

Original article

Gender inequality and violence against women in Spain, 2006–2014: towards a civilized society

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ABSTRACT

Objective: Considering both the economic crisis of 2008 and the Gender Equality Law (2007), this study analyses the association between gender inequality in Spanish Autonomous Communities (AC) and intimate partner violence (IPV) from 2006 to 2014 in terms of socio-demographic characteristics.

Methods: Ecological study in the 17 Spanish AC on the correlation between the reported cases by IPV and deaths and the Gender Inequality Index and its dimensions: empowerment, participation in the labour market and adolescent birth rates; and their correlation with Young People Not in Education, Employment or Training (NEET).

Results: In 2006, IPV mortality rates were higher in autonomous communities with greater gender inequality than AC with more equality (4.1 vs. 2.5×10^6 women >14 years), as were reporting rates of IPV (OR = 1.49; 95% CI: 1.47–1.50). In 2014, the IPV mortality rates in AC with greater gender inequality fell to just below the mortality rates in AC with more gender equality (2.5 vs. 2.7×10^6 women >14 years). Rates of IPV reports also decreased (OR = 1.22; 95% CI: 1.20–1.23). Adolescent birth rates were most associated with IPV reports, which were also associated with the burden of NEET by AC ($p_{2006} = 0.494$, $p_{2014} = 0.615$).

Conclusion: Gender-sensitive policies may serve as a platform for reduced mortality and reports of IPV in Spain, particularly in AC with more gender inequality. A reduction of NEET may reduce adolescent birth rates and in turn IPV rates.

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La desigualdad de género y la violencia contra las mujeres en España, 2006–2014: hacia una sociedad civilizada

RESUMEN

Objetivo: Considerando la crisis económica de 2008 y la Ley de igualdad entre hombres y mujeres (2007), se analiza la asociación entre la desigualdad de género de las comunidades autónomas (CCAA) españolas con la violencia del compañero íntimo (VCI) en 2006 y 2014, respecto a características sociodemográficas.

Métodos: Estudio ecológico en las 17 CCAA sobre la asociación entre las muertes y denuncias por VCI y el Índice de Desigualdad de Género y sus dimensiones: empoderamiento, participación en el mercado laboral y tasas de fecundidad de adolescentes; y su asociación con jóvenes que ni estudian ni trabajan.

Resultados: En 2006, las CCAA con mayor desigualdad de género sufrieron tasas de mortalidad por VCI superiores que las de mayor igualdad ($4,1$ frente a $2,5 \times 10^6$ mujeres >14 años), y también las denuncias fueron más (*odds ratio* [OR]: 1,49; intervalo de confianza del 95% [IC95%]: 1,47–1,50). En 2014, disminuyeron las tasas de mortalidad por VCI en las CCAA con mayor desigualdad de género, situándose ligeramente por debajo de las de más igualdad ($2,5$ frente a $2,7 \times 10^6$ mujeres >14 años). Las denuncias también disminuyeron (OR: 1,22; IC95%: 1,20–1,23). La fecundidad de las adolescentes es la dimensión más asociada con las denuncias por VCI, asociadas al porcentaje de jóvenes que ni estudian ni trabajan por CCAA ($p_{2006} = 0,494$, $p_{2014} = 0,615$).

Conclusión: Las políticas con perspectiva de género pueden ser la base de la reducción de la mortalidad y de las denuncias por VCI en España, y aún más en las CCAA con más desigualdad de género. Reducir la cantidad de jóvenes que ni estudian ni trabajan puede disminuir la fecundidad adolescente y los índices de VCI.

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Palabras clave:

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Índices

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Introduction

Intimate partner violence (IPV) and IPV homicides are important issues throughout the world, as thousands of women are affected by it each year.^{1,2} It is important to recognize community traits as well as individual characteristics that influence IPV incidence. While these approaches are inherently different, both are crucial in beginning to understand predictors of IPV.³

When bearing in mind the individual level approach to IPV, there are recurring themes showed throughout literature; like the role that income and economic solvency play in IPV incidence.^{4–6} Women who experience less economic security are at a higher risk for experiencing IPV.⁴ Additionally, an increase in education, ideally of both the woman and her partner, decreases a woman's risk of IPV.^{6–10}

The community approach to understanding IPV, however, is different from that of the individual one. Neighborhoods of lower socioeconomic status increase a woman's risk of experiencing IPV. Due to the stressors created from living in impoverished Spanish Autonomous Community (AC) and attempting to regulate the disorder that is an inherent aspect of these neighborhoods, women experience higher IPV rates.¹¹

