Med Pulse

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IN THIS ISSUE –GBV & S&RH

GENDER BASED VIOLENCE & SEXUAL AND REPRODUCTIVE HEALTH

Violence against women is now well recognized as a public health problem and human rights violation of worldwide significance. It is an important risk factor for women's ill health, with far reaching consequences for both their physical and mental health.

Gender based violence takes many forms and results in physical, sexual and psychological harm to the women throughout their lives. Gender based violence often the manifestation of unequal power relation between men and women in society and the secondary status of the women because of which women have to suffer a range of health problems in silence.

Violence against women of which domestic violence is a part, is almost a universal phenomenon that cuts across the regional, social, cultural, economic boundaries and threatens the health, well-being, rights and dignity of women in streets, in workplace, and at home. The risk factors vary from culture to culture, but the consequences are almost similar all over the globe.

The Problem

Violence against women cuts a wide swath of suffering and death across the entire globe. The following statistics provide a snapshot of the depth and breadth of the problem.

- Globally an estimated one woman in five will be a victim of rape or attempted rape in her lifetime.
- Violence's toll on women's health exceeds that of traffic accidents and malaria combined.
- Violence kills and disables the same number of women between the ages of 15 and 44 as cancer does.
- Up to one in five women reports being sexually abused before the age of 15.
- More than 130 million girls have been subjected to female genital cutting worldwide.
- Approximately 800,000 people are trafficked across national borders and millions more are trafficked within their own countries. Approximately 80 percent of transnational victims are women and girls and up to 50 percent are minors.

Violence against women is "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

Gender based violence extends across women's life span which begins pre-birth with sex-selective abortion and battering during pregnancy; and continuing through infancy and childhood with differential access to food and medical care, and sexual abuse; during adolescence with dating violence, economically coerced sex, and forced prostitution; and in adulthood with violence from an intimate partner, marital rape, dowry abuse, homicide, and sexual harassment.3The most common forms of violence against women are physical, sexual, and emotional abuse by a woman's husband or intimate partner.

