

Exposure to intimate partner violence and adverse mental health outcomes among reproductive-aged Nepalese women

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Background

- Despite being a key target of Sustainable Development Goal, violence against women remains prevalent in South Asia, particularly Intimate Partner Violence (IPV).
- Women who suffer IPV are prone to various health issues including injuries, sexually transmitted infections, unintended pregnancies, and mental health problems.
- Research suggests IPV has a severe and lasting impact on victims' psychological well-being, worsening mental health symptoms over time (Lagdon, Armour & Stringer, 2014).
- IPV is associated with increased risk of unintended pregnancies, pregnancy-related complications, and low utilization of maternal health treatments (WHO, 2018).

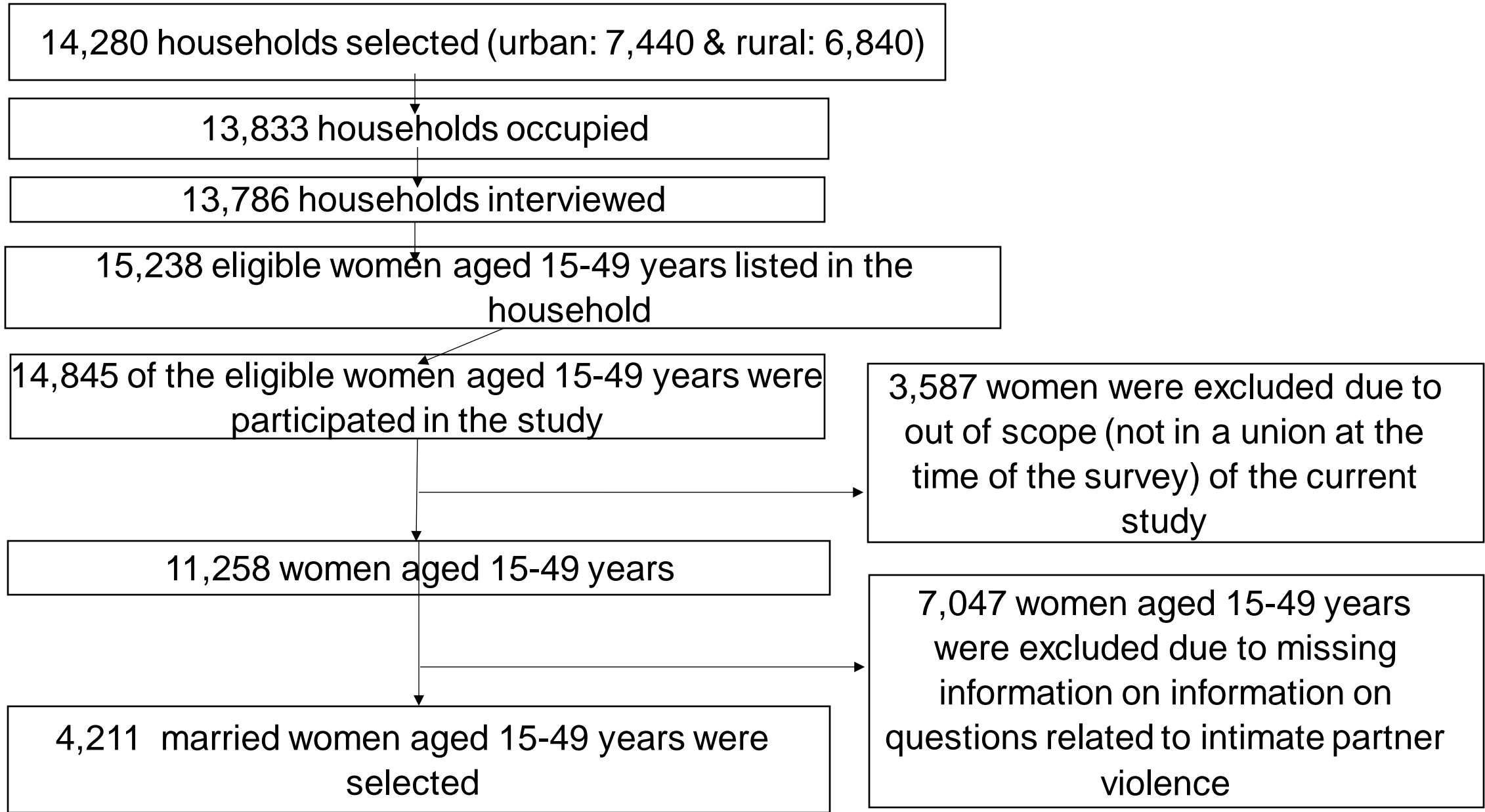
Objective

- To assess whether exposure to IPV is associated with anxiety and depression among currently-married Nepalese women.

