 40 years of age according to the frequency of all-time sexual violence by intimate partners (Guayaquil, 2023).	43
4.14. Comparison of women according to educational level and the frequency of all-time psychological or emotional violence by intimate partners (Guayaquil, 2023).	44
4.15. Comparison of women according to educational level and the frequency of all-time physical violence by their intimate partners (Guayaquil, 2023).	45
4.16. Comparison of women according to educational level and the frequency of all-time sexual violence by their intimate partners (Guayaquil, 2023).	46

4.17. Comparison of intimate partners of women under and over 40 years of age according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).	47
4.18. Comparison of intimate partners of women under and over 40 years of age according to the frequency of all-time physical violence (Guayaquil, 2023).	48
4.19. Comparison of intimate partners of women under and over 40 years of age according to the frequency of all-time sexual violence (Guayaquil, 2023).	49
4.20. Comparison of intimate partners' educational level according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).	50
4.21. Comparison of intimate partners' educational level according to the frequency of all-time physical violence (Guayaquil, 2023).	51
4.22. Comparison of intimate partners' educational level according to the frequency of all-time sexual violence (Guayaquil, 2023).	52
4.23. Comparison of Hometown cities according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).	53
4.24. Comparison of Hometown cities according to the frequency of all-time physical violence (Guayaquil, 2023).	54
4.25. Comparison of Hometown cities according to the frequency of all-time sexual violence (Guayaquil, 2023).	55
4.26. Comparison of women with and without intimate partners according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).	55
4.27. Comparison of women with and without intimate partners according to the frequency of all-time physical violence (Guayaquil, 2023).	56
4.28. Comparison of women with and without intimate partners according to the frequency of all-time sexual violence (Guayaquil, 2023).	57
4.29. Comparison of marital status according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).	58
4.30. Comparison of marital status according to the frequency of all-time physical violence (Guayaquil, 2023).	59
4.31. Comparison of marital status according to the frequency of all-time sexual violence (Guayaquil, 2023).	60

INDEX OF FIGURES

Figure	Page No
3.1. Guayaquil's location on Ecuador's map.	18
3.2. Outpatient Polyclinic Tower at Sur Hospital.	18
4.1. Age distribution of women and their intimate other in the research (Guayaquil, 2023).	27
4.2. Frequency of psychological or emotional violence ever and in the last 12 months (Guayaquil, 2023)	29
4.3. Frequency of physical violence ever and in the last 12 months (Guayaquil, 2023).	32
4.4. Frequency of sexual violence ever and in the last 12 months (Guayaquil, 2023).	35
4.5. Percentage of violence among participants ever and last 12 months (Guayaquil, 2023)	36
4.6. Disclosure of Intimate Partner Behavior from the participants (Guayaquil, 2023).	37
4.7. Institutional application from the participants (Guayaquil, 2023).	37
4.8. Post-Institutional Assistance of the participants (Guayaquil, 2023).	37
4.9. Comparison of women under and over 40 years of age regarding exposure to insults or swearing (psychological or emotional violence) (Guayaquil, 2023).	40
4.10. Comparison of women under and over 40 years of age in terms of exposure to threats with tools such as knives and guns (Physical violence)(Guayaquil, 2023).	42
4.11. Comparison of women under and over 40 years of age in terms of exposure to sexual intercourse using physical force against their will among the participants by their intimate others (Guayaquil, 2023).	43
4.12. Comparison of Frequency of Insulting and Cursing Behavior in Partners of Women Under and Over 40 Years of Age (Guayaquil, 2023).	46
4.13. Comparison of Frequency of Pushing and Pulling Hair Behavior in Partners of Women Under and Over 40 Years of Age (Guayaquil, 2023).	48
4.14. Comparison of Frequency of Pushing and Pulling Hair Behavior in Intimate Partners' Educational Levels (Guayaquil, 2023).	51

1. INTRODUCTION

1.1. Introduction

The World Health Organization (WHO) introduced a formal definition of violence in 2002; “*Violence is the deliberate use of physical force or power, threatened or actual, against oneself, another person, a group, or a community, that causes or is highly likely to cause injury, death, disorders, developmental disorders or deprivations*”(1). There are various forms of violence; among them is violence against women (VAW). This is based on gender differences and mainly affects vulnerable women, especially exercised by their partners or intimate others in most cases. This refers to acts with the intent to cause harm to either individuals or a group of individuals based on their gender. The term “gender-based violence” is used to refer to women, girls, and adolescents at risk, as it is also used in the LBGTQI+ population (2).

In addition, gender-based violence is a widespread human rights violation that occurs frequently and globally, taking into account that it happens every day, several times, and throughout the world (3). UN WOMEN recognizes different types of gender violence, including sexual, physical, psychological (emotional), and economic violence. These types of violations can occur both in public and in the private sphere:

- Sexual violence is any act, attempted or threatened, that is sexual and carried out without the consent of the victim.
- Psychological (emotional) violence is non-sexual, verbal abuse that is insulting and degrading to the victim. This can include isolating a person from their friends and family.
- Physical violence, such as beating, punching, maiming, and killing (with or without weapons), is often combined with non-violent forms of violence (4).

VAW became a worldwide concern due to the devastating consequences and repercussions that it can cause. For example, according to WHO, one in every three women in the world has suffered or experienced gender violence. Furthermore, it has

a significant impact on the physical, psychological, sexual, and reproductive well-being of women. In certain regions or circumstances, it heightens the susceptibility to acquiring HIV (5). The root of this problem is that gender inequality is caused by the wrong structure of society where there is "male domination." Unfortunately, as mentioned above, this affects and progressively deteriorates women's health in different ways, such as destroying self-esteem and self-confidence; it can cause disability and even death (6).

Gender-based violence, like any other public health issue, can be prevented with the help of a public health approach model. This involves defining and monitoring the situation to identify the risk factors that may lead to violence against victims. Once these factors are identified, strategies can be developed to prevent and address such violence. The effective execution of these strategies is crucial in ensuring the safety and well-being of individuals vulnerable to such violence. The main problem is that governments consider VAW a real threat to their population at risk (7). The three types of prevention can also be used in perspective sensitive to gender violence: preventing it before it happens, preventing the effects and recurrence, including rehabilitation (women's shelters), and constant support, respectively. Nowadays, female empowerment can change the gender perspective in the main plans and programs of the countries, integrating laws (6). In 2020, the WHO published the "Respect Women" guide to prevent violence against women (VAW) and prioritize the well-being of women since, today, it is considered an urgent priority (8). It should be noted that gender violence is related to the different levels (individual, relationship, community, and society level)(9). The latest World Health Statistics by WHO published in 2023 estimates that up to 2018, 736 million women around the world suffered from violence, combining the prevalence of intimate partner violence and sexual violence out of a partner's sphere for women aged 15 years and over, approximately 39% of deaths among women have been committed by private partners (10–12).

In Ecuador, the first "National Survey of Gender Violence against Women" was carried out in 2011. Seven years later, the "Comprehensive Organic Law to Prevent and Eradicate Violence" was created in 2018. The last national survey was carried out in 2019 to know not only the acts of violence throughout the lives of women but also

the violence that they have experienced during the last 12 months, taking women from the age of 15 as the population (13). As a result, 32 out of every 100 women in Ecuador have experienced at least one act of violence in one of the different areas in the last 12 months, 42.8% by their intimate partner (14,15). 9 out of 10 divorced women have experienced some form of violence. During 2022, a civil society registered 332 cases of violent deaths of women caused by VAW: 134 femicides of an intimate, family, sexual, or other nature (17). The estimated rate of femicide among women aged 15 and older in Ecuador is 0.8 per 100,000 women (16). Violence against women (VAW) is a grave violation of human rights and a result of unequal power dynamics between men and women (17). Therefore, for all the reasons stated above, the short-term main goal is to gather information on intrapersonal violence and their exposure to all types of violence and identify Ecuadorian women's perspective of violence.

1.2. Short-term Purpose of the Research

This study aims;

- To explore the socio-demographic factors affecting Ecuadorian women and how these factors shape their experiences of violence.
- To uncover the thoughts and attitudes of Ecuadorian women regarding gender roles to provide valuable insights into the societal dynamics that shape their perspectives.
- To focus specifically on gender-based violence, including mistreatment suffered by women from their intimate partners.

1.3. Long-term Purpose of the Research

This study aims;

- To contribute to policymakers' understanding of gender-based violence experienced by women in Guayaquil, Ecuador.

2. GENERAL INFORMATION

2.1. General Information

2.1.1. Violence Against Women (VAW)

The Istanbul Convention, adequately known as the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence, stated violence against women and domestic violence for the first time in May of 2011. The definition recognizes VAW as a grave violation of human rights and a system of discrimination (18). It encompasses all forms of gender-based violence that can cause physical, sexual, psychological, or economic harm. Acts involving intimidation, force, or unjustifiable confinement can happen in public and private settings. This can include threatening behavior or taking away someone's liberty without a valid reason (17,18).

2.1.2. Intrapersonal Violence

VAW refers to interpersonal violence, violence between individuals, and is subcategorized into family members, intimate partner violence (IPV), and community violence in some cases (19).

2.1.3. Gender-Based Violence

Gender-based violence (GBV) denotes any form of violence against an individual based on their self-identity or perceived gender. This includes physical, emotional, or sexual violence. GBV is a severe violation of human rights and a practice of discrimination against women. It is deeply ingrained in gender inequality and is widely recognized as an atrocious human rights violation in society (20,21). GBV can take various forms, including sexual, psychological (emotional), physical, and economic. It can occur in both public and private scenes.

2.1.3.a. Sexual Violence

Sexual Violence is defined as “*any sexual behavior by an intimate partner or ex-partner, effort to obtain a sexual act, or any other act directed against a person's*

sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, another body part, or object” by the World Health Organization (22).

2.1.3.b. Psychological Violence (Emotional).

Emotional violence is one of the most underestimated forms of violence. According to UN Women, this type of violence involves constantly criticizing and undermining a person's self-worth, belittling their abilities, verbally abusing them through name-calling or other means, damaging a partner's relationship with their children, or preventing them from seeing their friends and family. Emotional violence and psychological violence are interconnected. Psychological violence is characterized by intimidating, instilling fear, threatening physical harm to oneself, partner, or children, destroying property or pets, engaging in manipulative mind games, or forcing isolation from friends, family, school, or work, as provided by UN Women (2,23).

2.1.3.c. Physical Violence

Physical violence is a severe type of mistreatment and is classified as a criminal offense. It encompasses actions that utilize physical force intending to cause pain, harm, or physical distress to another individual or animal. This includes a range of aggressive behaviors like hitting, burning, kicking, punching, biting, mutilating, killing, or using objects or weapons to inflict harm (24)

Economic Violence

Economic violence is a type of abuse where an individual exercises power and control over someone's financial resources and economic well-being. It is commonly associated with intimate partner violence, but it can happen in various relationships and contexts. One of the consequences of globalization is the feminization of poverty, which makes women generally more economically vulnerable than men (25,26). Economic violence can have severe consequences for the victim's financial stability, well-being, and ability to leave an abusive situation. Long-term economic insecurity, poverty, and a lack of autonomy can result from certain conditions or decisions. These

outcomes can significantly impact an individual's life and limit their ability to choose and control circumstances (26).

2.1.4. Global Situation of Violence Against Women (VAW)

Violence against women is a prevalent issue that affects millions of women and girls worldwide. According to recent statistics, approximately 736 million females are impacted by this problem. It is among the most pervasive violations of human rights, resulting in severe physical, economic, and psychological repercussions that prevent women from fully and equally participating in society (2). In 2020, the COVID-19 pandemic and the resulting lockdowns heightened women's exposure to abusive intimate partners and increased VAW risk factors. Simultaneously, these restrictions have limited women's access to support channels, authorities, and resources. The ongoing humanitarian crisis and displacement in Gaza are worsening the existing violence and leading to new cases of violence against women every day (27). In recent years, there has been a noticeable increase in the availability of data pertaining to violence against women and girls. It is noteworthy that prevalence data on intimate partner violence is now available in at least 161 countries (5,27). Since 2009, the "Global Database on Violence against Women" has been an online tool launched by the UN that aimed at increasing exchange opportunities and strengthening efforts to counteract and stop VAW (28). In 2021, (WHO) released a comprehensive global report to illustrate the prevalence of intimate partner violence (IPV) compared to non-partner sexual violence. The report estimated that around 6% of women aged 15 or older had experienced non-partner sexual violence at least once in their lifetime (29).

2.1.4.a. Violence Against Women in Ecuador

In Ecuador, the first "National Survey of Gender Violence against Women" was carried out in 2011. Seven years later, the "Comprehensive Organic Law to Prevent and Eradicate Violence" was created in 2018. The last national survey was carried out in 2019 to know not only the acts of violence throughout the lives of women but also the violence that they have experienced during the last 12 months, taking women from the age of 15 as the population (13). As a result, 32 out of every 100 women in Ecuador have experienced at least one act of violence in one of the different

areas in the last 12 months, 42.8% by their intimate partner (14,15). 9 out of 10 divorced women have experienced some form of violence. During 2022, a civil society registered 332 cases of violent deaths of women caused by VAW: 134 femicides of an intimate, family, sexual, or other nature (17). The estimated rate of femicide among women aged 15 and older in Ecuador is 0.8 per 100,000 women(16). Previous studies established a relationship between VAW and patriarchal practices. That is, it is evident how this ancient, systematic, and cultural construction becomes an incidence factor in the high rates of violence against women. Then, it is reasoned that since patriarchy is an ideology based on the predominance of men over women, it generates legal practices and regulations where there is a clear notion of male superiority, which legitimizes the exercise of various types of violence, on many occasions, against women(19).

Since 2022, the UN WOMEN has carried out the project "Masculinities in movement," recognizing men as strategic allies to reduce and prevent gender-based violence(18). UN Women in Ecuador is dedicated to eliminating violence against women by promoting their right to live a life free of violence. UN Women supports the development and implementation of national legislation, multi-sectoral action plans, and campaigns aimed at preventing violence and promoting a life free of violence. Violence against women is increasingly prevalent in Ecuador. Different forms of violence exist in various spheres of daily life, highlighting this was already a concerning topic before the COVID-19 pandemic (30). Statistics released in 2021 by the National Statistics and Census Institute (INEC) revealed that 65% of women in Ecuador had ever experienced VAW in their lifetime(15). Between January and August 2022 alone, there were nearly 20,000 reported cases of VAW. The National Survey on Family Relations and VAW further underscores this grey reality, revealing that six out of every ten women in Ecuador have experienced gender violence, with 25.7% reporting sexual violence and 14.5% experiencing sexual violence from their partner (13,31). Femicide remains a severe concern; 321 cases were recorded in 2022 (14).

Several studies have been carried out in Ecuador to determine the prevalence of violence against women, identify its causes, and assess its impact on their lives.

Findings revealed high rates of different types of VAW, with the most frequent violence occurring in intimate relationships (32). Conclusions will refer to insufficient data collection and follow-up, which have hindered assessing the problem's real impact and developing effective public policies (31). The studies recommend conducting further research that takes into account more social factors and continuous monitoring of violence against women(31,32). Overall, they emphasize the urgent need for comprehensive measures to address this problem and protect the rights and well-being of women in the country.

2.1.4.b. Violence Against Women in Türkiye

Türkiye is currently facing significant levels of violence and femicide. Official records indicate that 4 out of 10 women have experienced physical and sexual violence at least once in their lifetime. Shockingly, in 2020 alone, 266 women lost their lives as a result of violence by men in Türkiye. These statistics demonstrate the magnitude of gender-based violence and highlight the severity of the issue in Türkiye (33–35). The last National Research on Domestic Violence against Women in Turkey conducted in 2013 provided crucial insights into the prevalence and nature of violence against women in the country. The study found that women are subjected to physical, sexual, and emotional violence, particularly in intimate relationships and family settings. Despite some progress in reducing violence, significant challenges continue to persist. Factors such as age, educational background, and region can affect the likelihood of women experiencing violence. Younger and less educated women are more vulnerable. Efforts to combat violence against women have made progress in high-prevalence areas.

Nevertheless, traditional gender roles still strongly influence many women despite decreasing tolerance for violence (34). Turkey has ratified international conventions like CEDAW and the Istanbul Convention, which aim to prevent and combat VAW. However, concerns have been raised over the future of legal protections for women after Turkey withdrew from the Istanbul Convention in 2021(36).

2.1.5. Health Consequences of Violence Against Women

According to WHO, approximately 40% of all female homicides globally are perpetrated by intimate partners. The health consequences extend beyond minor injuries, affecting women in the short and long term from various perspectives (5,37). Additionally, the outcomes impact the nation's social and economic costs (37). There are physical, mental, and reproductive consequences. Abused women are 1.5 times more likely to have sexually transmitted diseases, including HIV, in some regions (5). Violence against women is one of the most common causes of post-traumatic stress disorder (PTSD)(38). Additionally, there are pregnancy issues such as miscarriages and preterm births; some are restricted from receiving contraceptive methods or simply obstetric care. The long-term consequences prevent women from participating equally with men in society and affect their family nucleus, thus affecting their children, family, and community (27,39).

2.1.6. Protective Mechanisms Toward Violence Against Women

The World Health Organization (WHO) developed a Global Plan of Action to address VAW in 2006 (40). This plan was based on evidence and aimed to strengthen health systems by sharing experiences among its members. Additionally, collecting data on VAW is crucial for monitoring progress toward the Sustainable Development Goals Women focuses on prevention (5,41). This means it promotes education and early intervention, works with minors, and collaborates with different sectors and industries to spread awareness of its work globally (42). UN Women also partners with voluntary movements that empower girls and young women worldwide. At the national level, UN Women is crucial in reinforcing laws, policies, and programs to improve gender equality worldwide. UN Women supports governments in developing gender-related laws and ensures the correct implementation of programs created to protect women's human rights (43). According to UN Women Research, two-thirds of the countries have criminalized domestic violence, but only 52 explicitly outlaw rape within marriage. At the local level, various non-profit organizations take action by raising funds, educating future generations, holding perpetrators accountable, and, most importantly, showing women that they are not alone (43).

2.1.7. Factors Affecting Violence Against Women According to the Social Ecological Model

Violence against women is a multifaceted issue influenced by various factors at different levels of the social-ecological model. The social-ecological model is a psychological framework that helps to understand key factors that contribute to violence against women and the impact of potential prevention strategies (44). Individual factors identify characteristics and experiences of individuals that increase their likelihood of becoming victims of VAW. These factors may include attitudes, beliefs, and behaviors that support or condone violence, as well as personal histories of trauma or exposure to violence (44). Relationship factors involve dynamics within intimate relationships that may contribute to VAW. These factors include power imbalances, conflict resolution skills, communication patterns, and coercive or controlling behaviors(44). Community factors encompass the social and physical environment in which individuals reside. These factors include community norms that either condone or tolerate violence, the availability and accessibility of support services, and the presence of social networks that promote healthy relationships and gender equality(44). Societal factors comprise broader social, cultural, and structural influences on violence against women. These factors may include gender norms and inequalities, social and economic policies that perpetuate gender-based violence, media representations that normalize or glamorize violence, and the legal and justice systems' response to violence against women (44).

