



Strengthening of self-esteem in women who experience violence, Azuay-Caña

Dolores Amparito Rodríguez Sánchez ^{1,3,4, 6}, Francisca Burgueño Alcalde ^{1,3,5}, Juana Agustina Morales Quizhpi ^{2,4,7}, Lorena Elizabeth Padilla Romero ^{1,3,11}, Silvia Patricia Pineda Hoyos ^{5,10,12}, Martina de Jesús Aguilar Pesantez ^{1,3,9}

¹Docente de la Carrera de Enfermería de la Universidad de Cuenca. Provincia del Azuay. República del Ecuador

²Docente de la Carrera de Psicología de la Universidad de Cuenca

³Licenciada en Enfermería

⁴Psicóloga Clínica

⁵Médica General

⁶Magister en Enfermería, mención gestión del cuidado

⁷Magister en investigación de la salud

⁸Magister en asesoría, intervención y terapia familiar sistémica

⁹Maestría en Gestión en Atención Primaria de Salud

¹⁰Magister en Cuidados Paliativos

¹¹Magister en Dirección y Gestión en Unidades de Enfermería

¹²Directora de Carrera Instituto Universitario San Isidro

***Corresponding author:** Dolores Amparito Rodríguez Sánchez , Docente de la Carrera de Enfermería de la Universidad de Cuenca. Provincia del Azuay. República del Ecuador

Submitted: 27 March 2023; Accepted: 19 April 2023; Published: 08 May 2023

ABSTRACT

Background: Gender violence affects 35% of women worldwide, being a concern in the authorities and in the health system due to the serious consequences it brings. In the field of mental health, self-esteem is affected in every woman who suffers violence.

Objective: To determine the degree of self-esteem before and after the intervention of women who experience violence, Azuay-Cañar

Methodology: The research is quasi-experimental of chronological series with the design modality of pretest and posttest of a single group. The instrument to collect the data is the Rosenberg Test, a questionnaire to explore personal self-esteem understood as feelings of personal worth and self-respect. The population will be selected through a probabilistic sampling, because we will work with women who experience gender violence and go to the care center. The expected sample is 55 participants.

Results: Regarding the sociodemographic variables, there is a higher frequency in the age group from 18 to 30 years with 52.7%, followed by the group from 31 to 45 years with 27.3%; Regarding marital status, 58.2% are single and 34.5% are married, in terms of education, 50.9% have secondary education. In the Rosenberg Self-esteem Scale it was reflected that 94.5% have low self-esteem, increasing considerably after the intervention workshops. A statistically significant association is presented between the degree of self-esteem and the age of 18-30 years with a value $p=0.003$; economic income with a value $p=0.019$, the other variables do not show association.

J Popul Ther Clin Pharmacol Vol 30(11):e61–e68; 08 May 2023.

This article is distributed under the terms of the Creative Commons Attribution-Non Commercial 4.0 International License. ©2021 Muslim OT et al.

Conclusion: Health care intervention workshops and empowerment therapy contribute to increasing self-esteem in women who experience gender violence

Keywords: *Gender violence, self-esteem, empowerment therapy*

INTRODUCTION

"Violence against women is internationally recognized as a social phenomenon that represents a public health and human rights problem" (1) Undoubtedly, violence generates consequences in the mental health of abused women (2) decreasing self-esteem, so it is important to carry out interventions in the field of physical and emotional health.

Globally, 35% of women have been physically and sexually violated, which is similar to figures from Latin America and the Caribbean with a record of 36% (3). The macho culture within the Ecuadorian people has been transmitted and increased from generation to generation, with which women have been subordinated to domestic work and the decisions of their partner, which has strengthened the exercise of power violating the rights of women becoming a type of violence.

In Ecuador, according to the National Survey of Family Relations and Gender Violence against Women (2011), it indicates that girls and women between 15 and 64 years old have suffered some type of violence in their lives, being a frequency of six out of ten (3), which has been increasing over the years (4).

