

Social Determinants Of Health In Women Who Live With Violence In The Ecuadorian Austro

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Abstract

Introduction: Social determinants influence the different conditions of life, and in the case of gender violence they allow to analyze, reflect and look holistically at the problem that is considered a global, public health and human rights epidemic that is present in all societies with serious consequences on the mental health of the victims. **Objective:** To describe the social determinants of health in a group of women who experience gender violence and attend a specialized care center. **Materials and methods:** A quantitative cross-sectional study was carried out with a sample of 610 participants who signed the informed consent form. **Results:** The women reported living in an inadequate physical ecological environment (61.6%) and physical social environment (61.3%), while 56.7% reported an adequate physical family environment. As for satisfaction with violence preventive health actions related to the perception of violence in the home, it is shown to be statistically significant ($p=0.0001$). **Conclusions:** The importance of including social determinants for the analysis of gender violence and thus thoroughly addressing the problem is highlighted. Gender violence is present in all family, community and social spaces, and is perceived as a normal occurrence, which is why the problem should be made visible with the magnitude it requires.

Keywords: gender violence, health, social determinants.

Introduction

The World Health Organization (WHO) defines the social determinants of health (SDH) as “the circumstances in which people are born, grow, work, live and age, including the broader set of forces and systems that influence the conditions of everyday life, including the health system. These forces and systems include economic policies and systems, development programs, social norms and policies, and political systems. These are the result of the distribution of money, power, and resources at the global, national, and local levels, and the policies adopted (1).

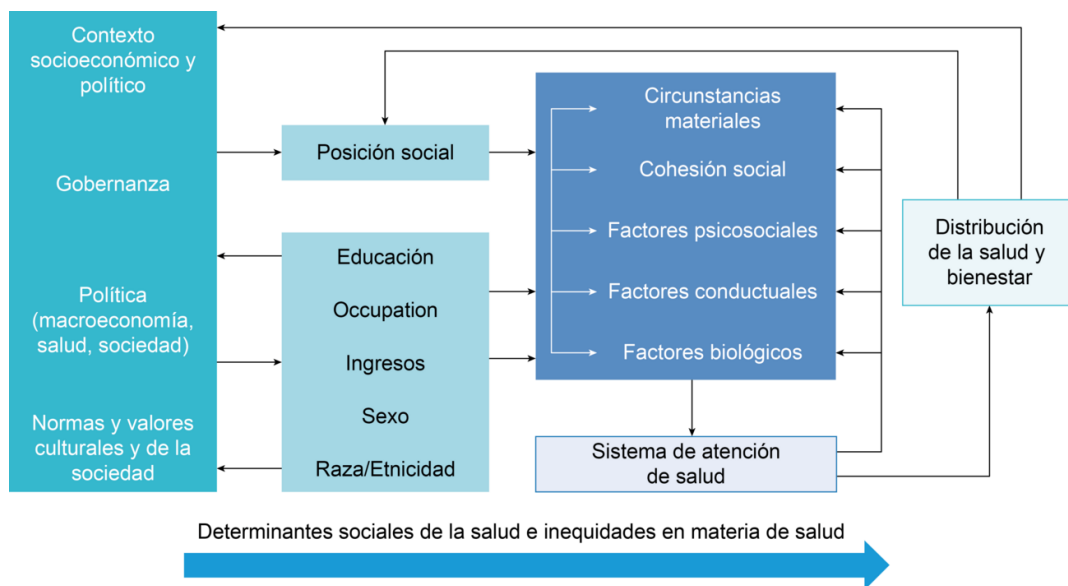
Social determinants include several components such as structural determinants or socio-economic and political context, defined as the structural factors of the social system that can significantly influence the social structure, including the government, macroeconomic policies that determine the economic model and regulate the labor market; distribution and access to land, housing, health, education, social and cultural values that people use to construct meanings about health, services, which influence the health and well-being of human beings (2). The socioeconomic position is a structural determinant that

shows the insertion in the productive apparatus that will establish the opportunities of access, the satisfaction of essential needs according to the degree of education, occupation, gender and income level; whose consequences on health, well-being and life of social groups will depend on the type of socioeconomic position they have.

Intermediate determinants are a set of particular factors such as living and working conditions, food availability, behaviors, and biological and psychosocial factors that, together with the health system, level of access, and quality of care, will

generate a positive or negative impact on health and wellbeing.

