

Spousal Abuse & Suicidal Ideation among Women

China Rani Mittra¹, Ashees Kumar Saha², Fahmida Khanam³

¹ Nursing Instructor, Khulna Nursing College, Khulna, Bangladesh.

² Nursing Instructor, Pabna Nursing College, Pabna, Bangladesh.

³ Assistant Professor, (Virology) National Institute of Preventive and Social Medicine, Mohakhali, Dhaka, Bangladesh.

ABSTRACT

Background: Spousal abuse is a broad term that encompasses a wide range of abusive behaviors occurring within romantic relationships. These can include but are not limited to coercion, intimidation, social isolation, and financial control, restrictions on education or career opportunities, physical violence, and sexual violence.

Methods: This mixed-methods design, comprising descriptive cross-sectional and qualitative study was conducted among 203 and for In-depth interviews with 10 ever-married women aged 15-49 years in Dhopadi village under Abhaynagar upazila of Jashore district. Data were collected through face-to-inter interviews with the help of a semi-structured and unstructured questionnaire. Associations of spousal violence with suicidal ideation among women found out.

Results: It was found that the majority of women reported sharing their husband's daily activities (80.3%) and their own (74.9%), as well as their worries or feelings (80.8%). Interestingly, a higher percentage of women reported that their husband shares their worries or feelings with them (72.9%) compared to the percentage who reported sharing their own (74.9%). prevalence of spousal violence and suicidal ideation it was found that 65% of women reported a history of being slapped by their husbands, while 54.7% reported a history of being insulted, and 22.2% reported a history of being forced into sexual intercourse. Additionally, 34.5% of women reported a history of thinking about ending their life, while 7.9% reported a history of trying to take their life. Furthermore, the chi-square values and p-values suggest that there is a significant association between a history of slaps ($\chi^2=40.224$, $p=.000$), hit with a fist or something else ($\chi^2=22.651$, $p=.000$), kick ($\chi^2=52.985$, $p=.000$), insult by husband ($\chi^2=45.436$, $p=.000$), a threat by husband ($\chi^2=12.494$, $p=.000$), and trying to take life ($\chi^2=9.342$, $p=.002$), and thoughts about ending one's life.

Conclusions: These findings are significant as they shed light on the prevalence of domestic violence and its impact on mental health in Bangladesh. The study's results suggest a need for interventions to address the issue of domestic violence and provide support to those affected by it.

KEYWORDS: Spouse, Abuse, Suicidal ideation, Violence, Domestic violence.

INTRODUCTION

Spousal abuse, also known as domestic violence, involves various techniques used by one partner to control or manipulate the other, with females being the most common victims. It can be physical, sexual, or psychological in nature and occurs within domestic contexts such as marriage or cohabitation. Domestic violence is a repetitive cycle of emotional, physical, or sexual abuse, and it can happen to anyone, irrespective of age, race, gender, sexual orientation, or economic status. The United States Department of Justice reports that annually, approximately 1.3 million women and 835,000 men are physically abused by an intimate partner [1].

Spousal abuse, which is a form of domestic violence, can manifest in different ways in romantic relationships. It can include various types of abuse, such as controlling behavior, physical violence, sexual abuse, and financial manipulation. If you are facing any form of spousal abuse, it is logical to seek legal support, medical support, and remedy. Online therapy can be a convenient way to connect with a licensed mental health professional [2]. Suicide is a major global health concern and a leading cause of maternal deaths. Suicidal ideation, which refers to thoughts or preoccupations with death or suicide, is a warning sign of suicide [3].