2.1.8. The Mission of Shelters in Protecting Women from Violence

Women's shelters were created since their grassroots beginnings in the 1970s in Great Britain as vital safe spaces for those women facing domestic violence and intimate partner abuse. These shelters have become essential resources for survivors seeking safety, support, and empowerment (45). Women's shelters serve as a temporary refuge for women and their children who are escaping abusive environments. Their primary function is to provide a secure and safe environment for survivors to find shelter from immediate threats of violence and to seek peace during times of distress.

The shelters also offer a wide range of support services aimed at assisting survivors in rebuilding their lives and regaining their independence. These services include counseling, therapy, legal assistance, and help with housing and employment (46). Women's shelters provide 24/7 hotlines staffed by trained professionals who offer immediate assistance and emotional support to those in crisis. They engage in community advocacy efforts to raise awareness about domestic violence and advocate for policy reforms that safeguard survivors. Women's shelters work closely with law enforcement, social services, and other agencies to ensure the safety and well-being of survivors, developing comprehensive safety plans and providing referrals to additional support services (46).

2.1.9. Measures for Women's Empowerment to Fight Violence Against Women

Fighting VAW requires a holistic approach that centers on empowering women. Crucial components include the representation and enforcement of laws and policies against domestic violence, IPV, and sexual harassment, prevention strategies that challenge harmful gender norms, and education campaigns in any possible environment(27). More accessible support services like counseling and shelters for victims should be implemented(47). Robust data collection is also essential for evidence-based interventions and policy development. Economic empowerment, equal access to opportunities, and addressing barriers reduce vulnerability in any political setting(28). By empowering young advocates and supporting local organizations, nonprofits can amplify efforts toward societal change. However, it's essential to acknowledge and manage potential risks associated with these empowerment initiatives as the increase in VAW is possible. By integrating legal, preventive, supportive, and empowerment measures, we can foster a safer and more equitable society for all genders (48).

2.1.10. Istanbul Convention Prevention and Protection Measures

The Istanbul Convention stands as a pivotal human rights treaty dedicated to confronting the widespread issue of violence against women and young girls. Built upon its foundational principles, commonly termed the "four Ps," the convention offers

a holistic framework for addressing this pressing concern. Within its framework, a primary focus lies on preventive measures, encompassing continuous awareness initiatives, professional training, educational campaigns promoting gender equality, and implementing rehabilitation programs for perpetrators (49). Moreover, the convention places paramount importance on safeguarding victims through swift police intervention, access to specialized support services, and establishing safe havens like shelters and hotlines (50). It also stresses the imperative of holding offenders accountable, necessitating states to undertake active measures to combat impunity through legal mechanisms and comprehensive data collection strategies. Furthermore, the convention advocates for integrated policies that seamlessly align prevention, protection, and prosecution efforts to combat violence against women and girls effectively (51).

2.1.11. Public Health Measures for Violence Against Women at Different Levels of Prevention

Violence against women is an unescapable international issue that is increasing each day. Public health strategies use multi-faceted tactics to address the problem of violence at the societal level, including primary, secondary, and tertiary prevention measures. Primary prevention concentrates on addressing the underlying causes of violence by promoting gender equality and challenging harmful societal norms and traditions through education, community mobilization, and legislation (52). Secondary prevention refers to the early intervention and provision of support and resources for individuals who have experienced violence, providing psychological support, temporary shelters, crisis hotlines, medical response, and professional training (52). On the other hand, tertiary prevention aims to mitigate the long-term consequences of violence by providing counseling, legal support, and community reintegration services for victims and women at risk (52). These prevention efforts are implemented at various levels and sectors and underline the importance of collaboration and ongoing research to develop and evaluate effective strategies for addressing VAW.

2.1.12. Gender Equality

Gender Equality refers to the state in which citizens of all genders have identical rights and opportunities without discrimination based on gender. This issue is not limited to women only but also affects men, transgender, and non-binary people. The impact of gender inequality is far-reaching, affecting families, children, and individuals of all ages and backgrounds (53).

2.1.12.a. Gender Equality in Ecuador

Gender equality has been a substantial focus in Ecuador in recent years, and there have been improvements in various areas. The country has implemented a national policy called "The Equality Agenda" to address gender disparities and promote societal equality (54). However, there are still challenges, mainly related to financial investment. Less than 2% of the government's budget is allocated to gender equality initiatives, which requires better monitoring and measurement of investments. Feedback and how to improve the Equality Agenda were discussed in the latest publication of UN Women Selective Engagement, Inclusions, And Omissions from a feminist perspective in 2020 (55). Poverty reduction is one of the significant aspects of gender equality in Ecuador. Nonprofit Organizations are constantly working to empower women and create a more gender-equal society, recognizing the link between gender inequality and poverty. Despite progress, women in Ecuador still face discrimination and violence; remarkably, these issues are more evident in rural areas.

The gender gap index, as measured by the World Economic Forum, reveals a 26% gap between genders in Ecuador, with political empowerment being a particularly challenging area. Although there has been progress in Ecuadorian women's representation in local elections, patriarchal power structures still hinder women's participation in higher government positions (56). Despite existing laws and institutional mechanisms for gender equality, Ecuador continues to struggle with entrenched gender stereotypes and discrimination. Ongoing efforts to raise awareness and challenge these practices aim to make society more equitable (30).

2.1.13. Gender Equity

At the core of gender equity lie two fundamental principles: fairness and impartiality. Fairness involves treating everyone equally without favoritism or bias. Impartiality, however, entails treating all parties with equal respect and consideration. Equity recognizes different communities' diverse needs and requirements and distributes resources and opportunities to ensure similar outcomes for all community members (57). The European Institute for Gender Equality outlines gender equity as entailing the fair and impartial distribution of benefits and responsibilities among all genders, including women, men, transgender individuals, and nonbinary people (58). Gender equity is crucial because historically, societies have regarded females, transgender individuals, and nonbinary people as weaker and less significant than males. Today, gender equity has significantly changed the expectations and roles of all genders, both at home, at work, and in society. It Did he everlped create a world where everyone's talents, abilities, and skills are accepted and appreciated, regardless of gender (57).

2.1.14. Patriarchy

Patriarchy is a social structure in which men possess primary power and authority in political leadership, moral decision-making, social advantages, and ownership control. It has been deeply rooted in various societies for centuries, resulting in gender-based prejudice and the institutionalized suppression of women. The term is frequently used to describe the power dynamics that give men an advantage over women, generating unequal opportunities and treatment based on gender(59).

Patriarchy takes on different forms, such as laws, cultural traditions, and societal expectations that uphold gender roles and restrict the independence and authority of women. It can also lead to the acceptance of violence against women and undermine their contributions to society(59). Critics of patriarchy argue that this system is harmful not only to women but also to society as a whole. Patriarchy limits the full participation and potential of half the population. Therefore, advocates of gender equality call for the dismantling of patriarchal systems to create a more just and equitable society for all genders.

Previous studies established a relationship between VAW and patriarchal practices. That is, it is evident how this ancient, systematic, and cultural construction becomes an incidence factor in the high rates of violence against women. Then, it is reasoned that since patriarchy is an ideology based on the predominance of men over women, it generates legal practices and regulations where there is a clear notion of male superiority, which legitimizes the exercise of various types of violence, on many occasions, against women(19). Since 2022, the UN WOMEN has carried out the project " masculinities in movement," recognizing men as strategic allies to reduce and prevent gender-based violence(61). UN Women in Ecuador is dedicated to eliminating violence against women by promoting their right to live a life free of violence. UN Women supports the development and implementation of national legislation, multi-sectoral action plans, and campaigns aimed at preventing violence and promoting a life free of violence.

2.1.14.a. Patriarchy in Ecuador

Gender roles in Ecuador vary depending on social class and ethnicity. They range from equal to male-dominated. These roles are often influenced by the strong Catholic tradition of a patriarchal society, which traditionally confines women to domestic work and expects them to submit to male authority. Indigenous women in Ecuador have been at the forefront of the fight against this ancestral patriarchy that imposes gender roles in their communities. They have played a leading role in defending their bodies and traditional territories, organizing themselves to demand recognition of their way of life (62). Ecuador has made significant progress in promoting gender equality and women's rights. Almost 100 years ago, in 1929, it became the first country in Latin America to grant women the right to vote. Today, laws defend Ecuadorian women from gender-based discrimination and violence (63).

2.1.15. Women's Attitudes and Behaviors Towards Gender Roles

Studies investigating women's attitudes and behaviors toward gender roles cover an extensive variety of areas, such as sexual behavior and beliefs, violence against women and young girls, parenting, employment, health, and individual habits. For example, a European study reveals that societal norms significantly impact

individual actions, and attitudes toward gender roles are shaped during adolescence (64). A survey conducted in the United States among ingenious people showed a relationship between patriarchal gender attitudes and violence against women and young girls, emphasizing the prevalence of discriminatory attitudes (65). Global studies conducted during the COVID-19 pandemic have shown concerning regressions in attitudes towards gender equality, highlighting the persistent challenges posed by discriminatory social norms. These studies have also revealed the pervasive influence of gender norms on fertility and health behaviors, particularly in shaping sexual risk behaviors(66). These findings collectively provide a nuanced understanding of the complex interplay between women's attitudes, societal norms, and behavioral outcomes.

2.1.15.a. Women's Attitudes and Behaviors Towards Gender Roles in Ecuador

Various factors have influenced women's attitudes and behaviors towards gender roles in Ecuador. The country has promoted gender equality by establishing the National Council of Women in 2003(54). Progress has been made in growing women's rights, including the establishment of dedicated police stations for VAW and the presence of numerous organizations, such as nonprofits, focused on women's economic, social, and political empowerment(54,63,67). Ecuador is well known for its diverse population, including mestizo, indigenous, afro-descendant, montubios, and white, reflecting its intercultural background. Despite being a secular nation, traditional gender norms influenced by a patriarchal society, often shaped by Catholicism, persist, leading to the confinement of women to domestic roles (54,67).

3. MATERIALS AND METHODS

3.1. Location of Research

The research was conducted in a primary care facility in Guayaquil, Ecuador. Guayaquil, officially known as Santiago de Guayaquil, is Ecuador's second most populous city, with a population of 2.7 million. It is considered the most important city in Ecuador, just like Istanbul is for Türkiye. Guayaquil is the country's main economic, cultural, and financial center and principal port.

Ecuador has a universal healthcare system that provides health coverage to all its citizens and legal residents. The Ministry of Public Health manages the healthcare system and is divided into three main sectors: public, social security (IESS), and private (68). Social security provides external consultation, which is similar to what a polyclinic is in Türkiye. It is an outpatient medical care service provided to IESS members, allowing patients to receive specialized medical care without needing hospitalization.

At the IESS external consultation, patients can receive care from different medical specialties, such as general medicine, pediatrics, gynecology, cardiology, ophthalmology, and dermatology. Members can also go to the outpatient clinic for diagnosis, treatment, monitoring of chronic diseases, medical examinations, and other related services.

The "Clínica Sur Hospital" is an outpatient polyclinic that receives an average of 2950 monthly patients, around 125 patients per day from Mondays to Saturdays, out of which 1780 (60%) are women covered by social security. The facility has two primary care doctors and nine specialties, including internal medicine, orthopedics, urology, cardiology, gynecology, pediatrics, neurology, gastroenterology, and otolaryngology. The staff group comprises thirty-two people, including seventeen doctors, four nurses, two pharmacists, six administrative staff, and three support staff.



Figure 3.1. Guayaquil's location on Ecuador's map.

Guayaquil City is situated on the western bank of the Guayas River, which eventually flows into the Gulf of Guayaquil in the Pacific Ocean, as shown in Figure 3.1.



Figure 3.2. Outpatient Polyclinic Tower at Sur Hospital.

The outpatient polyclinic is located on José Mascote Street, between Cap. Nájera and Huancavilca, in the city center of Guayaquil. Figure 3.2 shows the actual building where the study took place.

3.2. Population and Sample of the Research

The research population consisted of women who requested an appointment at this outpatient polyclinic between October and December 2023. The sample was not selected; it comprised 598 participants who voluntarily agreed to participate. These participants attended the facility for checkups, follow-ups, and first-time appointments with different specialties during the specified period. The study included women who received care at Clínica Sur Hospital and lived in Guayaquil. Patients who left 30% of the survey empty were excluded.

3.3. Type of Research

This research is a descriptive epidemiological study.

3.4. Research Variables

3.4.1. Defining Variable(s)

- ✓ Age
- ✓ Place of birth
- ✓ The city where the participant was raised to 12 years old
- ✓ Marital status
- ✓ Education level
- ✓ Occupation
- ✓ Spouse's education level/occupation
- ✓ Chronic Disease Status

3.4.2. Defined Variable(s)

- ✓ Gender-Based Violence Incidence
- ✓ Attitudes and Behaviors Towards Gender Roles

3.5. Data Collection

3.5.1. Data Collection Tool – Survey

The survey form used in this research consisted of three parts. First, the socio-demographic characteristics of the participants were asked; the second part was personal questions about their exposure to different types of violence, and the third part consisted of questions about attitudes toward gender roles. The survey used for the research included an informed consent process, ensuring that participants provided their consent before participating. The survey was administered by the researcher to women attending Clínica Sur Hospital and consisted of 36 questions—nine questions about the participants' sociodemographic characteristics and background information. The questionnaire comprised short-answer and multiple-choice questions and was designed to be completed within 15-20 minutes (See Appendix 1).

3.6. Pre-Test

Before the primary data collection, a pre-test of the questionnaire was conducted. The surveys were minimally changed as they were translated from English to Spanish for the research. (It is worth noting that Spanish is Ecuador's official language). This pre-test involved administering the questionnaire to a similar target group in a different environment. The pre-test aimed to identify unclear or problematic questions and ensure that the questionnaire was appropriate and understandable to the participants. Based on the feedback collected during the pre-test, necessary changes were made to the questionnaire to improve its clarity and relevance for the main study.

3.6.1. Method of Data Collection

The survey was distributed over two months on different schedules, from Mondays to Fridays. The researcher administered the survey at the polyclinic before the participants' doctor's appointments. As suggested by the clinic's administration, participants were given a small health education class on the different types of violence. They were then encouraged to complete the survey questions in an empty doctor's office.

3.7. Analysis of Data

Statistical analyses were conducted using SPSS (Statistical Package for Social Sciences, version 28, IBM Inc., Armonk, NY) software. Descriptive statistics were reported as frequency (%), mean $\pm$ standard deviation (SD), or median (minimum-maximum). The χ^2 and Fisher's exact tests were used to compare the proportions in different categorical groups. A significance level of $p < 0.05$ was considered statistically significant.

In line with the purposes of your research, the relationships regarding violence against women were first analyzed in 598 women who participated in the study. Then, the relationships of 385 women who were intimate partners were examined.

3.8. Manpower of Research

The research was carried out by Hacettepe University Faculty of Medicine, Department of Public Health. It was conducted by Prof. Dr. Ü. Şevkat BAHAR ÖZVARIŞ, MD, MSc., PH Specialist, and Public Health Graduate Program Student Dr. Tito ALVARADO ÁLAVA. The principal researcher and the assistant researcher carried out the preparatory work of the research. Data was collected using face-to-face surveys by the assistant researcher. The principal investigator and assistant researcher did the analysis of the data and the preparation of the research report.

3.9. Ethical Issues and Institutional Permissions

The required permissions for the research were obtained from the Hacettepe University Rectorate through the Hacettepe University Public Health Department. Ethics Committee decision: The project proposal titled "Research on Gender-Based Violence of Women Receiving Care at Clínica Sur Hospital in Guayaquil, Ecuador" with registration number SBA 23/033, dated 09.05.2023 was examined taking into account the justification, purpose, approach, and methods of the research, and was evaluated was found ethically appropriate (See Appendix 2).

A formal letter was addressed to the Chairman of the Polyclinic on behalf of the Head of the Public Health Department to grant authorization for the research at the

medical facility (See Appendix 3). A consent form was added to the first page of the survey, stating that participation in the study is voluntary and that no identity information is requested. The information obtained through this form will remain confidential and only be used for scientific purposes. Participants can refrain from participating in the study or ending the survey at any time (See Appendix 4).

3.10. Limitations of the Research

Face-to-face surveys may introduce response bias, as participants may provide socially desirable responses or feel uncomfortable disclosing sensitive information. There may be limitations in the availability and reliability of data, particularly regarding the accuracy of self-reported experiences of gender-based violence. Additionally, questions regarding income and economic stability were not included due to the limited time and ethical considerations related to the topic's sensitive nature.

3.11. Budget of the Research

Table 3.1. Research Funding Breakdown

Expenses	Unit Price	Total
Questionnaire Photocopies	600	2,500 TL
Thesis Printouts	4	1000 TL
Air Travel Costs		36,000 TL
Fuel Expenses	1	1,500 TL
Total	-	41,000 TL

3.12. Timeline of Research

- Research Planning: May 2023
- Thesis proposal presentation: 21st June 2023
- Health Science Boards Decision 25th of June 2023
- Ethics Committee & Institutional Permissions: June 2023 - September 2023
- Data Collection: October 2023 – December 2023
- Entry of Data and Statistical Analysis: December 2023 – January 2024
- Writing the thesis report: February – March 2024

4. FINDINGS (RESULTS)

The study involved 598 women with an average age of 41.9 ± 13.9 years, ranging from 15 to 81 years. Only one woman was illiterate (0.2%), while fourteen had completed primary school (2.3%). One hundred and forty (23.4%) women had attained a high school education, followed by three hundred and twenty-nine (55%) with a bachelor's degree, one hundred and seven (17.9%) with a master's degree, and finally, seven (1.2%) women held a Doctorate (PhD) (Table 4.1).

Among the 598 women surveyed, 223 (37.3%) were single, 46 (7.7%) were partnered, 229 (38.3%) were married, 72 (12%) were divorced, 7 (1.2%) were separated, 21 (3.5%) were widowed. Four hundred eighty-six (81.3%) participants resided in Guayaquil, while 112 (18.7%) lived in other cities.

Currently, 163 (27.3%) women were not working, 415 (69.4%) were working, and 20 (3.3%) women were retired. The occupational fields of women were professional and technical (32.9%), domestic management and care (19.6%), sales and customer service (15.2%), administrative and managerial (13.9%), service and personal care (7.4%), arts and entertainment (1.7%), skilled traders and craftsmanship (0.7%), labor and manufacturing (0.5%), respectively. Nineteen (3.2%) women were students.

Three hundred eighty-five (64.4%) women had an intimate partner. One hundred fifty-four (25.8%) women had at least one chronic disease, and 83.6% of the participants lived in the same city most of the time until they were 12 (Table 4.1).