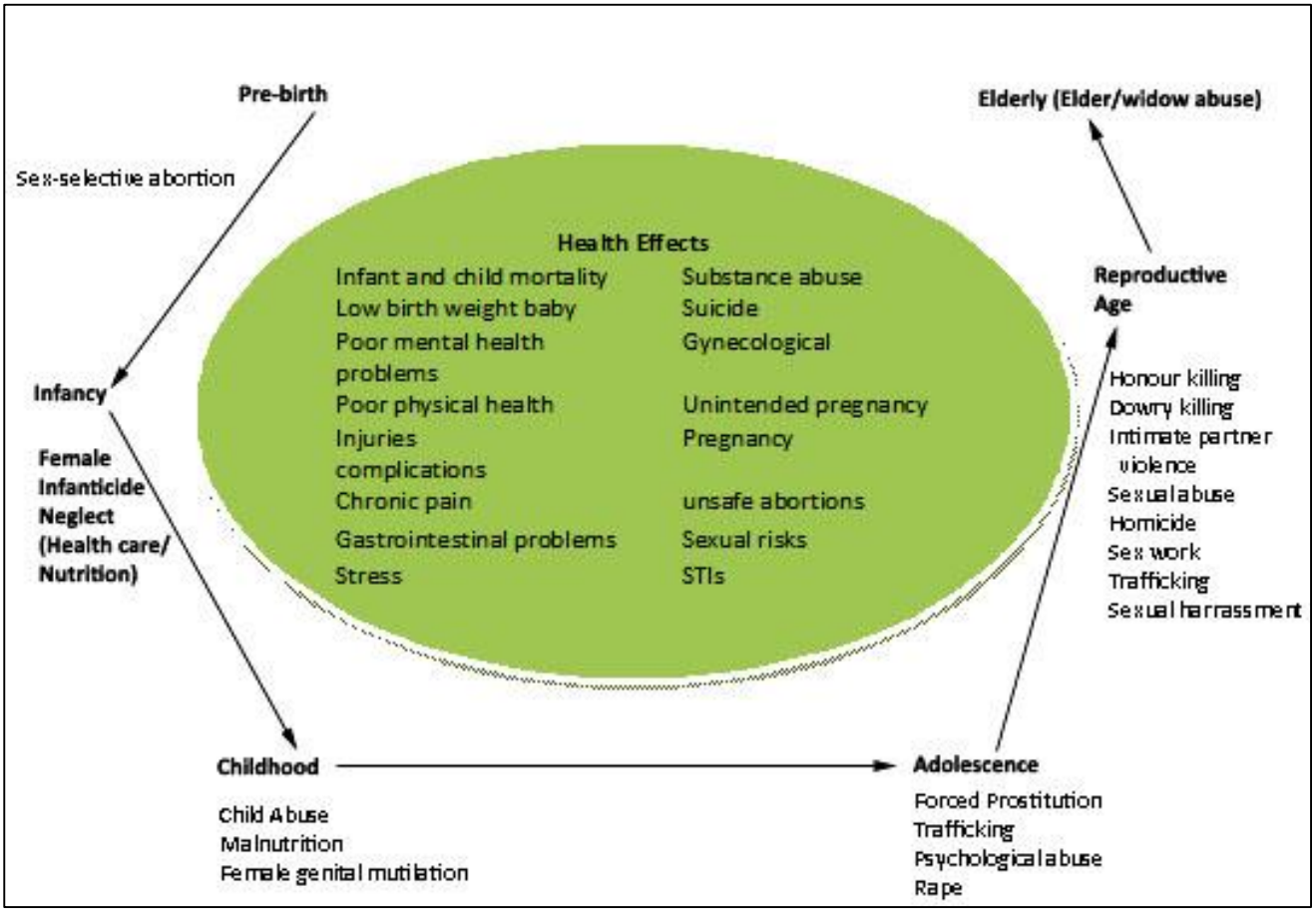
Gender Based Violence and Effects on Women's Health

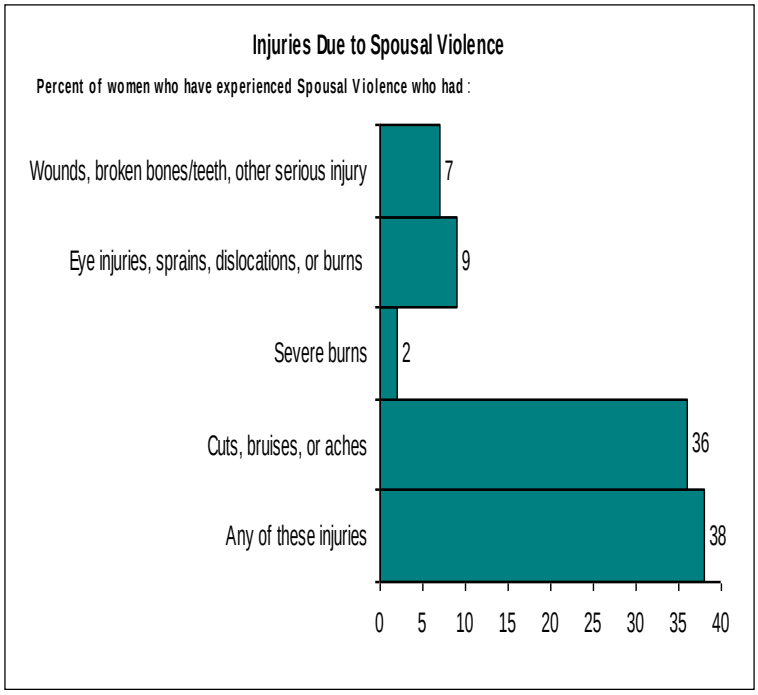
The most immediate physical health consequences are the consequences of injuries such as acute and chronic pain, cuts, burns, bruises, broken teeth, broken bones, damages to eyes and ears. For women the risk of injury from physical assault