Suicidal ideations, also known as suicidal thoughts, encompass a wide range of inspections, demands, and obsessions with death and suicide [4]. In the United States, a woman is beaten every nine seconds, while worldwide, someone dies by suicide every 40 seconds [5]. Despite some variations among different age groups, male suicide rates remain consistently higher than female suicide rates worldwide, including in terms of suicidal rates by gender [6]. The exception to this pattern is found among those

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aged 15-24 years, where rates are similar for both genders. In South Asia, where patriarchal social structures prevail, marital status is a significant issue in the context of suicidal behavior, particularly for females in the marital home [7]

Violence against women is still alarmingly widespread, and it often starts at a young age. Approximately 1 in 3 women, which equates to around 736 million women over their lifetime, experience physical or sexual violence from an intimate partner or sexual violence from a non-partner. This character has remained largely untouched over the past era. The COVID-19 pandemic has further exacerbated this problem, making violence against women even more endemic and causing harm to millions of women and their families [8].

Dr. Claudia Garcia-Moreno of the World Health Organization (WHO) emphasized the importance of reducing stigma surrounding violence against women, training healthcare professionals to approach survivors with empathy, and dismantling the underlying structures of gender inequality to effectively address the issue. She also stressed the significance of interventions targeted towards adolescents and young people to promote gender equality and foster gender-equitable attitudes.

Medical agencies and research studies may not accurately capture the full extent of "suicidal behaviors," including suicidal thoughts, attempts, and completed suicides, due to differences in protocols for determining intentional self-killing across legal systems and cultures [9]. Spousal abuse is a prevalent issue in societies worldwide, including Bangladesh. This study has been conducted to explore the relationship between spousal abuse and suicidal ideation among women.

MATERIALS AND METHODS

Study Design: The study adopted a mixed-methods design, comprising a descriptive cross-sectional study and a qualitative study.

Study place: The study was conducted in Dhopadi village under Abhaynagar upazila of Jashore district.

Study period: The study was conducted for one year from 1st January 2021 to 31st December 2021.

Study population: Ever-married women aged 15-49 in Dhopadi village under Abhaynagar upazila of Jashore district.

Sampling Method: Purposive sampling technique was used. Out of the study population, the individual sample units were selected according to selection criteria. The sample size was 203 and for the In-depth interview sample size was 10.

Eligibility criteria: Married women between the age of 15-49 and women who are willing to participate.

Research Approach: At first, the purpose of the study was informed to the respondents. A complete assurance was given that all information would be kept confidential. Informed written consent was obtained from respondents. Informed consent was documented properly. Data was collected through a face-to-face interview in Bangla. The right was given to the participants not to participate and to discontinue participation at any time in the study with consideration/without penalty. Their participation and contribution were acknowledged with respect.

Data Collection Instruments

The quantitative data was collected using a self-administered questionnaire, while the qualitative data was collected using semi-structured interviews. The questionnaire was developed by using selected variables according to objectives. The questionnaire was divided into 5 sections including 1) Demographic Questionnaire, 2) Questions related to spousal communication 3) Questions related to spousal violence 4) Questions related to suicidal ideation, and 5) In-depth interview questions. The details of each section will be explained as follows:

Section 1: Demographic Questionnaire of Women

This questionnaire consisted of 10 items to assess the subjects' demographic data including the age of women, level of education, family income, religion, employment status, and monthly income, the age difference between spouses, family type, and presence of children, dowry, and types of dowries.

Section 2: Questions related to spousal communication

This questionnaire was designed in English then it was converted into a local language questionnaire that was used for easy understanding for the respondents. The spousal communication questionnaire was composed of 4-items that had multiple-choice questions.

Section 3: Questions related to spousal violence

The spousal violence questionnaire was composed of 4 items that were multiple choice questions regarding spousal violence.

Section 4: Questions related to suicidal ideation

The suicidal ideation questionnaire was composed of 3 items that also were multiple choice questions regarding spousal violence.

Section: Questions for an in-depth interview

The in-depth interview questionnaire was composed of 13 items that open-ended questions regarding spousal violence and suicidal ideation.