The province of Ecuador that registers the highest violence is Azuay with 68.8% versus 60.6% at the national level, the percentage that reaches psychological violence is 60.3%; physical 44.3% and sexual 27.6% (4). The figures are alarming and even more so to know that 132 cases ended in femicide in Ecuador. This is one of the most serious consequences that can be evidenced, however women who are victims of abuse by their partner tend to show lower levels of self-esteem (5)

According to the WHO, health is "... a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity..." and mental health as "a state of well-being in which each individual develops his

or her potential, can cope with the stresses of life, can work productively and fruitfully, and can contribute something to his or her community" (6) with self-esteem being an important indicator for individual well-being referred to as "... to the need for respect and self-confidence, the desire to be accepted and valued by others..." (7).

Women's empowerment (8) refers to the ability to take control over their lives, that is: the ability to distinguish options, make decisions and put them into practice. It is a process that leads to concrete results, which can be carried out individually and / or in groups, these therapies being an essential component to advance gender equality issues. Undoubtedly, empowerment increases self-confidence, internal strength and ability to organize, autonomy being an important process to choose about their life and, even more, contribute to define the range of offers of choice that they have at their disposal. In a woman's life this translates into a process that allows her to become aware of the effect of power relations on her existence, infusing her with the necessary strength to modify them. Women's autonomy is evident in specific aspects of their daily lives: demand for and use of contraceptive methods, schooling of sons and daughters, their own health and that of other family members, etc. (9).

For this reason, it is essential to educate in health care, through promotional actions (10) with issues related to women such as breast self-examination, family planning and healthy eating in order to improve the quality of life in women who experience violence and intervene with empowerment therapies to increase self-esteem (11).

MATERIALS AND METHODS

Study design and sample selection

A quasi-experimental investigation of time series was carried out with the modality of pretest and posttest design of a single group. We worked with 55 women participants who were selected through intentional non-probability sampling who attend the different support groups of

women who experience violence. Each of the participants was explained what the study consisted of and the corresponding informed consent was obtained, before the application of the data collection instruments.

For data collection, a questionnaire of sociodemographic variables and the Rosenberg Self-Esteem Scale (12) were used, which evaluates the degree of satisfaction that the person has with himself, is composed of 10 items focused on feelings of respect and acceptance of himself, half are stated positively and the other half negatively. This scale has been validated in countries such as Spain and Colombia with Cronbach's alpha of 0.86. Their score is measured using the Likert scale, where items are answered on a four-point scale (4= Strongly agree, 3= Agree, 2= Disagree, 1= Strongly disagree). For correction, the scores of the negatively stated items are reversed (3,5,8,9,10), then all the items are added, ranging the total score between 10 and 40. Its interpretation based on the final score is: 30 to 40: High self-esteem, 26 to 29: Average self-esteem and 25 or less: Low self-esteem (13).

Statistical analysis

The data collected through the surveys were transcribed into a digital database and analyzed

using the SPSS v.24 program and Microsoft Excel v.2019. Descriptive statistics were performed by means of frequencies and percentages, Pearson's Chi-square contrasts were also used to observe association between the variables studied, p-value and confidence interval to measure the relationship between the different variables of the research and compliance with the objectives. Data were tabulated and analyzed and statistically significant when $p < 0.05$.

RESULTS

A total of 55 women who experience violence who participated in the study, according to the sociodemographic characteristics, shows a higher frequency in the age group of 18 to 30 years with 52.7%, followed by the group of 31 to 45 years with 27.3%, minority de 46-65 and 66-85 with 14.5% to 5.5% respectively; regarding marital status, 58.2% are single and 34.5% are married days, in terms of education, 50.9% have secondary education ; In relation to their employment situation we observe that 60.0% are working, according to the economic remuneration they receive is mostly lower than the basic salary with 56.4% and 29.1% receive an economic remuneration equal to the SUEL or basic, as described above can be seen in Table 1.