Environmental determinants are factors related to the environment in which people live and interact, favoring the generation of protective or dangerous processes for health; protection depends on the social capacity to improve the interaction between human activities and the ecosystem, this interrelation must be sustainable, dialectic to promote health and prevent disease, maintaining the balance and integrity of ecosystems to ensure the well-being, health and life of age groups (3).



Source: <https://www.paho.org/es/temas/determinantes-sociales-salud>

The United Nations defines violence against women as “any act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life” (4).

In this context, one of the most vulnerable groups are women due to their gender condition, lack of state public policies to protect them, added to the inequality of access to health, and education, poor working conditions, a patriarchal society - state, the establishment of power as a form of subjugation, generation of institutionalized violence in the family, work and social spheres determine ways of life, work, lifestyles that increase their level

of vulnerability producing deterioration of their physical and psychosocial health.

The figures, according to the UN, are alarming, worldwide one in three women have suffered some type of violence at some point in their lives, representing 35% (4) Ecuador also has a high rate of violence with 60.6% in the country and the province with the highest rate of violence is Azuay with 68.8%, the percentage of psychological violence is 60.3%, physical violence 44.3% and sexual violence 27.6% (5).

Several indicators show the link between social determinants and gender violence, one of them, is access to education according to UNICEF in 2015 reports that 60% of the illiterate population is made up of women, which puts them at a disadvantage when they experience

violence because they do not seek legal assistance and support for their problems; added to the fact that women with no education have a double probability of being raped compared to those with a medium or higher educational level since it is considered that as their educational level improves, the prevalence of violence decreases; but this does not mean that it is no longer present in all social classes, poor, illiterate women, with high socioeconomic status and educational level; an indicator that shows that violence is rooted, institutionalized and has a structural character (6).

Several studies seek to explain the relationship between social determinants and gender violence, the study conducted by the Ministry of Health in Andalusia, Spain (2018) entitled "Report on Health and Gender", states that the social determinants of gender violence are the access to higher education of younger women and that it is at 15,85, which decreases vulnerability to violence since older women are those who have historically suffered historical inequalities in access to education, 19.2% did not complete secondary education, and also relates the low level of education with poor health and vulnerability to experience violence increasing with age (7).

Camacho, G. in her article entitled "Gender violence against women in Ecuador" shows that the magnitude of gender violence differs according to educational level, being higher in illiterate women at 57.4%, women with basic education at 54.5%; with secondary education at 44.2%, with technological higher education 44.9%; women with higher education 36.0% with postgraduate studies 36.3% of violence (5). Another research entitled "Socio-cultural factors that influence women victims of domestic violence" conducted by Illescas et al., Cuenca in 2018, shows the association between social determinants and gender violence, since, 55.56% of women victims have attended only primary school, 33%, have secondary education, 11.11% higher education level, 44.44% witnessed acts of violence in their social environment, 66.67% state that their mother experienced violence of violence, 51.85% state having been victims of physical violence in their

childhood and remain with the aggressor due to economic dependence (8).

Undoubtedly, gender violence has its roots in the inequalities built over time by society and perpetuated by various social structures; therefore, it is necessary to analyze the social determinants that influence gender violence to identify the modifiable parts of this public health problem, since they negatively influence the physical, mental and social health of women.

Materials and methods

Study design and sample selection A quantitative cross-sectional study was carried out which included 610 women living with violence in the Ecuadorian Austro region with the approval of the Bioethics Committee of the University of Cuenca. The women participants were selected by non-probabilistic purposive sampling from the specialized violence care centers. The study was explained to each of the participants and the corresponding informed consent was obtained before the application of the data collection instruments.

Evaluation of subjects

A structured interview was administered to all the participating women to obtain information related to the social determinants of violence, structured in three sections, which are: Part A: Sociodemographic variables, Part B: Physical environment: Family, Social and Ecological and finally Satisfaction with access to health services; the structure of the interview was based on the standards of the World Health Organization regarding social determinants and also the expofeso questionnaire was validated by experts and a pilot test was conducted. Each of the variables was categorized as adequate and inadequate.

