Effects of Domestic Violence on Reproductive Health of Indigenous Mexican Women[1]

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Abstract. The main objective of this paper is analyzing the impact of domestic violence on the reproductive health of indigenous Mexican women. A second objective is to know what are the most important factors associated to marital violence, considering the socio-demographic and cultural dimensions in this context. The data used is from the *Encuesta de Salud y Derechos de las Mujeres Indígenas* (ENSADEMI) – Health and Indigenous Women Rights Survey – raised in Mexico in 2006. The target population of ENSADEMI was indigenous women aged 15-59 years, ever married or ever in consensual union who are users of public health services. It was the first survey dedicated to this particular population. Data were collected from 3949 indigenous women and the instrument for gathering information was a questionnaire of 125 questions. The analysis is developed considering three steps: 1) socio-demographic profile of the indigenous women interviewed; 2) characteristics of their conjugal union; 3) reproductive health and domestic violence.

Key words: domestic violence; reproductive health; gender; indigenous; México.

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Dealing with violence practiced against women by their partners in an indigenous context implies tackling a difficult topic in an often marginalized population in most parts of Latin America (González, 1994, 2008; Wiecko, 2008; Santos, 2010 and Lima, 2012). In this context, it is not uncommon to impose, on the one hand, this population's dilemma between the right to autonomy and the preservation of its cultural system. On the other hand, the supremacy of basic human rights, women's rights in this case, as reaffirmed in international conventions.

The silence on this polemic issue does not occur by chance. The heterogeneity of lifestyles and gender roles in the different groups classified as indigenous make this task overly complex. However, there is no denying that for a long time, the universe and the needs of indigenous women were considered secondary in the public policies as well as in most ethnographies. In Latin American countries where the indigenous population is a minority, for example, governments rarely promote campaigns in any indigenous language focused on violence against women and HIV-AIDS prevention[4].

However, language is not the only barrier to information, health services, and basic aid. This population also becomes more vulnerable due to geographic isolation and the greater risk to fall into poverty and indigence, since it is poorly absorbed by the productive structure and capitalist consumption in highly stratified societies (Montenegro and Stephens, 2006).

From studies performed in the Brazilian Amazon on the female participation in social movements and feminism, Santos (2012) establishes that one of the greatest challenges of our time is to recognize indigenous women's claims concerning the unequal nature that pervades the distribution of individual and collective benefits in their communities, while avoiding the temptation to transpose western feminist ideals over non-western cultures. Indigenous women's claims are not solely limited to their individual conditions. Their demands are, to a great extent, based on their roles as mothers, wives or

[4] In 2012, the Brazilian government ran its first campaign concerning violence against women and HIV-AIDS prevention in an indigenous language (Tikuna). Refer to the story published by Portal Brasil in 10/10/2012. "Campaign in indigenous language to address violence against women and HIV prevention". Available at: http://www.brasil.gov.br/saude/2012/10/campanha-em-idioma-indigena-tem-foco-na-violencia-contra-a-mulhere-na-prevencao-do-hiv Accessed on: November 08, 2013.

relatives. The tension between the individual and the collective, continues strong, with the scale weighing more to the side of the collective.

Polemic issues have gained relevance in indigenous women's movements, but they continue to be practically absent in academic literature concerning the indigenous population. Among them, we can include: 1) the control of sexuality and female bodies by men in many indigenous cultures (which includes the prerogative of the man to decide when and how often to maintain sexual relations with a woman); 2) family preferences for male children; 3) the right to decide how many children to have; 4) the desire to have access to contraceptives in communities where even anthropologists welcome population growth without questioning if, upon contact, the aspirations of young indigenous women have followed in another direction (Santos, 2012).

Such claims are found among Mexican indigenous women. Ever since the Zapatista Movement gained visibility and strength during the 1990s in Mexico, ethnicity became as important as peasantry, which subsequently also made gender issues an object of criticism. The movement found an extraordinary echo in most part of the country's indigenous groups and promoted a series of unrests, demands, and the desire for change, including on behalf of indigenous women. For the first time, the condition of the indigenous female was contemplated in public forums, debating customs and traditions to which they had been exposed to and, in the meantime, exposing their claims. Among the most common matters reported by indigenous women were situations of physical and symbolic violence within and outside the family unit, and the struggles to survive and feed the family, especially the children (González, 2002). They desired, for example, to end a man's "right" to batter women; marriages fixed by parents without the previous consent of their daughters; the equal right to land, education, and political participation; and the autonomy to decide over their own bodies (Millán, 1996).