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Data processing and analyses: All the data were checked and edited after collection. Data were then entered into the computer, with the help of SPSS for Windows (IBM SPSS Statistics for Windows, version 26). An analysis plan was developed keeping in view the objectives of the study. Statistical analyses were done by using the appropriate statistical tool.

Data quality management: The data collected from the respondents were analyzed. After completion of data collection, the data were checked and edited manually and verified before tabulation. Data were coded, entered, and analyzed on a computer. The statistical analysis was conducted using SPSS (Statistical Package for Social Science) version 26 statistical software.

Ethical issues:

- Prior to the commencement of this study ethical approval of the research protocol from the Institutional Review Board of the National Institute of Preventive and Social Medicine (NIPSOM) was taken.
 - The aim and objectives of the study along with its procedures and benefits were explained to the respondents in an easily understandable local language and informed written consent was taken.
 - Each respondent was interviewed separately.
 - The privacy and confidentiality of the respondents were maintained strictly
 - Any query regarding questions and answers were clarified to the respondents as per their demand and desire
- The respondents were informed about their full freedom to participate or refuse to involve in the study.

RESULT

Socio-Demographic characteristics of the respondents (n=203)

Age group (in complete years)	Frequency (n)	Percentage (%)
18 - 30 years	115	56.7%
31 - 40 years	66	32.5%
41 - 49 years	22	10.8%
Mean (\pm SD) = 30.90 (\pm 7.374)		
Level of education		
Illiterate	8	3.9%
Can sign only	75	36.9%
Primary	63	31.0%
Above primary	16	7.9%
Class-8	20	9.9%
SSC	16	7.9%
HSC	5	2.5%
Employment status		
Employed	7	3.4%
Not employed	196	96.6%
Monthly family income		
4000 – 10000 Taka	151	74.4%
11000 - 15000 Taka	45	22.2%
16000 - 20000 Taka	7	3.4%
Mean = 9291.13 Tk SD \pm 3320.805	Maximum income 20000 Taka	Minimum income 4000 Taka
Age difference with husband		
1-6 years	93	45.8%
7-13 years	98	48.3%
14-20 years	12	5.9%
Types of family		
Nuclear family	136	67%
Joint family	67	33%
Giving dowry during marriage		
Yes	159	78.3%
No	44	21.7%
Type of dowry		
No dowry	44	21.7%
Money	50	24.6%
Furniture or other things	86	42.4%
Both	23	11.3%
Total	203	100%

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Table 1 shows out of 203 respondents the characteristics of the participants in the study. The majority of the women were between 18-30 years old (56.7%) followed by 31-40 years old (32.5%). The majority of the women in the study (93 out of 203, 45.8%) reported an age difference of 1-6 years with their husbands, while 98 women (48.3%) reported an age difference of 7-13 years. Only 12 women (5.9%) reported an age difference of 14-20 years. The mean age difference with the husband was 7.8 years (± 5.1). Most of the participants had a low level of education, with 36.9% being able to sign only and 31.0% have completed primary education. The employment status of the women was mostly unemployed (96.6%). The majority of the families had a monthly income between 4000-10000 Taka (74.4%). The mean monthly income was 9291.13 Taka with a standard deviation of ± 3320.805 . The majority of the women were in a nuclear family (67%) and gave dowry during the marriage (78.3%). The most common type of dowry given was furniture or other things (42.4%). The data provide important insights into the socio-economic characteristics of the women included in the study.

Table 2: Distribution of the respondents according to spousal communication (n=203)

Sharing the husband's daily activity with the respondent	Frequency (n)	Percentage (%)
Yes	163	80.3%
No	40	19.7%
Sharing the respondent's daily activity with the husband		
Yes	152	74.9%
No	51	25.1%
Sharing worries or feelings with the husband		
Yes	164	80.8%
No	39	19.2%
Sharing worries or feelings to the husband		
Yes	164	80.8%
No	39	19.2%
Sharing the husband worries or feelings to the respondent		
Yes	148	72.9%
No	55	27.1%
Total	203	100%

