



Exploring the associations between intimate partner violence and women's mental health: Evidence from a population-based study in Paraguay

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ABSTRACT

Using a nationally representative sample from the 2008 Paraguayan National Survey of Demography and Sexual and Reproductive Health, we examine the association between emotional, physical, and sexual intimate partner violence (IPV) and mental health among women aged 15–44 years who have ever been married or in a consensual union. The results from multivariate logistic regression models demonstrate that controlling for women's socioeconomic and marital status and history of childhood abuse and their male partners' unemployment and alcohol consumption, IPV is independently associated with an increased risk for common mental disorders (CMD) and suicidal ideation measured by the Self Reporting Questionnaire (SRQ-20). IPV variables substantially improve the explanatory power of the models, particularly for suicidal ideation. Emotional abuse, regardless of when it occurred, is associated with the greatest increased risk for CMD whereas recent physical abuse is associated with the greatest increased risk for suicidal ideation. These findings suggest that efforts to identify women with mental health problems, particularly suicidal ideation, should include screening for the types and history of IPV victimization.

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Introduction

Although largely neglected by global health policy (Patel, 2007), mental disorders are estimated to constitute 14% of the global burden of disease and disability (Prince et al., 2007). Women are about 1.5–3.0 times more likely than men to experience depression, the single most common mental distress (Kuehner, 2003). Women's higher risk for mental health problems has been attributed to the burden of childbearing and childrearing roles, as well as to social and economic disadvantages associated with female gender (WHO & UNFPA, 2009). Mental health status among mothers has been closely linked with the health and survival of their children. Evidence from developing countries has shown that children whose mothers suffer from mental disorders are at a higher risk for low birth weight (Patel & Prince, 2006), malnutrition (Harpham, Huttly, De Silva, & Abramsky, 2005), and other developmental problems (Walker et al., 2007).

Intimate partner violence (IPV) is another significant problem associated with gender. The prevalence of IPV against women has been increasingly documented and recognized as an important public health issue worldwide (Garcia-Moreno, Jansen, Ellsberg,

Heise, & Watts, 2006). Results from a growing body of work in developing countries have consistently shown a significant association between IPV against women and women's mental health (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008; Kumar, Jeyaseelan, Suresh, & Ahuja, 2005; Patel et al., 2006; Pillai, Andrews, & Patel, 2008). This evidence is important given that lack of attention to the psychosocial contexts of mental health problems among female patients has been cited as one cause of an overreliance on psychotropic medication in the treatment of these problems (Fischbach & Herbert, 1997). This overreliance on medication may, in turn, have led to an increase in the frequency and chronicity of violence against women and mental health problems attributable to such violence. However, a review of past literature on mental health outcomes and IPV victimization among women reveals a substantial overlap in their determinants, indicating a need to test whether an independent association exists between IPV victimization and poor mental health outcomes, or whether the association is explained by common causal factors.

This analysis controls for women's socioeconomic and marital status, their history of childhood violence, and characteristics of their male partners to investigate whether IPV is independently associated with poor mental health outcomes. Our research extends upon and complements earlier research from developing countries in two other ways. First, it is based on a nationally

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representative sample of women of reproductive age from Paraguay, unlike most previous studies on mental health, which used health facility data for a subpopulation of women with health care needs, such as those who are pregnant. These studies thus may be biased in that socioeconomic status has been shown to be positively associated with health care utilization (Fisher, Mello, & Izutsu, 2009) and it may also be correlated with the risk for violence or mental disorders. Second, we compare and contrast the associations between IPV victimization and two measures of poor mental health status: common mental disorders (CMD) and suicidal ideation, using the Self Reporting Questionnaire (SRQ-20). We also distinguish timings and types—emotional, physical, and sexual—of IPV. We aim to shed more light on mechanisms through which IPV affects women's mental health and provide important programmatic implications.

Background: mental health and violence

Here, we review the existing literature on the associations between mental health and four potential determinants of poor mental health outcomes—women's socioeconomic and marital status, their male partners' unemployment and alcohol consumption, and women's history of violence victimization as a child—and between IPV victimization and these four key covariates. We particularly highlight how these covariates may be linked to the risk of IPV victimization, thereby potentially explaining the association between mental health and IPV.