Statistical analysis

A descriptive analysis of the sociodemographic variables and social determinants was performed. The database was imported into SPSS software to proceed to its analysis with a total of 610 records, each variable having labels

according to the questionnaire and coded according to the response category. For the presentation of results, an arithmetic sum was performed in SPSS to know more accurately the results, distribution and total points of the social health factors. Pearson's Chi-square test was used to observe the association between the variables studied. Tables with percentages were presented, showing the correlation between variables and compliance with the objectives of this research. The data were tabulated and analyzed, being statistically significant when $p < 0.05$.

Results

Figure 1 compares two categories of a variable (age), showing the distribution by marital status of the 610 users living with violence, the distributions correspond to the variable age and each series corresponds to the category of the variable marital status, showing that the distribution is greater (i.e. greater dispersion) for the divorced and widowed category, between the ages of 18 and 45 years.

Figure 1. Distribution of women who experienced gender-based violence by age and marital status.

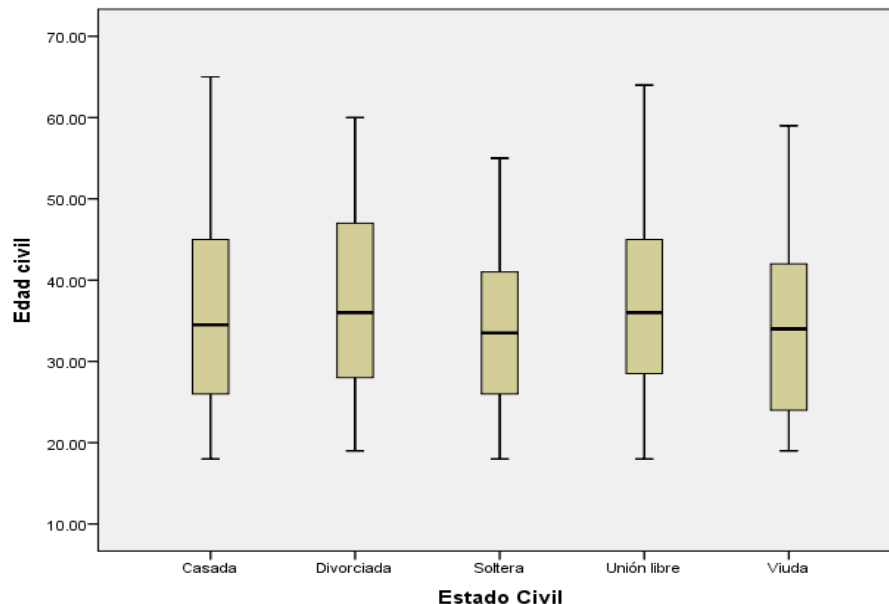
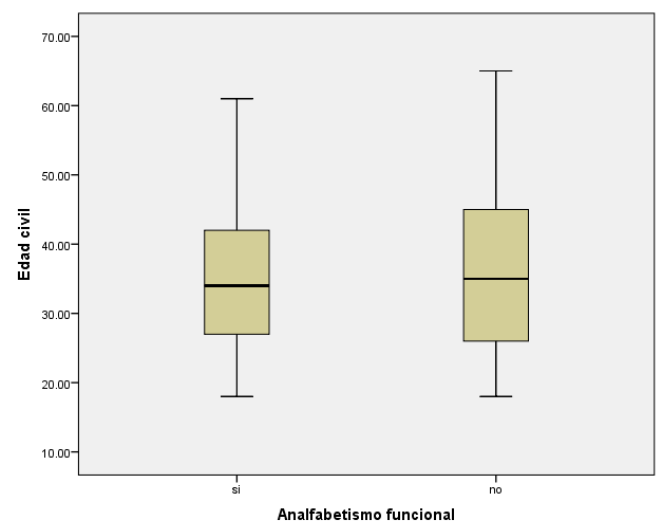


Figure 2 compares two categories of a variable (age), showing the distribution by functional illiteracy of users living with violence, the distributions correspond to the functional illiteracy variable and each series corresponds to the category of the marital status variable. The distribution is greater (i.e. greater dispersion) for the category of non-functional illiteracy, between the ages of 18 and 45 years.

Figure 2. Distribution of women who experienced gender violence according to age and functional illiteracy.



