Gender-Based Violence: Impediment to Reproductive Health

Gender-based violence has gained prominence around the world as a grave violation of human and legal rights. But it is equally important that it be recognized, and addressed, as a prime barrier to reproductive health—a barrier that prevents women, families, and countries from achieving their full potential. This brief presents background on the frequency of gender-based violence and outlines the ways in which it is an impediment to health passed on from generation to generation.

What Is Gender-Based Violence?

Gender-based violence (GBV) is "violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately."[1]

GBV occurs in many forms, including but not limited to intimate partner violence (IPV), domestic violence, sexual violence, and femicide or the killing of women because of their gender by males. The frequency and severity of GBV varies across countries and continents, but the negative impact it has on individuals and on families is universal and has direct links to health problems.

Magnitude of GBV

Research conducted in the last decade has shown that GBV is a pervasive public health problem that has implications for health policies and programs around the world.[2] A 2005 multi-country study by the World Health Organization (WHO), with data from 10 countries and 15 sites, found that "[t]he proportion of ever-partnered women who had ever experienced physical or sexual violence, or both, by an intimate partner in their lifetime, ranged from 15% to 71%." In four countries–Bangladesh, Ethiopia, Peru, and Tanzania—at least half of women interviewed had ever experienced physical or sexual violence.[3]

A multi-country Demographic and Health Surveys (DHS) report on domestic violence found that more than 40 percent of women in Bolivia, Cameroon, Columbia, Kenya, Peru, and Zambia had ever experienced violence by a spouse or partner.[4] Recent DHS data from Uganda and the Democratic Republic of Congo reveal that 56 percent of young women ages 15 to 19 have experienced physical violence.[5] The sheer magnitude of the numbers alone makes it a public health problem.

Pregnant women have been found to be at high risk of physical abuse. Earlier studies estimated that 4 to 15 percent of pregnant women have experienced violence,[6] and the 2005 WHO multi-country study found that an astonishing one out of every four women in rural Peru had experienced GBV while pregnant.[7]

Consequences of GBV on Reproductive Health

Without addressing GBV, health experts and policymakers have little chance of meeting the Millennium Development Goals, which call for lowering maternal mortality, improving child survival, and combating HIV/AIDS and other sexually transmitted infections (STIs), or of meeting the underlying goal of reducing unintended pregnancies.

Unintended pregnancy. Women who experience IPV have difficulty using family planning effectively. They are more likely to use contraceptive methods in secret, be stopped by their abusive partner from using family planning, and have a partner who refuses to use a condom. These women also experience a higher rate of unintended pregnancies, have more unsafe abortions, and are more likely to become pregnant as adolescents.[8]

Maternal and child impacts. Abuse during pregnancy poses immediate risks to the mother and unborn child, and also increases chronic problems such as depression, substance abuse, bleeding, lack of access to prenatal care, and poor maternal weight gain.[9] Children of abused women have a higher risk of death before reaching age five[10] and violence during pregnancy is associated with low birth weight of babies.[11]

STIs/HIV. Forced and unprotected sex and related trauma increase the risk that women will be infected by STIs and HIV. According to DHS data, the prevalence of STIs

among women who have experienced violence is at least twice as high as in women who have not.[12] Recent data have shown a strong correlation also between GBV and HIV. A 2008 report on married women in India reveals that women who have experienced both physical and sexual IPV have an HIV infection prevalence four times greater than non-abused women.[13] A new study from South Africa shows that "relationship power inequity and intimate partner violence increase the risk of HIV infection in young South African women."[14] And in Tanzania young women, ages 18-29, who have been abused by a partner have been found to be 10 times more likely to be HIV-positive than women who have not been abused.[15]

Cost of GBV

According to a 2009 World Bank publication, *The Costs of Violence*, most estimates on the cost to society of GBV have focused on domestic violence.[16] Some of the direct costs include treatment and support for abused women, and bringing perpetrators to trial. The indirect costs include days of work lost (by both the abused and the abuser), as well as the emotional cost in human pain and suffering by the victims, and impacts on other family members, especially children. Studies on the cost of violence have been conducted mainly in developed countries:

- The cost of violence by an intimate partner in the United States exceeds $5.8 billion per year—$4.1 billion for direct medical and health care services, plus productivity losses of nearly $1.8 billion;[17]
- A UK study has estimated total direct and indirect costs of all domestic violence at £23 billion per year or £440 per person.[18]

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Endnotes

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Other Resources

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