Table 2 presents the frequency and percentage of responses to questions regarding spousal communication and sharing of daily activities and feelings in the study population. Of the 203 women surveyed, 80.3% reported sharing their husband's daily activities with them, while 19.7% did not. Similarly, 74.9% reported sharing their own daily activities with their husband, while 25.1% did not. Regarding sharing worries or feelings, 80.8% reported sharing with their husband, while 19.2% did not. Interestingly, a higher percentage (72.9%) reported that their husband shares their worries or feelings with them compared to the percentage (74.9%) who reported sharing their own worries or feelings with their husband. Overall, the data suggest that communication and sharing of daily activities and feelings between spouses are relatively common among the study population.

Table 3: Distribution of the respondents according to spousal abuse (physical, emotional and sexual) and suicidal ideation (n=203)

(Physical violence) History of slap	Frequency (n)	Percentage (%)
Yes	132	65.0%
No	71	35.0%
Hit with a fist or something else		
Yes	52	25.6%
No	151	74.4%
Kick by the husband		
Yes	47	23.2%
No	156	76.8%
History of choked or burn		
Yes	11	5.4%
No	192	94.6%
(Emotional Violence) History of insult by husband		
Yes	111	54.7%
No	92	45.3%
History of insult by husband in front of other people		
Yes	72	35.5%
No	131	64.5%
History of threat by the husband		

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Yes	37	18.2%
No	166	81.8%
(Sexual violence) History of forceful sexual intercourse by husband		
Yes	45	22.2%
No	158	77.8%
History of something sexual act that was degrading or humiliating by the husband		
Yes	38	18.7%
No	165	81.3%
History of sexual violence by someone other than husband		
Yes	9	4.4%
No	194	95.6%
Total	203	100%
History of Thought about ending life		
Yes	70	34.5%
No	133	65.5%
History of thought of ending life in last 4 weeks		
Yes	7	3.4%
No	196	96.6%
History of Trying to take life		
Yes	16	7.9%
No	187	92.1%

Table 3 presents data on the history of physical, emotional, and sexual violence among women, as well as their history of suicidal thoughts and behaviors. In terms of physical violence, 132 out of 203 women (65%) reported a history of being slapped by their husbands, while 52 women (25.6%) reported being hit with a fist or something else. 47 women (23.2%) reported being kicked by their husbands, and only 11 women (5.4%) reported a history of being choked or burned. Regarding emotional violence, 111 women (54.7%) reported a history of being insulted by their husbands, while 72 women (35.5%) reported being insulted in front of other people. Only 37 women (18.2%) reported a history of being threatened by their husbands. Regarding sexual violence, 45 women (22.2%) reported a history of being forced into sexual intercourse by their husbands, and 38 women (18.7%) reported a history of being subjected to degrading or humiliating sexual acts by their husbands. Only 9 women (4.4%) reported a history of sexual violence by someone other than their husbands. In terms of suicidal thoughts and behaviors, 70 women (34.5%) reported a history of thinking about ending their life, while 7 women (3.4%) reported such thoughts in the last four weeks. Only 16 women (7.9%) reported a history of trying to take their life. Overall, these data suggest a high prevalence of spousal violence and suicidal ideation among women in this study.

Table 4: Distribution of the respondents according to the association between spousal abuse and suicidal ideation (n=203)

History of slap	History of Thought about ending life			Significance
	Yes	No	Total	
Yes	66	66	132	$\chi^2=40.224^a$ df =1 p-value = .000
No	4	67	71	
Total	70	133	203	
History of hit with fist or something else	History of Thought about ending life			Significance
	Yes	No	Total	
Yes	32	20	52	$\chi^2=22.651$ df =1 p-value = .000
No	38	113	151	
Total	70	133	203	
History of kick	History of Thought about ending life			Significance
	Yes	No	Total	
Yes	37	10	47	$\chi^2=52.985$ df =1 p-value = .000
No	33	123	156	
Total	70	133	203	
History of insult by husband	History of Thought about ending life			Significance
	Yes	No	Total	
Yes	61	50	111	$\chi^2= 45.436$ df =1 p-value = .000
No	9	83	92	
Total	70	133	203	
History of threat by husband	History of Thought about ending life			Significance
	Yes	No	Total	
Yes	22	15	37	$\chi^2= 12.494$ df =1

