

WHO Multi-country Study on Women's Health and Domestic Violence against Women



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**On behalf of the WHO Multi-Country Study Team on Women's Health
and Domestic Violence**

**Training Course in Reproductive Health/
Sexual Health Research
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- **Background, objectives, methodology**
- **Results: Prevalence of violence, impact on health, women's responses**
- **Conclusion and recommendations**



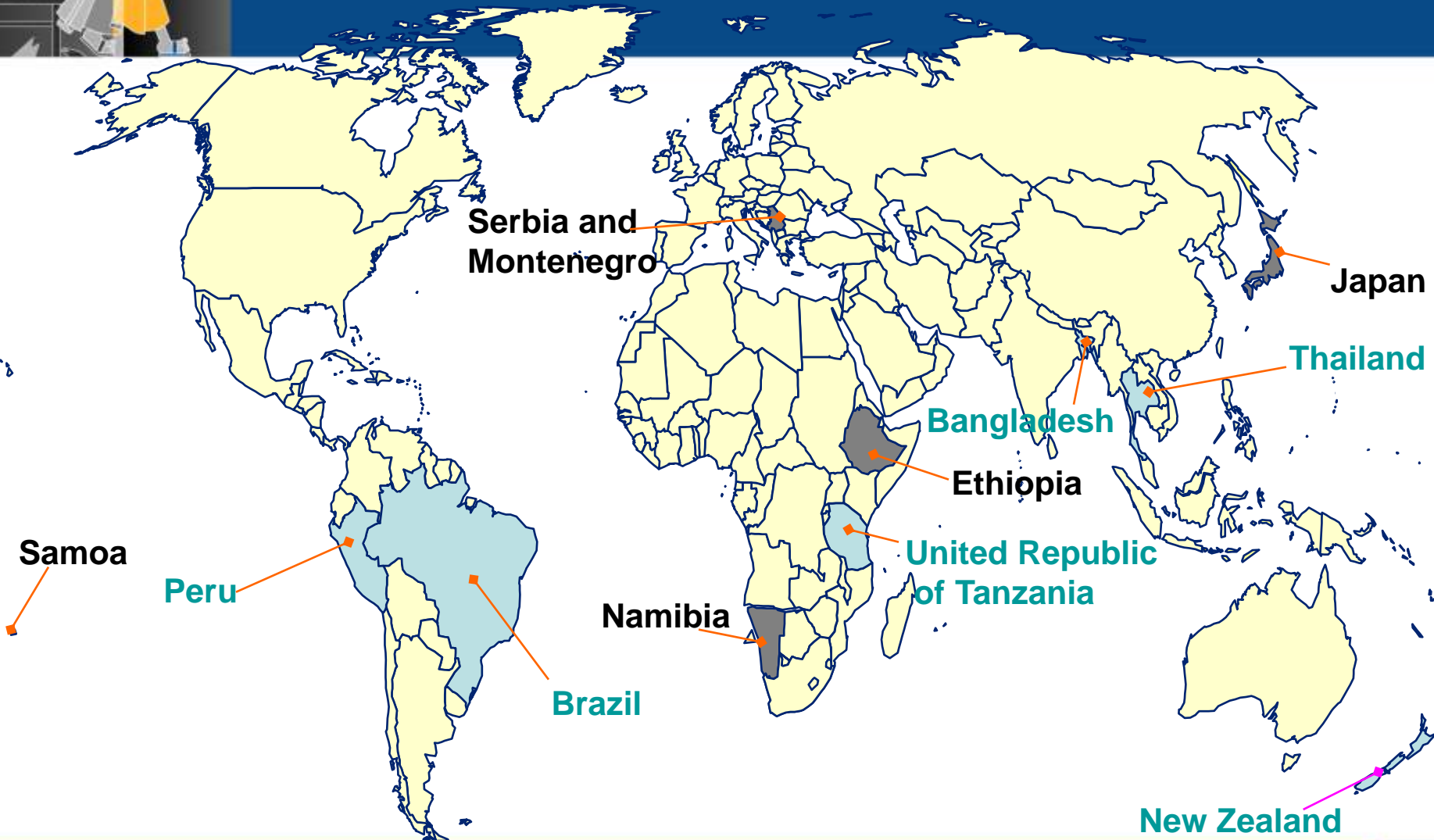


“ So I take a blanket and I spend the night with my children out in the cold because he is hitting me too much. I have to take the kids to stop him hitting them too. I would go out in the fields and sleep there all night. I have done that more than ten times...”

