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Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Association between intimate partner violence and mental health among Korean married women



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ARTICLE INFO

Article history:

Received 31 January 2017

Received in revised form

21 July 2017

Accepted 25 July 2017

Keywords:

Intimate partner violence

Mental health

Suicidal ideation

Work-life balance

ABSTRACT

Objectives: Intimate partner violence (IPV) has only attracted limited attention in Korea despite numerous studies in Western countries that indicate IPV is associated with depressive symptoms. This study examined the association of IPV with depressive symptoms and suicidal ideation as moderated by the perceived gender roles of married women in South Korea.

Study design: We analyzed a data set of 4659 married females from the 8th wave of the Korea Welfare Panel Study. Participants were categorized into three groups of non-IPV, non-physical IPV, and physical IPV. The presence of depressive symptoms and suicidal ideation was then used to predict mental health outcomes.

Methods: Logistic regression helped to investigate the association of IPV and mental health. Furthermore, an interactive regression of IPV and perceived gender roles was also done.

Results: Each type of IPV (non-physical and physical) was significantly associated with depressive symptoms (Odds ratios [ORs]: 1.65 and 4.34; 95% confidence interval [CIs]: 1.28–2.13 and 2.71–7.28, respectively) and suicidal ideation (ORs: 1.40 and 3.84; 95% CIs: 1.06–1.85 and 2.32–6.36, respectively) after adjusting for covariates. In addition, women who experienced IPV and reported having traditional gender roles were also more likely to report depressive symptoms (OR: 4.59; 95% CI: 2.90–7.28) and suicidal ideation (OR: 7.28; 95% CI: 3.56–14.87).

Conclusions: Research findings indicate an increasingly marked pattern of work-family conflict in regard to the relationship between traditional gender roles and the effect of IPV on the mental health of women. Policy efforts are needed to reduce IPV as a mental health risk factor and address paternalistic traditions deeply rooted in Korean society that place women in an inferior family status.

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<http://dx.doi.org/10.1016/j.puhe.2017.07.023>

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Introduction

The World Health Organization reports that violence against women is pervasive worldwide.^{1,2} Globally, 4–75% of women are victims of some type of violence, including physical and/or sexual violence.¹ Previous studies show a gender disparity in the forms of violence against men and women. For example, men are more likely to be attacked by a stranger than a close acquaintance; however, the overwhelming number of intimate partner violence (IPV) cases involving women occurs in intimate relationships.³ In South Korea (Korea), the prevalence of IPV among married couples (with women as the major victims) in 2013 was 45%, which is quite high considering the range of IPV prevalence in other countries.⁴

IPV is defined as emotional, physical, or sexual harassment against a spouse (or cohabitant) and has been continuously reported as a significant global issue that threatens the physical and mental health of women.^{5,6} The dynamics of IPV are generally understood as a power imbalance between the sexes, in which many types of violence toward females occur as an aggressive form of males taking control in the relationship.^{2,7,8} IPV is a human rights issue that has significant public health concerns. The considerable consequences of IPV include injuries and death as well as various health-related outcomes such as asthma, cardiovascular disease, chronic pain syndrome, central nervous system disorders, gastrointestinal problems and reproductive issues (i.e. low birth weight and premature delivery).^{9–11} The issues surrounding IPV have resulted in an increased number of studies on the relationship of IPV and the overall health of Asian immigrants living in Western countries;^{12,13} however, there have been few studies in Korea.

IPV is typically accompanied by emotional or psychological abuse; in addition, psychological consequences (i.e. anxiety, post-traumatic stress disorder, depression, low self-esteem, emotional detachment, and suicidal ideation) are also observed in victims.^{14–18} It is important to protect women from experiencing IPV as well as prevent maladaptive health behavior related to IPV and associated issues of health outcomes and suicidal ideation in women. Furthermore, individuals with a lifetime history of IPV are more likely to have high-risk health behavior such as substance abuse or suicide attempts that symbolize the ultimate method to exert control over IPV.^{15,19} Understanding the relationship of IPV and suicidal ideation in Korean women is especially important to develop strategies to prevent suicide and promote positive health outcomes.^{20–22}

Gender-role conflicts are also an important feature in examining the context of IPV. Women with traditional gender rules might have a passive reaction to IPV.²³ This pattern might be unique to East Asia (including South Korea) which has a paternalistic tradition of placing women in an inferior family status.²² Women subject to Confucian culture and traditional gender roles are more likely to have poor health and mental distress due to a reluctant behavior to disclose IPV.^{24–26}

Few studies in Korea have investigated IPV in consideration of a cultural context despite several reports that focus on

individual characteristics such as sex, job, and household income. This failure to investigate may be due to issues of IPV being considered a private issue in patriarchal Asian cultures despite the improvement of women's socio-economic status.^{21,22,27,28} The number of working mothers (or working wives) has increased. This change has been followed by a socio-economic transition that has resulted in 'gender-role conflict,' which represents an important determinant for interpersonal relationships. Therefore, a study is necessary to investigate the relationship of IPV and mental health in consideration of gender roles.

To consider this context and broaden the debate on IPV, this study examines the relationship of IPV and mental health in regard to depressive symptoms and suicidal ideation as moderated by the gender roles of married Korean women.

Methods

Data and sample

This study used data from the Korea Welfare Panel Study (KOWEPS), a nationally representative longitudinal study jointly conducted by the Korean Institute for Health and Social Affairs and Seoul National University.^{29,30} KOWEPS data has been collected annually through face-to-face interviews since 2006; participants include 18,856 individuals from 7072 households. This study used data collected from the 8th wave of KOWEPS in 2013 that included 6161 males and 8155 females (14,316 in total). We analyzed responses from 4659 married female participants who provided a response on IPV experiences that indicated perceived gender roles.

Study design

The research questions in this study are 'Does IPV influence mental health outcomes among Korean women?' and 'How does perceived gender role act on it?' Questions on both IPV and perceived gender roles have been annually collected since the 4th wave and 3rd wave of KOWEPS. An analysis of longitudinal studies indicates that most IPV incidents are sporadic and temporary with only a few episodes of IPV that continue for more than 2 years (from 4th wave to 8th wave of KOWEPS). Therefore, a cross-sectional study is considered suitable for analysis in the investigation of the relationship of IPV and health outcomes.

Measures

Intimate partner violence

IPV was measured using the following questionnaire items: 'In the last year, have you experienced: a. verbal abuse, insults, or degrading remarks; b. indirect physical violence or the threat of physical violence; c. direct physical violence or physical harm from your partner?' The responses used a 5-point scale (1 = never; 2 = 1–2 times; 3 = 3–5 times; 4 = ≥ 6 times; 5 = not applicable/unmarried). Scores were then recoded as: 0 = has not experienced IPV; 1 = has experienced non-physical IPV; and 2 = has experienced physical IPV.

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