

ISSUE BRIEF

Confronting the Impact of Gender-Based Violence on Women's Health

Gender-based violence (GBV) is a pervasive public health and human rights problem. Around the world, at least one woman in every three has been beaten, coerced into sex, or otherwise abused.¹ Physical and sexual violence causes women – and men to a lesser degree – to suffer substantial morbidity and mortality. Indeed, GBV is a major cause of disability and death among women. Because of this effect on women's health and well-being, The U.S. Agency for International Development's (USAID's) Office of Population and Reproductive Health works to prevent and respond to GBV.

GBV can take the form of physical, sexual, economic, and psychological/emotional violence within the family; child sexual abuse; dowry-related violence; rape and sexual abuse; marital rape; sexual harassment in the workplace and educational institutions; forced prostitution; trafficking of girls and women; child marriage; and female genital cutting.

GBV is strongly linked to HIV/AIDS. Women who cannot negotiate condom use for fear of violence are at increased risk of HIV and other sexually transmitted infections. Fear of violence may also keep women from voluntary HIV/AIDS counseling and testing. Furthermore, women may be subjected to violence after disclosing their HIV status to their partners. GBV also can:

- Affect women's access to services, specifically their ability to obtain contraceptives
- Jeopardize informed choice about their family planning options
- Burden overwhelmed health care systems, as it increases the likelihood of maternal complications, including deaths, and contributes to poor birth outcomes
- Undermine progress in reproductive health and HIV/AIDS prevention
- Impact children and undermine the economic well-being of societies

The health sector can play a vital role in preventing GBV by helping to identify abuse early, providing victims with the necessary treatment, and referring women to appropriate and informed care. Reproductive health workers are often the only health care providers many women use. These professionals are on the front line in treating women who survive physical, psychological, or sexual abuse.

Facts and Figures

- In the developing world, 33 to 50 percent of women report being beaten by their partners.²
- In Peru, 70 percent of all crimes reported to the police involve women beaten by their husbands. In India, in the 400 cases of domestic violence reported in 1993 in the province of Punjab, nearly half ended with the death of the wife.³
- Worldwide, between 100 million and 140 million women have undergone some form of female genital cutting and suffer from its adverse health effects.⁴
- According to the World Health Organization, 85 million to 115 million girls in the world's population have undergone "forced" sexual debut; percentages range from 7 percent in New Zealand to 46 percent in the Caribbean.⁵

What USAID Is Doing

The Agency has adopted a multisectoral approach to preventing and responding to GBV and integrates this into health programs ranging from community mobilization to health policy.

¹ Heise L, M. Ellsberg, and M. Gottemoeller. 1999. "Ending Violence Against Women." *Population Reports*, XXVII (Number 4, Series L, Number 11).

² Jejeebhoy, S.J. (1998) Implications of domestic violence for women's reproductive health: what we know and what we need to know. Biennial Report 1996–1997.

³ UN (1996) Human Rights: Women and Violence.

⁴ WHO Fact Sheet No. 241. June 2000. <http://www.who.int/mediacentre/factsheets/fs241/en/>

⁵ Heise, L. and C. Garcia-Moreno, 2002. "Violence by Intimate Partners." Pg. 89-121 in: Krug, Etienne et al., Eds. *World Report on Violence and Health*. Geneva: World Health Organization.

The Capacity Project – Rwanda

Workplace violence against women is more common in female-dominated professions, such as nursing, than in other jobs. The USAID-funded Capacity Project studied violence in Rwanda's health sector – including forms, causes, victim and perpetrator characteristics, and consequences – and found that gender discrimination and inequity contribute significantly to the problem. Almost 40 percent of health workers surveyed had been victims of some form of workplace violence in the previous year, with verbal abuse most prevalent, followed by bullying, sexual harassment, physical assault, and sexual assault. The findings suggest that promoting gender equality at health workplaces can reduce levels of violence, so The Capacity Project is working across public and private sectors to develop a national workplace safety policy for Rwanda that directly addresses gender discrimination.

The Twubakane Project – Rwanda

The Twubakane Project assessed health care facilities in Rwanda to determine if three services – GBV, antenatal care (ANC), and prevention of mother-to-child transmission of HIV (PMTCT) – could be integrated effectively in three districts of the country. It found that PMTCT clients face multiple “moments of risk” for emotional, sexual, economic, and physical violence before, during, and after ANC or PMTCT consultations, and recommended that the Ministry of Health (MOH) implement a decentralized model of integrated GBV/ANC/PMTCT service delivery. Follow-up activities included helping the MOH revise sexual violence protocols to address all the forms of GBV Rwandan women face and become more client-friendly; providing service providers in the study sites with GBV sensitization and skills training; providing health facilities with GBV-related materials and a community resources directory; developing facility protocols for counseling and referral of clients who live with violence; supporting community mobilization to prevent GBV at the local level; training police and judges; strengthening collaboration between the health and criminal justice systems; and linking PMTCT service sites with microenterprise projects to support women's economic independence.

GBV and Contraception Use – Bolivia

A USAID-supported study in Bolivia found that GBV negatively impacts a woman's use of contraception. It found that women are deterred from using family planning and reproductive health (FP/RH) services not only by fear of intimate-partner violence but also by stigma from health care providers and other community members who might judge them adversely for using contraception. Based on this finding, Bolivian policymakers and health professionals plan to advocate for greater attention to providing RH services to women who are victims of intimate-partner violence. The police, judiciary, schools, social services, and eight USAID/Bolivia implementing partners currently are engaging municipal governments in improving their response to GBV within the context of FP/RH services.

Healthy Images of Manhood – Kenya and Tanzania

Healthy Images of Manhood (HIM) is an innovative community-based approach to engaging men to mitigate GBV, counter stigma, and reconsider rigid roles that prevent them and their partners from using FP/RH and HIV services. This comprehensive, USAID-funded health education intervention encompasses a training workshop and the development of action plans for outreach activities, a supportive supervision system, ongoing monthly sessions for capacity building, and a monitoring and evaluation system that provides data for planning and decision making. The HIM approach has been applied in the Kakuma refugee camp in the North Eastern Province of Kenya to create 30 young male “gender champions” working to sensitize and mobilize the community on GBV and reproductive health. It was also used in a work-based setting at Unilever Tea Tanzania Limited to decrease sexual violence and increase men's use of health services, especially HIV care and treatment.

BRIDGE – Multiple Countries in Africa

The USAID-funded BRIDGE program recently held an intensive two-week workshop to help participants develop skills for policy-level communication and advocacy about issues surrounding GBV. Program officials, researchers, and women's advocates from Benin, Burkina Faso, Cameroon, Democratic Republic of the Congo, Guinea, Rwanda, and Senegal worked on improving their communication strategies to advocate for better policies and programs. Subsequently, participants are now leading campaigns against GBV in their own countries and reaching increasing numbers of policymakers and civil society leaders. BRIDGE also convenes activities and disseminates information to help field-based programs better develop, implement, and monitor GBV programs.

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