seems to increase when the assailant is an intimate. Chronic stress-related problems include functional gastrointestinal disorder, appetite loss and viral infections such as cold and flu. Violence during pregnancy poses a threat to health and at its extreme can result in death of the mother and her unborn child. The main health effect specific to abuse during pregnancy is the threat to health and risk of mother, fetus, or both from trauma. This can overlap of intimate partner violence and child abuse. Gynecologic problems are the most consistent physical health difference between battered and non-battered women. Female genital mutilation (FMG), a culturally supported form of gender-based violence is associated with a range of serious health problems, including infection, chronic pain, sexual dysfunction, and obstetric complications.

Sexual violence has profound impact on the mental, physical and reproductive health of the victim.

The physical side of abuse is easily seen, but the psychological wounds are hardly seen and these affect every single aspect of the life of the victim. The psychological impact of domestic violence affects women more than the physical injuries. Physical and sexual violence negatively impacts women's mental health. Women who live with violent men tend, then, to develop serious health problems as a consequence of the repeated violence and fear they experience. Stark & Flitcraft (1996) have identified this as "Battered Woman Syndrome", characterized by recurrent assaultive injuries, stress-related injuries, isolation, substance abuse and mental illness. Mental health consequences include depression, Post-traumatic Stress Disorder (PTSD), anxiety, sleeping disorder, eating problems, suicidal tendencies, and increased use of alcohol and other drugs. PTSD is commonly conceptualized as an anxiety disorder occurring subsequent to a traumatic event which is perceived as highly threatening. There is some evidence that PTSD is directly associated with more suicidal attempts and this mediates the link between partner violence and suicidal attempts. Numerous researchers have documented that the "association between violence from one's spouse, low self-esteem, and suicidal tendencies is very strong, especially when compared to the women's pre-battering life phase". Sometimes victims may take long time to recover from and may develop extreme symptoms years later in response to stressful incidents. Regular alcohol consumption by the husband, harassment by the in-laws, exposure to harsh physical discipline during childhood and witnessing father beating the mother during childhood were other factors that were strongly associated with increased risk of poor mental health.





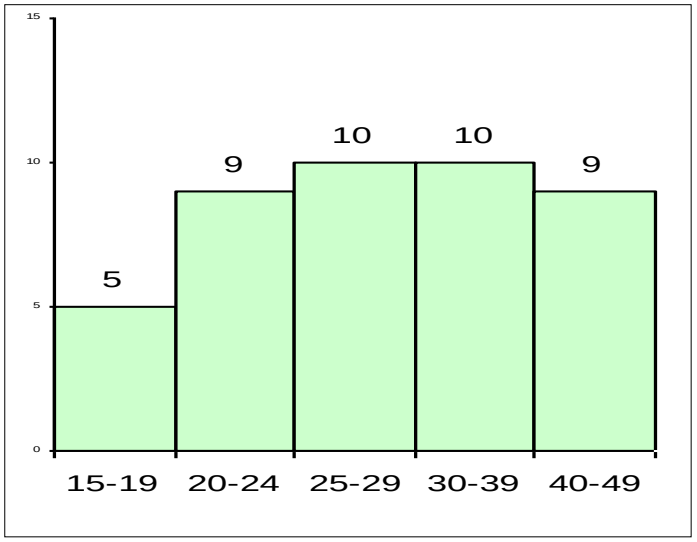
How Common Is Violence Against Women?

Globally, at least one in three women has experienced some form of gender-based abuse during her lifetime. Violence against girls and women can begin before birth and continue throughout their lives into old age (see Figure 1). Women are reluctant to discuss abuse, and may accept it as part of their role.