Woman interviewed in Peru



Global study with interviews with 24 000 women in 10 countries





Objectives

- Estimates of prevalence of violence against women
- Associations between partner violence and health outcomes
- Risk and protective factors for partner violence
- Strategies used by women who experience partner violence (who do they talk to, where do they seek help, what response do they get)



Additional Objectives

- Develop and test new instruments for measuring violence cross-culturally
- Increase national capacity amongst researchers and women's organizations working on violence
- Increase sensitivity to violence among researchers, policy-makers and health providers
- Promote ethically sound research



Study Design

- Quantitative household survey of women 15-49 years of age
- One or two sites per country: approx. 1500 women per site
- Standardized training and questionnaire
- Standardized quality control
- Ethical and safety recommendations: all participants provided with information about sources of support; follow up support offered





Women's Health and Life Experiences - Questionnaire

- Section 1: Respondent and her community
 - Section 2: General Health
 - Section 3: Reproductive health
 - Section 4: Children
 - Section 5: Current or most recent partner
 - Section 6: Attitudes toward gender roles
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- **Section 7: Respondent and her partner**
 - Section 8: Injuries
 - Section 9: Impact and coping
 - **Section 10: Other experiences**
 - Section 11: Financial autonomy
 - Section 12: Completion of the interview



Types of violence measured in WHO study

Violence by current or former intimate partners:

- Physical violence
- Sexual violence
- Emotional abuse and controlling behaviours

Violence by others (parents, neighbours, strangers, etc):

- Physical violence (after age 15 years)
- Sexual violence (after age 15 years)
- Childhood sexual abuse (prior to age 15 years)



How was physical partner violence measured?

- Slapped or threw something at that could hurt you?
- Pushed or shoved you or pulled your hair?
- Hit with his fist or with something else that could hurt you?
- Kicked, dragged or beat you up?
- Choked or burnt you on purpose?
- Threatened to use or actually used a gun, knife or other weapon against you?

Moderate

Severe



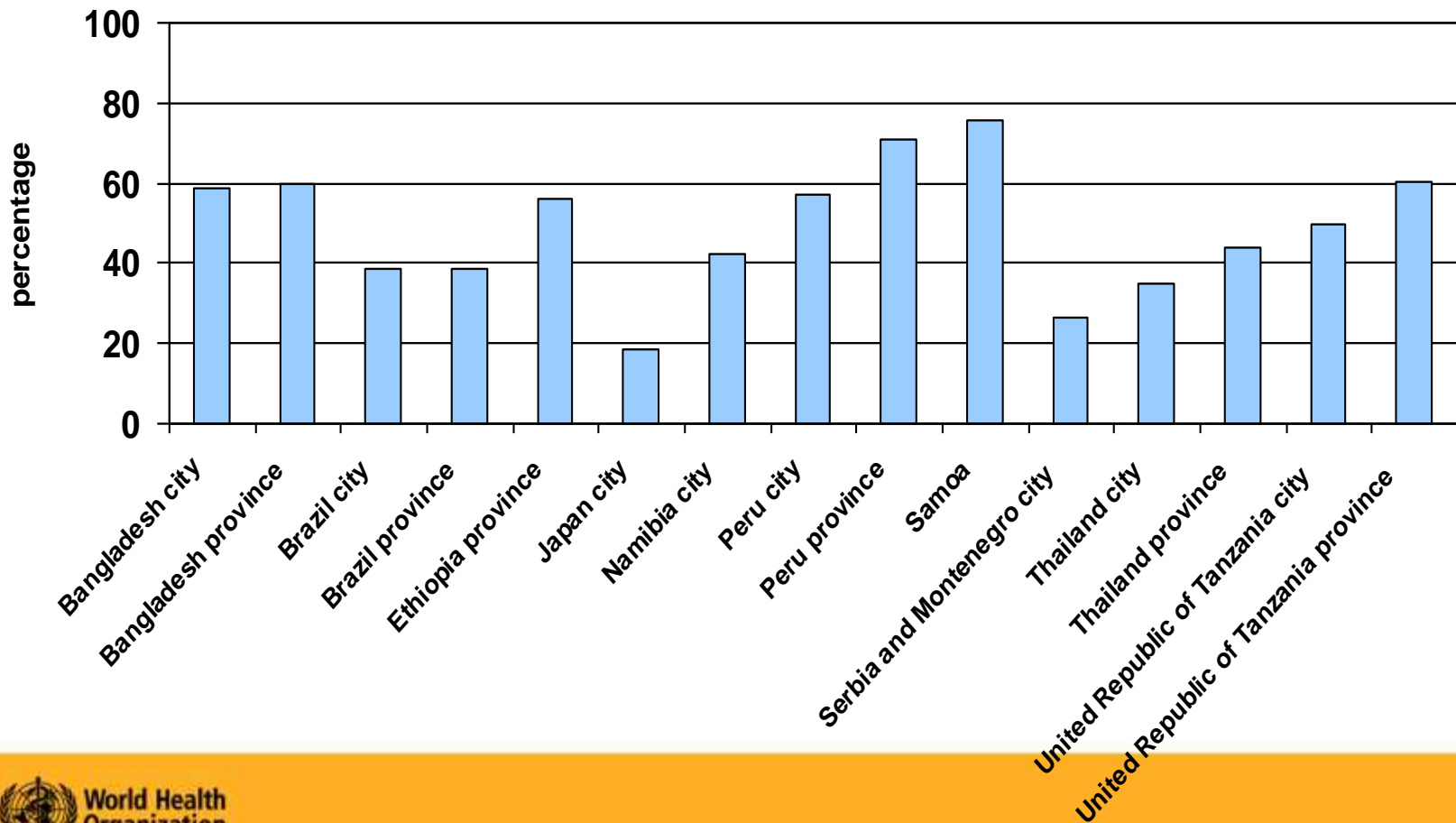
How was sexual partner violence measured?