Regarding the distribution of women who experience gender-based violence

according to social determinants, related to the physical family environment, 57.7% ($n=346$) of the users live in an adequate, organized and functional environment; the

physical social environment, the largest number of women, 61.3% (374) live in an inadequate environment with less than three characteristics, which means that most of them are exposed. Regarding the physical ecological environment, the highest number 61.6 (376) corresponds to an inadequate environment with less than three characteristics, which means that most of the women who experience violence are

exposed; and regarding the satisfaction of each of the women participating in the research with prevention activities developed by the health services, the percentage is high 72.1 (440) state that the programs do not take place in the prevention area or simply their intervention is very low, allowing violence to continue to increase (Table 1).

Table 1. Distribution of women who experience gender-based violence according to social determinants.

Variable	Category	Frequency	Percentage	Valid percentage	Cumulative percentage
Entorno physical-family	not adequate	264	43.3	43.3	43.3
	Adequate	346	56.7	56.7	100.0
	Total	610	100.0	100.0	
Physical-social environment	inadequate (less than 3 characteristics)	374	61.3	61.3	61.3
	adequate (three or more)	236	38.7	38.7	100.0
	Total	610	100.0	100.0	
Physical-ecological environment	inadequate (less than 3 characteristics)	376	61.6	61.6	61.6
	adequate (three or more)	234	38.4	38.4	100.0
	Total	610	100.0	100.0	
Satisfaction with health units	none or very low	440	72.1	72.1	72.1
	moderate to high	170	27.9	27.9	100.0
	Total	610	100.0	100.0	

PROFILE OF THE PERCEPTION OF DOMESTIC VIOLENCE, BINARY LOGISTIC REGRESSION MODEL

Based on the results presented and considering the total alpha error of the study, the variable: Perception of violence in the home is modeled. In the table below is the list of variables considered in the

model, to meet the environment criterion X^2 .

Model 1

This first model explored the physical-ecological, physical-social, and physical-familiar environments and satisfaction with prevention services in health units (Table 2).

Table 2. Coding of categorical variables

	Frequency	Parameter coding
		-1

Satisfaction with prevention services in health units	none or very low	440	1.000
	moderate to high	170	.000
Adequacy of the physical Ecological environment	inadequate (less than 3 characteristics)	376	1.000
	adequate (three or more)	234	.000
Adequacy of the social and physical environment	inadequate (less than 3 characteristics)	374	1.000
	adequate (three or more)	236	.000
Family physical environment	not adequate	264	1.000
	Adequate	346	.000

Table 2.1. Variables in the equation

		95% C. I to EXP (B)							
		B	Standard error	Wald	g l	Sig	Exp (B)	Inferior	Superior
Step 1	Familiar Physical Environment (1)	.470	.189	6.207	1	0.013	1.601	1.106	2.317
	Adequate physical environment Ecological (1)	.305	.177	2.960	1	.085	.737	.521	1.043
	Adequacy of social physical environment (!)	.254	.186	1.868	1	.172	.776	.539	1.116
	Satisfaction with prevention services in health units (!)	.808	.206	15.466	1	.000	.446	.298	.667
	Constant	.866	.266	10.577	1	.001	2.378		

This model allows describing the variable Do you consider that there is violence in your family, related to social determinants, with this pattern we consider that all the women who have been recruited in health units where, a priori, they come with an experience of violence, it is shown that the women who most consider that there is violence in their family are those with an inadequate physical family environment and with low or null satisfaction with prevention services in health units.

Model 2

Reference categories: adequate physical environment, family, physical ecological environment, physical social environment = No. Satisfaction with prevention services in health units = low or none. Marital status = widowed. Age = scalar variable, ascending order.

Interpretation

This model makes it possible to describe the variable "Do you consider that there is violence in your family?" about determinants and sociodemographic variables such as age and marital status, showing that the women who most consider

that there is violence in their family are those with an inadequate physical family environment, with low or no satisfaction with prevention services in health units,

those with a single marital status, and the older the woman, the higher the perception of violence in the family (Table 3).