Reproductive Health Effects

Women's reproductive and sexual health clearly is affected by gender-based violence. A U.S. study found that women who experienced intimate partner abuse were three times more likely to have a gynecological problem than were non-abused women.

These problems include chronic pelvic pain, vaginal bleeding or discharge, vaginal infection, painful menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infection, and infertility. Sexual abuse, especially forced sex, can cause physical and mental trauma. In addition to damage to the urethra, vagina, and anus, abuse can result in sexually transmitted infections (STIs), including HIV/AIDS. Women who disclose that they are infected with HIV also may be subjected to violence. Early childbearing, often a result of early and forced marriage, can result in a range of health problems, including effects of unsafe abortion. Girls under 15 years of age are five times more likely to die in childbirth than women in their twenties. They also are at higher risk for obstetric fistula, which can result from prolonged and obstructed labor. Abuse limits women's sexual and reproductive autonomy. Women who have been sexually abused are much more likely than non-abused women to use family planning clandestinely, to have had their partner stop them from using family planning, and to have a partner refuse to use a condom to prevent disease.



Sexual Violence by age-NFHS 3

Addressing Violence through Reproductive Health

Programmes

The health effects of violence against women are serious, far-reaching, and intertwined. Health care providers have the opportunity and the obligation to identify cases of abuse. For many women in developing countries, a visit to a health clinic for reproductive or child health services may be their only contact with the health care system. The health care sector can capitalize on this opportunity by ensuring a supportive and safe environment for clients, helping providers ask about abuse, and helping women receive the care they need. The steps involved in integrating gender-based violence into health programs have been outlined in a guide developed by UNFPA. Training practitioners to ask women about abuse in a direct interview can be an effective way to identify survivors of abuse. Screening of all women may be impractical, and even unethical if not done appropriately and confidentially. Screening of specific groups, such as women seeking prenatal care or other reproductive health services, may be more feasible. Screening programs need to overcome barriers at the provider and health care system levels. Providers perceive lack of training, time, and effective interventions to be primary barriers to screening. Providers also can be reluctant to screen because they:

- feel uncomfortable asking about the topic,
- are fearful of the woman's response face cultural and language differences with clients,
- are afraid of offending clients

Laws under the Indian Penal Code (IPC)

- Dowry Prohibition Act: any property or valuable (direct or indirect) given before, at or after the marriage

- Section 304B: Death of a woman within 7 years of her marriage
- Section 498A: When husband or his family subjects woman to cruelty ("intentional" behavior that causes serious injury or harassment for dowry)
- Section 376: Rape law
- Section 294: Obscene acts and songs
- Section 354: Intent to outrage a woman's modesty

Medical Care

The key elements of a medical response to sexual violence are described below. Health care professionals must be specially trained to undertake post-sexual violence medical care. Psychosocial support should begin from the very first encounter with the survivor. A protocol should be adopted to guide the medical and psychosocial care provided to survivors.

Ensure a Same-Sex Health Worker is Present for any Medical Examination and Ensure Privacy and Confidentiality

A doctor (or qualified health worker) of the same sex should conduct the initial examination and follow-up. The survivor should be prepared for the physical examination and perhaps accompanied (if she so wishes) by a staff member who is familiar with the proceedings, or by a family member or friend. Strict confidentiality is essential. Staff dealing with the survivor must be sensitive, discreet and compassionate.

Take a Complete History and Do a Physical Examination

The survivor should not shower or bathe, urinate or defecate, or change clothes before the medical examination, as evidence may be destroyed.

A detailed history of the attack should be documented, including the nature of the penetration, if any, whether ejaculation occurred, recent menstrual and contraceptive history, and the mental state of the survivor. Procedures for medical examination after rape should be established and follow national laws, where they exist.

The results of the physical examination, the condition of clothing, any foreign material adhering to the body, any evidence of trauma, however minor, scratches, bite marks, tender spots, etc., and results of a pelvic examination should be documented. Health workers should collect materials that might serve as evidence, such as hair, fingernail scrapings, sperm, saliva and blood samples.

