Research conducted by Nicole De Wet-Billings, Associate Professor in Demography and Population Studies at the University of the Witwatersrand, and Motlatso Godongwana, Doctoral candidate in Demography and Population Studies at the University of the Witwatersrand and the Perinatal HIV Research Unit at Chris Hani Baragwanath Hospital, suggests that there is a strong link between hypertension and young female victims of intimate partner violence which is affecting both their life expectancy and quality of life.

SA tops world in intimate partner violence stats
Intimate partner violence is a global phenomenon affecting women across the spectrum of race, creed and socioeconomic level. South Africa, in particular, suffers from a high level of such violence, the rate of which is at an all-time high with 57.1% of female homicide deaths caused by an intimate partner. This is estimated to be five times higher than the international average. In addition, as many as 51% of South African women have experienced some form of violence at the hands of an intimate partner.

Intimate partner violence is a major stressor for women, causing emotional and psychological trauma, including high levels of depression, anxiety and other mental health problems such as suicidal ideation. Further, international research has found a link between sexually transmitted disease (including HIV/AIDS), chronic diseases and pain and intimate partner abuse.

Hypertension is a silent killer
Hypertension is a cardiovascular disease most prevalent among females. According to the researchers, about 34.7% of females over 15 years old are diagnosed with hypertension. Even more disturbing is that recent studies in South Africa have found 13.7% of females in the 15-19 age group and 12.5% in the 20-24 age group have been diagnosed with hypertension. For South Africa, this is particularly problematic since hypertension requires medication, diet and stress control in order to be treated – things that are often unaffordable given the country’s levels of poverty.

While there have been a few studies of the links between psychosocial factors (stress, depression social isolation etc.) and cardiovascular diseases such as hypertension, few have examined the role of intimate partner violence and the disease, and those that have been conducted were done in countries with a lower prevalence of intimate partner violence. These factors make this particular research even more relevant and valuable if South Africa is to effectively address the problems facing women in the country.

A sample of 216 women from 15 to 34 years old (using data from the South African Demographic and Health Survey) was used for the research project. The results showed that between 20% and 40% of women in this age group have hypertension. Further, 68% of women in the group suffering from hypertension also experienced physical violence from their intimate partners. The chances for becoming hypertensive also increased if the women experienced physical or sexual violence from their intimate partner.

Conclusions
Intimate partner violence is a contributor to hypertension in young women or is at least a confounding factor. Furthermore, treatment of the disease is difficult due to the high poverty levels in South Africa which prevent many sufferers from accessing the medication and dietary requirements necessary for its management. According to the researchers, eradicating the abuse will go a long way to reducing hypertension in the population. By identifying intimate partner violence as a risk factor, programmes and policies can be developed to create care, prevention and management strategies.

Gender-Based Violence and Hypertension: A TRAGIC LINK FOR SA’S YOUNG WOMEN

A new study reveals that GBV puts young women in South Africa at risk of hypertension