TABLE 1: Description according to sociodemographic variables of women who live gender violence , Azuay 2022-2023

Variable		Frequency n=85	Percentage 100%
Age	18-30	29	52.7%
	31-45	15	27,3%
	46-65	8	14,5 %
	66-85	3	5,5%
Works	Yes	33	60,0%
	No	22	40,0%
Level of education	Primary	13	23,6%
	High school	28	50,9%
	Superior	14	25,5%
Income	Less than basic salary	31	56,4%
	Basic salary	16	29,1%
	Greater than basic salary	8	14,5%
Thisdo civil	Bachelor	32	58,2%
	Housedor	19	34,5%
	Divorciado	4	7,3%

Source: Data form.
Elaboration: Authors

Table No.2 indicates the degree of intensity and self-esteem in women who experience gender violence participating in the study according to the Rosenberg Self-Esteem Scale, reflecting that 94.5 % have low self-esteem, 3.6% have low self-esteem, 1.8% have high self-esteem, that is, there is a higher percentage of women who experience gender violence have low self-esteem.

TABLE 2: Self-esteem graded according to pretest in women who experience violence, Azuay 2022-2023.

Variable	Frequency n	Percentage %
Low self-esteem	52	94,5%
Self-esteem gives me	2	3,6%
Self-esteem raises the	1	1,8%
Total	85	100%

Source: Data form.
Elaboration: Authors

Table 3 presents the relationship between degree of self-esteem and sociodemographic variables, it can be identified that there is a statistically significant association between the degree of self-esteem and the age of 18-30 years with a value $p = 0.003$, with economic income specifically with the basic salary lower than the basic floor with a value $p = 0.019$, The other variables have no association, however women who experience gender violence are always exposed and the risk is high.

TABLE 3: Correlation between sociodemographic variables and pretest self-esteem in women experiencing violence

		Integración of degrees of autoestima pretest				Total	ABOUT2
Variable			Low self-esteem	Self-esteem gave me	Self-esteem rises from a	Total	P-value
Age	18-30	Frequency	27	2	0	29	14452
		Percentage	51,9%	100,0%	0,0%	52,7%	0,003
	31-45	Frequency	15	0	0	15	0,189
		Percentage	28,8%	0,0%	0,0%	27,3%	
	46-65	Frequency	10	0	0	8	0,156
		Percentage	19,3%	0,0%	0,0%	19,3%	
Marital status	Single	Frequency	30	1	1	32	1040
		Percentage	57,7%	50,0%	100,0%	58,2%	0,904
	Married woman	Frequency	18	1	0	19	0,821
		Percentage	34,6%	50,0%	0,0%	34,5%	
	Divorcee	Frequency	4	0	0	4	0,555
		Percentage	7,7%	0,0%	0,0%	7,3%	
	Primary	Frequency	12	0	1	13	4199

Level of Instruction	High school	Percentage	23,1%	0,0%	100,0%	23,6%	0,38
		Frequency	27	1	0	28	0,377
	Superior	Percentage	51,9%	50,0%	0,0%	50,9%	
		Frequency	13	1	0	14	0,556
Economic Income	Less than basic salary	Frequency	29	1	1	31	1.410
		Percentage	55,8%	50,0%	100,0%	56,4%	0,019
	Equal to basic	Frequency	15	1	0	16	0,732
		Percentage	28,8%	50,0%	0,0%	29,1%	
	Greater than basic salary	Frequency	8	0	0	8	0,732
		Percentage	15,4%	0,0%	0,0%	14,5%	

Source: Data form.

Elaboration: Authors

Table No.4 shows a decrease in self-esteem in women who experience violence according to the Rosenberg Self-Esteem Scale and who participated in the intervention workshops, reflecting that 83.7 % self-esteem high and 12.7 % have low self-esteem, 3.6% have low self-

esteem and that is, raised or significantly raised their self-esteem the participating women, this confirms the theory that when the survivors die and violence have reduced support are capable of an integral empowerment.

