

VIOLENCE AGAINST WOMEN

SUMMARY OF GLOBAL REPORT ON PREVALENCE AND HEALTH EFFECTS

This report summarizes a WHO published report about a systematic review carried out to capture women's experiences of different forms of violence documenting the widespread problem of violence and documentation of impact upon women's health after experiencing these forms of violence.

VIOLENCE AGAINST WOMEN

SUMMARY OF GLOBAL REPORT ON PREVALENCE AND HEALTH EFFECTS

World Health Organization (WHO) in collaboration with London School of Hygiene and Tropical Medicine (LSHTM) and South Africa Medical Research Council (MRC) published a report in 2013 titled, 'Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence'.

This report was an outcome of a global and regional systematic review and synthesis of scientific data was carried out for the first time on the occurrence of two forms of violence against

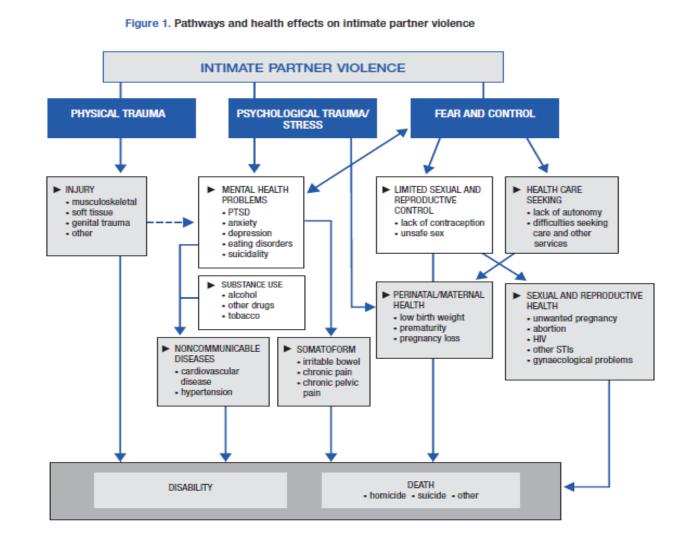
women: violence by an intimate partner and sexual violence by someone other than a partner. It also details the effects of violence on women's physical, sexual and reproductive and mental health.

This evidence comes from a few rigorous, prospective and carefully controlled clinical and epidemiological research studies and, more commonly, from assessments of association using population-based cross-sectional data. The studies reviewed are mostly large, representative, population-based surveys that have been replicated in multiple settings, with strong consistency of findings across studies.

The evidence shows that women experiencing intimate partner violence are significantly more likely to experience serious health problems than the women who have not experienced such violence. Some of the health effects of the non-partner sexual violence is also presented but fewer outcomes are included due to lack of research in the area.

"The abuse of women and girls is the most pervasive and unaddressed human rights violation on earth."

- JIMMY CARTER The figure below explores the pathways and health effects on intimate partner violence that leads to various consequences.



In the review, only the primary data from population surveys were included and the women above 15 years were included as most of the survey capturing data on intimate partner violence, especially from those from low and middle income countries focus on women in the reproductive age group (15-49). The systematic review of the prevalence of intimate partner violence was conducted, compiling evidence from both peer-reviewed literatures and grey literatures from first record to 2008; then again it was updated to January 2011. Globally, 36 percent women have experienced nonpartner sexual violence or physical or sexual violence by an intimate partner, or both Findings from the review show that globally, **35.6% of women have ever experienced either non-partner sexual violence or physical or sexual violence by an intimate partner, or both**. Regional estimates show prevalence rates of intimate partner violence and non-partner violence combined ranging from 27.2% to 45.6% in which **South-East Asia shows prevalence rate of 40.2%**.

In terms of health effects of exposure to intimate partner violence, there were various factors that were associated: incident HIV infection, incident sexually transmitted infections (STIs), induced abortion, low birth weight, premature birth, and growth restriction in utero and/or small for gestational age, alcohol use, depression and suicide, injuries and death from homicide. Whereas, the health effects of exposure to non-partner sexual violence were in particular the mental health effects like depression, anxiety disorders, including Post Traumatic Stress Disorder (PTSD).

The report highlights that the major contributor to women's mental health problems like depression and suicide as well as sexual and reproductive health problems including maternal and neonatal health problems is the intimate partner violence. It can be seen that the relationship between exposure to violence and health effects is complex.

Key findings on the health outcomes of physical and sexual intimate partner violence include:

- Globally, as many as **38% of all murders of women** are reported by intimate partners.
- About 42% of women who have been physically and /or sexually abused by a partner have experienced injuries as a result of that violence.
- Women who have experienced partner violence have higher rates of several important health problems and risk behaviours; compared to women who have not experienced partner violence, they:
 - have 16% greater odds of having a low-birth weight baby;
 - are more than twice as likely to have an induced abortion;
 - are more than twice as likely to experience depression;

Women experiencing partner violence are twice more likely to experience depression than those not experiencing partner violence • Women who have experienced non partner sexual violence are 2.3 times more likely to have alcohol use disorders and 2.6 times more likely to have depression or anxiety than women who have not experienced non-partner sexual violence.

EVIDENCE GAPS

Some of the gaps in evidences realized through this review were: many countries have not collected population based data on either intimate partner violence or non-partner violence, and the prevalence rate of these countries are unknown. Second, there is less known about how to capture experiences of sexual violence and third is the difference in political and cultural factors among the countries.

CONCLUSION

This report urges the need to address the economic and sociocultural factors that fosters a culture of violence against women. It focuses that there is a need to challenge social norms that are male dominant as these could help in controlling violence against women relatively. As the women who experienced violence are not provided with any benefits, services should be provided to such affected group and the health sector should play greater role in responding to intimate partner violence and sexual violence again women. Finally, violence against women should not be taken as a small issue as majority of women have been experiencing it once in a life time rather, it should be taken as global public health problem of epidemic proportions that requires urgent action.

REFERENCE:

WHO (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence

CONTRIBUTORS: SUDEEP UPRETY AND ASMITA PANTA



Health Research and Social Development Forum (HERD) Thapathali, Kathmandu, Nepal

www.herd.org.np

@HERDNepal