Partner Abuse And Mental Health Correlates: A study Among Sikkimese Married Women

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Abstract

The study aims todetermine the predictability of common health problems of Sikkimese married women from marital adjustment, partner abuse and social support. A sample of 160 married women was drawn from the east and south districts of Sikkim. The study employs the psychological measures of the Community Composite Abuse Scale (CCA:Loxton, et. al,2013), Revised Dyadic Adjustment Scale (RDAS:Busby, et. al, 1995), Multidimensional Scale of Perceived Social Support (MPSS: Zimet, et. al, 1988) and General Health Questionnaire-12 (GHQ-12:Goldberg, et al, 1997). The preliminary psychometric check revealed high positive correlation coefficients for the original and the translated versions of the psychological measures. Statistical analyses showthe predictability of general health characteristics from: education as a demographic variable; satisfaction sub-scale of marital adjustment;emotional abuse; and social support from Family and Friends. Higher education and marital satisfaction predicted the trends of lower levels of common mental health problems. However, the experience of emotional abuse predicted increased common mental health problems. Finally, the social support from family and friends significantly predicted better general health or lower levels of common mental health problems, regardless of emotional abuse experienced.

Keywords: Marital adjustment, partner abuse, social support, general health.

Introduction

Sikkim is the second smallest state of India, where women enjoy relatively more freedom and occupy a better position in society than women in other parts of the state in India. The position of Sikkimese women in different activities shows that economically they are relatively empowered. However for some women, it has been a place that imperils lives and breeds some of the most drastic forms of violence perpetrated against women. Rai (2018) has reported that partner abuse against women were the most common types of cases filled before the Sikkim State Women Commission (SWC) during the year 2017-18. Though the claims are made of the laws being strengthened and women empowered, partner abuse against women is increasing day by day and the cause remains unaddressed. The very foundation of a happy family lies in cordial husband-wife relationships. It affects all the children, the home and the family. The suffering of the wives is not to be forgotten. This means, marital conflict only leads to familial disorganization and has the negative on their well-being.In Sikkim, it is now recognized as the public health problem and human rights violation of worldwide significance (Sikkim HRDD Report, 2015).

Thus, the quality of interaction between husband-wife relationships has repercussions on

the whole family (Kahol, 2003). Now again walking out on an unhappy marriage is an option from a male perspective. But for women, there is a complete absence of psychological or physical support structure (Devi, 2005).

The term "adjustment" is an area of discussion in almost every marriage life. Adjustment is defined as the bringing into agreement the behavior of one person with the expectation of another accompanied by a feeling of acceptance of the modified behavior by the one making the adjustment (Cutler, Dyer. 1965). Whereas marital adjustment is defined as the integration of a couple with different personality traits in a union in order to complement each other to achieve happiness and common goals (Yilmaz, Baysal, Aktas, 2018). It is meant in terms of couples economic, or psychological issues like communication, decision making, values and goals, the way to conduct home-related activities etc. But when there is problem in the unity and solidarity between themselves, there might lead to disagreement, emotional destruction and dissolution between them. It was reported that there was difference between adjustment of women and is considered to stem from their different marriage patterns. Although some women reported less violence and some reported more violence but they displayed similar attitudes towards violence (Lila et.al, 2013).

Senlet, (2012) conducted a study on title "Domestic violence against women in relations to marital adjustment and psychological well-being". It was found that women who have arranged marriages, low education, low income, than women with high education, high income report higher levels of multiple types of domestic violence. It was also found that there is a complex relationship between domestic violence, marital adjustment and psychological well-being and offered insight into the roles of attachment, marital coping and social support in women's struggle with the deleterious outcomes associated with domestic violence.