Perform the Tests and Treatments as Indicated

The following tests may be indicated to establish pre-existing conditions: syphilis blood test, pregnancy test and HIV test.

Treatment for common sexually transmitted diseases (STDs), such as syphilis, gonorrhea and Chlamydia, may be indicated. A tetanus vaccination should be considered.

Provide Emergency Contraception, if Appropriate, Along with Comprehensive Counseling

Survivors of sexual violence, particularly forced intercourse, may experience many consequences, including:

- Unwanted pregnancy
- Sexually transmitted infections(STIs), including HIV/AIDS
- Complications from an incomplete or unsafe abortion
- Unwanted child bearing

Survivors can access quality health services through emergency contraception, safe abortion, post abortion care and STI prophylaxis or treatment.

Key emergency services for survivors of sexual violence/abuse:

- **Treatment for physical injuries**: Some but not all survivors of sexual violence have physical injuries that need immediate attention, including general injuries and lacerations of genital area. The treatment can include, for example, first aid care and tetanus shots.
- **Preservation of forensic evidence**: Depending upon the local and national regulations, health care providers may or may not be able to collect forensic evidence without special certification. In any case, providers need to ensure that they do not take actions that will preclude the possibility of collecting forensic evidence, either by staff in the organization or by a forensic physician at another facility.
- **Emergency contraception**: Emergency contraception refers to methods that can prevent pregnancy after unprotected sexual intercourse has taken place. EC includes EC pills as well as intra uterine device (IUD). Emergency contraceptive pills (ECPs) can prevent unwanted pregnancies if used within 72 hours of the rape. As described by WHO "emergency contraceptive pills (ECPs) work by interrupting a woman's reproductive cycle -- by delaying or inhibiting ovulation, blocking fertilization or preventing implantation of the ovum. ECPs do not interrupt pregnancy and thus are not considered a method of abortion." ECPs should not be seen as a substitute for regular use of contraceptive methods. Women should be counseled concerning their future contraceptive needs and choices.
- **Safe abortion counseling and services**: Many women resort to self-induced or unsafe abortions when they become pregnant as a result of sexual violence.
- **Post-abortion care (PAC)**: Post abortion care services include emergency treatment for complications of spontaneous or induced abortion, designed to reduce morbidity and mortality from incomplete or unsafe abortion.
- **STI prophylaxis**: Prophylaxis for STI can be given to survivors in the form of special doses of antibiotics, anti-retroviral drugs or vaccinations. If given soon enough after exposure, STI prophylaxis can prevent disease.

Provide Follow-up Medical Care

A woman should be counseled to return for follow-up examinations one to two weeks after receiving initial medical care. Health care providers should monitor her follow-up care. Further tests and treatment, such as testing for or treatment of STDs or referral to other RH services, may be indicated during follow-up. Further visits may also be required for pregnancy and HIV testing.

Operational Issues:

- Any registered medical practitioner can conduct the examination and it is not mandatory for a gynecologist to examine such a case.
- In case of a girl/ woman every possible effort should be made to find female doctor but absence of availability of lady doctor should not deny or delay the treatment and examination.
- A male doctor can conduct the examination in the presence of female attendant.
- In case of minor /person with disability, his/her parent/guardian/ any other person with whom the survivor is comfortable may be present.
- In the case of transgender, survivor should be given a choice as to whether she/he wants female doctor or a male doctor.
- Police personnel must not be allowed in the examination room during the consultation with survivor.
- There must be no delay in conducting an examination and collecting evidence.
- Providing treatment and necessary medical investigation is the prime responsibility of the examining doctor. Admission, evidence collection or filling a police complaint is not mandatory for providing treatment.
- The history taking and examination should be carried out in a complete privacy in the special room.