- Were you ever physically forced to have sexual intercourse when you did not want to?
- Did you ever have sexual intercourse you did not want because you were afraid of what he might do?
- Ever force you to do something sexual that you found degrading or humiliating?



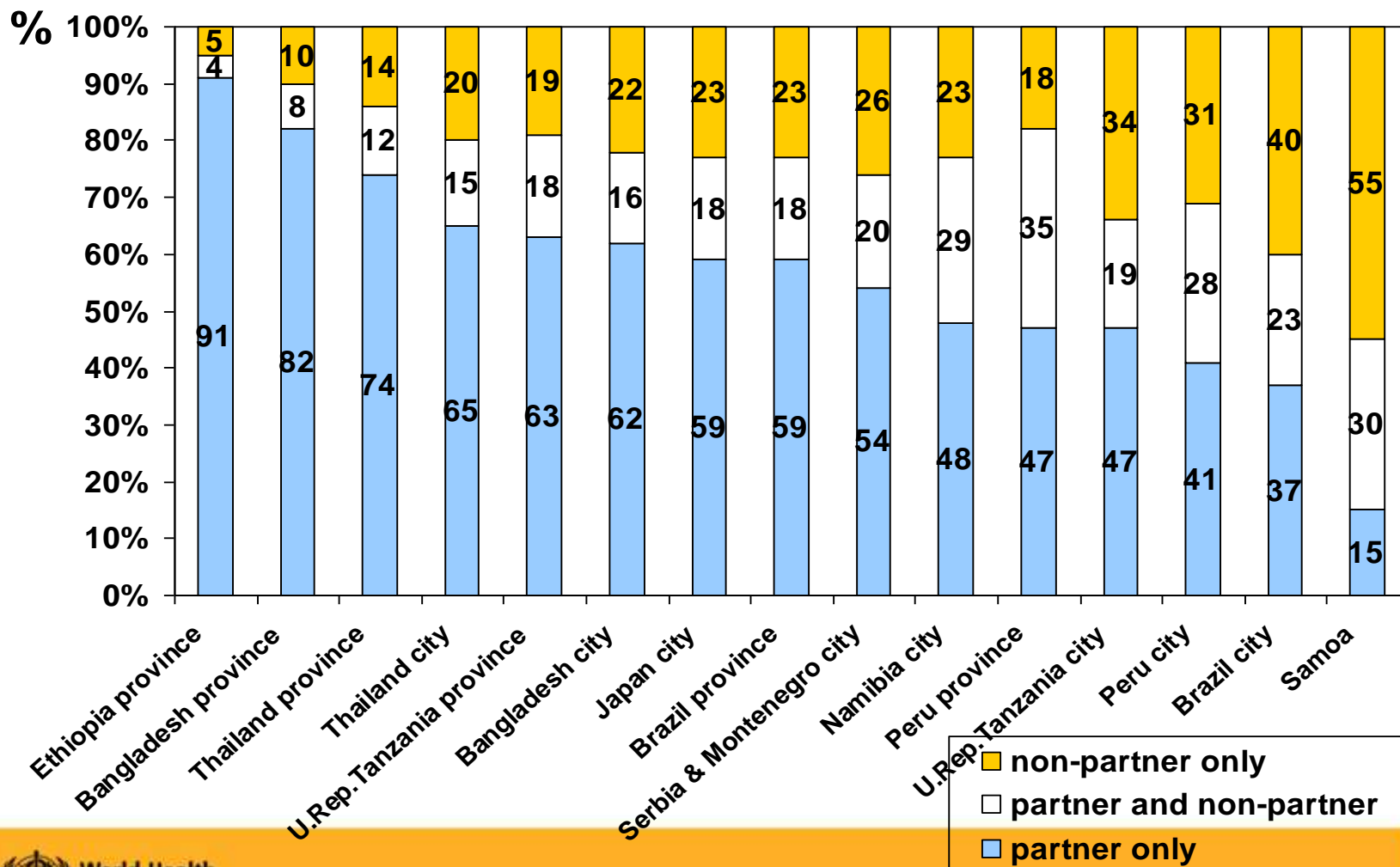
Physical and sexual violence is extremely common in women's lives