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No	48	118	166	p-value = .000
Total	70	133	203	
History of slap by husband	History of Trying to take life			$\chi^2= 9.342$ df =1 p-value = .002
		Yes	No	
Yes	16	116	132	
No	0	71	71	
Total	16	187	203	

Table 4 represent the respondents who reported a history of various forms of abuse from their husbands and their thoughts about ending their life. The chi-square test was performed to assess the significance of the association between the variables. Out of the 203 respondents, 70 reported a history of abuse from their husbands, with slapping being the most common form of abuse (66 respondents). Additionally, 132 respondents reported having thoughts about ending their life. The results of the chi-square tests indicate that there is a significant association between a history of abuse from the husband and thoughts about ending one's life. Specifically, the chi-square values and p-values suggest that there is a significant association between a history of slap ($\chi^2=40.224$, $p=.000$), hit with a fist or something else ($\chi^2=22.651$, $p=.000$), kick ($\chi^2=52.985$, $p=.000$), insult by husband ($\chi^2=45.436$, $p=.000$), a threat by husband ($\chi^2=12.494$, $p=.000$), and trying to take life ($\chi^2=9.342$, $p=.002$), and thoughts about ending one's life. Overall, the findings suggest that there is a high prevalence of abuse among the respondents, and this abuse is associated with a higher likelihood of having thoughts about ending one's life. These findings highlight the need for interventions to address the issue of domestic violence and its impact on mental health.

Result of In-depth interview (n=10)

Here, we conducted 10 women in-depth interviews that are described below:

ID No: 01

Ques: What are some of the aspects of your life that may make you feel or think that your life is not worth living?

Ans: No, to such an action.

Ques: "Do you find yourself wishing for a permanent escape from life?"

Ans: No, to such an action.

Ques: Do you think about your own death or about dying?

Ans: No, to such an action and it depends on only Allah.

Ques: Have you ever thought of harming yourself or trying to take your own life?

Ans: No.

Ques: How do you think and feel about your life now?

Ans: I am satisfied with my life.

ID No: 02

Ques: "What are some factors in your life that could lead you to believe that your existence is not worth continuing?"

Ans: No, to such an action.

Ques: Do you ever feel the desire to permanently withdraw from life and cease to exist?"

Ans: No, to such an action.

Ques: Do you think about your own death or about dying?

Ans: No.

Ques: Have you ever had thoughts of self-harm or suicide?"

Ans: No.

Ques: How do you think and feel about your life now?

Ans: Just I want to grow up and establish my children and that's enough nothing else. If it will be possible, no sadness in my life!!!

ID No: 03

Ques: "What are some of the factors in your life that could lead to the belief that your existence is not valuable or desirable?"

Ans: No, to such an action.

Ques: Do you ever experience the desire to permanently escape from life and not exist anymore?"

Ans: No, to such an action.

Ques: Do you think about your own death or about dying?

Ans: No.

Ques: "Have you ever experienced thoughts of self-harm or suicide?"

Ans: No.

Ques: How do you think and feel about your life now?

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Ans: I think about my children's studies and how the family will be smooth running nothing else.

ID No: 04

Ques: What are some circumstances in your life that could cause you to feel as though your life lacks meaning or purpose and may lead you to question its worth?"

Ans: No, to such an action.

Ques: Do you ever experience the desire to permanently escape from life and not exist anymore?"

Ans: No, to such an action.

Ques: Do you think about your own death or about dying?"