Socioeconomic status

As an important health policy theme, the nexus between poverty and burden of both mental and physical diseases has been increasingly investigated. Findings from most recent studies suggest that this association is even stronger in low- and middle-income countries, particularly those undergoing rapid economic growth and experiencing widening economic disparities, than in developed countries (Patel, 2007). In a review of 11 studies from less-developed countries, Patel and Kleinman (2003) argue that stress factors associated with poverty, including financial insecurity, stigmatization, and discrimination, may at least partially explain the greater vulnerability of the poor to psychiatric disorders. However, it is also argued that other individual characteristics, such as being older, female, widowed, and in poor physical health, are more important determinants of mental health than poverty *per se* (Das, Do, Friedman, McKenzie, & Scott, 2007).

Although the same factors associated with poverty—material deprivation and financial stress—have been hypothesized to be key determinants of IPV, empirical evidence for their association with IPV has been mixed (Krahé, Bieneck, & Möller, 2005). Recent studies find more consistently protective effects of educational attainment (Bates, Schuler, Islam, & Islam, 2004; Flake, 2005) than higher economic status measured by household wealth (Yount, 2005). Yet the risk of IPV in many other less-developed countries shows no associations with either educational attainment or economic status according to recent cross-national studies by Hindin, Kishor and Ansara (2008) and Kishor and Johnson (2006). In addition, the effects of these socioeconomic indicators may depend on whether violence is physical or sexual (Koenig, Stephenson, Ahmed, Jejeebhoy, & Campbell, 2006), suggesting the complexity of the association between socioeconomic status and the risk for IPV.

Marital status

Union dissolution has been commonly identified as one consequence of IPV (Ellsberg, Winkvist, Peña, & Stenlund, 2001) and

a risk factor for poor mental health (Bierman, Fazio, & Milkie, 2009). However, the linkage among mental health, IPV, and consensual marital status, a common alternative to marriage in Latin America (Castro Martin, 2002), has been less studied. The informal “trial marriage” nature of consensual unions, marked by either or both partners' lower level of investment in the relationship (Nock, 1995) and heightened sexual jealousy (Wilson & Daly, 2001), may make women in such unions more vulnerable to both IPV (Flake, 2005) and poor mental health. Study results demonstrate a higher risk for depression among women in consensual unions than among their married counterparts (Brown, Bulanda, & Lee, 2005) and that this risk differential is not fully attributable to social selection, that is, a tendency of less mentally healthy women to be in consensual unions (Marcussen, 2005).

Male partner's unemployment and alcohol consumption

Unemployment and alcohol consumption among women's male partners may simultaneously increase women's risk for IPV and poor mental health. Hindin, Kishor, and Ansara (2008) and Kishor and Johnson (2006) both concluded that alcohol consumption by a male partner is a risk factor for IPV in all less-developed countries that they studied. Although neither study found male partners' unemployment to be significantly associated with their violent behavior at home, results from some ethnographic studies in Latin America suggest that failure to satisfy the breadwinning role may prompt men to use alcohol and violence to reconstruct their masculine identity (Fuller, 2000). The effects of a partner's alcohol consumption and unemployment on women's mental health have not been well explored; however, similar to the effects of poverty, both factors may adversely affect women's mental health by increasing financial stress in the household.

Experience of violence during childhood

Several recent studies from less-developed countries have found that experiences of violence during childhood, including witnessing physical violence by the father against the mother, consistently increases the risk for violence victimization later in life (Flake, 2005; Gage, 2005; Hindin et al., 2008; Koenig et al., 2006; Yount & Carrera, 2006; Yount & Li, 2008). Growing evidence, although overwhelmingly from developed countries, has demonstrated similarly long-lasting adverse effects of childhood abuse on victims' mental health during adolescence and adulthood (Fletcher, 2009; Pillai et al., 2008; Schilling, Aseltine, & Gore, 2008), including an increased risk for suicide (Dube et al., 2001; Johnson et al., 2002). However, the extent to which being a victim of childhood violence has direct consequence on mental health or mediated by IPV—the association between childhood violence victimization and poor mental health outcomes may be explained by their respective association with IPV—needs to be clarified.

Domestic violence in Paraguay

Paraguay has had a moderately high IPV prevalence that is comparable to that of other Latin American countries (24–47%, Kishor & Johnson, 2006). Since the 1990s, legislative and judicial systems in Latin America have taken significant steps toward reducing levels of domestic violence. In 1994, Latin America became the first region to draft and approve a regional convention on the prevention, punishment, and eradication of violence against women, commonly known as the “Convention of Belém do Pará” (Macaulay, 2005). Paraguay ratified the convention and promulgated a civil law that offers protection to IPV victims and later penal codes against the perpetration of IPV. However, assistance for IPV

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