In studies conducted pertaining to the gender wage gap, it was found that a reduction in this gap also lead to a decrease in IPV and that male dominated control of resources lead to an increase in IPV.¹² The findings support the idea that an increase in women's economic empowerment leads to a decrease in IPV incidence. The economic situation of a certain AC, and the stressors related to this can also have an impact on IPV occurrence. In Spain, regional unemployment has had an effect on the IPV rate reported. Women who live in areas with higher rates of male employment are at a higher risk for experiencing IPV.¹³

In 1980, during the emergence of the democratic Spain, there was an increase in emphasis on the values of a decent and civilized society. Meaning, the institutions do not humiliate the people under their authority are not in place to humiliate people through totalitarian authority, and whose members of said society cannot humiliate or harm each other.¹⁴ In 2004, the specific violence against women legislation, covering the areas of health, education, social services, judicial system, police, and media, entitled Organic Law 1/2004, of 28th December, on Comprehensive Protection Measures Against Gender-Based Violence was enacted.^{15,16} Moreover, in Spain, two consecutive events, the adoption of the Organic Law 3/2007, of 22 March, for effective equality of women and men¹⁷ and the economic crisis beginning in 2008, had important implications on the rate and occurrence of IPV during the period.

The Gender Inequality Index (GII) rises according to paradigm shifts in developmental rights, equal opportunities for both sexes, the prioritization of autonomy, and the recognition of the women's worth as agents able to participate in resource management and political decision-making processes rather than be instruments used by others.¹⁸ The GII is especially important in IPV research due to its new dimensions: women empowerment and reproductive health. The addition of this last dimension is important because includes the adolescent fertility, a vulnerable population in the European countries where the frequency of youth who are not educated, employed or in training (NEET) has increased during the crisis.¹⁹ The production of information is needed on the ensuing new challenges about them, to develop some specific social policies, because the youth European agenda is at risk of being subordinated to other priorities.²⁰

Monitoring inequality and effectiveness of policies is needed.^{21,22} Our hypothesis is that in Spain the burden of IPV has changed due to cultural shifts related to the economic crisis and the implementation of gender equality and violence against

Table 1
Definitions and data sources of the study variables.

Variable	Definition	Data sources
Intimate partner violence mortality rate	Number of deaths due to IPV per every 1,000,000 women over the age of 14	Ministry of Health, Social Services, and Equality
Intimate partner violence reports rate	Number of intimate partner violence reports per every 1,000,000 women over the age of 14	Ministry of Health, Social Services, and Equality
Not in education, employment or training	Percentage of young people aged 15 to 29, who in an interview said that during an average week not gainfully employed and had not followed any training study within four weeks prior to the interview	Ministry of Education, Culture and Sports
Gender Inequality Index	The Gender Inequality Index reflects gender inequalities in three dimensions: reproductive health, empowerment and labor market participation.	Own elaboration following the methodology proposed by the United Nations Development Program (http://hdr.undp.org/sites/default/files/hdr14.technical_notes.pdf)
Maternal mortality rate	Number of dead women during pregnancy or during the first 42 days after giving birth per every 100,000 live births	Spanish National Institute of Statistics
Adolescent fertility rate	Number of births from women ages 15–19 years, per every 1,000 women	Spanish National Institute of Statistics
Education	Percentage of females and males, ages ≥ 25 years, with at least some secondary education	National Health Survey of Spain
Political participation	Percentage of parliamentary seats occupied by females and males	Regions Parliamentary Websites
Labour market participation	Labor force participation rate of female and male populations between ages 15–64	Labor Force Survey of Spain, Spanish National Institute of Statistics

women policies. Based on this, our research calculates the GII within each Spanish AC, to analyze the association between gender inequality within AC and mortality and reporting rates of IPV in 2006 and 2014, respect to socio-demographic characteristics.

Methods

An exploratory ecological study was developed based on number of the total official reports of violence and deaths attributed to IPV in women over 15 years by a current or former intimate partner in Spain in 2006 and 2014. The unit of analysis was each AC of Spain ($n = 17$). Table 1 describes the GII, its dimensions and indicators, and data sources used to its construction. We calculated the GII for each AC following the methodology proposed by the UN

The GII reflects three dimensions of human development that usually situate women in disadvantaged positions in respect to men: empowerment, economic status and reproductive health. The GII ranges between 0 (women and men fare equally) and 1 (either gender fares as poorly as possible in the three dimensions).

We calculated mortality rates and IPV report rates per every 1,000,000 women over the age of 15 within each Spanish AC. The number of reports due to IPV was subtracted from the total

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