Ans: No.

Ques: Have you ever had suicidal thoughts or considered hurting yourself?"

Ans: No.

Ques: How do you think and feel about your life now?"

Ans: I think about my children study and how the family will be smooth running nothing else.

ID No: 05

A 43 years woman said I feel or think that life is not worth living because my husband got 2nd marriage, he had torcher me physically and mentally. I was no desire to continue my life. I was trying to conciliate myself that was, my husband is meeting my all need I am his wife, just this much; anything else is not needed. He, keeping me with him, can marry more. I'm his wife; I want only this identity because I have 4 children. I was thinking I have 4 kids if I will no more, they will be orphans, and this fact I did not share this with anyone that was keeping only my insight. I think about my 4 daughters, how they will civilize, and how my future will be established nothing else.

ID No: 06

Ques: What are some of the aspects of your life that may make you feel or think that your life is not worth living?"

Ans: No, to such an action.

Ques: Do you ever experience the desire to permanently escape from life and not exist anymore?"

Ans: No No No!!!!

Ques: Do you think about your own death or about dying?"

Ans: No.

Ques: Have you ever considered self-harm or suicide as a way of coping with your circumstances?"

Ans: Yes, once it was.

Ques: When did you begin to what happened before you had them?"

Ans: It was a family crisis. I sold my house and purchased a bus because of the financial crisis.

Ques: How frequently have you had these thoughts and feelings?"

Ans: Often and 2-3 days intervals it was.

Ques: Have you ever acted upon these thoughts?"

Ans: No.

Ques: What stopped you from acting on them?"

Ans: I was thinking I have sold a house and purchased a bus loan will be reimbursed gradually and Allah will help us. After all, thank Allah.

Ques: Have you ever started to act on your self-harm or suicidal thoughts, yet stopped before actually doing it? For example, did you hold a bottle of pills in your hand to take them all but stopped, or go out on a ledge to jump but then stopped?"

Ans: No, to such an action.

Ques: Have you prepared for your death by writing a note?"

Ans: No

Ques: Have you told anyone that you are thinking about taking your life or are planning to do this?"

Ans; No, it is not.

Ques: How do you think and feel about your life now?"

Ans: I think about my children's studies, how they will be established, and how the family will be smooth running nothing else.

ID No: 07

A 37 years woman said some of the aspects of my life that make me feel or think that my life is not worth living because my husband had no earning source, he had torcher me. I have conciliated myself from distracting my life with an activity or other more positive thoughts. I was trying to conciliate myself because of my affection for my husband, kids, and family also. Now I am fine, I am trying to avoid any tension so, I am happy with my life.

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ID No: 08

Ques: What are some of the aspects of your life that may make you feel or think that your life is not worth living?

Ans: No, my life is valuable.

Ques: Do you ever experience the desire to permanently escape from life and not exist anymore?"

Ans: No, it's not necessary.

Ques: Do you think about your own death or about dying?

Ans: No.

Ques: "Have you ever experienced thoughts of self-harm or suicide?"

Ans: No, I have not ever thought that.

Ques: How do you think and feel about your life now?

Ans: I think about my children's studies, how their future will be secured nothing else.

ID No: 09

Ques: What are some of the aspects of your life that may make you feel or think that your life is not worth living?

Ans: No.

Ques: Do you ever experience the desire to permanently escape from life and not exist anymore?"

Ans: No.

Ques: Do you think about your own death or about dying?

Ans: No, to such an action and it depends on only Allah.

Ques: "Have you ever experienced thoughts of self-harm or suicide?"

Ans: No.

Ques: How do you think and feel about your life now?

Ans: I think about my children's studies, how they will be civilizing with due respect nothing else.

ID No: 10

A married woman expressed that, some of the aspects of her life make her feel or think that life is not worth living when a crisis was when she was angry, thought when poverty when she was sorrowful, and When she was passing through danger period due to third person. I was trying to eliminate pain with my work and I think about my younger daughter, and how she will educate me and marry a better person than I will be happy.