Table 4.1. Socio-demographic characteristics of the women surveyed (Guayaquil, 2023)

Characteristics	(n)	(%)
Age groups		
≤24	46	7.7
25-29	92	15.4
30-34	98	16.4
35-39	61	10.2
40-44	49	8.2
45-49	65	10.9
50-54	52	8.7
55-59	48	8.0
≥60	87	14.5
<i>Mean=41.9; SD=13.9; Median=40; Minimum-maximum: 15-81</i>		
Educational level		
Illiterate	1	0.2
Primary School	14	2.3
High School	140	23.4
Bachelor's Degree	329	55.0
Master's Degree	107	17.9
PhD	7	1.2
Marital status		
Single	223	37.3
Partnered	46	7.7
Married	229	38.3
Divorced	72	12.0
Separated	7	1.2
Widowed	21	3.5
Hometown Cities		
Guayaquil	486	81.3
Other	112	18.7
Where did you live for most of the time until you were 12 years old?		
Same city	500	83.61
Other	98	16.39

Table 4.1. (continued) Socio-demographic characteristics of the women surveyed (Guayaquil, 2023)

Currently working		
No	163	27.3
Yes	415	69.4
Retired	20	3.3
Occupation		
Professional and Technical	197	32.9
Domestic Management and Care	117	19.6
Sales and Customer Service	91	15.2
Administrative and Managerial	83	13.9
Service and Personal Care	44	7.4
Student	19	3.2
Retired	12	2.0
Arts and Entertainment	10	1.7
Not Specified	10	1.7
Unemployed	8	1.3
Skilled Traders And Craftsmanship	7	1.2
Intimate partner		
No	213	35.6
Yes	385	64.4
Chronic disease(s)		
No	444	74.2
Yes	154	25.8
Total	598	100.0

SD: Standard Deviation.

According to Table 4.2, the average age of the 385 male partners of the participants included in the study was 42.5 ± 13.3 years, ranging from 19 to 80 years (Table 4.2, Figure 4.1). A small percentage of men, six (1.6%), had only completed primary school, while 92 (23.9%) had completed high school. Furthermore, 213 (55.3%) men held bachelor's degrees, 65 (16.9%) held master's degrees, and 9 (2.3%) held PhD degrees. Figure 1 visually represents the age distribution of women and their partners who participated in the research.

Table 4.2. Socio-demographic characteristics of the intimate partners of the women participating in the study (Guayaquil, 2023)

Characteristics	(n)	(%)
Age groups		
≤24	19	4.9
25-29	50	13.0
30-34	75	19.5
35-39	37	9.6
40-44	43	11.2
45-49	44	11.4
50-54	31	8.1
55-59	32	8.3
≥60	54	14.0
<i>Mean=42.5; SD=13.3; Median=41; Minimum-maximum: 19-80</i>		
Educational level		
Primary School	6	1.6
High School	92	23.9
Bachelor's Degree	213	55.3
Master's Degree	65	16.9
PhD	9	2.3
Occupation		
Professional and Technical	146	37.9
Sales and Customer Service	42	10.9
Administrative and Managerial	59	15.3
Service and Personal Care	61	15.8
Student	5	1.3
Retired	19	4.9
Arts and Entertainment	13	3.4
Not Specified	11	2.9
Unemployed	4	1.0
Skilled Traders and Craftsmanship	25	6.5
Total	385	100.0

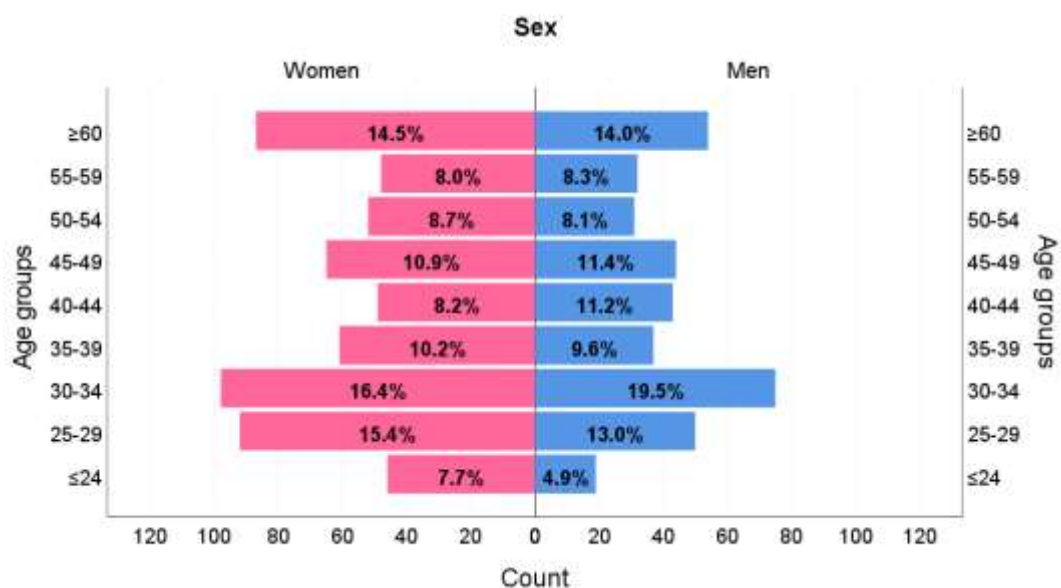


Figure 4.1. Age distribution of women and their intimate other in the research (Guayaquil, 2023).

Considering “If you ever experienced violence,” a total of 268 women (44.8%) experienced physiological or emotional violence. Two hundred-one women (33.6%) were subjected to insults or swearing. Additionally, 139 women (23.2%) reported being humiliated in front of others. Threatening behavior, such as intimidating gazes, shouting, or breaking things, was directed at 185 women (30.9%). Furthermore, 50 women (8.4%) reported being threatened with harm to themselves or their loved ones (Table 4.3).

Table 4.3. Psychological or emotional violence against women by intimate partners (ever) (Guayaquil, 2023)

Questions	(n)	(%)
Did he ever upset you by insulting or swearing at you?		
No	397	66.4
Yes	201	33.6
Did he ever humiliated you in front of others?		
No	459	76.8
Yes	139	23.2
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)		
No	413	69.1
Yes	185	30.9
Did he ever threatened to harm you or your loved ones?		
No	548	91.6
Yes	50	8.4
Psychological or Emotional Violence		
No	330	55.1
Yes	268	44.8
Total	598	100.0

In the last 12 months, 40 (6.7%) women were exposed to swearing or insults only once, 32 (5.4%) women twice, 31 (5.2%) women a few times, and 16 (2.7%) women many times. Thirty-six (6%) women were humiliated in front of others only once, 21 (3.5%) women twice, 22 (3.7%) women several times, and 8 (1.3%) women many times. Over the past year, 48 (8%) women experienced intimidation on a single occasion, while 22 (3.7%) women encountered it twice, 23 (3.8%) women faced it multiple times, and 10 (1.7%) women endured frequent instances of intimidation. Fourteen (2.3%) women had been threatened with harm to themselves or their loved ones only once, 14 (2.3%) women twice, 5 (0.8%) women a few times, and 6 (1%) women many times (Figure 4.2, Table 4.4).

Psychological or Emotional Violence

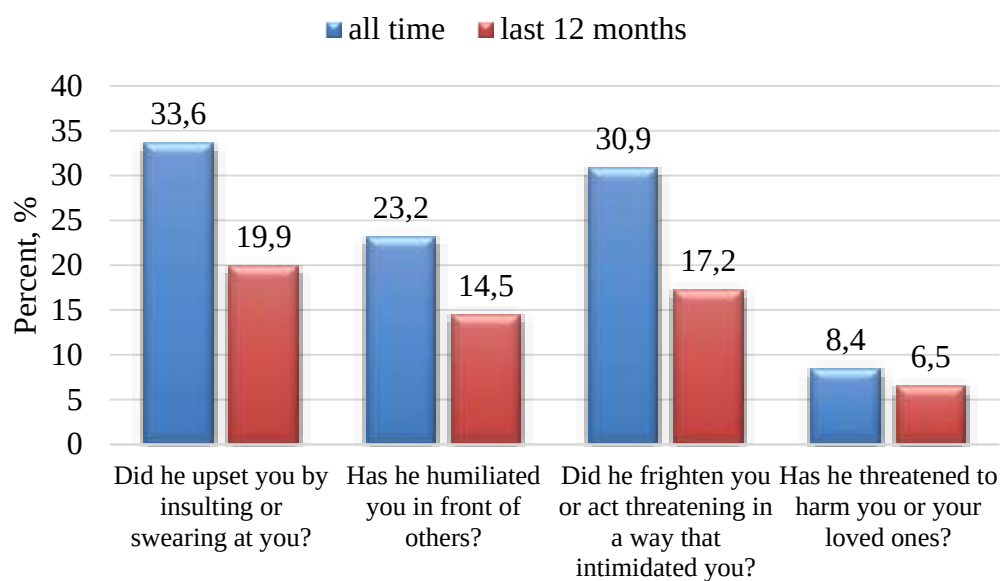


Figure 4.2. Frequency of psychological or emotional violence ever and in the last 12 months (Guayaquil, 2023)

Table 4.4. Psychological or emotional violence against women by intimate partner (last 12 months) (Guayaquil, 2023)

Questions	(n)	(%)
Did he ever upset you by insulting or swearing at you?		
No	479	80.1
Only once	40	6.7
Twice	32	5.4
A few times	31	5.2
Many times (>5)	16	2.7
Did he ever humiliated you in front of others?		
No	511	85.5
Only once	36	6.0
Twice	21	3.5
A few times	22	3.7
Many times (>5)	8	1.3

Table 4.4. (continued) Psychological or emotional violence against women by intimate partner (last 12 months) (Guayaquil, 2023)

Did he ever frighten you or act threatening in a way that intimidated you? For example; with their gaze, shouting, or breaking things.		
No	495	82.8
Only once	48	8.0
Twice	22	3.7
A few times	23	3.8
Many times (>5)	10	1.7
Did he ever threatened to harm you or your loved ones?		
No	559	93.5
Only once	14	2.3
Twice	14	2.3
A few times	5	0.8
Many times (>5)	6	1.0
Psychological or Emotional Violence		
No	441	73.7
Yes	157	26.3
Total	598	100.0

Considering “If you ever experience at any point in your life,” a total of 125 (20.9%) women experienced physical violence. Eighty-one (13.5%) women were slapped or thrown something that hurt them, 91 (15.2%) women were pushed, or their hair was pulled, 52 (8.7%) women were punched, 25 (4.2%) women were kicked or dragged, 23 (3.8%) women were strangled, and 26 (4.3%) women were threatened with tools such as knives or guns (Table 4.5).

Table 4.5. Physical violence against women by intimate partners (all time) (Guayaquil, 2023).

Questions	(n)	(%)
Did he ever slap you or throw something that hurt you?		
No	517	86.5
Yes	81	13.5
Did he ever push you, pick you up, or pull your hair?		
No	507	84.8
Yes	91	15.2
Did he ever hit you with his fist or something that hurt you?		
No	546	91.3
Yes	52	8.7
Did he ever kick, drag, or beat you?		
No	573	95.8
Yes	25	4.2
Did he ever strangle your throat, or did it burn you?		
No	575	96.2
Yes	23	3.8
Did he ever threatened you with tools such as knives or guns or used them against you?		
No	572	95.7
Yes	26	4.3
Physical Violence		
No	473	79.0
Yes	125	21.0
Total	598	100.0

In the last 12 months, 23 (3.8%) women had been slapped or had something thrown at them only once, 16 (2.7%) women twice, 4 (0.7%) women several times, and 6 (1%) women many times. Twenty-two (3.7%) women had been pushed, picked up, or had their hair pulled only once, 17 (2.8%) women twice, 7 (1.2%) women several times, and 6 (1%) women multiple times. In the last 12 months, 15 (2.5%) women had been hit once, 19 (3.2%) women twice, 4 (0.7%) women several times, and 5 (0.8%) women many times with a fist or something that hurt them. In the past

year, the partners of 11 (1.8%) women subjected them to kicking, dragging, or beating on one occasion. In comparison, 14 (2.3%) women experienced such abuse twice, 2 (0.3%) women endured it multiple times, and 5 (0.8%) women suffered frequent assaults by their partners. Twelve (2%) women were strangled or hurt once, 14 (2.3%) women twice, 2 (0.3%) women several times, and 5 (0.8%) women multiple times (Figure 4.3, Table 4.6).

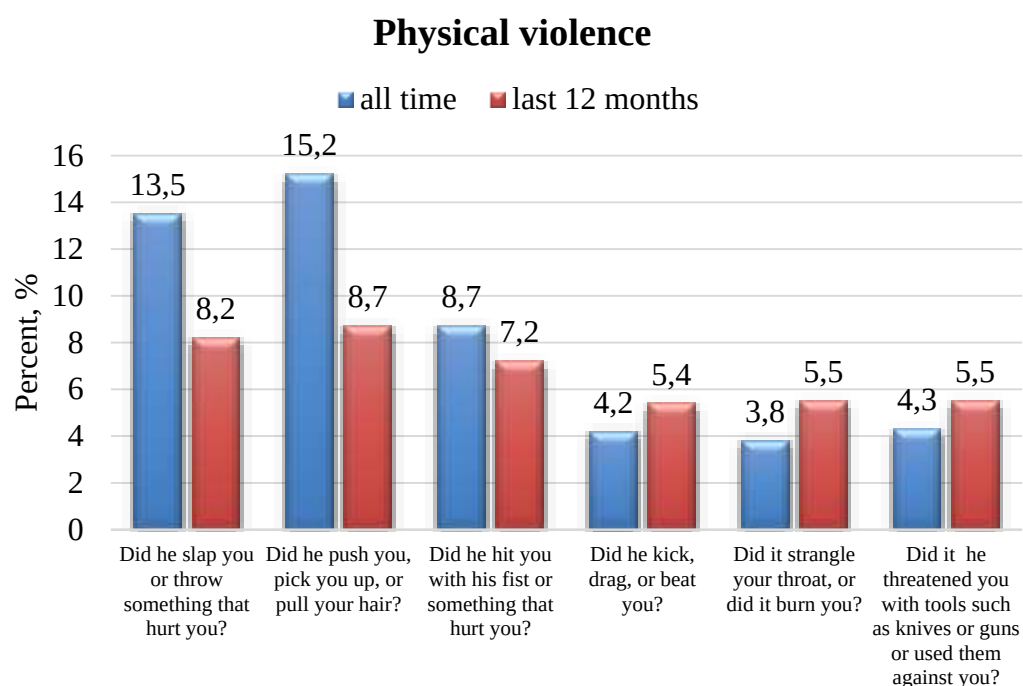


Figure 4.3. Frequency of physical violence ever and in the last 12 months (Guayaquil, 2023).

Table 4.6. Physical violence against women by intimate partners (last 12 months) (Guayaquil, 2023).

Questions	(n)	(%)
Did he ever slap you or throw something that hurt you?		
No	549	91.8
Only once	23	3.8
Twice	16	2.7
A few times	4	0.7
Many times (>5)	6	1.0
Did he ever push you, pick you up, or pull your hair?		
No	546	91.3
Only once	22	3.7
Twice	17	2.8
A few times	7	1.2
Many times (>5)	6	1.0
Did he ever hit you with his fist or something that hurt you?		
No	555	92.8
Only once	15	2.5
Twice	19	3.2
A few times	4	0.7
Many times (>5)	5	0.8
Did he ever kick, drag, or beat you?		
No	566	94.6
Only once	11	1.8
Twice	14	2.3
A few times	2	0.3
Many times (>5)	5	0.8
Did he ever strangle your throat, or did it burn you?		
No	565	94.5
Only once	12	2.0
Twice	14	2.3
A few times	2	0.3
Many times (>5)	5	0.8
Did he ever threatened you with tools such as knives or guns or used them against you?		
No	565	94.5
Only once	11	1.8
Twice	15	2.5
A few times	2	0.3
Many times (>5)	5	0.8
Physical Violence		
No	527	88.1
Yes	71	11.9
Total	598	100

Considering if the participants have experienced this at any point in their lives, a total of 70 (11.7%) women experienced sexual violence. 8.2% of women reported non-consensual sexual intercourse involving physical force, while 7.5% experienced coercion into sexually degrading acts (Table 4.7).

Table 4.7. Sexual violence against women by intimate partner (all time) (Guayaquil, 2023)

Questions	(n)	(%)
Did he ever had sexual intercourse with you by using physical force against your will?		
No	549	91.8
Yes	49	8.2
Did he ever forced you to do anything that you find sexually humiliating?		
No	553	92.5
Yes	45	7.5
Sexual Violence		
No	528	88.3
Yes	70	11.7
Total	598	100.0

In the last 12 months, 17 (2.8%) women were forced to have sexual intercourse involving physical force only once, 18 (3%) women twice, 5 (0.8%) women several times, and 5 (0.8%) women many times. 16 (2.7%) women were forced to do something sexually degrading once, 18 (3%) twice, 8 (1.3%) several times, and 5 (0.8%) many times (Figure 4.4, Table 4.8).

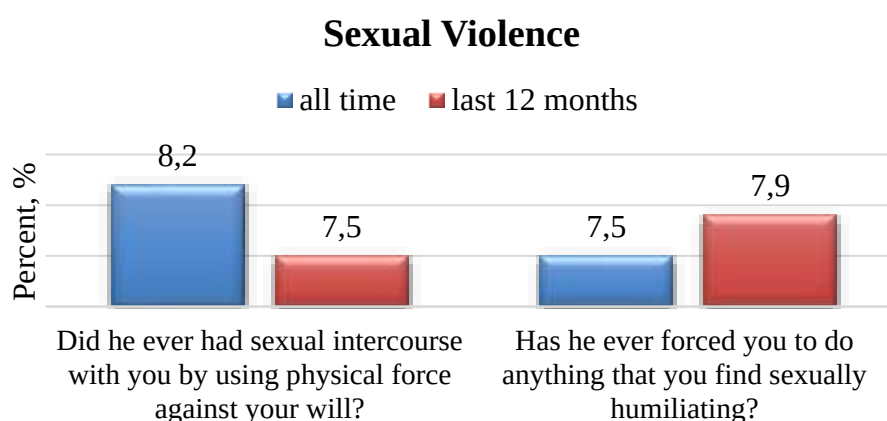


Figure 4.4. Frequency of sexual violence ever and in the last 12 months (Guayaquil, 2023).

Table 4.8. Sexual violence against women by intimate partners (last 12 months) (Guayaquil, 2023)

Questions	(n)	(%)
Did he ever had sexual intercourse with you by using physical force against your will?		
No	553	92.5
Only once	17	2.8
Twice	18	3.0
A few times	5	0.8
Many times (>5)	5	0.8
Did he ever forced you to do anything that you find sexually humiliating?		
No	551	92.1
Only once	16	2.7
Twice	18	3.0
A few times	8	1.3
Many times (>5)	5	0.8
Sexual Violence		
No	545	91.1
Yes	53	8.9
Total	598	100.0

The prevalence of different types of violence is higher in the lifetime period compared to the last 12 months. In the lifetime period, psychological or emotional violence was more prevalent at 44.8% compared to physical violence at 20.9% and

sexual violence at 11.7%. In the last 12 months, psychological or emotional violence was more prevalent at 26.30% compared to physical violence at 11.90% and sexual violence at 8.90%. This information is displayed in Figure 4.5.