The process of forming a marital couple among indigenous people is a key point to be considered when reflecting on women rights. Indigenous women are usually underage when married and there is a strong intervention on behalf of their families concerning marital arrangements. According to stricter traditional rules, marriages must be arranged by the parents. These marriages can take place with or without the bride's consent, but there is a moment in which the bride is formally "asked for her hand in marriage" by the young

man. Another form of union is by "stealing" the bride. This takes place when the family does not agree with the union. In these cases, the union can also take place with or without the bride's consent. However, cases where the bride is "abducted" are increasingly uncommon. In general, the "abduction" takes place among young couples that do not have the means to formalize the union, and who wish to avoid family intervention (González, 1998).

Ethnographic study in Chiapas (Mexico) in 1994, on the perception of mestizo women concerning domestic violence in their communities, revealed that they spontaneously indicated the relation between violence by men against their wives, and the negative consequences on the sexual and reproductive health of women (Glantz and Halpering, 1998). Gynecological complications resulting from physical and sexual aggressions, as well as psychological traumas, are problems that women often bear in silence for fear of seeking professional help from health services and legal advice. According to the female discourse, their silence in violent situations is justified due to the fear of reprisals. Although they only reported the incidents of violence suffered by others in the community, never their own, they affirmed that the aggressions during pregnancy or shortly after giving birth, generated physical and emotional sequelae. The women interviewed indicated that a woman had three alternatives to deal with their husband's aggression: defend themselves, abandon him, or accept the situation by submitting to the husband's anger and aggression resulting from her behavior. According to their discourse, whenever the woman was to "blame", she would have less of a right to complain.

Although there are different statistic surveys on violence against women in Mexico, the Survey on Indigenous Women's Health and Rights, conducted in 2006, and explored throughout this paper, was the first to simultaneously contemplate the domestic violence and reproductive health of this specific population. The main objective of this study is to analyze the impact of domestic violence on the reproductive health of Mexican indigenous women, using as key indicators their reproductive health, the use of contraceptive methods, and their gestation experience resulting in abortion or stillbirth.

Background: Domestic Violence and Reproductive Health

In recent years, the number of empiric works that explore the relation between the domestic violence practiced against women by their male companion/husband, and their health situation. Depression, anxiety and low self-esteem may be intuitively associated with domestic violence (Moore, 1999). However, there is increasingly more supporting evidence to the association between violence incidents and female reproductive health conditions (Martin et al., 1999; Moore, 1999; Stephenson et al., 2008; Stöckl et al., 2010). Women who suffer domestic violence are more prone to: 1) becoming infected with STDs; 2) find it more difficult to negotiate the use of contraceptive methods with their spouse and to have a say in the number of children they want to have; 3) have an interrupted pregnancy due to abortion as a result of physical aggressions, for example.

Martin et al. (1999) - based on information surveyed with patients that use prenatal care services in North Carolina (United States) - they detected that women who suffered domestic violence had a greater chance of being contaminated by sexually transmitted diseases. Other studies also suggest similar occurrence with women infected by HIV. Women who carry the virus usually present a more frequent history of domestic violence (Vlahov et al., 1998 apud Moore, 1999). Meanwhile, Moore (1999) does not believe there is enough evidence to clearly prove the positive relation between sexually transmittable diseases (including the HIV virus) and incidents of violence.

The reasons that produce this scenario are linked to the unequal powers within the relationship. Women involved in violent emotional-sexual relationships had greater difficulty to negotiate the use of condoms for fear of their demand leading to arguments and conflicts. At the same time, men who share stereotyped opinion of virility, and who need to constantly reaffirm their masculinity, often have e predisposition to maintain sexual relations with more than one woman at the same time. It is not only infidelity, but also a "polygamy" that is not publicly assumed that enables the transmission of sexual diseases whenever the parties involved do not use condoms (Martin et al. 1999; Moore, 1999). There is also alcohol abuse by aggressors as an additional factor (Kishor and Kiersten, 2006).