DISCUSSION

The results of the study presented in Tables 1-4 indicate a high prevalence of spousal violence and suicidal ideation among women in the study population. These findings are consistent with previous studies that have shown a strong association between spousal violence and adverse mental health outcomes, including depression, anxiety, and suicidal ideation [10, 11, 12].

In particular, Table 4 shows a significant association between different forms of abuse from the husband and thoughts about ending one's life. These findings are consistent with a recent study conducted in Bangladesh, which found that spousal violence was strongly associated with suicidal ideation among women [13]. The study also found that the risk of suicidal ideation was highest among women who experienced both physical and emotional violence from their husband.

Table 2 provides some insights into the communication and sharing of daily activities and feelings between spouses in the study population. The majority of the women reported sharing their husband's daily activities and their own with their husband. Similarly, a high percentage of women reported sharing worries or feelings with their husband. These findings are consistent with previous studies that have shown that effective communication and sharing of emotions can reduce the risk of spousal violence and promote positive mental health outcomes [14, 15].

In-depth interview, we discovered that married women feel a social and emotional obligation to maintain their marital relationships, even if they are experiencing pain. Divorcees are often stigmatized as having "bad character," as reported by some respondents who shared their experiences. One respondent stated that as a wife, she only needed to be married to her husband, and that anything else was unnecessary. Some women have also experienced various forms of violence, including swearing, pushing, bashing, slapping, kicking, knocking, head injuries, hitting with a stick, throwing objects, withholding food and finances, living separately, taking away children and other people, engaging in extramarital affairs or second marriages, humiliating arbitration, and violent sexual behavior. These findings highlight the urgent need to address the issue of violence in order to improve women's mental health and prevent suicide among women. It is crucial to not only address physical violence but also emotional violence and controlling behavior on the part of husbands. Routine screening for violence and suicide risk among women is necessary, along with crisis interventions when needed. When dealing with clients who have attempted suicide or reported suicidal thoughts, it is important to consider the possibility of violence and to refer clients to appropriate support services.

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Overall, the results of the study suggest that there is a need for interventions to address the issue of domestic violence and its impact on mental health in the study population. These interventions should focus on promoting effective communication and sharing of emotions between spouses, as well as addressing the underlying socio-economic factors that contribute to spousal violence.

CONCLUSION & RECOMMENDATION

In conclusion, the study reveals that communication and sharing of daily activities and feelings between spouses are relatively common among the study population. However, it also highlights a high prevalence of spousal violence and suicidal ideation among women in this study, with physical violence being the most common form of abuse experienced. The data underscores the need for interventions to address the issue of domestic violence and its impact on mental health, particularly among women in low-income households.

Based on the study's findings, the following recommendations are proposed:

Awareness-raising campaigns: Public awareness-raising campaigns should be launched to educate the general public on the importance of healthy communication and relationship dynamics, as well as the negative effects of domestic violence on mental health.

1. Provision of support services: Adequate support services should be made available to victims of domestic violence, including counseling and rehabilitation services to promote healing and recovery from abuse.
2. Enforcement of domestic violence laws: Legal frameworks aimed at curbing domestic violence should be strictly enforced, and perpetrators of violence should be brought to justice to serve as a deterrent to others.
3. Empowerment of women: There is a need for the empowerment of women through education and skill acquisition programs that will enable them to become self-reliant and less dependent on their spouses.
4. Further research: Further research is needed to explore the underlying factors contributing to the high prevalence of domestic violence in low-income households, as well as the effectiveness of various interventions aimed at addressing the issue.

Overall, the study provides valuable insights into the socio-economic and domestic dynamics of women in low-income households and highlights the urgent need for concerted efforts towards promoting healthy communication, reducing domestic violence, and promoting mental health among women in such households.

Conflict of interest: None to declare.

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