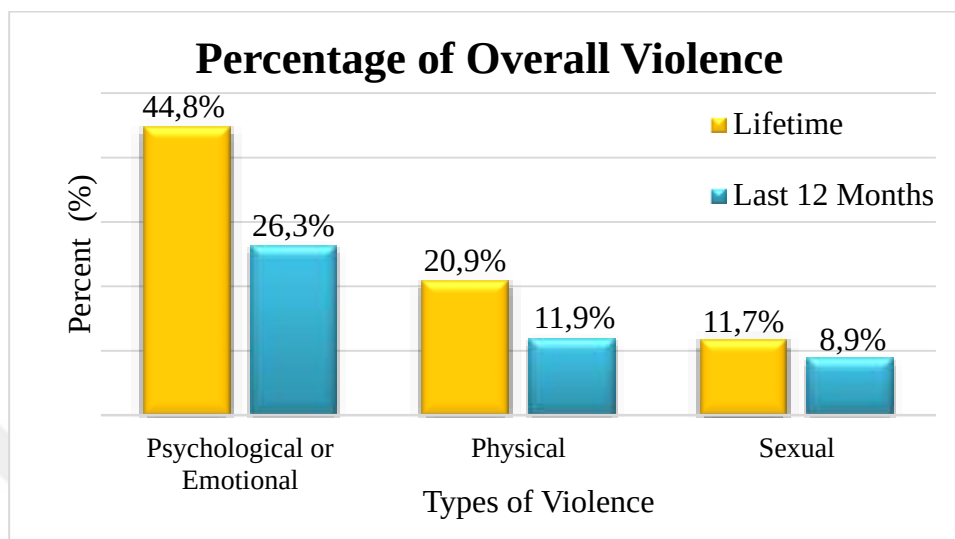


Figure 4.5. Percentage of violence among participants ever and last 12 months (Guayaquil, 2023)

Our study aimed to investigate women's attitudes and behaviors towards violence. Out of the 341 participants, it was found that 197 (57.8%) of the women did not disclose their partner's violent behavior to anyone. Among the rest, 69 (20.2%) of the women shared the information with their friends, 60 (17.6%) informed their family, and only 15 (4.4%) told their partner's family (as shown in Figure 4.6). Out of the 311 women, 283 (91%) did not apply to any institution for help, while 15 (4.8%) women applied to the police, and 13 (4.2%) women applied for help from the Women's Health Counsel (as shown in Figure 4.7). Among the 42 women who applied to the institution, they received the following types of support: 35.7% received support and divorced, 2.4% had an interview with a social worker, 26.2% received probation or lawsuit support, and 35.7% received psychological support (as shown in Figure 4.8 and Table 4.9).

Have you told anyone about the behavior of your spouse or partner that we just talked about?

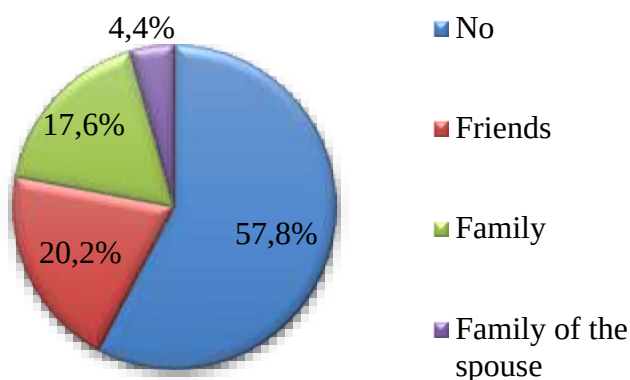


Figure 4.6. Disclosure of Intimate Partner Behavior from the participants (Guayaquil, 2023).

Institutional Support

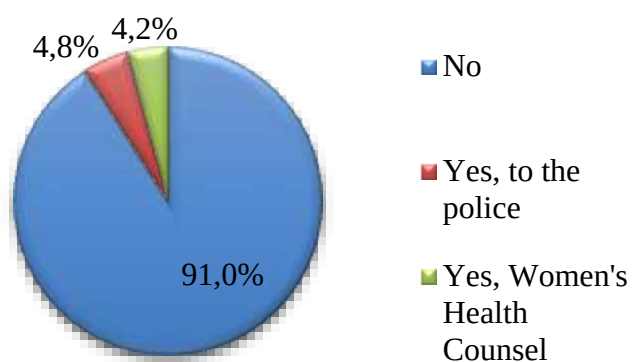


Figure 4.7. Institutional application from the participants (Guayaquil, 2023).

If applies: How assistance is extended after institutional application?

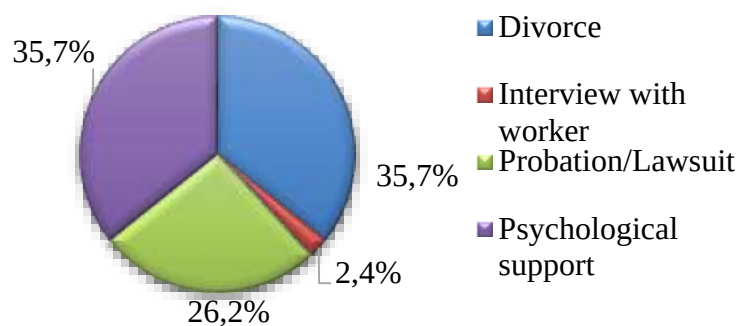


Figure 4.8. Post-Institutional Assistance of the participants (Guayaquil, 2023).

Table 4.9. Participant's attitudes and behavior towards violence (Guayaquil, 2023).

Questions	(n)	(%)
Have you told anyone about the behavior of your spouse or partner that we just talked about? (n=341)		
No	197	57.8
Friends	69	20.2
Family	60	17.6
Family of the spouse	15	4.4
Institutional application (n=311)		
No	283	91.0
Yes, to the police	15	4.8
Yes, Women's Health Counsel	13	4.2
If applies: How assistance is extended after institutional application? (n=42)		
Divorce	15	35.7
Interview with worker	1	2.4
Probation/Lawsuit	11	26.2
Psychological support	15	35.7

Table 4.10 presents women's viewpoints on their roles in relationships. Of the total sample, 42 (7%) believed they should remain silent and not argue with their husbands even when disagreeing. Similarly, 97 (16.2%) disagreed that women should be free to spend their money as they wish. Most women, five hundred sixty-seven (94.8%), felt men should share household chores such as cooking, washing dishes, laundry, and ironing. However, one hundred thirty-one (21.9%) believed that it might be necessary to use corporal punishment to discipline children. One hundred twenty-seven women, comprising 21.2% of the sample, agreed that male family members were responsible for a woman's attitudes and behaviors.

On the other hand, 447 women, representing 74.7%, disagreed with this notion. Only Fourteen women (2.3%) believed that neglecting household chores could lead to male violence. Similarly, only Twenty women (3.3%) thought that if a woman disagrees with her husband, he may resort to violence against her.

Table 4.10. Thoughts of the women participating in the study about the role of women in the relationship (Guayaquil, 2023).

Statements	(n)	(%)
A wife should not argue with her husband and keep silent if she disagrees with him		
I agree	42	7.0
Disagree	551	92.1
No Idea	5	0.8
A woman should spend her own money according to her own will		
I agree	497	83.1
Disagree	97	16.2
No Idea	4	0.7
Men should also do housework like cooking, dishwashing, laundry, ironing		
I agree	567	94.8
Disagree	28	4.7
No Idea	3	0.5
Sometimes, it may be necessary to beat children to discipline them		
I agree	131	21.9
Disagree	442	73.9
No Idea	25	4.2
Male family members are responsible for the attitudes and behaviors of a woman		
I agree	127	21.2
Disagree	447	74.7
No Idea	24	4.0
If a woman neglects her housework, a man may use violence against her		
I agree	14	2.3
Disagree	576	96.3
No Idea	8	1.3
If she objects to her husband, a man may use violence against her		
I agree	20	3.3
Disagree	571	95.5
No Idea	7	1.2
If she asks him whether he has other relationships, a man may use violence against her		
I agree	28	4.7
Disagree	562	94.0
No Idea	8	1.3
If the man suspects that she is unfaithful, a man may use violence against her		
I agree	16	2.7
Disagree	563	94.1
No Idea	19	3.2
If he finds out that she has been unfaithful, a man may use violence against her		
I agree	18	3.0
Disagree	563	94.2
No Idea	17	2.8
Total	598	100.0

We conducted a comparison between women aged under and over 40 based on the frequency of violent behavior. The results showed that the prevalence of exposure to insults or swearing was 29% among women under 40, whereas it was found to be 38.2% among women aged 40 or older ($p=0.017$), as shown in Figure 4.9. However, there was no significant difference between the two age groups in terms of the frequencies of other types of psychological or emotional violence, as presented in Table 4.11.

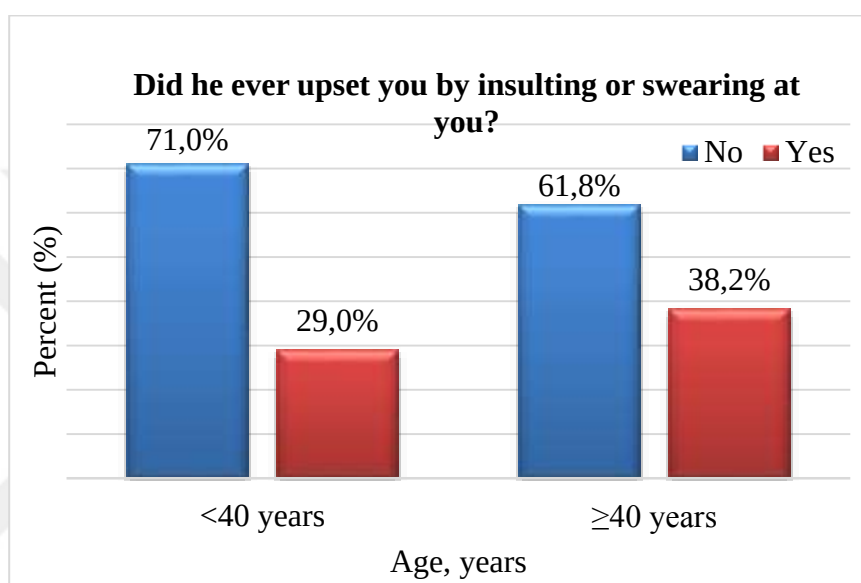


Figure 4.9. Comparison of women under and over 40 years of age regarding exposure to insults or swearing (psychological or emotional violence) (Guayaquil, 2023).

Table 4.11. Comparison of women under and over 40 years of age according to the frequency of all-time psychological or emotional violence by intimate partners (Guayaquil, 2023).

Questions	Age groups, n (%)		p value
	<40 years	≥40 years	
Did he ever upset you by insulting or swearing at you?			
No	211 (71.0)	186 (61.8)	0.017
Yes	86 (29.0)	115 (38.2)	
Did he ever humiliated you in front of others?			
No	237 (79.8)	222 (73.8)	0.080
Yes	60 (20.2)	79 (26.2)	
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)			
No	209 (70.4)	204 (67.8)	0.492
Yes	88 (29.6)	97 (32.2)	
Did he ever threatened to harm you or your loved ones?			
No	278 (93.6)	270 (89.7)	0.085
Yes	19 (6.4)	31 (10.3)	
Psychological or Emotional Violence			
No	173 (58.2)	157 (52.2)	0.134
Yes	124 (41.8)	144 (47.8)	
Total	297 (100.0)	301(100.0)	

When considering incidents involving physical violence, the incidence of threats involving weapons such as knives or guns was notably higher among women aged 40 or older in comparison to those under 40 years of age (7% vs. 1.7%, $p=0.002$). Despite observing higher overall rates of exposure to physical violence and frequency of various types of physical violence among women aged 40 and over compared to those under 40 years of age, the disparity did not achieve statistical significance (Table 4.12, figure 4.10).

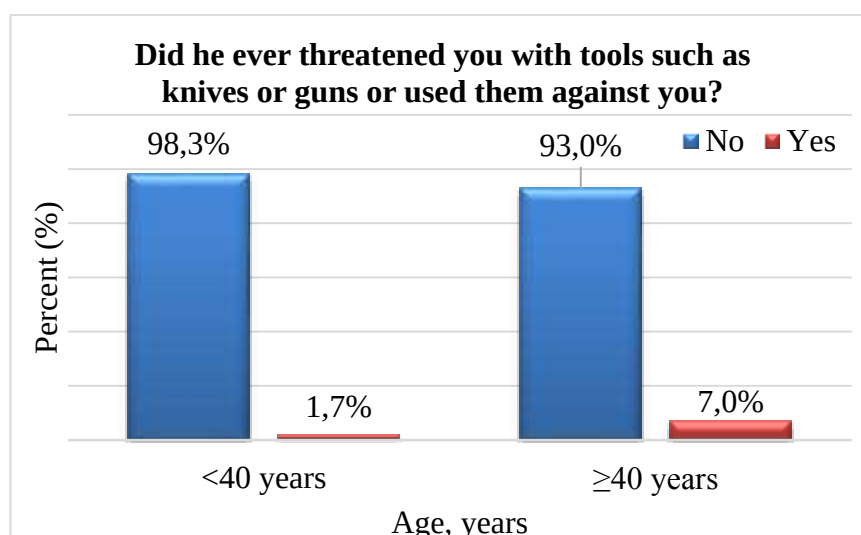


Figure 4.10. Comparison of women under and over 40 years of age in terms of exposure to threats with tools such as knives and guns (Physical violence)(Guayaquil, 2023).

Table 4.12. Comparison of women under and over 40 years of age according to the frequency of all-time physical violence by intimate partners (Guayaquil, 2023).

Questions	Age groups, n (%)		p value
	<40 years	≥40 years	
Did he ever slap you or throw something that hurt you?			
No	260 (87.5)	257 (85.4)	0.440
Yes	37 (12.5)	44 (14.6)	
Did he ever push you, pick you up, or pull your hair?			
No	258 (86.9)	249 (82.7)	0.158
Yes	39 (13.1)	52 (17.3)	
Did he ever hit you with his fist or something that hurt you?			
No	277 (93.3)	269 (89.4)	0.091
Yes	20 (6.7)	32 (10.6)	
Did he ever kick, drag, or beat you?			
No	289 (97.3)	284 (94.4)	0.071
Yes	8 (2.7)	17 (5.6)	
Did he ever strangle your throat, or did it burn you?			
No	285 (96.0)	290 (96.3)	0.806
Yes	12 (4.0)	11 (3.7)	
Did it he threatened you with tools such as knives or guns or used them against you?			
No	292 (98.3)	280 (93.0)	0.002
Yes	5 (1.7)	21 (7.0)	
Physical violence			
No	241 (81.1)	232 (77.1)	0.221
Yes	56 (18.9)	69 (22.9)	
Total	297 (100.0)	301 (100.0)	

The frequency of sexual intercourse involving forced physical coercion was significantly higher in women over the age of 40 than in those under the age of 40 (10.6% vs. 5.7%, $p=0.029$, Figure 4.11). In total, 13.6% of women aged 40 or over were exposed to sexual violence, while this rate was 9.8% for women under 40 ($p = 0.142$) (Table 4.13).

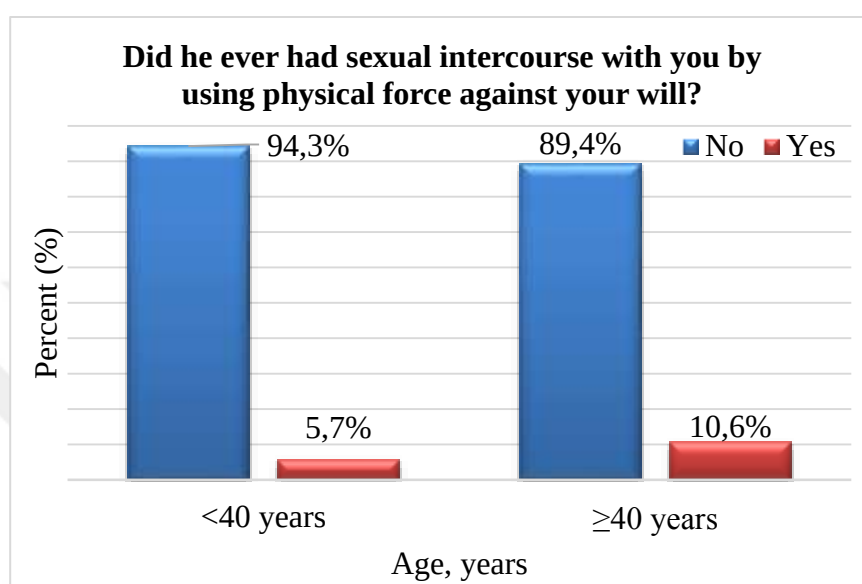


Figure 4.11. Comparison of women under and over 40 years of age in terms of exposure to sexual intercourse using physical force against their will among the participants by their intimate others (Guayaquil, 2023).

Table 4.13. Comparison of women under and over 40 years of age according to the frequency of all-time sexual violence by intimate partners (Guayaquil, 2023).

Questions	Age groups, n (%)		p value
	<40 years	≥40 years	
Did he ever had sexual intercourse with you by using physical force against your will?			
No	280 (94.3)	269 (89.4)	0.029
Yes	17 (5.7)	32 (10.6)	
Did he ever forced you to do anything that you find sexually humiliating?			
No	274 (92.3)	274 (91.0)	0.588
Yes	23 (7.7)	27 (9.0)	
Sexual violence			
No	268 (90.2)	260 (86.4)	0.142
Yes	29 (9.8)	41 (13.6)	
Total	297 (100.0)	301 (100.0)	

We compared psychological or emotional violence between women with a bachelor's degree or higher and those with lower education. We found no significant differences between the two groups (Table 4.14).

Table 4.14. Comparison of women according to educational level and the frequency of all-time psychological or emotional violence by intimate partners (Guayaquil, 2023).

Questions	Education, n (%)		p value
	High School <	High School +	
Did he ever upset you by insulting or swearing at you?			
No	97 (62.6)	300 (67.7)	0.244
Yes	58 (37.4)	143 (32.3)	
Did he ever humiliated you in front of others?			
No	118 (76.1)	341 (77.0)	0.830
Yes	37 (23.9)	102 (23.0)	
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)			
No	112 (72.3)	301 (67.9)	0.317
Yes	43 (27.7)	142 (32.1)	
Did he ever threatened to harm you or your loved ones?			
No	140 (90.3)	408 (92.1)	0.492
Yes	15 (9.7)	35 (7.9)	
Psychological or Emotional Violence			
No	87 (56.1)	243 (54.9)	0.783
Yes	68 (43.9)	200 (45.1)	
Total	155 (100.0)	443 (100.0)	

Similarly, there were no differences between groups in terms of physical violence or sexual violence (Tables 4.15 and 4.16).

Table 4.15. Comparison of women according to educational level and the frequency of all-time physical violence by their intimate partners (Guayaquil, 2023).

Questions	Education, n (%)		p value
	High School <	High School +	
Did he ever slap you or throw something that hurt you?			
No	136 (87.7)	381 (86)	0.586
Yes	19 (12.3)	62 (14)	
Did he ever push you, pick you up, or pull your hair?			
No	129 (83.2)	378 (85.3)	0.531
Yes	26 (16.8)	65 (14.7)	
Did he ever hit you with his fist or something that hurt you?			
No	138 (89)	408 (92.1)	0.243
Yes	17 (11)	35 (7.9)	
Did he ever kick, drag, or beat you?			
No	147 (94.8)	426 (96.2)	0.478
Yes	8 (5.2)	17 (3.8)	
Did he ever strangle your throat, or did it burn you?			
No	147 (94.8)	428 (96.6)	0.323
Yes	8 (5.2)	15 (3.4)	
Did he ever threatened you with tools such as knives or guns or used them against you?			
No	148 (95.5)	424 (95.7)	0.905
Yes	7 (4.5)	19 (4.3)	
Physical Violence			
No	125 (80.6)	348 (78.6)	0.582
Yes	30 (19.4)	95 (21.4)	
Total	155 (100.0)	443 (100.0)	

Table 4.16. Comparison of women according to educational level and the frequency of all-time sexual violence by their intimate partners (Guayaquil, 2023).

