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## Confronting Gender Violence

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.<sup>(1)</sup> 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, 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 partner. 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 partner.<sup>(2)</sup>
- 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.<sup>(3)</sup>
- Worldwide, between 100 million and 140 million women have undergone some form of female genital cutting and suffer from its adverse health effects.<sup>(4)</sup>
- 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.<sup>(5)</sup>

### 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.

**Uganda – Behavior change communications can challenge prevailing beliefs and norms.** Research from Uganda suggests that changing social norms about the acceptability of multiple partnerships, particularly between older men and younger girls, played a substantial role in reducing the prevalence of HIV/AIDS. The drop in prevalence among girls and young women was particularly great. An editorial in the *British Medical Journal* argued that not only did this strategy seem to contribute to a reduction in HIV prevalence, but also that changing socially acceptable norms of male behavior also seemed to create a safer environment for young women (Wilson, 2004; Shelton et al, 2004).

**South Asia – Initiative addresses laws, policies, and advocacy.** The South Asia Regional Initiative on Equity for Women and Children works in Bangladesh, India, Nepal, and Sri Lanka to protect the rights of women and children. It began with a focus

on trafficking of women and children and, as of fall 2003, expanded to address broader issues related to violence against women. Program strategies include services for women and children and efforts to help countries implement existing laws and conventions.

**South Africa – Teachers receive training for youth programs.** In South Africa, teachers of fifth grade pupils (about age 11) were trained in GBV to address the links between GBV and vulnerability to HIV/AIDS and the high levels of sexual violence experienced by girls in schools. Participating teachers attended a master training program and received instructional materials for use in the classroom. Training focused on identifying and challenging teachers' own knowledge and attitudes regarding gender and GBV, reflecting on the messages they were sending to students, and identifying strategies for addressing GBV in their schools. Evaluation of the program showed that the proportion of teachers who believed that schools could have a meaningful role in addressing GBV rose from 30 percent before the training to 70 percent after the training. Initially, only 22 percent of teachers indicated that they would feel more confident teaching about GBV compared with other subjects. This proportion increased to 58 percent following training. Finally, teacher's confidence in being able to address a GBV incident increased from 26 to 74 percent.

**Armenia – Health services improve their response to GBV.** USAID/Armenia worked with a primary health care facility in Yerevan to improve health providers' response to women who experience GBV. The intervention included provider training; the development of tools and protocols for screening, treatment, and referrals of GBV cases; and efforts to link the health facility to other agencies working on GBV, including nongovernmental organizations, social service centers; legal institutions, and the educational system.

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Sources:

(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." Pp 89-121 in: Krug, Etienne et al., Eds. *World Report on Violence and Health*. Geneva: World Health Organization

**Prepared November 2006**