Evidence originating from developing countries also support the thesis of the association between domestic violence and negative consequences to female reproductive health. A study performed in three rural areas in India in the late 1990s and the early 2000s (Stephenson et al., 2008) revealed that domestic violence hindered the use of contraceptive methods. Consequently, undesired pregnancies are part of the reproductive trajectory of women who suffered abuse from their spouses.

Children conceived from abusive relationships may also have their intrauterine development compromised, being born underweight, sick, and with temporary or permanent sequelae due to violent incidents. The pregnancy period in particular should require special attention from social workers who assist women suffering from domestic violence. Stöckl et al. (2010) found evidence that violence during pregnancy is associated to the fact that men have multiple partners at the same time; therefore, not establishing a stable relationship with the woman, refusing to use contraceptive methods and the woman having children from different fathers. However, Moore (1999) highlights that these women are usually already in violent relationships before their pregnancy. These aggressions rarely start during pregnancy. In general, the level of violence diminishes when women are pregnant, but return after the child is born, and to the levels prior to the pregnancy.

Although common sense and part of the literature may suggest that domestic violence is an issue that mainly affects families with social and economic disadvantages, because they are exposed to a greater level of stress and difficulties to satisfy basic needs; domestic violence can equally affect socially privileged families. Kishor and Kiersten (2006) question in particular the relation between domestic violence and poverty by drawing attention to the fact that domestic violence may affect women's reproductive health in different social strata. As indicators of women's reproductive health, the authors use the occurrence of unwanted pregnancies in the last five years; the contamination with sexually transmitted diseases in the last twelve months; and the occurrence of pregnancies resulting in stillbirth. Based on data from the Demography Health and Survey (DHS) of three countries (Cambodia-2000, Haiti-2000 and the Dominican Republic-2002), it was discovered that women who are poorer do not necessarily present worse reproductive health conditions. The main finding indicates that women who suffer physical violence see greater

reproductive health impairments. The social-economic condition does not work as a protection factor for reproductive health in cases where women suffer domestic violence.

All of these evidences support the thesis that domestic violence practiced by love partners against women must be treated not only as a violation of basic human rights, but also as a matter of public health (Stöckl, 2010; Moore, 1999).

Data and Methods

The Survey on Indigenous Women's Health and Rights, in Spanish *Encuesta de Salud y Derechos de las Mujeres Indígenas* (ENSADEMI) was conducted by the National Public Health Institute of Mexico. The data was collected in two stages: September through November of 2006, and February through March of 2007. The target population was comprised of indigenous women between the age of 15 and 59 years, who at some point were in a union and were users of the public health services, and residents of eight indigenous regions in Mexico: Altos de Chiapas, Istmo, Huasteca, Mazahua-Otomí, Chinanteca, Zongolica, Costa y Sierra Sur de Oaxaca, and Maya. The survey had the participation of 3,949 women. When expanded, the sample represented 262,439 indigenous women. The questionnaire is comprised of 125 questions divided into twelve modules: general data regarding household members; household address and characteristics; migration of spouse/husband; marriage rate; prenatal care; marital and family relationships; violence during pregnancy; violence practiced by current companion/spouse; access to court justice and response from health professionals to family abuse cases.

ENSADEMI clearly captures the occurrence of violence practiced against women by their companions/spouses against women in the last 12 months prior to the survey. ENSADEMI considers violence to be a single or repetitive action that may be characterized as coercive conduct and which results in some level of mistreatment. The survey contemplates different types of violence, such as: 1) physical violence: shoving, slapping, punching, injuries from firearms or sharp objects; 2) emotional/psychological violence: intimidation, verbal humiliation or threats of physical violence; 3) negligence: companion/husband does not permit or hinders access to health services or treatment when a woman is sick; 4) sexual violence: imposes sexual relations with the woman through

physical force or emotional abuse; 5) economic violence: exercise masculine control through money. With this information, it is possible to know the prevalence of each type of violence, as well as build an index of global violence, jointly accounting for all types of violence.