TABLE 4: Degrees of Self-esteem according to posttest in women who well gender violence, Azuay 2022-2023

Variable	Frequency n	Percentage %
Low self-esteem	2	3,6%
Self-esteem gave me a	7	12,7%
Self-esteem raised the	46	83,7%
Total	85	100%

Source: Data form.

Elaboration: Authors

Table No.5 indicates the relationship between the degree of self-esteem and sociodemographic variables there is no statistically significant association with a $p = 0.05$. In the table we can see that regarding age women aged 18-30 have high self-esteem (50.0%), in relation to marital status married women have high self-esteem (52.2%), according to the level of education women with secondary level (37.0%) have high self-esteem and finally economic income,

women with an income equal to the basic salary (45.7%).

The independent variables do not influence the self-esteem of women who experience gender-based violence.

So it does not matter if you are married, so, if you are a widow you have the same chances of increasing self-esteem if you have support.

TABLE 5: Correlation between sociodemographic variables and degree of self-esteem in women who experience violence according to posttest

			Interpretation of Utoestima degrees			Total	ABOUT2
Variable			Low self-esteem	Average self-esteem	High self-esteem	Total	P-value
Age	18-30	Frequency	1	4	23	28	1.112
		Percentage	50,0%	57,1%	50,0%	50,9%	0,981
	31-45	Frequency	1	3	18	22	0,927
		Percentage	50,0%	42,9%	39,1%	40,0%	
	46-65	Frequency	0	0	5	5	0,529
		Percentage	0,0%	0,0%	9,1%	7,3%	
Marital status	Single	Frequency	0	3	17	20	4.409
		Percentage	0,0%	42,9%	37,0%	36,4%	0,353
	Married woman	Frequency	1	4	24	29	0,334
		Percentage	50,0%	57,1%	52,2%	52,7%	
	Divorcee	Frequency	1	0	5	6	0,555
		Percentage	50,0%	0,0%	10,9%	10,9%	
Level of Instruction	Primary	Frequency	0	1	15	16	4.429
		Percentage	0,0%	14,3%	32,6%	29,1%	0,619
	High school	Frequency	2	3	17	22	0,531
		Percentage	100,0%	42,9%	37,0%	40,0%	
	Superior	Frequency	0	3	11	13	0,551
		Percentage	0,0%	42,8%	23,9%	23,6%	
Income	Less than basic salary	Frequency	1	3	16	20	2.149
		Percentage	50,0%	42,9%	34,8%	36,4%	0,708
	Equal to basic	Frequency	1	4	21	26	0,466
		Percentage	50,0%	57,1%	45,7%	47,3%	
	Greater than basic salary	Frequency	0	0	9	9	0,581
		Percentage	0,0%	0,0%	19,6%	16,4%	

Source: Data form.

Elaboration: Authors

DISCUSSION

The discussion allows us to contrast the results of the present study with other research. In relation to sociodemographic variables, we can point out that 60% of women who experience violence are working, for which they receive remuneration and are economically independent, unlike the study "Violence perpetrated by intimate partners in women" carried out in Mexico (14) in which they indicate that only 11% meet their economic needs. Another research entitled

"Sociodemographic profile of women affected by intimate partner violence in Spain" (15) shows that women who suffer violence between the ages of 31 and 40 years is 25%, which is similar to the present research which is 27.3%; The same research indicates that 52% of the victims are married, which differs from the present study with a value of 34.5%. Undoubtedly, in issues related to gender violence, it is of great relevance to identify the different sociodemographic variables, since having economic independence

is an indispensable factor for women to get out of the circle of violence, which is rectified by Plazaola-Castaño et al (16). and Lara et al (17) . mentioning that having the resources is ideal to project yourself into the future and support networks constitute invaluable security.