Social support as "the individual belief that one is cared for and loved ones, esteemed and valued, and belongs to a network of communication and mutual obligation". It has been found to be health promoting, health restoring and it appears to protect individual from the negative effects of stress on health or adjustment. It takes mainly into four common functions: emotional support, tangible support, belonging support and informational support (Hogan et.al, 2018). Therefore, these different functions of social support have distinct implications for psychological well-being and physical health. Higher perceived support is usually associated with preferable mental and physical health while lower perceived social support is usually associated with low mental and physical health (Landis et.al, 1988). Social support protects against the Negative Effects of Partner Violence on Mental Health was the study conducted by Coker et al (2004). They reported that intimate partner violence was associated with poor perceived mental and physical health. It was also found that among women experiencing intimate partner violence, higher social support was associated with a significantly reduced risk of poor perceived mental health.

Well-being or the one's general health is one way of assessing how couples (husband and wives) are faring and so can be used to track the success or otherwise of policies and intervention. It is associated with economic sustainability as productivity and depends upon people's health and capability. The relationship between the partners has been looked at numerous times especially what these relationships have to do with the well-being. The partner's relationship has different components within itself that make it what it is which includes commitment, decision-making, affection, conflict, stability, satisfaction, and many more (Horwitz et.al (!998).Bretones& Gonzales (2011) stated that well-being in life is a multi-dimensional construct which can explain various forms of well-being such as job, material and marriage.

Hypotheses

1.   It was expected that there will be significant predictability of general health from the demographic variables.

2.   Better marital adjustment is expected to significantly predict better general health.

3.   Abuse experienced from the partner is expected to significantly predict lower general health.

4.   Social support received by the participant is expected to significantly predict improvement of general health.

Methods and procedure

Sample: 160 Sikkimese married women from the eastern and southern districts of Sikkim served as participants for the study. The participants are selected from intact marriage condition and they are between 18-65 years of age. Each participant received a booklet containing background demographic profiles and the psychological measures of marital adjustment, partner abuse, social support and general health that was completed in the presence of the researchers.

Psychological Tools:

The Revised Dyadic Adjustment Scale (RDAS: Busby, Christiansen, Crane & Larson, 1995): is 14 items self-report questionnaire that assesses seven dimensions of couple relationships within three overarching categories including Consensus in decision making, values and affection. Satisfaction in relationship with respect to stability and conflict regulation, and Cohesion is seen through activities and discussion. Higher score in the scale indicates higher marital adjustment and lower scores indicates marital distress or adjustment.

The Community Composite Abuse Scale (CCAS: Loxton, Powers, Fitzgerald, Forder, Anderson, Taft &Hegarty, 2013) is a 24 items scale assessing different typesof intimate partner violence. The items measures on three dimensions with questions concerning harassment, physical and emotional abuse.

Multidimensional Scale of Perceived Social Support (MSPSS: Zimet, Dahlem, Zimet&

Farley,1988) is a 12-item scale developed to measure the level of perceived social support obtained from family, friends, and other domains. It is a 7 point Likert type scale ranging from 1 (totally disagree) to 7 (totally agree) and higher scores on this scale reflect higher levels of perceived social support.

General Health Questionnaire-12 (GHQ-12: Goldberg, Gater, Satorius,Üstün, Piccinelli, Gureje, &Rutter, 1997): is a widely used self-administered questionnaire with 12 items, each of which is evaluated by 4 indexes and scoring is done in a Likert scale. The GHQ 12 is a much–used measure of psychological wellbeing; it has high validity and it is not influenced by gender, age or level of education. It is a measure of the common mental health problems/domains of depression, anxiety, somatic symptoms and social withdrawal.

Procedure:

The original versions of the four psychological measures (RDAS, CCAS, MSPSS and GHQ-12) were subjected to the back-to-back translation (ABBA) method into Nepali (Sikkimese) language. The scores on the translated version (B Version) was obtained after informed consent was obtained assuring them in maintaining confidentiality and keeping in mind the ethical considerations. The data obtained were screened, cleansed and coded for further statistical analyses.

Ethical considerations:
- All participants were asked if they want to participate and only those who voluntarily participate are chosen for the collection, taking into consideration to respect the rights of the participants for withdrawal at any point of time.
- Seek permissions and inform consent is taken from the participants and related authority.
- Maintain confidentiality of the participants and the data collected.
- Inform participants about the purpose of research and inform how the research should be used only for academic purposes.