This study employs descriptive analyses and multivariate logistic regressions. The descriptive analysis offers a panorama regarding the marital status of this population, traces the social-demographic profile of indigenous women in reproductive age (15-49) and the prevalence of domestic violence. Logistic regressions are part of a first effort to measure the effect of domestic violence over the reproductive health of these women.

Three indicators were used as proxies of reproductive health: relatively "large" progeny for current standards (having 3 or more children - yes or no); to have had at least one abortion throughout life (yes or no), and the use of contraceptives at the time of the interview (yes or no).

The first model (having 3 or more children) considered women between the ages of 20-49 who were currently married or in cohabitation and had been mothers (had one or more children). The study opted to eliminate the adolescent group since it was unlikely, because of their age, to having been exposed to the risk of having had 3 or more children. The second model (to have had at least one abortion) considered women between the ages of 15-49 who were currently married or in cohabitation, and who had already been pregnant. The third model (use of contraceptives at the time of the interview) considered women between the ages of 15-49 who were currently married or in cohabitation, and who were not pregnant at the time of the interview.

The considered explanatory variables are: to have suffered some type of violence; area of residence: rural or urban; age at the time of the interview; educational level; spoken language; religion; type of union; and age at the first union. The third model considers like independent variable too “large” progeny (3 or more children).

Results

The most common type of violence reported by the Mexican indigenous women is psychological violence, followed by economic, physical, sexual violence and negligence

(Table 1). Approximately 32% of the women admitted to having suffered some type of violence in the last twelve months prior to the survey.

Table 1 – Mexico, 2006: Percentage of indigenous women in union (15-49 years-old), who had suffered violence from their partners in the last 12 months

Violence	%
Suffered some type of violence	31.9
Psychological violence	28.9
Physical violence	10.7
Economic violence	11.9
Sexual violence	8.9
Negligence	5.5

Source: ENSADEMI-2006. Prepared by the authors.

According to the data of ENSADEMI-2006, at the present, most of the first marriages start with a marriage proposal with the bride's consent (73.7%). Only 1.2% of women report to have been asked in marriage without their previous consent. The act of "abducting" with the bride's consent is also comparatively common (22.5%), although this practice leans more towards a young couple running away together than an actual kidnapping. However, 1.4% of women affirmed that they had been "abducted" without their consent, while another 0.8% had been bought by their first companion/husband.

The tradition of having the young couple lives with the husband's family after their union remains in practice. More than half of the women indicated that they lived with the companion's or /husband's family right after their union (56.4%). This trend remains high even in the youngest group aged between15 and 19, were almost 60% of women report to having lived with their partner's parents at the beginning of the relationship. Therefore, it seems that traditional values have survived in these communities, since "stealing" the bride still exists, even if it is with her consent. Also, it is still a common practice to live with the man's family right after the union has been established; therefore, it is less frequent for married couples to immediately settle into their own households (32.3%). In rare cases, women engage in paid economic activity. Only 10.8% were working or were looking for work at the time of the interview. It is noted that 17.8% of women went into their first marriage without her or his family's consent. 29.2% complain that when their

companion/husband consumes alcohol, he usually becomes drunk and only about 5% are certain that their companion/husband has another woman.

According to the descriptive analysis, the prevalence of violence is greater among women who reside in urban areas, those without formal education and those who do not practice any religion and those were working or looking for a job (Table 2). Considering aspects related with the conjugality (Table 3), the prevalence of some type of violence is greater among those living in cohabitation, those who married first during adolescence and without their family's consent. The prevalence of violence is also greater when a man has another woman, as well as when he excessively consumes alcoholic beverages.

