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Investigating the associations between economic intimate partner violence and mental health outcomes among women: a cross-sectional study from Gauteng Province, South Africa

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Abstract

Introduction

Intimate partner violence (IPV) is endemic to South Africa. More than 50% of women have experienced lifetime IPV compared to the global estimate of 30%. The health impacts of IPV cover injuries, post-traumatic stress, binge drinking, depression, suicide, and death. Sexual (SIPV), emotional (EmIPV) and physical IPV (PhIPV) have been well researched. Yet, little is known about economic intimate partner violence (EIPV) and the impact thereof on mental health outcomes in low and middle income countries (LMIC). The study adds to the existing understanding of women's experiences of EIPV and what the effects are on their mental health specifically in South Africa.

Materials and methods

This study analysed data from a population-based cross-sectional study of Gender Links and the South African Medical Research Council in the Gauteng Province that was conducted between April and July 2010. The prevalence of EIPV, depression and suicidal ideation amongst a sample of 491 women is described. Pearson's chi-squared test was used to test the associations between EIPV and depression and suicidal ideation. The multivariate analysis controlled for socio-economic variables and other factors associated with EIPV, i.e. child abuse, partnership control and other life

trauma. Statistical significance was set at 5% and results were presented with 95% Confidence Intervals (CI). Adjusted odds ratios (aORs) were used to report the outcomes of the multiple logistic regression models.

Results

Among this sample, 24% of women experienced lifetime EIPV, 9% experienced past 12-month IPV, 24% had depressive symptoms (CESD>=21) and 7.5% reported thoughts of suicide. Women who experienced recent EIPV were twice as likely to be depressed compared to women who did not experience EIPV (aOR=2.3 [CI: 1.2-5.0]);and women with EIPV experiences were 4 times as likely to have suicidal thoughts (aOR=3.9 [CI:1.2-12.4]) compared to women who did not EIPV experiences. Older women (35-49 years) were 80% less likely to have suicidal thoughts compared to younger women (aOR=0.2 [CI:0.1-0.6].

Conclusion

This study found high prevalence of South African women's experiences of EIPV with significant associations between depression and suicidality, as has been shown with sexual, physical and EmIPV. These findings confirm the critical need for future studies to advance measures of EIPV which have previously been neglected. Interventions that adress the drivers of EIPV and its associated mental health effects must be prioritised.