Questions	Education, n (%)		p value
	High School <	High School +	
Did he ever had sexual intercourse with you by using physical force against your will?			
No	145 (93.5)	404 (91.2)	0.358
Yes	10 (6.5)	39 (8.8)	
Did he ever forced you to do anything that you find sexually humiliating?			
No	146 (94.2)	402 (90.7)	0.182
Yes	9 (5.8)	41 (9.3)	
Sexual Violence			
No	142 (91.6)	386 (87.1)	0.135
Yes	13 (8.4)	57 (12.9)	
Total	155 (100.0)	443 (100.0)	

When intimate partners were compared under and over 40, the data indicated that the group over 40 exhibited a higher frequency of insulting and cursing behavior (41.2% vs. 27.6%, $p=0.005$, as shown in Figure 4.12). While not reaching statistical significance, other forms of psychological or emotional violence were also proportionally higher among men aged 40 or over compared to those under 40 (as outlined in Table 4.17).

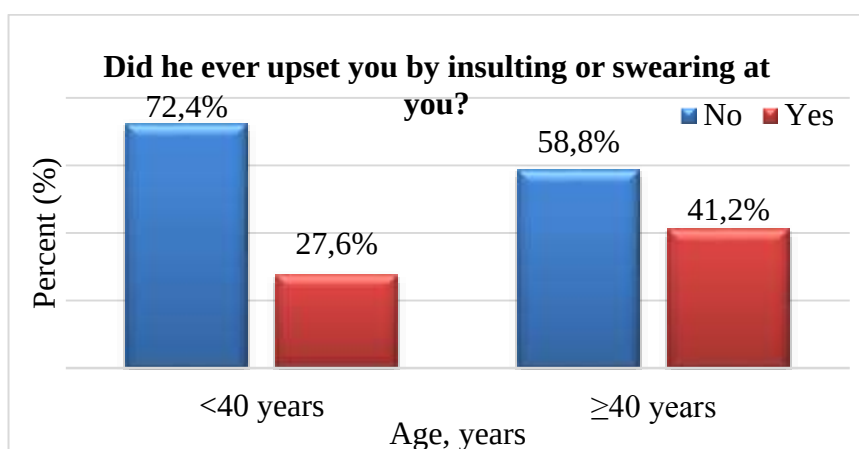


Figure 4.12. Comparison of Frequency of Insulting and Cursing Behavior in Partners of Women Under and Over 40 Years of Age (Guayaquil, 2023).

Table 4.17. Comparison of intimate partners of women under and over 40 years of age according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).

Questions	Age groups, n (%)		p value
	<40 years	≥40 years	
Did he ever upset you by insulting or swearing at you?			
No	131 (72.4)	120 (58.8)	0.005
Yes	50 (27.6)	84 (41.2)	
Did he ever humiliated you in front of others?			
No	145 (80.1)	153 (75.0)	0.231
Yes	36 (19.9)	51 (25.0)	
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)			
No	130 (71.8)	136 (66.7)	0.274
Yes	51 (28.2)	68 (33.3)	
Did he ever threatened to harm you or your loved ones?			
No	171 (94.5)	185 (90.7)	0.160
Yes	10 (5.5)	19 (9.3)	
Psychological or Emotional Violence			
No	105 (58.0)	104 (51.0)	0.167
Yes	76 (42.0)	100 (49.0)	
Total	181 (100.0)	204 (100.0)	

Men over 40 were observed to push, pick up, or pull women more frequently than men under 40 (19.1% vs. 11.6%, $p=0.042$, Figure 4.13). In total, the prevalence of resorting to physical violence was 24% among men aged 40 and over, whereas it stood at 14.9% among men under 40 years of age ($p=0.025$). There was no statistically significant difference between age groups regarding other categories of physical violence (Table 4.18).

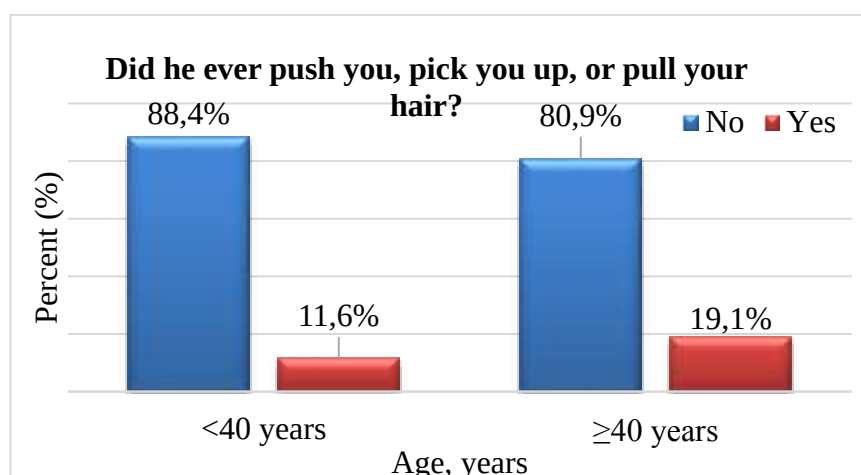


Figure 4.13. Comparison of Frequency of Pushing and Pulling Hair Behavior in Partners of Women Under and Over 40 Years of Age (Guayaquil, 2023).

Table 4.18. Comparison of intimate partners of women under and over 40 years of age according to the frequency of all-time physical violence (Guayaquil, 2023).

Questions	Age groups, n (%)		p value
	<40 years	≥40 years	
Did he ever slap you or throw something that hurt you?			
No	159 (87.8)	174 (85.3)	0.465
Yes	22 (12.2)	30 (14.7)	
Did he ever push you, pick you up, or pull your hair?			
No	160 (88.4)	165 (80.9)	0.042
Yes	21 (11.6)	39 (19.1)	
Did he ever hit you with his fist or something			
No	167 (92.3)	187 (91.7)	0.829
Yes	14 (7.7)	17 (8.3)	
Did he ever kick, drag, or beat you?			
No	174 (96.1)	194 (95.1)	0.622
Yes	7 (3.9)	10 (4.9)	
Did he ever strangle your throat, or did it burn you?			
No	175 (96.7)	198 (97.1)	0.833
Yes	6 (3.3)	6 (2.9)	
Did he ever threatened you with tools such as knives or guns or used them against you?			
No	177 (97.8)	193 (94.6)	0.107
Yes	4 (2.2)	11 (5.4)	
Physical Violence			
No	154 (85.1)	155 (76.0)	0.025
Yes	27 (14.9)	49 (24.0)	
Total	181 (100.0)	204 (100.0)	

No statistically significant difference was found between the age groups of the intimate partners of the participants regarding sexual violence (Table 4.19).

Table 4.19. Comparison of intimate partners of women under and over 40 years of age according to the frequency of all-time sexual violence (Guayaquil, 2023).

Questions	Age groups, n (%)		p value
	<40 years	≥40 years	
Did he ever had sexual intercourse with you by using physical force against your will?			
No	169 (93.4)	189 (92.6)	0.782
Yes	12 (6.6)	15 (7.4)	
Did he ever forced you to do anything that you find sexually humiliating?			
No	169 (93.4)	187 (91.7)	0.527
Yes	12 (6.6)	17 (8.3)	
Sexual Violence			
No	163 (90.1)	181 (88.7)	0.673
Yes	18 (9.9)	23 (11.3)	
Total	181 (100.0)	204 (100.0)	

We compared the intimate partners of the participants with a bachelor's degree or higher education level with partners with a lower education level in terms of the violence they committed. It was observed that individuals with an education level lower than a bachelor's degree exhibited a higher incidence of psychological or emotional violence compared to those with a bachelor's degree or higher. However, the group differences were not statistically significant (Table 20).

Table 4.20. Comparison of intimate partners' educational level according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).

Questions	Education, n (%)		p value
	High School <	High School >	
Did he ever upset you by insulting or swearing at you?			
No	56 (57.1)	195 (67.9)	0.053
Yes	42 (42.9)	92 (32.1)	
Did he ever humiliated you in front of others?			
No	71 (72.4)	227 (79.1)	0.174
Yes	27 (27.6)	60 (20.9)	
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)			
No	66 (67.3)	200 (69.7)	0.665
Yes	32 (32.7)	87 (30.3)	
Did he ever threatened to harm you or your loved ones?			
No	89 (90.8)	267 (93.0)	0.473
Yes	9 (9.2)	20 (7.0)	
Psychological or Emotional Violence			
No	50 (51.0)	159 (55.4)	0.452
Yes	48 (49.0)	128 (44.6)	
Total	98 (100.0)	287 (100.0)	

Men with lower education levels used physical violence more frequently than those with a bachelor's degree or higher education (Table 4.21). While 13.2% of male intimate partners with a bachelor's degree or higher pushed a woman, picked her up, or pulled her hair, this rate increased to 22.4% among those with lower levels of education ($p=0.030$, Figure 4.14).

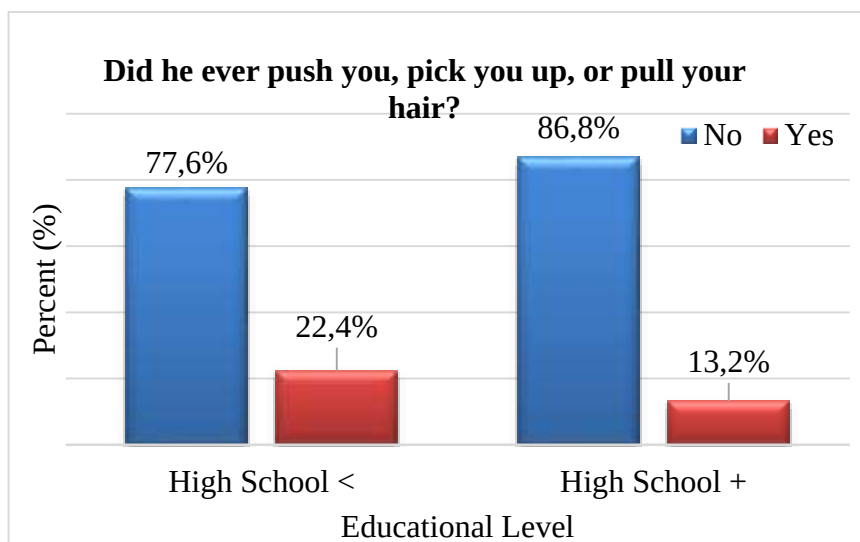


Figure 4.14. Comparison of Frequency of Pushing and Pulling Hair Behavior in Intimate Partners' Educational Levels (Guayaquil, 2023).

Table 4.21. Comparison of intimate partners' educational level according to the frequency of all-time physical violence (Guayaquil, 2023).

Questions	Education, n (%)		p value
	High School <	High School +	
Did he ever slap you or throw something that hurt you?			
No	81 (82.7)	252 (87.8)	0.198
Yes	17 (17.3)	35 (12.2)	
Did he ever push you, pick you up, or pull your hair?			
No	76 (77.6)	249 (86.8)	0.030
Yes	22 (22.4)	38 (13.2)	
Did he ever hit you with his fist or something that hurt you?			
No	88 (89.8)	266 (92.7)	0.364
Yes	10 (10.2)	21 (7.3)	
Did he ever kick, drag, or beat you?			
No	93 (94.9)	275 (95.8)	0.702
Yes	5 (5.1)	12 (4.2)	
Did he ever strangle your throat, or did it burn you?			
No	97 (99.0)	276 (96.2)	0.310
Yes	1 (1.0)	11 (3.8)	
Did he ever threatened you with tools such as knives or guns or used them against you?			
No	97 (99.0)	273 (95.1)	0.088
Yes	1 (1.0)	14 (4.9)	
Physical Violence			
No	72 (73.5)	237 (82.6)	0.050
Yes	26 (26.5)	50 (17.4)	
Total	98 (100.0)	287 (100.0)	

There was no significant statistical difference between partners' education level and sexual violence (Table 4.22).

Table 4.22. Comparison of intimate partners' educational level according to the frequency of all-time sexual violence (Guayaquil, 2023).

Questions	Education, n (%)		p value
	High School <	High School +	
Did he ever had sexual intercourse with you by using physical force against your will?			
No	91 (92.9)	267 (93.0)	0.954
Yes	7 (7.1)	20 (7.0)	
Did he ever forced you to do anything that you find sexually humiliating?			
No	91 (92.9)	265 (92.3)	0.866
Yes	7 (7.1)	22 (7.7)	
Sexual violence			
No	88 (89.8)	256 (89.2)	0.869
Yes	10 (10.2)	31 (10.8)	
Total	98 (100.0)	287 (100.0)	

We compared the rates of psychological or emotional, physical, and sexual violence among women living in Guayaquil with those residing in other cities. However, no statistical difference was found between the two groups regarding exposure to the three types of violence (as shown in Table 4.23-4.25).

Table 4.23. Comparison of Hometown cities according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).

Questions	Hometown, n (%)		p value
	Guayaquil	Others	
Did he ever upset you by insulting or swearing at you?			
No	323 (66.5)	74 (66.1)	0.937
Yes	163 (33.5)	38 (33.9)	
Did he ever humiliated you in front of others?			
No	372 (76.5)	87 (77.7)	0.798
Yes	114 (23.5)	25 (22.3)	
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)			
No	337 (69.3)	76 (67.9)	0.759
Yes	149 (30.7)	36 (32.1)	
Did he ever threatened to harm you or your loved ones?			
No	449 (92.4)	99 (88.4)	0.169
Yes	37 (7.6)	13 (11.6)	
Psychological or Emotional violence			
No	272 (56.0)	58 (51.8)	0.422
Yes	214 (44.0)	54 (48.2)	
Total	486 (100.0)	112 (100.0)	

Table 4.24. Comparison of Hometown cities according to the frequency of all-time physical violence (Guayaquil, 2023).

Questions	Hometown cities, n (%)		p value
	Guayaquil	Others	
Did he ever slap you or throw something that hurt you?			
No	421 (86.6)	96 (85.7)	0.799
Yes	65 (13.4)	16 (14.3)	
Did he ever push you, pick you up, or pull your hair?			
No	412 (84.8)	95 (84.8)	0.990
Yes	74 (15.2)	17 (15.2)	
Did he ever hit you with his fist or something that hurt you?			
No	447 (92.0)	99 (88.4)	0.225
Yes	39 (8.0)	13 (11.6)	
Did he ever kick, drag, or beat you?			
No	467 (96.1)	106 (94.6)	0.490
Yes	19 (3.9)	6 (5.4)	
Did he ever strangle your throat, or did it burn you?			
No	467 (96.1)	108 (96.4)	1.000
Yes	19 (3.9)	4 (3.6)	
Did he ever threatened you with tools such as knives or guns or used them against you?			
No	466 (95.9)	106 (94.6)	0.561
Yes	20 (4.1)	6 (5.4)	
Physical Violence			
No	385 (79.2)	88 (78.6)	0.879
Yes	101 (20.8)	24 (21.4)	
Total	486 (100.0)	112 (100.0)	

Table 4.25. Comparison of Hometown cities according to the frequency of all-time sexual violence (Guayaquil, 2023).

Questions	Hometown cities, n (%)		p value
	Guayaquil	Others	
Did he ever had sexual intercourse with you by using physical force against your will?			
No	445 (91.6)	104 (92.9)	0.653
Yes	41 (8.4)	8 (7.1)	
Did he ever forced you to do anything that you find sexually humiliating?			
No	447 (92)	101 (90.2)	0.536
Yes	39 (8)	11 (9.8)	
Sexual Violence			
No	430 (88.5)	98 (87.5)	0.772
Yes	56 (11.5)	14 (12.5)	
Total	486 (100.0)	112 (100.0)	

We conducted a comparison between women with intimate partners and those without, based on the frequency of experiencing verbal or emotional, physical, and sexual violence. No statistical differences were detected between the groups regarding the exposure rates to all three types of violence (Tables 4.26 - 4.27).

Table 4.26. Comparison of women with and without intimate partners according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).

Questions	Intimate partner, n (%)		p value
	No	Yes	
Did he ever upset you by insulting or swearing at you?			
No	146 (68.5)	251 (65.2)	0.406
Yes	67 (31.5)	134 (34.8)	
Did he ever humiliated you in front of others?			
No	161 (75.6)	298 (77.4)	0.615
Yes	52 (24.4)	87 (22.6)	
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)			
No	147 (69)	266 (69.1)	0.984
Yes	66 (31)	119 (30.9)	
Did he ever threatened to harm you or your loved ones?			
No	192 (90.1)	356 (92.5)	0.325
Yes	21 (9.9)	29 (7.5)	
Psychological or Emotional Violence			
No	121 (56.8)	209 (54.3)	0.553
Yes	92 (43.2)	176 (45.7)	
Total	213 (100.0)	385 (100.0)	

Table 4.27. Comparison of women with and without intimate partners according to the frequency of all-time physical violence (Guayaquil, 2023).

Questions	Intimate partner, n (%)		p value
	No	Yes	
Did he ever slap you or throw something that hurt you?			
No	184 (86.4)	333 (86.5)	0.970
Yes	29 (13.6)	52 (13.5)	
Did he ever push you, pick you up, or pull your hair?			
No	182 (85.4)	325 (84.4)	0.737
Yes	31 (14.6)	60 (15.6)	
Did he ever hit you with his fist or something that hurt you?			
No	192 (90.1)	354 (91.9)	0.453
Yes	21 (9.9)	31 (8.1)	
Did he ever kick, drag, or beat you?			
No	205 (96.2)	368 (95.6)	0.700
Yes	8 (3.8)	17 (4.4)	
Did he ever strangle your throat, or did it burn you?			
No	202 (94.8)	373 (96.9)	0.212
Yes	11 (5.2)	12 (3.1)	
Did he ever threatened you with tools such as knives or guns or used them against you?			
No	202 (94.8)	370 (96.1)	0.466
Yes	11 (5.2)	15 (3.9)	
Physical Violence			
No	164 (77)	309 (80.3)	0.347
Yes	49 (23)	76 (19.7)	
Total	213 (100.0)	385 (100.0)	

Table 4.28. Comparison of women with and without intimate partners according to the frequency of all-time sexual violence (Guayaquil, 2023).

Questions	Intimate partner, n (%)		p value
	No	Yes	
Did he ever had sexual intercourse with you by using physical force against your will?			
No	191 (89.7)	358 (93)	0.157
Yes	22 (10.3)	27 (7)	
Did he ever forced you to do anything that you find sexually humiliating?			
No	192 (90.1)	356 (92.5)	0.325
Yes	21 (9.9)	29 (7.5)	
Sexual Violence			
No	184 (86.4)	344 (89.4)	0.280
Yes	29 (13.6)	41 (10.6)	
Total	213 (100.0)	385 (100.0)	

Tables 4.29-4.31 reveal notable statistically significant patterns in the prevalence of violence experienced by women based on their marital status. In terms of psychological or emotional violence, married or partnered women appear to share a higher burden compared to their single or divorced/separated counterparts. This includes being upset by insults or swearing, being humiliated in public, feeling intimidated, and facing threats of harm to themselves or their loved ones (Table 4.28).