Prevalence of physical or sexual violence against women by anyone (partners and others), since age 15 years



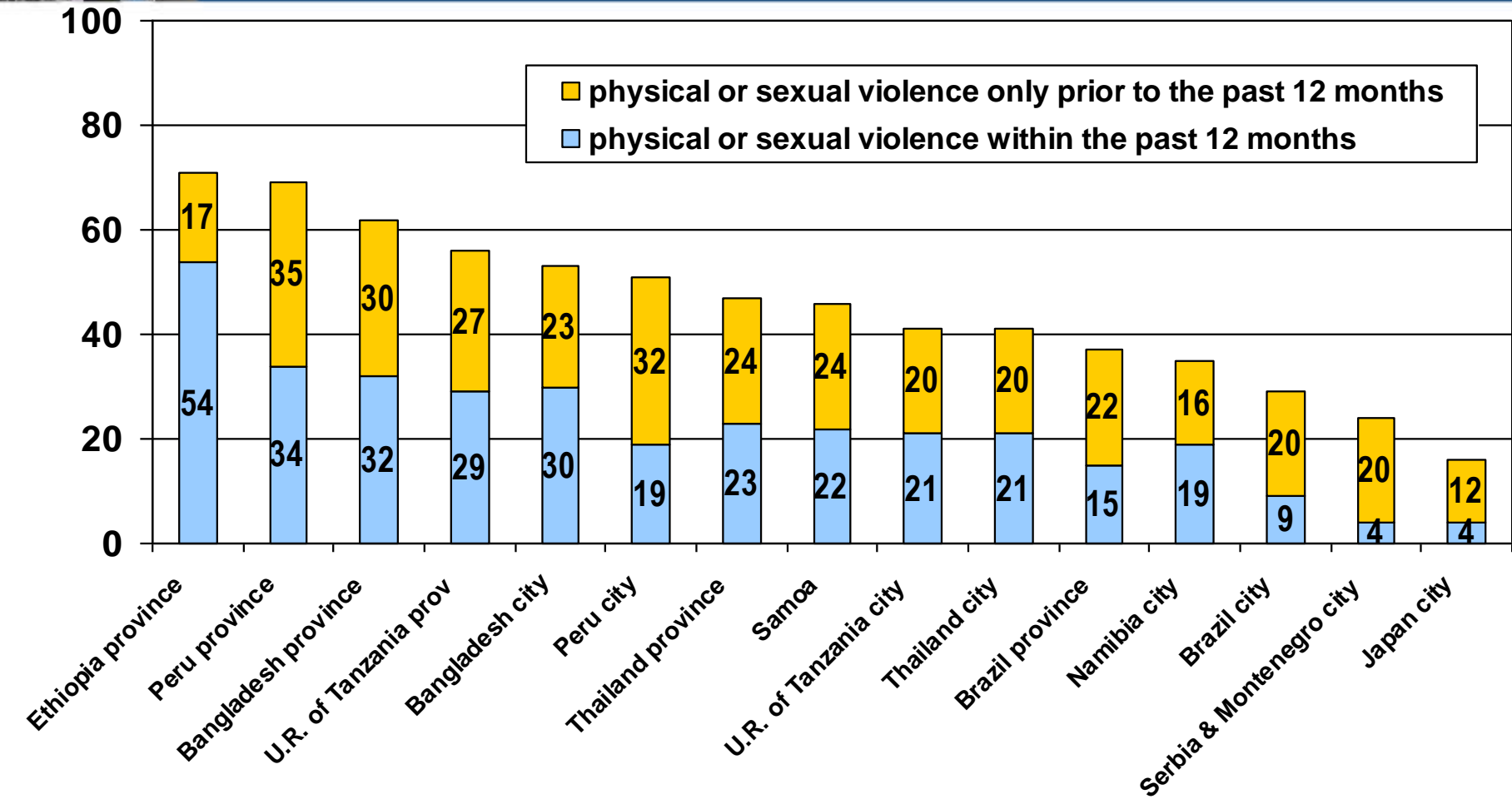