Table 3. Variables in the equation of Model 2

								95% C.I for EXP (B)	
		B	Standard error	Wald	gl	Sig	Exp (B)	Inferior	Superior
Step 1	Satisfaction with prevention services in health units (!)	.783	.215	13.244	1	0.0001	0.457	0.300	0.697
	Family physical environment (!)	0.491	0.201	0.5942	1	0.015	1633	1.101	2.424
	Adequacy of physical environment Ecological (1)	0.273	0.186	2.150	1	0.143	0.761	0.529	1.096
	Adequacy of social physical environment (!)	0.086	0.200	0.186.	1	0.667	0.917	0.620	1358
	Age	0.053	0.008	41.385	1	0.0001	1.055	1.038	1.072
	Marital status			14.611	1	0.006			
	Functional illiteracy	0.151	0.214	0.498	1	0.480	0.860	0.566	1.308
	Constant	0.1653	0.615	7.217	1	0.007	0.191		

Discussion

Gender violence is a complex problem with causal roots in various structural, social, particular and individual spheres since scientific evidence shows the role of social determinants in the expression of violent behaviors, such as the intergenerational transmission of violence. A serious problem that affects society, and the physical and mental health of the victims with a high social, family and economic cost, so to confront and eradicate it requires a multisystemic, comprehensive approach, being necessary to incorporate this category

of epidemiological analysis to analyze and interpret this health problem from an ontological perspective, always establishing a dialectical relationship with the living and working conditions, where the enjoyment of health is a right.

Under this perspective, the study shows that the results found provide epidemiological information on the social determinants of gender violence in the health of women who experience violence; this study shows that the prevalence of violence according to the age of the women is 48% in the group of 18 and 45 years with married and

divorced marital status, respectively, compared with a study conducted in Mexico 2020 on “Disappearance of women and girls, highlighting that 44.9% of married or unmarried women reported having suffered violence by their partner (9).

One of the macro structural determinants that affect gender violence found in the study is the level of education or access to education of women who experience violence, which in the case of the research 76.6% of women between 18 and 45 years of age do not even reach functional illiteracy, i.e., the findings mean that the level of schooling that most women who experience violence have is very low, This result corroborates with the findings of the study on “Sociocultural factors that influence women victims of domestic violence” conducted by Illescas et al. (cited in Cuenca, 2018) (8), which shows the association between social determinants and gender violence through data such as the fact that 55.56% of women who experience violence have only completed primary school, while 33% have secondary education and 11.11% have higher education (10).

Another research conducted by Arias in Peru in 2020 entitled “Risk factors that influence violence against women by their spouses in the central highlands of Peru” shows that the factors that influence violence against women are access to education, 46% of women who have been raped have a low level of education between primary and secondary school (11). Both the reference study and the research carried out show a statistical and theoretical association between social determinants and educational level, showing that, although violence decreases at higher levels of schooling, it does not disappear because it is linked to other determinants such as economic position, other intermediate determinants such as lifestyles, forms of work, cultural characteristics, which makes this health problem more complex, making it difficult to prevent and eradicate (12).

The results also coincide with those found in the research entitled “Gender violence against women in Ecuador” (5) (Camacho Quintana, 2014), which shows that the

magnitude of gender violence differs according to cultural ethnicity, finding that women who have suffered any type of aggression are greater among indigenous women (59.3%) followed by Afro-Ecuadorian women (55.3%), women who define themselves as white (43.2%) and mestizo women (47.5%); violence decreases or increases according to the level of education, thus violence is higher in illiterate women 57.4%, women with basic education experience violence 54.5%; middle education presence of violence 44.2%, women with technological higher education 44.9% of violence; women with higher education 36.0% of violence and women with postgraduate education presence of violence in 36.3%. The research clearly shows the association of the social determinant variables - gender violence, as well as the complexity and magnitude of this global pandemic.

Also, they coincide with the study conducted by the Ministry of Health in Andalusia, Spain in 2018 entitled “Report on Health and Gender” (7), which states that one of the social determinants of gender violence is access to education, indicating that violence decreases when there is greater access to higher education for younger women, occurring in only 15.8%, which is evidence of the decrease in vulnerability to violence. This is because older women are those who have historically suffered from historical inequalities in access to education, as 19.2% of older women who did not complete secondary education have been victims of violence, and it also relates the low level of education with poor health and vulnerability to experience violence, which increases with age (13). The two reference studies and the one conducted show that one of the determinants that increase or decrease vulnerability to the prevalence of violence is access to education, which is the contribution of the present study.