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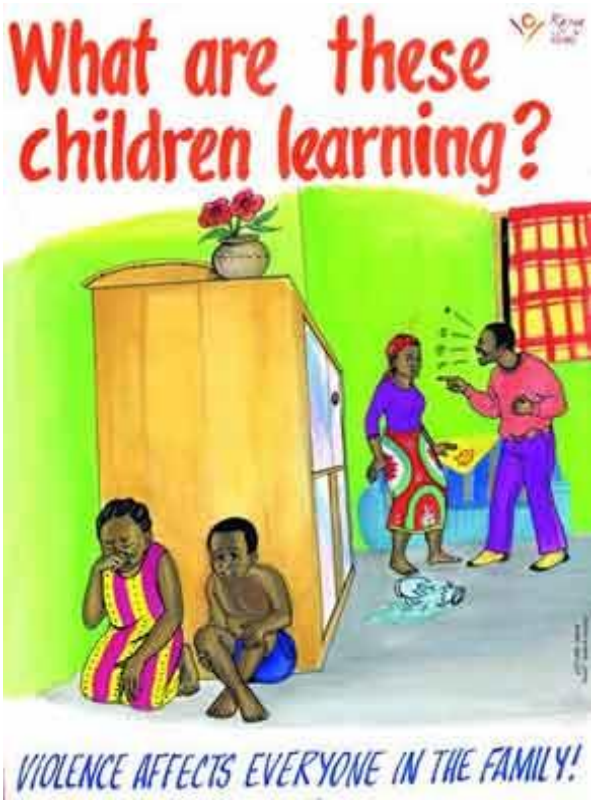


Adverse Health Outcomes of Physical and Sexual Violence within Marriage: Experiences of Young Women in Maharashtra, India

Study Presented by Dr. Shireen J Jejeebhoy, Population Council, Delhi in a Consultative Meet at FPA India in the year 2007

Study was done in rural and urban sites in Pune district of Maharashtra. The study conducted by the KEM Hospital Research Centre (Pune), and the Population Council, in 2004-2005. A survey of young people (15-24) was done. About 2306 married young women was part of the study.

Key Findings of the study:

- Large proportions of young women reported the experience of physical violence and forced sex perpetrated by their husbands

- Based on the selected SRH indicators among young women it was found that -
    - Between 15% and 18% of young women reported that they had suffered from at least one SRH problem.
    - 21% had experienced pregnancy loss or child death.
    - 5% had at least one unwanted pregnancy.

- Women who were beaten or were forced into sex were significantly more likely than other women to have experienced SRH problem.

- Women who experienced physical violence were more likely than other women to have lost a pregnancy or child.

- Both physical and sexual violence perpetrated by the husband increase the risk of unwanted pregnancy

The next step would be to implement programs at – individual, community and health care facility level.

Individual level:

- Interventions for youth must encompass prevention of gender based physical and sexual violence:
    - reproductive rights and the rights of women within marriage
    - partner communication and negotiation skills
    - gender double standards and countering traditional gender stereotypes
    - Can physical/sexual violence issues be effectively folded into existing interventions (life and livelihood skills, sexuality education, etc)?

Community level:

- Raising awareness, countering traditional gender stereotypes and sensitising stakeholders
- Sensitizing teachers, law enforcers and others
- Countering public perception of violence that blames the victim
- Recognition of the rights of women within marriage

Health Care Facility level:

- Training of health care providers to address prevention, help identify and support victims
- Screening by health care providers for physical, sexual violence
- Violence must be probed in routine SRH sessions
- Availability of counselling services
- Accessibility of emergency contraception and HIV post-exposure prophylaxis (in case of sexual violence)

Abstracts accepted for APCRH conference on Gender based violence are as follows:

Reproductive health Impact in clients attending reproductive health clinic In Lucknow district of Uttar Pradesh in India