- Acknowledging the participants contributions.

Statistical Analyses:

Psychometric properties of each of the scale and/or sub-scales of the psychological measures were ascertained. The data analyses also included descriptive statistics, correlation and stepwise multiple regression.

Results:

The result (Table-1) shows the descriptive statistics for the subscales as well as the bivariate zero-order correlation coefficients. The correlation analysis shows that almost all of the subscales (excluding Friends) are significantly correlated to each other. The highly significant positive correlation coefficients for the consensus, satisfaction and cohesion sub-scales of RDAS; physical and emotional sub-scale of CCAS; family, friends and significant others (sub-scales of MSPSS and the GHQ-12 ascertained the acceptability of the back-to-back translation of the psychological measures.

Table-1: **Descriptive statistics (mean and standard deviation), internal consistency (Cronbach's Alpha) and bivariate correlation coefficients of the scales or sub-scales of the psychological measures.**

	Mean	SD	α	1	2	3	4	5	6	7	8
1. Consensus	26.09	3.99	.74	-							
2. Satisfaction	15.16	4.00	.81	**.65**[**]	-						
3. Cohesion	11.86	3.68	.53	**.62**[**]	**.60**[**]	-					
4. Physical Abuse	3.24	3.20	.73	**-.47**[**]	**-.54**[**]	**-.39**[**]	-				
5. Emotional Abuse	5.38	4.21	.75	**-.56**[**]	**-.50**[**]	**-.41**[**]	**.70**[**]	-			
6. Family	22.16	5.06	.81	**.21**[**]	**.23**[**]	**.20**[*]	**-.33**[**]	**-.28**[**]	-		
7. Friends	17.24	6.35	.86	.07	-.02	.07	.01	-.02	.14	-	
8. Significant others	20.79	6.38	.89	**.29**[**]	**.49**[**]	**.35**[**]	**-.20**[*]	**-.18**[*]	**.31**[**]	.07	-
9. GHQ-12	1.36	1.63	.66	**-.33**[**]	**-.36**[**]	**-.25**[**]	**.40**[**]	**.44**[**]	**-.38**[**]	**-.21**[**]	**-.16**[*]

**Significant at .01 level, * Significant at .05 level.

The internal consistency coefficients (Cronbach's Alphas) show that the scales or sub-scales of the behavioral may be employed for measurement in the target population, except for cohesion sub-scale of marital adjustment. In sum, the preliminary psychometric checks warranted applicability for all the scales/sub-scales of the psychological measures, except for the harassment sub-scale of CCAS that failed to evinced validity and reliability in the target population and the cohesion sub-scale of RDAS that emerged with lower index of internal consistency.

Table-2: **Step-wise multiple regression analysis with the demographic variables in the first model, and the later addition of the sub-scales of RDAS, CCAS and MSPSS in the subsequent models as the predictors with the GHQ-12 as the criterion.**

Model	Predictors	β	t	Sig.	Adjusted R^2	Collinearity Statistics	
						Tolerance	VIF
1	Education	.22	2.77	.01	.04**	1.000	1.000
2	Education	.13	1.74	.09	.14**	.935	1.069
	Satisfaction	-.33	-4.30	.00		.935	1.069
3	Education	.11	1.49	.14	.22**	.930	1.076

	Satisfaction	-.17	-1.99	.05		.720	1.389
	Emotional Abuse	.34	4.10	.00		.741	1.350
4	Education	.09	1.33	.19		.926	1.080
	Satisfaction	-.14	-1.73	.09		.714	1.401
	Emotional Abuse	.28	3.48	.00	.27**	.713	1.403
	Family	-.26	-3.62	.00		.907	1.102
5	Education	.14	1.92	.06		.887	1.127
	Satisfaction	-.14	-1.82	.07		.714	1.401
	Emotional Abuse	.28	3.50	.00	.31**	.713	1.403
	Family	-.23	-3.20	.00		.884	1.131
	Friends	-.20	-2.88	.01		.936	1.068