In terms of physical violence, married or partnered women exhibit higher levels of violence compared to single or divorced/separated women. This encompasses various forms of physical abuse such as slapping, hitting with a fist or object, kicking, beating, pushing, picking up, and having hair pulled. Moreover, threats involving tools like knives or guns also appear to be more prevalent among married or partnered women (Table 4.29). Furthermore, table 4.30 indicates that married or partnered women also experience higher levels of sexual violence compared to single or divorced/separated women. This includes instances of sexual intercourse by physical force against their will and being coerced into performing sexually humiliating acts.

Tables 4.29-4.31 trend suggests that divorced/separated women tend to experience lower levels of violence compared to married/partnered women. However, there are still higher levels compared to single women across all types of violence.

Table 4.29. Comparison of marital status according to the frequency of all-time psychological or emotional violence (Guayaquil, 2023).

Questions (n=577)*	Marital status, n (%)			P value
	Single	Married/ partnered	Divorced/ separated	
Did he ever upset you by insulting or swearing at you?				
No	168 (75.3)	178 (64.7)	37 (46.8)	<0.001
Yes	55 (24.7)	97 (35.3)	42 (53.2)	
Did he ever humiliated you in front of others?				
No	176 (78.9)	217 (78.9)	48 (60.8)	0.002
Yes	47 (21.1)	58 (21.1)	31 (39.2)	
Did he ever frighten you or act threatening in a way that intimidated you? (For example; with their gaze, shouting, or breaking things)				
No	163 (73.1)	192 (69.8)	44 (55.7)	0.015
Yes	60 (26.9)	83 (30.2)	35 (44.3)	
Did he ever threatened to harm you or your loved ones?				
No	206 (92.4)	258 (93.8)	64 (81.0)	0.001
Yes	17 (7.6)	17 (6.2)	15 (19.0)	
Psychological or Emotional Violence				
No	141 (63.2)	150 (54.5)	27 (34.2)	<0.001
Yes	82 (36.8)	125 (45.5)	52 (65.8)	
Total	223 (100.0)	275 (100.0)	79 (100.0)	

*Widows were excluded.

Table 4.30. Comparison of marital status according to the frequency of all-time physical violence (Guayaquil, 2023).

Questions (n=577)*	Marital status, n (%)			p value
	Single	Married/ partnered	Divorced/ separated	
Did he ever slap you or throw something that hurt you?				
No	204 (91.5)	237 (86.2)	58 (73.4)	<0.001
Yes	19 (8.5)	38 (13.8)	21 (26.6)	
Did he ever push you, pick you up, or pull your hair?				
No	201 (90.1)	234 (85.1)	54 (68.4)	<0.001
Yes	22 (9.9)	41 (14.9)	25 (31.6)	
Did he ever hit you with his fist or something that hurt you?				
No	215 (96.4)	252 (91.6)	61 (77.2)	<0.001
Yes	8 (3.6)	23 (8.4)	18 (22.8)	
Did he ever kick, drag, or beat you?				
No	218 (97.8)	264 (96)	71 (89.9)	0.010
Yes	5 (2.2)	11 (4)	8 (10.1)	
Did he ever strangle your throat, or did it burn you?				
No	216 (96.9)	265 (96.4)	73 (92.4)	0.202
Yes	7 (3.1)	10 (3.6)	6 (7.6)	
Did he ever threatened you with tools such as knives or guns or used them against you?				
No	217 (97.3)	265 (96.4)	70 (88.6)	0.004
Yes	6 (2.7)	10 (3.6)	9 (11.4)	
Physical violence				
No	189 (84.8)	220 (80.0)	48 (60.8)	<0.001
Yes	34 (15.2)	55 (20.0)	31 (39.2)	
Total	223 (100.0)	275 (100.0)	79 (100.0)	-

*Widows were excluded.

Table 4.31. Comparison of marital status according to the frequency of all-time sexual violence (Guayaquil, 2023).

Questions (n=577)*	Marital status, n (%)			p value
	Single	Married/ partnered	Divorced/ separated	
Did he ever had sexual intercourse with you by using physical force against your will?				<0.001
No	210 (94.2)	258 (93.8)	62 (78.5)	
Yes	13 (5.8)	17 (6.2)	17 (21.5)	
Did he ever forced you to do anything that you find sexually humiliating?				0.001
No	207 (92.8)	257 (93.5)	64 (81)	
Yes	16 (7.2)	18 (6.5)	15 (19)	
Sexual violence				
No	200 (89.7)	251 (91.3)	58 (73.4)	<0.001
Yes	23 (10.3)	24 (8.7)	21 (26.6)	
Total	223 (100.0)	275 (100.0)	79 (100.0)	

*Widows were excluded.

5. DISCUSSION

The primary purpose of this study is to identify and understand gender-based violence experienced by patients attending the polyclinic, including their role within relationships, perspectives on gender roles and attitudes, and exposure to violence from their intimate partners.

5.1. Sociodemographic Characteristics of the Participants

The study involved 598 women, averaging 41.9 ± 13.9 years (ranging from 15 to 81 years). Only one participant was illiterate; she voluntarily decided to participate and requested help to fill out the survey. Among the participants, 55% held a bachelor's degree. Of all the participants, 38.3% were married, and 37.3% were single. Answers regarding occupation were diverse; for this reason, they were grouped into categories, as shown in Tables 4.2 and 4.3. Most participants had a professional or technical occupation. 19.6% of women considered their occupation domestic management and care; in other words, taking care of house chores, 64% had an intimate partner, and 25.8% had at least one chronic disease. Additionally, 83.6% of the participants lived in the same city until 12 years old, indicating stability in their early lives. The participants' partners had an average age of 42.5 ± 13.3 years, ranging from 19 to 80 years, having a similar age distribution as the participants (Table 4.3, Figure 4.1). Most men, 92 (55.3%), held bachelor's degrees.

5.2. Exposure to Different Types of Violence of the Participants

As a reference period parameter, the survey includes the participant's entire life and the last 12 months. Regarding the problematic "Have you ever experienced?" it is evident that a significant number of women in Guayaquil have experienced psychological or emotional violence from their intimate partners. The data shows that 44.8% of women surveyed experienced this form of violence, 33.6% felt upset by insults or swearing, and 30.9% were frightened or intimidated by different acts (Table 4.3).

The comparison of the frequency of psychological or emotional violence experienced ever and in the last 12 months shows a lower rate during the previous

months. This trend is similar to the findings of the ENVIGMU survey, an Ecuadorian study where psychological or emotional violence was the most prevalent form of violence reported among respondents. In both cases, the data indicates a lower frequency of psychological or emotional violence in the last 12 months compared to lifetime experiences (13).

Twenty percent of participants experienced physical violence at some point in their lifetime, 13% were slapped or had things thrown at them, and 15.2% were pushed, hit, or had their hair pulled (Table 4.5). When comparing lifetime experiences with those of the last 12 months, a higher prevalence of physical violence is observed in the most recent period, particularly in responses to questions regarding being kicked, strangled, or threatened with knives or their use against the participant. This observation is significant as it reflects a 'memory factor' and aligns with participant recall bias (Table 4.6, Figure 4.3). Additionally, physical violence ranks second in the ENVIGMU survey, reaffirming this trend across both time parameters.

A total of 70 women, representing 11.7%, experienced sexual violence in the past. 8.2% of women reported non-consensual sexual intercourse involving physical force, while 7.5% experienced coercion into sexually degrading acts (Table 4.7). Similar to physical violence, the memory factor also plays a role in sexual violence. Notably, women reported higher instances of their intimate partners forcing them to do sexually humiliating things in the last few months compared to their lifetime span (Table 4.8, figure 4.4). Sexual violence ranks last in the ENVIGMU survey, and this trend is consistent across both time parameters. Figure 4.5 displays the rates of different types of violence among participants over their lifetimes; notably, the prevalence of various kinds of violence is higher in the lifetime period compared to the last 12 months. A study in France highlights that sexual violence victimization goes underreporting if you do not put the trauma in front of the victims (69).

5.3. Participants' Attitudes and Behaviors Towards Violence

Table 4.9 describes the participants' attitudes and behaviors towards violence. 57.8% of women who had an intimate partner and experienced violence did not disclose their partner's behavior to anyone (Figure 4.6). The vast majority, 91%, did

not seek institutional support (Figure 4.7), and Figure 4.8 shows the different types of post-institutional assistance received by the participants who did seek institutional help. In ENVIGMU, people share their problems with their family and friends. However, almost 50% of the respondents choose not to report their issues because they fear facing repercussions and consequences or damaging their relationships. Some respondents also mentioned that they do not want to damage the image of their father in front of their children.

5.4. Participant's Viewpoints of Their Roles in Relationships

Even today, 7% of women believe it is better to remain silent and avoid arguments with their husbands, even when disagreeing. This perspective can be attributed to cultural norms prioritizing harmony over confrontation (70). Additionally, a small percentage of participants agree that partner violence is acceptable if the woman's role in the relationship is deemed insufficient. A study conducted in Pakistan revealed that due to patriarchal norms, some people justify wife beating under certain circumstances, influencing women's attitudes and behaviors towards violence (71). It is important to note that this behavior is illegal in Ecuador. This highlights the need to explore whether there is open and honest communication in such relationships (Table 4.10).

According to the survey, 16.2% of the women who participated in the study did not agree that women should have the freedom to spend their money as they desire. This view may stem from traditional gender roles and the belief that the male partner should share or control financial decisions (70) (Table 4.10). A study conducted in Ghana suggested that women should be encouraged to see their intimate others as partners and not the heads of the family to decrease economic violence and any adverse health consequences that follow (72).

A vast majority of women, around 94.8%, believe that men should share household chores such as cooking, washing dishes, laundry, and ironing. This indicates a growing acknowledgment and shift towards gender equality within domestic tasks. However, it is concerning that 21.9% of the women surveyed believe that corporal punishment may be necessary to discipline children, suggesting that a minority of

women still endorse some traditional and punitive approaches to discipline (Table 4.10).

Table 4.10 indicates a divergence of opinions regarding the impact of male family members on women's attitudes and actions. Out of all the women who participated in the survey, only 21.2% agreed with this idea, while 74.7% disagreed. This suggests that women assert their independence and challenge traditional patriarchal control in the family structure. Furthermore, a study conducted in Kenya states that education is not enough to end patriarchy or societal norms that influence violence among women (73).

5.5. Examining Participants' Frequency of Violence Exposure

5.5.1. Comparison of Women Under and Over 40 Years Old

According to Table 4.11 and Figure 4.9, women aged 40 or older were more likely to be exposed to insults or swearing than women under 40 (38.2% vs. 29%), with a statistically significant difference ($p=0.017$). This implies that older women may be more vulnerable to emotional or psychological abuse within their relationships. It is worth noting that the rates of physical violence and the frequency of different types of physical violence were higher among women over the age of 40. However, there were no significant statistical differences. It is concerning to see that women aged 40 or above experienced more threats involving weapons such as knives or guns compared to those under 40 (7% vs. 1.7%, $p=0.002$). This highlights the potential for more violent situations in relationships as women get older. Violence increasing with age was also reported by Asraoui et al. in a study conducted (74).

There is a significant difference in the frequency of sexual intercourse involving forced physical coercion between women over 40 and those under 40 (10.6% vs. 5.7%, $p=0.029$) (Table 4.12). This suggests that older women may be more vulnerable to sexual violence within their relationships. It is crucial to address this issue and ensure that women of all ages have access to resources, support, and legal protection against sexual violence.

5.5.2. Comparison of Women with Levels of Education

We compared the different types of violence with the participants' levels of education and grouped those with a bachelor's degree or higher and those with lower education. We found no significant differences between these two groups. Indeed, women's higher attainment of education decreases the likelihood of experiencing IPV (75). These findings seem paradoxical according to Asraoui et al.'s study, which found that the prevalence of violence increased significantly with women's level of education (74)

5.6. Examining Participants' Intimate Partners Violent Behaviors

5.6.1. Comparison of Violent Behavior by Intimate Partners Under and Over 40 Years of Age

The violent behaviors of the participants' partners were compared by age groups, dividing them into those under and over 40 years old. Table 4.17 and Figure 4.12 show that men over 40 tended to exhibit emotional or psychological violence towards their partners statistically significantly more often than those under 40 (19.1% vs. 11.6%, $p=0.042$). The other categories did not reach a statistically significant relationship but were higher in men over 40. It may also suggest that older individuals are more likely to exhibit certain negative behaviors in intimate relationships, exhorting psychological damage to their intimate other.

According to the physical violence data, the result is somewhat alarming, as the total prevalence of violence is 24%, compared to 14.9% among men under 40 years old ($p=0.025$). Additionally, men over 40 exhibit more frequent "pushing, picking up, pulling women" behaviors than those under 40 (19.1% vs. 11.6%, $p=0.042$, (Table 4.18, Figure 4.13). No significant relationship was found regarding sexual violence. This result suggests that as men age, women are more exposed to physical violence.

5.6.2. Comparison of Violent Behavior by Intimate Partners' Level of Education

The level of education can have an impact on violence in relationships. We compared the partners of participants who held a bachelor's degree or higher to those with a lower education level in terms of the violence they committed. The participants experienced higher levels of physical violence and, more frequently, from their partners with lower levels of education. 22.4% reported being pushed, picked up, or having their hair pulled by their intimate partners with lower levels of education compared to 13.2% of individuals with a bachelor's degree or higher ($p=0.030$) (Table 4.21, Figure 4.14). A higher level of education reduces the prevalence of IPV, particularly physical violence (75). The prevalence of violence also depended significantly on the husband's educational level in other recent studies (74)

5.7. Examining Participants' Hometown Cities.

Most participants (83.61%) lived in the cities where they currently reside until they were 12. (Table 4.1) No significant relationship was found between exposure to violence and the hometown cities (Table 4.23-25). However, today, Guayaquil is considered one of the most unsafe and violent cities, with the highest rates of femicide in Latin America. In 2023, Ecuador had 321 registered femicides, with 28% occurring in Guayaquil, the highest prevalence among other states. Of the total, 40% were intrafamilial (14).

5.8. Examining Participants' Marital Status.

We examined women in a relationship with an intimate other and those without a relationship with an intimate other, and no significant relationship was found. However, when comparing the participants' marital status, we compared single and grouped partnered with married women. Separated and divorced were also grouped to establish comparisons. Married/partnered women reported higher levels of psychological or emotional violence compared to single women in all categories (insulting or swearing, humiliating in front of others, acting threatening and threatening to harm) ($p < 0.05$) (Table 4.29). Married/partnered women reported higher

levels of physical violence compared to single women in all categories (slapping or throwing something, pushing or pulling hair, hitting with a fist, kicking or beating, strangling or burning, and threatening with tools) ($p < 0.05$) (Table 4.30), and married/partnered women reported higher levels of sexual violence compared to single women in both categories (sexual intercourse by force and forced to do sexually humiliating acts)($p < 0.05$) (Table 4.31).

Recent studies highlight that separated/divorced women have a higher prevalence of violence (76). However, in this study, being married is notably a risk factor or increases the chances of experiencing various forms of violence.



6. CONCLUSION AND RECOMENDATIONS

The purpose of the research was to delve into the gender-based violence that women attending Clínica Sur Hospital in Guayaquil, Ecuador, experienced. The study's findings provide valuable insights into the prevalence and nature of gender-**No index entries found**.based violence in the region, helping policymakers understand and raise awareness of this critical issue. To effectively combat violence against women, it is crucial to bring it to light in all of its forms and characteristics. They produced statistical information, an essential component in measuring, labeling, and assessing violence against women. This investigation has enabled us to identify the nature of violent acts against women and the traits of the perpetrator, which can help shape appropriate public policies to address these issues.

6.1. Conclusion

6.1.1. Sociodemographic Characteristics of the Participants

The study involved 598 women with an average age of 41.9 years. Most participants held a bachelor's degree (55%) and had professional or technical occupations. A significant portion of women was either married (38.3%) or single (37.3%). About 19.6% considered their occupation as domestic management and care. 64% of women had an intimate partner, and 25.8% had at least one chronic disease. Additionally, 83.6% of the participants lived in the same city until they were 12. The participants' partners had an average age of 42.5 years, ranging from 19 to 80 years, with a similar age distribution as the participants. The majority of men, 55.3%, held bachelor's degrees.

6.1.2. Exposure to Different Types of Violence the Participants

- 44.8% of women experienced psychological or emotional violence from their intimate partners in their lifetime.
- 20.9% of women experienced physical violence from their intimate partners in their lifetime.
- 11.7% experienced sexual violence from their intimate partners in their lifetime.

6.1.3. Participant's Attitudes and Behaviors Toward Violence

- 57.8% of women who previously had an intimate relationship and experienced violence from an intimate partner did not disclose their partner's behavior to anyone.
- 91% of women did not seek institutional support.

6.1.4. Participant's Viewpoints of Their Roles in Relationships

- 7% of women believe it is better to keep quiet and avoid arguments with their husbands, even when disagreeing.
- 16.2% of women did not agree with women having the freedom to spend their money as they desire.
- 21.9% of women believe that corporal punishment may be necessary to discipline children.

6.1.5. Examining Participants' Frequency of Violence Exposure

- Women aged 40 or older experienced more insults or swearing than women under 40 (38.2% vs. 29%, $p=0.017$).
- Women aged 40 or older experienced more threats involving weapons such as knives or guns compared to those under 40 (7% vs. 1.7%, $p=0.002$).
- Women aged 40 or older experienced more sexual intercourse involving forced physical coercion compared to women under 40 (10.6% vs. 5.7%, $p=0.029$).

6.1.6. Examining Participants' Intimate Partners Violent Behaviors

- Men over 40 tended to exhibit emotional or psychological violence towards their partners statistically significantly more often than those under 40 (19.1% vs. 11.6%, $p=0.042$).
- The total prevalence of physical violence is higher among men over 40 compared to men under 40 (24% vs. 14.9%, $p=0.025$).
- Men over 40 exhibit more frequent "pushing, picking up, pulling women" behaviors than those under 40 (19.1% vs. 11.6%, $p=0.042$).

6.1.7. Examining Participants' Marital Status

- Married/partnered women reported higher levels of psychological or emotional violence compared to single women in all categories ($p < 0.05$).
- Married/partnered women reported higher levels of physical violence compared to single women in all categories except strangling or burning ($p < 0.05$).
- Married/partnered women reported higher levels of sexual violence compared to single women in all categories ($p < 0.05$).

6.2. Recommendations

- Clínica Sur Hospital must increase awareness and education through holistic programs aiming at breaking taboos, empowering women, raising awareness about gender-based violence, and teaching the victims what to do if they experience a negative impact on themselves or those around them. These programs should target women and men, emphasizing the importance of respectful relationships and gender equality. Focusing on women older than 40 years old and with lower educational level (illiterate - high school).
- Guayaquil's major must improve its support systems by broadcasting or reporting information regarding channels of panic buttons for immediate help and promote confidential reporting. Women should be assured that full support and resources will be available if they are affected by any type of violence.
- Guayaquil should conduct workshops to facilitate an action plan against gender-based violence for public service professionals such as health providers, police, public servants, and lawyers, among others.
- Ecuador must develop evidence-based interventions using successful models from other countries. Enhance quality by analyzing feedback for better outcomes.