Dr. Monique Kamat, Dr. Kalpana Apte, Mr. Vishwanath Koliwad

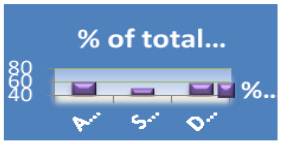
Introduction:
In The Indian scenario the phenomenon of violence against women within the family is complex and deeply embedded In uttar Pradesh -37%of women 37 percent have ever experienced physical violence and 8 percent have ever experienced sexual violence. In all, 38 percent of women age 15-49 in Uttar Pradesh have experienced physical or sexual violence, including 45 percent of ever-married women. Spousal violence Two in five ever-married women (41%) report having been slapped by their husband; 15-17 percent report having their arms twisted, being pushed, shaken, kicked, dragged, or beaten up, or having something thrown at them. Nine percent report that their husbands have physically forced them to have sex

Hypothesis:
The association of GBV with sexual and reproductive health needs including abortion among married or partnered women of reproductive age in reproductive health clinic of Lucknow of FPA India.

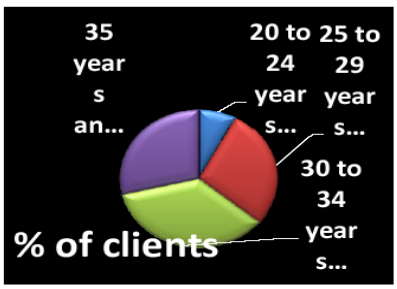
Good practices at FPA I clinic observed during study
The councilors and clinicians in Lucknow clinic are trained in dealing with survivors of Gender Based violence prior to the study. Referral links for those affected have been established in Lucknow before the initiation of the study. All clients are screened after consent for GBV. Counseling is Essential service delivered to all clients availing of services at the clinic. All information is Confidential.

Methodology:
This study examines the association of GBV with induced abortion among married or partnered women of reproductive age in reproductive health clinic of Lucknow f FPA India Data were drawn from a cross-sectional survey of 518 women aged 10 –49 years in FPA INDIA Clinic of Lucknow. SGBV support and care is a regular Services as Part of Integrated package of Service deliver

RESULT : There have been 518 new registered cases in Sexual and reproductive clinic .of these 60 % of clients are abortion seekers. 50.1 % (260 absolute) of clients accepted to undergo Sexual and gender based violence screening as routine. The prevalence of any type of GBV was 58% have suffered Domestic Violence in some form % (19.3.0% physical violence, 10.4% sexual violence, and 28.3% emotional violence). Age Break down 20 -24 years is 7.84%. 25 to 29 yrs -28.10% 30 -34 yrs is 35.29 %and 35 years and above is 28.7 %.Physical violence was significantly associated with induced abortion, and all three types of violence were associated with repeat abortion



Conclusion
GBV is omnipresent in Lucknow district of Uttar Pradesh and is linked to increased risks of induced abortion and repeat abortion. The findings suggest that a pathway underlying this relationship is increased risk of unintended pregnancy due in part to ineffective use of contraceptives. These findings emphasize the importance of screening and identification of GBV and incorporating women's empowerment in reproductive health and family planning programs.



Understanding Violence Against Women during the Reproductive Life Cycle

Armin J Neogi, Director M&E, Dr. Kalpana Apte, Ast Secretary General (Prg Implt n), Vishwanath M. Koliwad, Secretary General, FPA India

INTRODUCTION

Recently there has been a dramatic increase in the status of women in India. However, women continue to face atrocities despite amendments in the criminal law made consequent to the "Damini" gang rape in Delhi. This study was conducted to gain a better understanding, contribute to existing body of knowledge, and to further the issue of violence against women.

OBJECTIVES

To find out women/girls:

- have access to education and comprehensive SRHR
- face gender disparities and gender violence
- roles played regarding their health and of their families
- involvement in decision making and their vision for the future

METHODS

The study was conducted in New Delhi and Mumbai.