Regarding social determinants, the family's physical environment is an intermediate social determinant according to the classification of the World Health Organization, very essential for the development of the human being. About this category of analysis, the research shows that the family physical environment

of women who experience violence is adequate in 56.7% and inadequate in 43.3% with a percentage difference of 13.4%, which is corroborated by the study conducted by Marcano and Palacios, entitled "Gender violence in Venezuela" (14), which states that the social determinants linked to students' violent behaviors are the average socioeconomic position 84.1%, threats 45.8% and family dysfunctionality in 42.2%, differs in that the reference study values only family functionality without considering the physical environment, which is also important for a comprehensive assessment (15).

The physical social environment is another of the intermediate social determinants evaluated for its close relationship with the prevalence of gender violence in women who experienced violence since the evidence shows that the physical social environment surrounding these women victims of violence is inadequate in 61.3% of the cases and adequate in 38.7% with a percentage difference of 22.6%. These data coincide with a study conducted in the Province of Imbabura, Ecuador by Zamudio Sanchez et al. on "Gender violence in university students "A look from the social determination in 2020." (16), highlighting that discrimination is present in this space, with a higher prevalence in the initial cycles with 29.7%, in intermediate cycles with 25.70%, with a prevalence of 4 out of 10 women experiencing violence exercised by their partners.

There is also a coincidence with another explanatory study of cases and controls, entitled "Risk factors associated with violence suffered by women in the couple" (Puente-Martínez et al., 2016) (10), which clearly shows that the physical social environment was inadequate, since 63% of the women who were abused were part of a social support program, 91% of the women participated in social gatherings and were assaulted under the influence of friends using force as a form of control and domination towards the women, and 50% were assaulted in these environments.

It also coincides with the findings of the study entitled "Sociocultural factors that influence women victims of domestic violence" by Illescas et al. (cited in Cuenca

(2018) (8), which showed that 44.4% of victims of violence had an inadequate physical social environment because they witnessed acts of violence in their social environment, 66.67% stated that their mother was a victim of violence, 51.85% stated that they had experienced physical violence in their childhood and remained with the aggressor due to economic dependence. Intervention in this space is transcendental to prevent violence, since the environment is the social space where physical, labor, social, cultural, and organizational interrelationships are reproduced, so it must be healthy for the human and productive development of human beings (19).

Referring to the regression model in the research, it is evident that women who consider that there is violence in the home are those with an inadequate physical-family environment, a low or null perception of satisfaction with health prevention actions ($p < 0.0001$), the prevention of this problem is between none or low in 72.1% and only 27.9% consider that this role is between moderate to high. This differs in percentage from the study on "Approach to gender violence by mental health professionals" (18) conducted in Mexico by Martínez et al., in 2019, showing that 53% of the professionals admit that, as part of their daily practice, they question the women attended to identify whether they are experiencing or have experienced gender-based violence and state as institutional barriers to care the absence of care protocols, poor training and lack of legitimacy of their work, which was corroborated by the users. As can be seen, the results of this research are very low, barely reaching 27.9% with a percentage difference of 25.1%. Both the baseline study and the research carried out show the importance of the health services network at both the primary and secondary levels for the timely detection and care of victims of gender-based violence. It also creates the need to strengthen the training of health professionals in the timely detection and treatment of victims.

Conclusions

Gender violence is a complex, structural problem whose approach requires an

epidemiological analysis from the logic of social determinants or the social determinants of violence to establish the causality of this public health problem, from an ontological perspective, establishing the dialectical relationship with living and working conditions, where the enjoyment of health is a right and achieving it is a shared responsibility between the state, individuals and groups; Therefore, health has a great affinity with tranquility, equilibrium and harmony in living, in the exercise of individual and collective rights and the satisfaction of needs.

Gender violence has become a daily activity, present in all family, community and social spaces, making it a social practice, institutionalized and perceived as a normal occurrence in private spaces.

Gender violence is currently a public health problem that has to do with unequal power relations between men and women, where the patriarchal culture is maintained, allowing the use of strategies used by men to maintain control, which is similar to those used by society in general. In our society, the construct that the masculine is the most valuable thing still prevails, therefore, privileges and benefits are granted in both the public and private spheres. The stereotypes used to increase the vulnerability of women to be recipients of gender violence, making it important to recognize the existing social construction of inequality to generate social intervention programs and applicable policies to eradicate violence from the social, cultural and political levels (19).

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