Violence has multiple mental health consequences for those who suffer from it. Low self-esteem, known as the perception of oneself that prevents us from conceiving ourselves as valuable people is one of the experiences that occur because of gender violence, which is visualized in the research entitled "Gender violence and self-esteem of women of the Huanja – Huaraz population center, Peru. 2017 (18) that seeks to determine the relationship between gender violence and the level of self-esteem in 55 women, identifying that 52.8% presented low self-esteem, which is significant, however in the present study the values of low self-esteem reached 94.5%.

Similarly, (19) in his study from the point of view of the victim, he found that women "have a negative perception of themselves, learned from their families of origin, since they minimize many of their capacities and evaluate their abilities as inferior to those of men" (p. 997). Other studies indicate that low self-esteem is proportional to the violence experienced (20), so the greater the episodes and intensity of violence, the lower the self-esteem, says Leticia Casique (21) in her article. Also an article entitled "Dynamics and psychological aspects in abusive relationships: The "spider's web" points out that the multiple pejorative messages and rejections received, comes to the conviction that finally he is right to affirm categorically again and again that the problem is in her. Thus, she assumes as her own those messages that invalidate her as a human being and as a woman, that dehumanize her. The drop in self-esteem makes him increasingly unable to believe he has personal resources not only to leave his partner, but even to live without her. In addition, he endorses these discredits: "he deserves nothing except what happens to him" (22).

Regarding health care interventions, similar studies are not reported, however (23) they assert

that group psychological interventions in women and children have also been corroborated that they positively influence by having a reparative function and increase self-esteem that is so deteriorated in women, generating spaces of trust and security where they can share their fears and interests. . The above is consistent with our study, since self-esteem increased significantly after the workshops held in women who experience violence.

When associating sociodemographic variables with the level of self-esteem, no statistically significant evidence was shown, unlike the study entitled "Gender violence and other factors associated with the emotional health of users of the health sector in Mexico" (24) in which it was obtained as a result that women who belonged to the very low stratum had a 43% chance (RM 1.43, CI95% 1.15 to 1.77) higher if "case" than those belonging to the upper stratum. For those who belonged to the stratum under this possibility was 29% (RM 1.29, CI95% 1.04 to 1.61), and for those who belonged to the middle stratum it was 34% (RM 1.34, CI95% 1.06 to 1.69), compared to those who were located in the high stratum.

CONCLUSIONS

Self-esteem is of great importance for the human being, it is a basic and essential need in the process of life, it is a key point in the choices and decisions we make, how we face the challenges of life, our interests and needs. Having self-love is of great importance for personal life, it gives us internal, professional and social knowledge, it is indispensable for normal, healthy development.

In the present research, after having generated the analysis of results, the following conclusions are reached:

Gender violence has serious consequences in women's lives, with low self-esteem being one of them.

Health care workshops such as: Food and its influence on my emotions; prevention of uterine and breast cancer and family planning were useful to increase women's knowledge which was evidenced in the general feedback

The empowerment workshops that were held were: My emotions and my personal life; My Life TODAY and My Future Dream, which allowed the woman to visualize the capacity of each one to face her new life.

The various interventions in relation to health care and empowerment therapy contributed to increase self-esteem in women who experience gender-based violence