- 5 FGDs with 40 girls/women between 10-14 years (11), 15-19 years (15), and 35-60 years (14).
- 4 In-depth interviews with women survivors of GBV.
- Soft spots of vulnerability in a woman's life were identified by the groups through an exercise

Respondents list of types of violence which occur to girls/women.

- Drinking alcohol and beating wife (most common)
- Rape (after watching blue films and being in a drunken state)
- Torturing wife for not having male children
- Hitting/bashing
- Dowry demands-sometimes the in-laws' family send her home for bringing less dowry. In some cases, the girl commits suicide as she is unable to cope up with the situation on being regularly tortured by the in-laws' family
- Human trafficking – sometimes husband himself sends his wife to earn "easy" (according to the husband) money
- Husband doubts wife – because of this, marriage may break up and the woman undergoes lot of tension
- Before marriage - acid attack, kidnapping, rape, etc. can occur if a boy proposes to a girl and if she is not willing.
- After marriage - if the wife is beautiful, the husband usually doubts that she is having an affair and keeps torturing her for no fault of hers. If the victim wants to complain to the police & go to the court of law, the in-laws become more violent and sometimes also kill the girl.

MAJOR FINDINGS

Restrictions on movement of girls laid by mothers, fathers and brothers (both younger and older to them).

- Stay away from boys in the neighborhood and *'never talk to them'*
- Reach home before 7 pm
- No wearing jeans
- Older are women do not leave their daughters alone at home.

"My father never says anything to my brothers who roams about anywhere. But if I even step out of home, he

"My mother has instructed me to stay far away from boys" (a 11 year old, New Delhi)

"My aunt's son touched me inappropriately. I immediately complained to my mother who told her sister about it. They felt

Experience of GBV

"Two months ago, a eleven year old from our neighbourhood was raped and they found candles inserted inside her. This was done by a boy known to her" (16

"There was a case in our neighbourhood where the father, in the middle of the night, sat in front of his young daughter (12 years) completely naked. She fainted on seeing her father in that condition"(15 year old, New Delhi)

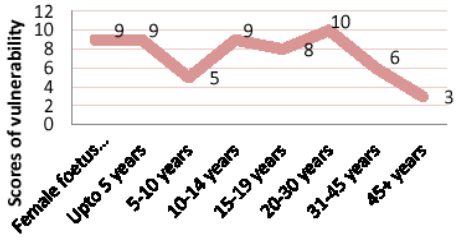
Reasons for GBV

"Almost all men in the area drink. There are several liquor joints in the area and this is where the men go before they reach home from work" (Voices from both Mumbai and New Delhi)

Most men have couple of 'Blue Films' loaded on to their mobile phones. They watch these daily and then want to behave similar to what they have watched. They expect us to do what they see in the video and if we do not listen, we are beaten very

""After the 'Damini' rape case ("Nirbhaya") things have gotten worse rather than improved. Those perpetrators should have been hanged in public after being slashed with whips. Only then men would fear their actions. Right now, they think that whatever they do, nobody is going to

Figure 1: Soft spots of vulnerability in a woman's life



Linkages between GBV &SRHR

- Force sexual intercourse (not short of rape) both within and outside of marriage.
- Getting pregnant – an unwanted pregnancy thus leading to the requirement of abortin services
- Heavy bleeding
- Possibility of getting infected with HIV
- Bruises all over the body, including on the breasts
- Prolapse (based on the symptoms that she narrated)
- Gonohorrea, Chlamydia (reported as heavy, colored discharge, with a fowl smell)

CONCLUSIONS

- Women are not aware of their rights
- Most perperators were know to the victim
- They suffer violence in silence
- They do not reach out for medical help because of stigma and discriminatory practices among the health care providers

RECOMMENDATIONS

Generate awareness on women's rights including SRH
introducesexuality education among young people
Cpacity building of health care provides for sensitive approach in dealing with cases of violence against women.