Table 2 – México 2006: Distribution of indigenous women in union (15-49 years-old) according to sociodemographics characteristics and prevalence of some type of violence

	Distribution		**Prevalence of violence**
	N	**%**	**(%)**
Total	**234,618**	**100**	**31.9**
Urban-rural status			
Urban	40,351	17.2	39.3
Rural	194,267	82.8	30.3
Current age			
15-19	12,941	5.5	33.3
20-29	74,227	32.1	32.2
30-39	91,830	39.1	31.4
40-49	54,620	23.3	32.2
Educational level			
Without instruction	34,415	14.7	35.8
Less than primary completed	150,291	64.1	31.7
Primary completed	40,136	17.1	30.9
Secondary completed	7,973	3.4	26.7
University	1,610	0.7	17.0
Missing	193	0.0	
Working or looking for a job			
Yes	25,428	10.8	36.1
No	209,190	89.2	31.4
Spoken language			
Only indigenous	17,291	7.4	33.1
Only Spanish	94,436	40.2	33.0
Bilingual	122,891	52.4	31.0
Religion			
Catholic	196,772	83.9	32.9
Others	28,305	12.0	24.0
Without religion	9,541	4.1	36.4

Source: ENSADEMI-2006. Prepared by the authors.

Table 3 – México 2006: Distribution of indigenous women in union (15-49 years-old) according to characteristics of conjugality and prevalence of some type of violence

	Distribution		Prevalence of violence (%)
	N	%	
Total	234,618	100	31.9
Type of union			
Marriage	182,263	77.7	30.4
Cohabitation	52,355	22.3	37.2
Age at first union			
<20 years-old	163,726	69.8	34.3
20+ years-old	70,892	30.2	26.5
The first union started…			
Engaged with her consent	171,749	73.2	30.8
Engaged without her consent	2,766	1.2	54.4
Stealing with her consent	52,370	22.3	33.0
Stealing without her consent	3,283	1.4	55.4
She had been bought	1,834	0.8	34.0
Other	859	0.4	26.2
No specified	1,757	0.7	33.3
Families approved the union			
Yes	192,922	82.2	28.2
No	41,696	17.8	49.0
Husband/partner has another woman			
Yes	12,266	5.2	68.2
No	222,352	94.8	29.9
When the husband/partner drinks alcoholic beverage frequently he gets drunk			
Yes	68,392	29.2	53.9
No	166,226	70.8	22.9

Source: ENSADEMI-2006. Prepared by the authors.

Association between a higher number of children and domestic violence: A vast majority of women who are married or in cohabitation, and who are at least 20 years old and are mothers, have 3 or more children (67.2%). Although the prevalence of some type of violence is not so different in both groups: 33.3% among women with 3 or more children, and 29.1% among those who have 1 or 2 children, the effect of violence over the number of

children is sustained even when controlled by other variables (model 1). Although factors such as the women's age when married for the first time, the current age group, and their educational level are very important to explain the high number of children; suffering some type of violence increases the changes of women having 3 or more children by 25.8%.

Model 1: Having 3 or more children.

	B	S.E.	Wald	df	Sig.	OR
Violence (ref. No)						
Yes	.230	.101	5.153	1	.023	1.258
Area (ref. Rural)						
Urban	-.622	.128	23.602	1	.000	.537
Current age (ref. 20-29 years)			560.850	2	.000	
30-39 years	2.276	.111	418.913	1	.000	9.735
40-49 years	2.978	.150	391.740	1	.000	19.645
Educational level (ref. Secondary completed or more)			60.538	3	.000	
Without instruction	1.424	.300	22.480	1	.000	4.153
Less than primary completed	1.278	.266	23.053	1	.000	3.591
Primary completed	.510	.278	3.354	1	.067	1.665
Spoken language (ref. Bilingual)			12.030	2	.002	
Only Indigenous	.189	.208	.826	1	.364	1.208
Only Spanish	-.319	.101	10.010	1	.002	.727
Religion (ref. Without religion)			.722	2	.697	
Catholic	-.057	.233	.061	1	.805	.944
Others	.066	.265	.063	1	.802	1.069
Type of union (ref. Cohabitation)						
Marriage	.410	.116	12.588	1	.000	1.507
Age at first union (ref. 20+ years-old)						
< 20 years-old	1.482	.108	189.856	1	.000	4.403
Constant	-2.991	.358	69.932	1	.000	.050
n = 2799						
Cox & Snell R Square = .310						
Nagelkerke R Square = .432						

Association between having at least one abortion and domestic violence: It is noted that 19.4% of women affirm to have had at least one abortion throughout their life. The prevalence of violence among women who have already aborted was of 36.6%, while those who have not aborted was of about 31%.