- Ecuador must conduct additional research on gender-based violence, its causes, prevalence rates, geographical patterns, and the consequences on the victims. This will help to develop evidence-based interventions, monitor program effectiveness, and prioritize women's safety. Underlying factors, policymakers can tailor interventions to reduce gender-based violence.



7. REFERENCES

1. Krug EG, World Health Organization. World Report on Violence and Health. Geneva: World Health Organization; 2002. 346 p.
2. UN Women. Types of violence against women and girls [Internet]. 2024 [cited 2024 Feb 14]. Available from: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence>
3. ACNUR. Gender-Based Violence [Internet]. 2024 [cited 2024 Mar 4]. Available from: <https://www.acnur.org/violencia-de-genero>
4. UNHCR. Sexual and gender-based violence [Internet]. 2023 [cited 2023 Mar 4]. Available from: <https://help.unhcr.org/turkiye/social-economic-and-civil-matters/sexual-and-gender-based-violence/>
5. WHO. Violence against women [Internet]. 2021 [cited 2023 Mar 4]. Available from: <https://www.who.int/es/news-room/fact-sheets/detail/violence-against-women>
6. Bahar Özvarış Şevkat, Paksoy Erbaydar Nüket, Balseven Odabaşı Aysun. Combating Domestic Violence Project (Aile İçi Şiddetle Mücadele Projesi). Ankara; 2015.
7. CDC. The Public Health Approach to Violence Prevention [Internet]. 2022 Jan. Available from: <https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>
8. UN Women. How to Use the RESPECT Framework Implementation Guide. 2020 Jul;
9. Heise LL. Violence against women: An integrated ecological framework. Violence Against Women and Mental Health. 2018;
10. WHO. World health statistics 2023: monitoring health for the SDGs, Sustainable Development Goals. [Internet]. Geneva: World Health Organization; 2023. Available from: <https://www.who.int/publications/book-orders>.
11. World Health Organization. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva; 2021.
12. The World Bank. Gender Data Portal. 2022 [cited 2023 May 14]. Violence against women and girls – what the data tell us. Available from: <https://genderdata.worldbank.org/data-stories/overview-of-gender-based-violence/>
13. INEC. National Survey on Family Relationships and Gender Violence against Women (ENVIGMU). 2019.
14. ALDEA. Asociación Latinoamericana para el Desarrollo Alternativo. 2023 [cited 2024 Mar 4]. 2022, a deadly year for women in Ecuador with 332 cases

of femicide. Available from: <https://www.fundacionaldea.org/noticias-aldea/mapa2022>

15. Pispira J, Cevalco J, Silva ML. Gender-based violence in Latin America (Ecuador and Argentina): current state and challenges in the development of psychoeducational materials. *Discover Psychology*. 2022 Dec 27;2(1):48.
16. Ortiz-Prado E, Villagran P, Martinez-Abarca AL, Henriquez-Trujillo AR, Simbaña-Rivera K, Gómez-BarrenoDíaz LAM, et al. Female homicides and femicides in Ecuador: a nationwide ecological analysis from 2001 to 2017. *BMC Womens Health*. 2022 Dec 1;22(1).
17. European Institute for Gender Equality. Guidance on strengthening data systems on violence against women for the Western Balkans and Türkiye. Luxembourg: Publications Office of the European Union; 2023.
18. COE. Istanbul Convention Action against violence against women and domestic violence [Internet]. 2024 [cited 2024 Feb 14]. Available from: <https://www.coe.int/en/web/istanbul-convention>
19. WHO. Violence Prevention Alliance Approach [Internet]. 2024 [cited 2024 Feb 14]. Available from: <https://www.who.int/groups/violence-prevention-alliance/approach>
20. Meghan Ott. Gender-based Violence. 2021 [cited 2024 Feb 14]. Series: What Does That Mean? Available from: <https://www.womenforwomen.org/blogs/series-what-does-mean-gender-based-violence>
21. UNHCR US. UN. 2024 [cited 2024 Feb 14]. Gender-based violence. Available from: <https://www.unhcr.org/us/what-we-do/protect-human-rights/protection/gender-based-violence>
22. PAHO/WHO. PAHO. 2024 [cited 2024 Feb 14]. Violence against women. Available from: <https://www.paho.org/en/topics/violence-against-women>
23. Shagun Sharma. We Are Restless. 2021 [cited 2024 Feb 14]. Understanding Emotional Violence Against Women. Available from: <https://wearerestless.org/2021/12/09/understanding-emotional-violence-against-women/>
24. Gender Matters. Gender Matters. 2024 [cited 2024 Feb 14]. Physical violence. Available from: <https://www.coe.int/en/web/gender-matters/physical-violence>
25. COE. Gender Matters. 2024 [cited 2024 Feb 14]. Socio-economic violence. Available from: <https://www.coe.int/en/web/gender-matters/socio-economic-violence>
26. CCFWE. What is Economic Abuse? [Internet]. 2024 [cited 2024 Feb 14]. Available from: <https://ccfwe.org/what-is-economic-abuse/>
27. UN Women. Facts and figures: Ending violence against women [Internet]. 2024 [cited 2024 Mar 9]. Available from: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>

28. UN Women. Data Hub. 2024 [cited 2024 Mar 9]. Global database on Violence against Women. Available from: <https://data.unwomen.org/evaw/database>
29. WHO. Violence against women, 2018 estimates. WHO [Internet]. 2021 [cited 2024 Mar 9]; Available from: <https://www.who.int/publications/i/item/9789240022256>
30. CIVICUS. ECUADOR: ‘Women’s rights have experienced an emergency situation since well before the pandemic’ [Internet]. 2021 [cited 2024 Feb 14]. Available from: <https://www.civicus.org/index.php/media-resources/news/interviews/5241-ecuador-women-s-rights-have-experienced-an-emergency-situation-since-well-before-the-pandemic>
31. Boira S, Muñoz MT, Nudelman A. Sexual Violence Against Women In Ecuador: An Overview From The Rural And Indigenous Areas Of Imbabura. *Anthropological Researches And Studies*. 2021 Apr 27;1(11):1–14.
32. Edeby A, San Sebastián M. Prevalence and sociogeographical inequalities of violence against women in Ecuador: a cross-sectional study. *Int J Equity Health*. 2021 Dec 2;20(1):130.
33. UNFPA Türkiye. Gender Equality. 2023 [cited 2023 Mar 4]. Gender Equality. Available from: <https://turkiye.unfpa.org/en/gender-equality>
34. Hacettepe University Institute of Population Studies. Research on Domestic Violence Against Women in Turkey. Ankara; 2015.
35. Turkish Statistical Institute. Gender Statistics 2021 [Internet]. 4651st ed. Ankara: Data Dissemination Group; 2022 [cited 2024 May 2]. Available from: <http://www.tuik.gov.tr>
36. UN Women. Europe and Central Asia. 2024 [cited 2024 Feb 25]. Türkiye. Available from: <https://eca.unwomen.org/en/where-we-are/turkiye>
37. UN Women. Global Database on the Prevalence of Violence Against Women [Internet]. 2024 [cited 2024 Mar 9]. Available from: <https://vaw-data.srhr.org/>
38. Office on Women’s Health. Effects of violence against women [Internet]. 2024 [cited 2024 Mar 9]. Available from: <https://www.womenshealth.gov/relationships-and-safety/effects-violence-against-women>
39. Verena M. Violence against women: definitions, facts & figures [Internet]. 2024 [cited 2024 Mar 9]. Available from: <https://medicamondiale.org/en/violence-against-women/causes-and-consequences>
40. WHO. Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children [Internet]. 2016 [cited 2024 Mar 9]. Available from: <https://www.who.int/publications/i/item/97892415111537>
41. United Nations. Gender equality and women’s empowerment [Internet]. 2024 [cited 2024 Mar 9]. Available from: <https://www.un.org/sustainabledevelopment/gender-equality/>

42. UN Women. What we do: Ending violence against women. 2024 [cited 2024 Mar 9]. Focusing on prevention. Available from: <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/prevention>
43. UN Women. Institutional mechanisms for the advancement of women [Internet]. 2024 [cited 2024 Mar 9]. Available from: <https://www.unwomen.org/en/news/in-focus/end-violence-against-women/2014/mechanisms>
44. CDC. The Social-Ecological Model: A Framework for Prevention [Violence Prevention|Injury Center|CDC [Internet]. 2022 [cited 2024 Mar 9]. Available from: <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>
45. CWJ. Timeline of Key Legal Developments [Internet]. 2024 [cited 2024 Mar 9]. Available from: <https://www.centreforwomensjustice.org.uk/timeline>
46. United Nations Population Fund. Women Girls Safe Spaces Guidance. 2015.
47. UN Women. Take action: 10 ways you can help end violence against women [Internet]. 2023 [cited 2024 Mar 9]. Available from: <https://www.unwomen.org/en/news/stories/2020/11/compilation-take-action-to-help-end-violence-against-women>
48. Asian Development Bank. Women's Economic Empowerment and Violence Against Women and Girls: Evidence on the Relationship and the Response in the Pacific Region (Brochure 1). 2023.
49. COE. Istanbul Convention Action against violence against women and domestic violence. 2024 [cited 2024 Mar 12]. The Convention in brief. Available from: <https://www.coe.int/en/web/istanbul-convention/the-convention-in-brief#%7B%2211642062%22:%5B0%5D%7D>
50. The Convention in brief - Istanbul Convention Action against violence against women and domestic violence [Internet]. [cited 2024 Mar 12]. Available from: <https://www.coe.int/en/web/istanbul-convention/the-convention-in-brief#%7B%2211642062%22:%5B0%5D%7D>
51. COE. Istanbul Convention Action against violence against women and domestic violence. 2024 [cited 2024 Mar 12]. Key facts about the Istanbul Convention. Available from: <https://www.coe.int/en/web/istanbul-convention/key-facts>
52. Kirk L, Terry S, Lokuge K, Watterson JL. Effectiveness of secondary and tertiary prevention for violence against women in low and low-middle income countries: a systematic review. BMC Public Health. 2017 Dec 4;17(1):622.
53. Milner A, Kavanagh A, Scovelle AJ, O'Neil A, Kalb G, Hewitt B, et al. Gender Equality and Health in High-Income Countries: A Systematic Review of Within-Country Indicators of Gender Equality in Relation to Health Outcomes. Women's Health Reports. 2021 Apr 1;2(1):113–23.

54. UN Women. Ecuador – Americas and the Caribbean [Internet]. 2024 [cited 2023 Mar 4]. Available from: <https://lac.unwomen.org/en/donde-estamos/ecuador>
55. Ana María Larrea GH. Feminist Perspectives Ecuador 2030. UN WOMEN [Internet]. 2020 Mar [cited 2024 Feb 14];34. Available from: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Discussion-paper-Feminist-perspectives-on-the-2030-Agenda-in-Ecuador-en.pdf>
56. Statista. Gender gap index in Ecuador 2023 [Internet]. 2023 [cited 2024 Feb 14]. Available from: <https://www.statista.com/statistics/802907/ecuador-gender-gap-index/>
57. Holly Martinez. United Way NCA. 2022 [cited 2024 Feb 15]. What Is Gender Equity? Available from: <https://unitedwaynca.org/blog/what-is-gender-equity/>
58. EIGE. European Institute for Gender Equality. 2024 [cited 2024 Feb 15]. Gender Equality. Available from: <https://eige.europa.eu/>
59. Gupta M, Madabushi JS, Gupta N. Critical Overview of Patriarchy, Its Interferences With Psychological Development, and Risks for Mental Health. *Cureus* [Internet]. 2023 Jun 10 [cited 2024 Feb 15];15(6). Available from: <https://pubmed.ncbi.nlm.nih.gov/37435274/>
60. Montecé-Giler LA, Molina-Mora JF, Díaz-Basurto IJ. Gender Violence in Ecuador. *Cienciamatria*. 2022 Mar 1;8(2):92–103.
61. UN Women. “Masculinities in motion”, towards equality and the prevention of gender violence in Ecuador [Internet]. 2022 [cited 2023 Mar 4]. Available from: <https://ecuador.unwomen.org/es/stories/noticia/2023/02/masculinidades-en-movimiento-hacia-la-igualdad-y-la-prevencion-de-la-violencia-de-genero-en-ecuador-0>
62. Jaime Giménez. The Daily Struggle of Kichwa Women in Sarayaku, Ecuador [Internet]. 2017 [cited 2024 Feb 15]. Available from: <https://www.wrm.org.uy/bulletin-articles/the-daily-struggle-of-kichwa-women-in-sarayaku-ecuador>
63. Diversity Abroad. Women in Ecuador [Internet]. 2024 [cited 2024 Feb 15]. Available from: <https://www.diversityabroad.com/articles/women-ecuador>
64. Ullrich R, Becker M, Scharf J. The Development of Gender Role Attitudes During Adolescence: Effects of Sex, Socioeconomic Background, and Cognitive Abilities. *J Youth Adolesc*. 2022 Nov 15;51(11):2114–29.
65. McKinley CE, Lilly JM, Knipp H, Liddell JL. “A Dad Can Get the Money and the Mom Stays at Home”: Patriarchal Gender Role Attitudes, Intimate Partner Violence, Historical Oppression, and Resilience Among Indigenous Peoples. *Sex Roles*. 2021 Nov 16;85(9–10):499–514.
66. UN Women. UN Women Reveals Concerning Regression in Attitudes Towards Gender Roles During Pandemic in New Study | UN Women – Headquarters [Internet]. 2022 [cited 2024 Mar 13]. Available from: <https://www.unwomen.org/en/news-stories/press-release/2022/06/un-women->

reveals-concerning-regression-in-attitudes-towards-gender-roles-during-pandemic-in-new-study

67. Poor H. The Historical and Contemporary Role of Women in Ecuadorian Society | Modern Latin America [Internet]. 2022 [cited 2024 Mar 12]. Available from: <https://library.brown.edu/create/modernlatinamerica/chapters/chapter-15-culture-and-society/essays-on-culture-and-society/the-historical-and-contemporary-role-of-women-in-ecuadorian-society/>
68. International Labor Organization. Financing of the Ecuadorian National Health System for universal coverage. 2022.
69. Sanchez M, Fouques D, Gorgiard C, Soussy A, Romo L. Intimate Partner Sexual Violence: An Exploratory Study on Sexual Victimization Profiles Among Survivors of Intimate Partner Violence in France. *Violence Against Women*. 2024 Mar 13;
70. Bleske-Rechek A. Institute for Family Studies. 2022 [cited 2024 Mar 7]. Equal, Not Identical: In Sharing Family Tasks, Consider the Preferences of Men and Women. Available from: <https://ifstudies.org/blog/equal-not-identical-in-sharing-family-tasks-consider-the-preferences-of-men-and-women>
71. Raza F, Pals H. Attitudes Toward Wife Beating in Pakistan: Over-Time Comparative Trends by Gender. *Violence Against Women*. 2024 Mar 11;
72. Boateng JD, Tenkorang EY, Issahaku P. Economic Abuse of Women in Intimate Relationships in Ghana: Consequences and Coping Strategies. *Violence Against Women*. 2024 Mar 12;
73. Small E, Nikolova SP, Childress S, Logie C. The role of education and income as protective factors against intimate partner violence and HIV exposure among Kenyan women. *International Journal of Qualitative Studies in Education*. 2024 Jan 2;37(1):230–45.
74. Asraoui A, Khassouani CE, Soulaymani A. Prevalence, socio-demographic and economic determinants of violence against ever-married women in Morocco. *Eastern Mediterranean Health Journal*. 2023 Dec 21;29(12):944–53.
75. Osorio E. The Effect of Education on Intimate Partner Violence: Evidence from an Education Reform in Tanzania. *SSRN Electronic Journal*. 2023;
76. Einiö E, Metsä- Simola N, Aaltonen M, Hiltunen E, Martikainen P. Partner violence surrounding divorce: A record- linkage study of wives and their husbands. *Journal of Marriage and Family*. 2023 Feb 6;85(1):33–54.

8. APPENDIXES

Appendix 1: Data Collection Form

English Version

“RESEARCH ON GENDER-BASED VIOLENCE OF WOMEN BEING ATTENDED AT CLÍNICA SUR HOSPITAL IN GUAYAQUIL, ECUADOR”.
(An informed consent form will come in this section)

Demographics:

1. In what year were you born?	Specify _____
2. In what city you were born?	Specify _____
3. What is your level of education?	A. Illiterate B. Primary School C. High School D. Bachelor's degree E. Master's Degree / PhD
4. What is your relationship status?	A. Single B. Married C. Divorced D. Separated E. Partnered F. Widowed
5. If you have an intimate partner: a. What is your partner's age? b. What is your partner's occupation? c. What is your partner's level of education?	Specify: _____ Specify: _____ Specify: _____
6. Are you currently working?	A. Yes B. No C. Doesn't apply (Retired)
7. What is your current occupation?	Specify: _____
8. Where did you live for most of the time until you were 12 years old?	Specify: _____
9. Do you suffer from any chronic disease?	A. Yes B. No Specify: _____

Now, I would like to ask you some questions about issues that are very important in women's lives. I know these questions are pretty personal. However, your answers are essential in terms of determining the services to be carried out in this regard. I want to remind you that your answers will remain confidential and will not be shared with anyone.

Your spouse or any of your intimate partners [Any of your spouses or intimate partners] ever:

		Did you experienced this event with your last partner?	Did this happen in the last 12 months? (If yes)
10. Did he ever upset you by insulting or swearing at you?	☐ Yes ☐ No	☐ Yes ☐ No	1. Only Once 2. Twice 3. A few times 4. Many times (+5)
11. Did he ever humiliated or humiliated you in front of others?	☐ Yes ☐ No	☐ Yes ☐ No	5. Only Once 6. Twice 7. A few times 8. Many times (+5)
12. Did he ever frighten you or act threatening in a way that intimidated you? For example; with their gaze, shouting, or breaking things.	☐ Yes ☐ No	☐ Yes ☐ No	9. Only Once 10. Twice 11. A few times 12. Many times (+5)
13. Has he threatened to harm you or your loved ones?	☐ Yes ☐ No	☐ Yes ☐ No	13. Only Once 14. Twice 15. A few times 16. Many times (+5)
14. Did he ever slap you or throw something that hurt you?	☐ Yes ☐ No	☐ Yes ☐ No	17. Only Once 18. Twice 19. A few times 20. Many times (+5)
15. Did he ever push you, pick you up, or pull your hair?	☐ Yes ☐ No	☐ Yes ☐ No	21. Only Once 22. Twice 23. A few times 24. Many times (+5)

16. Did he ever hit you with his fist or something that hurt you?	☐ Yes ☐ No	☐ Yes ☐ No	Only Once Twice A few times Many times (+5)
17. Did he ever kick, drag, or beat you?	☐ Yes ☐ No	☐ Yes ☐ No	Only Once Twice A few times Many times (+5)
18. Did he ever strangle your throat, or did it burn you?	☐ Yes ☐ No	☐ Yes ☐ No	Only Once Twice A few times Many times (+5)
19. Did it he threatened you with tools such as knives or guns or used them against you?	☐ Yes ☐ No	☐ Yes ☐ No	Only Once Twice A few times Many times (+5)
20. Did he ever had sexual intercourse with you by using physical force against your will?	☐ Yes ☐ No	☐ Yes ☐ No	Only Once Twice A few times Many times (+5)
21. Have you ever had sexual intercourse without wanting to because of fear of what your spouse or any of the people you are with will do to?	☐ Yes ☐ No	☐ Yes ☐ No	Only Once Twice A few times Many times (+5)
22. Did he ever forced you to do anything that you find sexually humiliating or humiliating?	☐ Yes ☐ No	☐ Yes ☐ No	Only Once Twice A few times Many times (+5)

Have you told anyone about the behavior of your spouse or partner that we just talked about?