**Significant at .01 level, * Significant at .05 level.

The outcomes of the step-wise multiple regression analysis (Table-2) revealed that: education that significantly predicted increase in the general health or lower common mental health problems in the first model, as was expected in the first hypothesis, was reduced to non-significance in the subsequent models; similarly, satisfaction that significantly predicted increase in the general health in the second model, as was expected in the second hypothesis, was reduced to non-significance in the later models; emotional abuse significantly predicted higher level of common mental health problems in the third model as was expected in the third hypothesis; and social support from family and friends in the fourth and fifth model significantly predicted the alleviation of the general health and thus helps the reduction common mental health problems for the participants in the study, the expectation projected in the final hypothesis.

Discussions

The findings of the present study as reported in the above mentioned results gets corroborative evidences from the theoretical foundations pertaining to the psychological measures as employed and from the extant of empirical researches.

According to Thompson et al, (2000), social support from family, friends' plays a positive role in the partner abuse or the partner abuse was related to lower perceived social support and greater psychological distress. Wade and Pevalin (2004) reported that different sources may vary in their effect on mental health with marital adjustment especially among married women and the types of support from family or friends provide further understanding of the mechanisms. It is also possible that changes in social support from family or friends may explain some of the improvement in ones mental health.Coker and colleagues (2004) found that among women experiencing partner abuse, higher social support was associated with a significantly reduced risk of poor perceived mental health.Higher perceived support is usually associated with preferable mental and physical health while lower perceived social support is usually associated with low mental and physical health (Landis et.al, 1988).

As a result, the marital satisfaction may have played a prominent role in their adjustment to have a better mental health. Whereas multiple regressions also show that the demographic variable Education do not significantly predicts health issues but the variables emotional abuse significantly predicts less health. Vicentand colleagues (2010) reported that the types of abuse like physical or emotional increased the probability of worse psychological well-being in both timings (current and past).

According to the study done by Bonomi et al, (2006),findings showed that women's health was adversely affected by the proximity, type and duration of (Intimate Partner Violence

or abuse) IPV exposure. It was also reported that compared to women with no IPV in their adult lifetime, more-pronounced adverse health effects were observed for women with recent IPV. And women with recent IPV were 2.8 times as likely to report poor health as the one without IPV.

Martinez et al (2006) reported that women exposed to intimate partner violence (IPV) had a higher incidence and severity of mental health problems such as depressive and anxiety symptoms, PTSD (Post Traumatic Stress Disorder), etc. Tolman and Rosen (2001)also investigate the prevalence of domestic violence and its association with mental health, health and economic well-being. The findings showed that the victims of domestic violence were more prone to have common health problems and to have psychiatric disorders like depression, drug dependence, generalized anxiety disorder, post-traumatic stress disorder etc than the women who never experienced domestic violence.Likewise, the findings of the present study corroborate with the findings of other studies (Nadda, A et.al, 2022; Mundodan, J. M et al, 2021).

Conclusions

The finding in our study reveals that variables such as, Satisfaction, Emotional abuse, Family and Friends have some significant effect on the variables GHQ. The increase in social support from family, friends and the marital satisfaction significantly predicted increase on the indicators of better health. Significantly, the increasing of emotional abuse among partner predicted increasing common mental health problems in the domains of depression, anxiety, somatic symptoms and social withdrawal.Therefore, it becomes necessary to conduct awareness programs as well as the awareness of mental health should also be increased in our state Sikkim for the future betterment.

The limitations of this research should be noted. Firstly, the sample only included a small number of participants (women) only and the results cannot be generalized to the psychological characteristics of their partner(men) counterpart. Since the sample was a convenience sample, it may not be representative of the whole Sikkim population. Secondly, there are no studies done on marital adjustment, partner abuse, social support and general health for empirical research to compare this study in Sikkim context. Further extended studies with the inclusion of externally valid psychological variables are required to throw some light for future prevention and intervention for the improvement of general health for the target population of the study.

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