The results from logistic regression (refer to model 2), when controlled by other variables, point out that suffering violence from a companion/husband increases the chances of having an abortion by 28%.

Model 2: Have had at least one abortion.

	B	S.E.	Wald	df	Sig.	OR
Violence (ref. No)						
Yes	.247	.093	6.990	1	.008	1.280
Area (ref. Rural)						
Urban	.229	.119	3.695	1	.055	1.257
Current age (ref. 15-19 years-old)			107.377	3	.000	
20-29 years-old	1.350	.363	13.812	1	.000	3.858
30-39 years-old	1.992	.362	30.268	1	.000	7.327
40-49 years-old	2.502	.367	46.488	1	.000	12.206
Educational level (Ref. Secondary completed or more)			3.295	3	.348	
Without instruction	-.225	.269	.697	1	.404	.799
Less than primary completed	-.209	.242	.750	1	.386	.811
Primary completed	.003	.251	.000	1	.991	1.003
Spoken language (Ref. Bilingual)			24.696	2	.000	
Only Indigenous	-.063	.188	.112	1	.738	.939
Only Spanish	.463	.096	23.157	1	.000	1.589
Religion (Ref. Without religion)			6.204	2	.045	
Catholic	-.265	.225	1.383	1	.240	.767
Others	.041	.250	.027	1	.869	1.042
Type of union (ref. Cohabitation)						
Marriage	.037	.118	.095	1	.757	1.037
Age at first union (20+ years-old)						
<20 years-old	.421	.103	16.773	1	.000	1.524
Constant	-3.579	.482	55.207	1	.000	.028

n = 2987
Cox & Snell R Square = .052
Nagelkerke R Square = .083

Association between contraceptive use and domestic violence: Over 67% of women use contraceptives. Curiously, however, there are more women using contraceptive methods among those who suffer violence than among those who do not. Almost 71% of women who suffer domestic violence control their fertility, while 66% of those who do not suffer domestic violence control their fertility. By controlling the remaining variables, violence increases the chances of women preventing conception by 21.2%.

Model 3: Using contraceptives at the time of the interview.

	B	S.E.	Wald	df	Sig.	OR
Violence (Ref. No)						
Yes	.193	.086	4.997	1	.025	1.212
Area (Ref. Rural)						
Urban	.483	.122	15.563	1	.000	1.620
Current age (ref. 15-19 years-old)			17.550	3	.001	
20-29 years-old	.272	.228	1.425	1	.233	1.313
30-39 years-old	.641	.240	7.094	1	.008	1.897
40-49 years-old	.361	.249	2.103	1	.147	1.435
Educational level (Ref. Secondary completed or more)			14.489	3	.002	
Without instruction	-.293	.248	1.398	1	.237	.746
Less than primary completed	-.073	.225	.105	1	.746	.929
Primary completed	.294	.239	1.519	1	.218	1.342
Spoken language (Ref. Bilingual)			23.153	2	.000	
Only Indigenous	-.748	.156	22.898	1	.000	.473
Only Spanish	-.116	.087	1.790	1	.181	.891
Religion (Ref. Without religion)			.946	2	.623	
Catholic	.170	.202	.712	1	.399	1.186
Others	.103	.226	.207	1	.649	1.108
Type of union (ref. Cohabitation)						
Marriage	-.125	.104	1.450	1	.228	.883
Age at first union (20+ years-old)						
<20 years-old	.292	.091	10.419	1	.001	1.340
Number of children (ref. 0-2 children)						
3 children or more	.265	.103	6.662	1	.010	1.304
Constant	-.112	.364	.094	1	.759	.894

n = 2714
Cox & Snell R Square =.038
Nagelkerke R Square = .053

Main remark

Although domestic violence is not the main factor supporting any of the indicators considered herein, it cannot be completely disregarded as an additional source of vulnerability to female reproductive health.

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