Methodology

- Data used from the 2022 Nepal Demographic and Health Survey
- Respondents were asked about their experiences of physical, sexual, and emotional IPV in the past 12 months, as well as their mental health status measured by the Patient Health Questionnaire-9 (PHQ-9) and the Generalized Anxiety Disorder-7 (GAD-7) scales.
- Multilevel Poisson regression models were used to assess the association between forms of IPV and anxiety and depression.
- We also examined the potential interaction among physical, emotional and sexual violence; nevertheless, the interaction term did not attain statistical significance.
- Sensitivity analysis was also performed to see the association between forms of IPV and adverse mental health outcomes

Study participant selection



Results- Prevalence of intimate partner violence

- About 24% experienced physical violence, while about 13% experienced emotional violence and 7% experienced sexual violence by their partner.
- 27.2% women reported experiencing any form of intimate partner violence (IPV) .
- The prevalence of any type of IPV was notably higher among women with lower education levels, those who are not employed and women whose partners are frequent drinkers.

Prevalence of adverse mental health outcomes

- Using the international cut-off, the prevalence of anxiety and depressive symptoms was found to be 7.4% and 5.4%, respectively.
- Using the Nepal cut-off, the prevalence of anxiety and depressive symptoms was found to be 9.5% and 5.3%, respectively.
- High prevalence of anxiety and depressive symptoms were observed among younger (aged <19 years) and uneducated women, blue-collar workers, women who used tobacco products, individuals with restricted access to mass media, those who had experienced any types of IPV, and those whose partners frequently consume alcohol.

**Association
between
forms of IPV
and adverse
mental health
outcomes**

Outcomes	n/N (%)	Prevalence ratio (95% CI)	
		Model 1 ^a	Model 2 ^b
Outcome: Anxiety (International cut-off)			
Experienced any type of IPV			
No (ref.)	159/3,120 (4.8)	1.00	1.00
Yes	170/1,091 (14.5)	3.06 (2.49-3.75)***	2.36 (1.87-2.98)***
Outcome: Anxiety (Nepal cut-off)			
Experienced any type of IPV			
No (ref.)	206/3,120 (6.3)	1.00	1.00
Yes	207/1,091 (17.9)	2.87 (2.4-3.44)***	2.28 (1.86-2.81)***
Outcome: Severe level of anxiety (International cut-off)			
Experienced any type of IPV			
No (ref.)	31/3,120 (1.0)	1.00	1.00
Yes	37/1,091 (3.5)	3.41 (2.13-5.47)***	2.05 (1.21-3.48)***
Outcome: Depression (International cut-off)			
Experienced any type of IPV			
No (ref.)	112/3,120 (3.1)	1.00	1.00
Yes	147/1,091 (11.6)	3.75 (2.96-4.75)***	3.2 (2.44-4.2)***
Outcome: Depression (Nepal cut-off)			
Experienced any type of IPV			
No (ref.)	112/3,120 (3.1)	1.00	1.00
Yes	145/1,091 (11.4)	3.7 (2.92-4.69)***	3.12 (2.38-4.09)***
Outcome: Severe level of depression (International cut-off)			
Experienced any type of IPV			
No (ref.)	28/3,120 (0.8)	1.00	1.00
Yes	45/1,091 (3.6)	4.6 (2.88-7.33)***	3.83 (2.34-6.27)***

*p<0.05, **p<0.01, ***p<.001; Three-level mixed-effects Poisson regression were used in Model 2. ^aUnadjusted model; ^bAdjusted for respondent's age, education, occupation, tobacco consumption, access to mass-media, sex of household head, alcohol intake habit of partner, socioeconomic status, place of residence, ecological region, and province.

Association between overlapping types of IPV and adverse mental health outcomes

- Experiencing any form of IPV significantly heightened the risk for anxiety and depressive symptoms, with adjusted prevalence ratios (PR) of 2.36 (95% CI: 1.87-2.98) for anxiety and 3.20 (2.44-4.20) for depression.
- Exposure to multiple IPV types further escalated these risks, showing PRs of 3.71 (2.83-4.87) for anxiety and 5.85 (4.33-7.89) for depression when exposed to ≥ 2 types, compared to those unexposed to IPV.
- Similar results were found in the sensitivity analysis after excluding women who gave birth in past 12 months

Conclusion

- The study highlights a strong link between IPV and increased risks of anxiety and depression, especially when multiple forms of violence are involved.
- This emphasizes the urgent need for targeted interventions and comprehensive support systems to address the wide-ranging impact of IPV on mental health among Nepalese women.



Thank You

Brief bio of the presenter

Mr. Kiran Acharya, a public health professional holding an MPH degree, currently employed at New ERA, has been extensively involved in over 20 projects conducted by the organization. As a main and co-author, he has contributed to the publication of more than 30 articles in peer-reviewed journals. His primary focus lies in analyzing inequalities in health coverage and conducting research on health systems. Additionally, he has made significant contributions to multiple reports undertaken by New ERA. Mr. Acharya has also actively participated in numerous workshops and presented papers at the international level, showcasing his commitment to advancing knowledge in the field of public health.