23. Telling about it to immediate environments:	☐ Yes ▪ Own family ▪ Friends ▪ Neighbors ▪ Family of the spouse ▪ Others: _____ ☐ No
24. Institutional application	☐ Yes ▪ Women's Health Counselling Centre ▪ Police ▪ Emergency line ▪ Other: _____ ☐ No
25. If applies: How assistance is extended after institutional application?	☐ Interview with social worker ☐ Divorce ☐ Psychological support ☐ Probation/ Lawsuit ☐ Other: _____

Prevalence throughout life or within the last 12 months of different forms of violence others have exposed Ecuadorian women originally from Guayaquil.

Attitudes towards Gender Roles (part #1)

Below are some sentences that are given; please mark whether you agree or disagree with these statements in general.

26. A wife should not argue with her husband and keep silent if she disagrees with him.	• Agree • Disagree • No Idea
27. A woman should spend her own money according to her own will.	• Agree • Disagree • No Idea
28. Men should also do housework like cooking, dishwashing, laundry, ironing.	• Agree • Disagree • No Idea
29. Sometimes, it may be necessary to beat children to discipline them.	• Agree • Disagree • No Idea
30. Male family members are responsible for the attitudes and behaviors of a woman.	• Agree • Disagree • No Idea

Attitudes towards Gender Role (part #2)

Below, some random situations are given; please mark whether you approve if the man beats his wife in these circumstances.

31. If a woman neglects the housework	• Agree • Disagree • No Idea
32. If she objects to her husband	• Agree • Disagree • No Idea
33. If she asks him whether he has other relationships.	• Agree • Disagree • No Idea
34. If the man suspects that she is unfaithful.	• Agree • Disagree • No Idea
35. If she finds out that she has been unfaithful.	• Agree • Disagree • No Idea
36. In your opinion, can a married woman refuse to have sex with her husband in these circumstances?	• If she doesn't want to • If he is drunk • If she has health problems • If he mistreats her

Spanish Version

Demografía:

10. ¿En qué año naciste?	Especificar: _____
11. ¿En qué ciudad naciste?	Especificar: _____
12. ¿Cuál es tu nivel de educación?	☐ Analfabeto ☐ Escuela primaria ☐ Escuela secundaria ☐ Licenciatura (3 ^{er} nivel) ☐ Maestría ☐ Doctorado
13. ¿Cuál es su estado civil?	☐ Soltera ☐ Casada ☐ Casada pero separada ☐ Divorciada ☐ Unión Libre ☐ Viudo
14. Si tienes pareja íntima: a) ¿Cuál es la edad de tu pareja? b) ¿Cuál es la ocupación de tu pareja? c) ¿Cuál es el nivel de estudios de su pareja?	Especificar: _____ Especificar: _____ Especificar: _____
15. ¿Estás trabajando?	☐ Sí ☐ No ☐ No aplica (jubilada)
16. ¿Cuál es su ocupación actual?	Especificar: _____
17. ¿En qué ciudad viviste la mayor parte del tiempo hasta los 12 años?	Especificar: _____
18. ¿Sufres de alguna enfermedad crónica? (*)	☐ Sí ☐ No Especificar: _____

(*) Las enfermedades crónicas más comunes en Ecuador:
 Hipertensión, diabetes, enfermedades cardiovasculares, enfermedades respiratorias crónicas (EPOC, asma), enfermedad renal crónica y cáncer

Ahora me gustaría hacerle algunas preguntas sobre temas que son muy importantes en la vida cotidiana de las mujeres Guayaquileñas. Se que estas preguntas son bastante personales. Sin embargo, sus respuestas son importantes para determinar los servicios necesarios para la población. Me gustaría recordarle que sus respuestas serán confidenciales y no se compartirán con nadie.

Su cónyuge o cualquiera de sus parejas íntimas alguna vez:

		¿Viviste este evento con tu última pareja?	¿Sucedió esto en los últimos 12 meses? (En caso afirmativo)
19. ¿Te molestó al insultarte o insultarte?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
20. ¿Te ha humillado y/o tal vez humillado delante de los demás?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
21. ¿Te asustó o actuó de alguna manera que te intimidó? Ej.: con la mirada, gritando o rompiendo cosas.	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
22. ¿Ha amenazado con hacerle daño a usted o a sus seres queridos?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
23. ¿Te abofeteó o te arrojó algo que te lastimó?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
24. ¿Te empujó, te levantó o te jaló del pelo?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)

		¿Viviste este evento con tu última pareja?	¿Sucedio esto en los últimos 12 meses? (En caso afirmativo)
25. ¿Te golpeó con el puño o algo que te lastimó? (alguna vez)	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
26. ¿Te pateó, arrastró? (alguna vez)	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
27. ¿Te estranguló? (alguna vez)	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
28. ¿Te amenazó con cuchillos o armas de fuego?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
29. ¿Alguna vez tuvo relaciones sexuales con usted usando fuerza física en contra de su voluntad?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
30. ¿Alguna vez has tenido relaciones sexuales sin querer por miedo a lo que te hará tu cónyuge?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)
31. ¿Alguna vez te ha obligado a hacer algo que te parezca sexualmente humillante?	☐ Sí ☐ No	☐ Sí ☐ No	☐ Solo una vez ☐ Dos veces ☐ Unas pocas veces ☐ Muchas veces (+5)

¿Le ha contado a alguien sobre el comportamiento de su cónyuge o pareja del que acabamos de hablar?

32. Contándolo a los entornos inmediatos:	☐ Sí ☐ Propia familia ☐ Amigos ☐ Vecinos ☐ Familia del cónyuge ☐ Otros ☐ No
33. Solicitud institucional	☐ Sí ☐ Centro de asesoramiento sobre salud de la mujer. ☐ Policía ☐ No
34. Si aplica: ¿Cómo se extendió la asistencia después de la solicitud institucional?	☐ Entrevista con trabajadora social ☐ Divorcio ☐ Apoyo psicológico ☐ Boleta de captura/demanda

Estamos por finalizar, una vez gracias por tus respuestas y tu sinceridad, la última parte de esta investigación será sobre las actitudes hacia los roles de género.

Actitudes hacia los roles de género (parte #1)

A continuación, marque si está de acuerdo o en desacuerdo con estas afirmaciones en general.

26. Una esposa no debe discutir con su marido y guardar silencio si no está de acuerdo con él.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
27. Una mujer debe gastar su propio dinero según su propia voluntad.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
28. Los hombres también deben realizar tareas domésticas como cocinar, lavar platos, lavar la ropa y planchar.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
29. A veces puede ser necesario golpear a los niños para disciplinarlos.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
30. Los miembros masculinos de la familia son responsables de las actitudes y comportamientos de una mujer.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea

Actitudes hacia los roles de género (parte #2)

A continuación, se presentan **algunas situaciones al azar**, por favor marque si aprueba que el hombre golpee a su esposa en estas circunstancias.

31. Si una mujer descuida las tareas del hogar.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
32. Si ella se opone a las decisiones de su marido	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
33. Si ella le pregunta si tiene otras relaciones.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
34. Si el hombre sospecha que ella le es infiel.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
35. Si descubre que ella le ha sido infiel.	☐ Estoy de acuerdo ☐ No estoy de acuerdo ☐ No tengo idea
36. En su opinión, ¿puede una mujer casada negarse a tener relaciones sexuales con su marido en estas circunstancias?	☐ Si ella no quiere ☐ Si está borracho ☐ Si ella tiene problemas de salud ☐ Si el la maltrata

¡Muchas gracias por participar!

Appendix 2: Ethics Approval



HACETTEPE ÜNİVERSİTESİ
SAĞLIK BİLİMLERİ ARAŞTIRMA ETİK KURULU

KURUL KARARI

<u>OTURUM TARİHİ</u>	<u>OTURUM SAYISI</u>	<u>KARAR SAYISI</u>
05.09.2023	2023/01	2023/01-012
Araştırma Numarası : SBA 23/033		Değerlendirme Tarihi : 05.09.2023

Üniversitemiz Tıp Fakültesi Halk Sağlığı Anabilim Dalı öğretim üyelerinden Prof. Dr. Ü. Şevkat Bahar ÖZVARİŞ'in sorumlu araştırmacı olduğu, Tito ALVARADO ALAVA'nın yüksek lisans tezi olan, SBA 23/033 kayıt numaralı "*Research on The Gender-Based Violence of Women Being Attended at Clínica Sur Hospital in Guayaquil, Ecuador*" başlıklı araştırma önerisi gerekçe, amaç, yaklaşım ve yöntemleri dikkate alınarak incelenmiş olup, araştırmanın yapılacağı ülkenin mevzuatına uygun olarak gerekli izinlerin alınmasından araştırmacıların sorumlu olması kaydıyla 01 Ekim 2023 - 01 Ocak 2024 tarihleri arasında geçerli olmak üzere etik açıdan **uygun bulunmuştur**.

Çalışma tanımlandığında sonuçların içeren bir rapor örneğinin Etik Kurulumuza gönderilmesi gerekmektedir.

Prof. Dr. Nüket
PAKSOY ERBAYDAR
Kurul Başkanı

Prof. Dr. Güzide Burça
AYDIN
Kurul Üyesi

Prof. Dr. Mehmet Özgür
UYANIK
Kurul Üyesi

Prof. Dr. Ayşe KIN
İŞLER
Kurul Üyesi

İZİNLİ

Prof. Dr. Sibel
PEHLİVAN
Kurul Üyesi

Prof. Dr. Burcu Balam
DOĞU
Kurul Üyesi

İZİNLİ

Prof. Dr. Tolga
YILDIRIM
Kurul Üyesi

Prof. Dr. İpek GÜRBÜZ
Kıral Üyesi

Doç. Dr. Betül ÇELEBİ
SALTIK
Kurul Üyesi

Doç. Dr. Merve BATUK
Kurul Üyesi

Doç. Dr. Gülten IŞIK
KOÇ
Kurul Üyesi

Dr. Öğr. Üyesi Müge
DEMİR
Kurul Üyesi

Dr. Öğr. Üyesi Burcu
Ersöz ALAN
Kurul Üyesi

Av. Buket ÇINAR
Kurul Üyesi

Ersoz ALAN
Kurul Uyesi
Kurul Uyesi

Appendix 3: Permits



18/07/2023

**HACETTEPE UNIVERSITY FACULTY OF MEDICINE
DEPARTMENT OF PUBLIC HEALTH**

Dr. Mery Grace SUARÉZ FORTÚN

Chairman of Clínica Sur Hospital (GALPE S.A).

I respectfully submit for your consideration the need to grant authorization for the research called "Research on Gender Violence in Women Attended at the Hospital Clínica Sur de Guayaquil, Ecuador", whose principal investigator is Prof. Dr. Ü. Şevkat BAHAR ÖZVARIŞ, MD, MSc., PH and the assistant researcher is Dr. Tito F. ALVARADO ÁLAVA, to be carried out at your medical facility.

I respectfully submit for your information.

Prof. Dr. Dilek ASLAN

*(on behalf of the Head of Public Health
Department)*

SurHospital
SERVICIOS HOSPITALARIOS S.A.

Appendix 4: Consent Form

English Version

INFORMED CONSENT FORM

“Research on Gender-Based Violence of Women Being
Attended at Clinica Sur Hospital in Guayaquil, Ecuador”

Dear participant,

This research titled **“Research on Gender-Based Violence of Women Being Attended at Clinica Sur Hospital in Guayaquil, Ecuador”** is carried out under the supervision of Prof. Dr. Ü. Şevkat BAHAR ÖZVARIŞ, MD, MSc., PH Specialist, Hacettepe University, Department of Public Health. The long-term objective of the present study is to identify the gender-based violence in Ecuadorian woman to enhance the awareness for the policy makers in order to create prevention interventions. It is therefore important that you answer all questions sincerely.

Your participation in the research is on a voluntary basis. Your identity information is not requested in the study. The information obtained through this form will remain confidential and will only be used for scientific purposes. You can choose not to participate in the study or end the survey at any time.

Thank you for participating in our research.

If you have any questions about the study, you can contact the following persons:

Researchers:

Prof. Dr. Ü. Şevkat BAHAR ÖZVARIŞ, MD, MSc., PH Specialist

Tito ALVARADO ÁLAVA, MD

If you accept participating in the study, please click the box below and go on.

☐

I Accept.

Spanish Version

CONSENTIMIENTO INFORMADO

"Investigación sobre la violencia de género de las mujeres que son atendidas en la Clínica Sur Hospital en Guayaquil, Ecuador"

Querido Participante,

Esta investigación titulada "Investigación sobre la violencia de género de las mujeres que son atendidas en la Clínica Sur Hospital en Guayaquil, Ecuador se lleva a cabo bajo la supervisión de la Prof. Dr. Ü. Şevkat BAHAR ÖZVARIŞ, MD, MSc., *Especialista en Salud Pública*, Universidad Hacettepe, Departamento de Salud Pública (Ankara, Turquía). El objetivo a largo plazo del presente estudio es identificar la violencia de género en la mujer ecuatoriana para mejorar la concientización de los indicadores de políticas con el fin de crear intervenciones de prevención. Por lo tanto, es importante que responda todas las preguntas con sinceridad.

Su participación en la investigación es voluntaria. Su información de identidad no se solicita en el estudio. La información obtenida a través de este formulario será confidencial y sólo será utilizada con fines científicos. Puede optar por no participar en el estudio o finalizar la encuesta en cualquier momento.

Gracias por participar en nuestra investigación.

Si tiene alguna pregunta sobre el estudio, puede comunicarse con las siguientes personas:

Investigadores:

Prof. Dr. Ü. Şevkat BAHAR ÖZVARIŞ, MD, MSc., *PH Specialist*

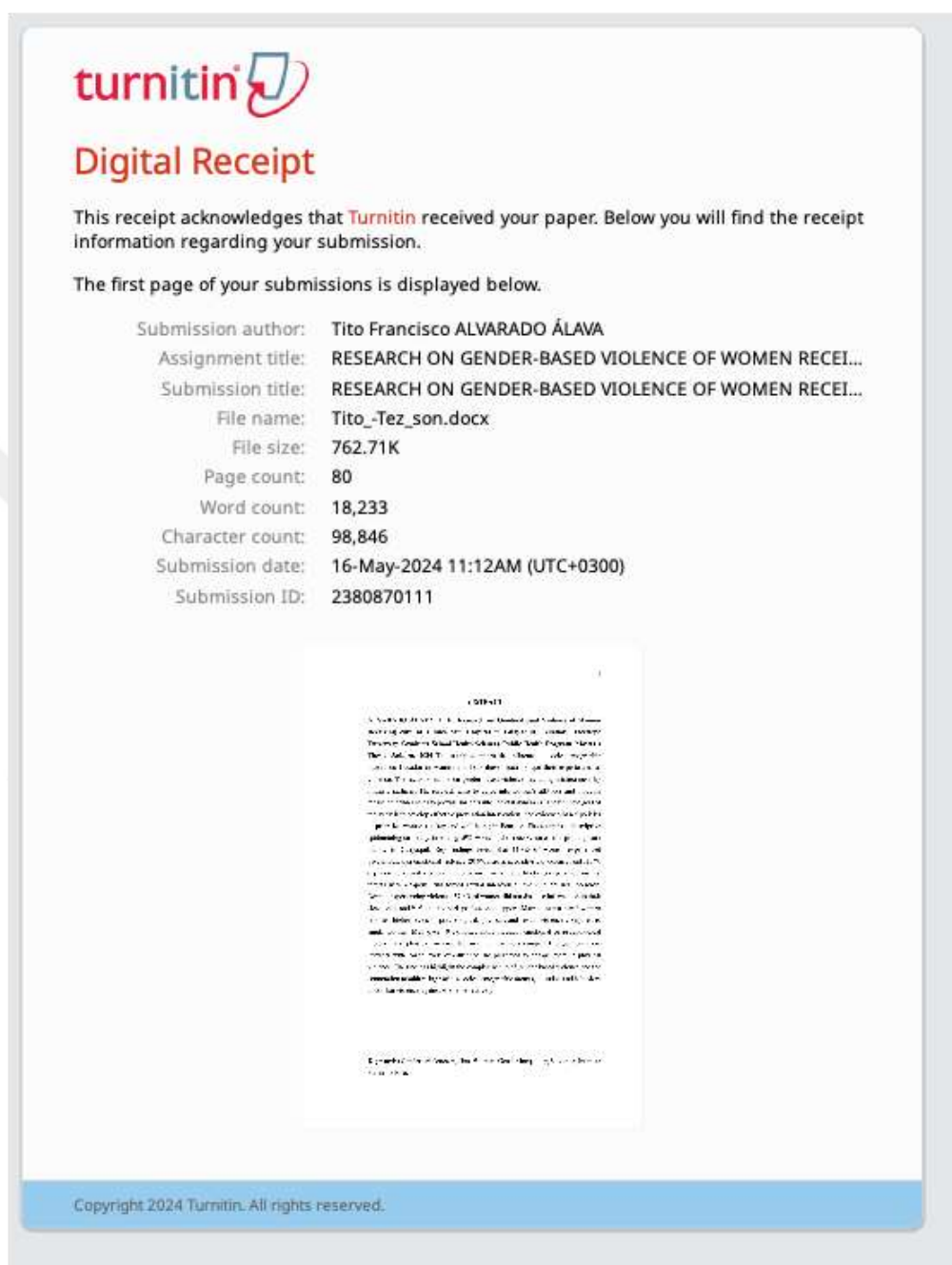
Tito ALVARADO ÁLAVA, MD

Si acepta participar en el estudio, marque la casilla a continuación y continúe.

☐

Acepto.

Appendix 5: Digital Receipt



Appendix 6: Originality Report

RESEARCH ON GENDER-BASED VIOLENCE OF WOMEN RECEIVING CARE AT CLINICA SUR HOSPITAL IN GUAYAQUIL, ECUADOR

ORIGINALITY REPORT

8%

SIMILARITY INDEX

5%

INTERNET SOURCES

5%

PUBLICATIONS

3%

STUDENT PAPERS

PRIMARY SOURCES

1

"Gender Equality", Springer Science and
Business Media LLC, 2021

Publication

1%

2

Yi Li, Judith A. Levy, Ronald C. Hershow.
"Partner and Relationship Characteristics
Determining Intimate Partner Violence
Among Women Living with HIV in Ruili,
China", AIDS and Behavior, 2022

Publication

<1%

3

Cigdem Gedikli, Gurleen Popli, Okan Yilmaz.
"The impact of intimate partner violence on
women's labour market outcomes", World
Development, 2023

Publication

<1%

4

link.springer.com

Internet Source

<1%

5

learn.tearfund.org

Internet Source

<1%

help.unhcr.org