REFERENCES

1. Restrepo EG, Cardona D, Otálvaro AFT. Violence against women in Colombia, a challenge for public health in terms of prevention, care and elimination.
2. Vargas Murga H. Violence against women inflicted by their partners and their relationship with the mental health of adolescent children. *Rev Medica Hered.* 17 apr 2017;28(1):48.
3. Calvo González G, Camacho Bejarano R. Gender violence: evolution, impact and keys to its approach. *Enferm Glob.* 2014;13(33):424-39.
4. Gil NCIL, Scromeda MCP, Torres EE, Scromeda MD. Violence Against Women: An Existential Problem. [cited May 29, 2017]; Available in: http://med.unne.edu.ar/revista/revista199/2_199.pdf
5. Ocampo Otálvaro LE. Self-esteem and adaptation victims of psychological abuse by partner. *Psicol Desde El Caribe.* 1 de enero de 2015;32(1):145-68.
6. Muñoz CO, Restrepo D. Construction of the concept of positive mental health: systematic review. *Rev Panam Public Health.* 2016;
7. Lara-Caba EZ. Self-esteem in women victims of intimate partner violence. *AULA Rev Humanidades Cienc Soc.* December 10, 2019;65(2):9-16.
8. Pan American Health Organization (PAHO). Gender-equality-policy. 2015.
9. Pelaez Castañeda F. Analysis Of The Impact On The Empowerment Of Women Through The Practice Of Pole Dance. *Xihmai.* 2022 Jun 30;17(33):111-52.
10. 10.Xavier Q, Elena M. Conception of health and self-care of the male population of a Basic Health Unit. *Enferm Glob.* 2015;
11. Mario Alberto de la Guardia Gutiérrez. Health and its determinants, health promotion and health education [Internet]. *Journal;* 2020. Available in: DOI: 10.19230/jonnpr.3215
12. Ceballos Ospino GA, Paba Barbosa C, Suescún J, Oviedo HC, Herazo E, Campo Arias A. Validity d dimensionality of the Rosenberg self-esteem scale in university students. *Psychological Thought.* 2017 Aug 3;15(2):29-39.
13. Cerna Dorregaray O, Ugarriza Chávez N. Self-esteem scale for adolescents: elaboration and psychometric analysis. *Rev EDUCA UMCH.* 2020 Jun 30;(15):135-59.
14. Núñez IM. Violencias contra las mujeres en las relaciones de pareja en México Violences against women in couples' relationships in Mexico. 2020;
15. Rodríguez-Borrego MA, Vaquero Abellán M, Bertagnolli L, Muñoz-Gomariz E, Redondo-Pedraza R, Muñoz-Alonso A. Intimate partner violence: study with nursing professionals. *Aten Primary.* 2011 Aug;43(8):417-25.
16. Ruiz-Pérez I, Plazaola-Castaño J, Blanco-Prieto P, González-Barranco JM, Ayuso-Martín P, Montero-Piñar MI. Intimate partner violence against women. A study in the field of primary care. *Gac Sanit.* 2006 May;20(3):202-8.
17. Caba EZL, Torres CA, Boluda RZ, Callejas CB, Rodríguez RA. Ideación suicida y apoyo social en mujeres maltratadas.
18. National University of Trujillo. Trujillo, Peru, Castillo Saavedra E, Bernardo Trujillo JV, Huanja Health Center. Huaraz, Peru, Medina Reyes MA, Ministry of Health. Lima, Peru. Gender violence and self-esteem of women in the Huanja – Huaraz population center, 2017. *Horiz Méd Lima.* 2018 Dec 31;18(2):47-52.
19. Molina Rico JE, Moreno Méndez JH. Perception of the experience of domestic violence in women victims of intimate partner abuse. *Univ Psychol [Internet].* 29 November 2015 [cited 19 March 2023];14(3). Available in: <http://revistas.javeriana.edu.co/index.php/revPsycho/article/view/6040>
20. Determinants of physical violence against women in Peru, period 2015-2019. *Cienc Lat Rev Scientific Multidiscip.* 2021 Sep;5(5):6973-92.
21. Casique Casique L, Furegato ARF. Violence against women: theoretical reflections. *Rev Lat Am Enfermagem.* diciembre de 2006;14(6):950-6.
22. Muñoz HS. Gender-based violence. Treatment and prevention.
23. Quijano CL, Ribelles VL. Surviving gender-based violence: a woman's path to recovery from abuse. 2019;
24. Condori Gmt. Family Violence And Its Influence On The Emotional State Of Women In The Province Of Lampa, Peru, 2018. 2020;