Women's greatest risk of violence is from a partner



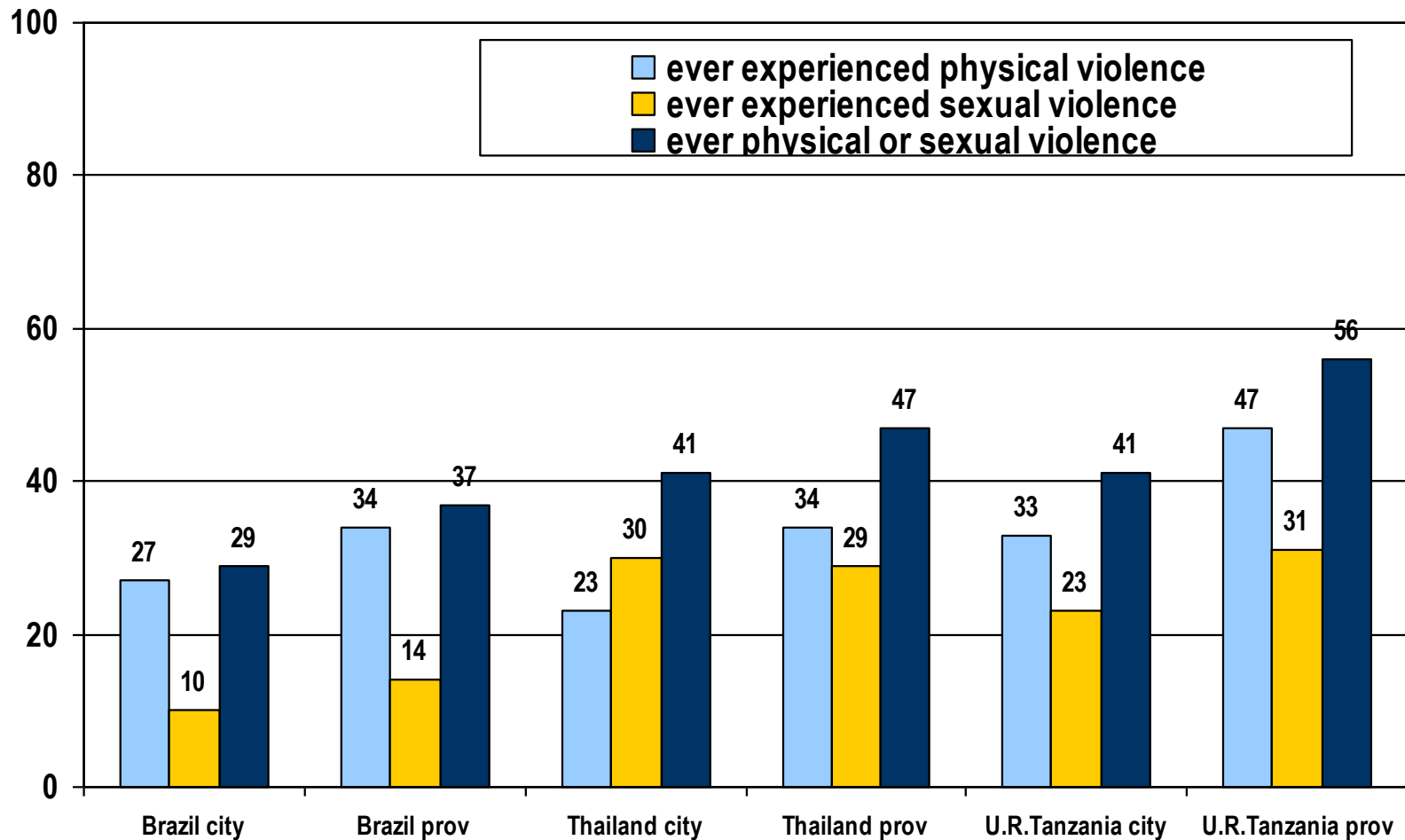
Domestic violence is prevalent but the level varies greatly among settings

%



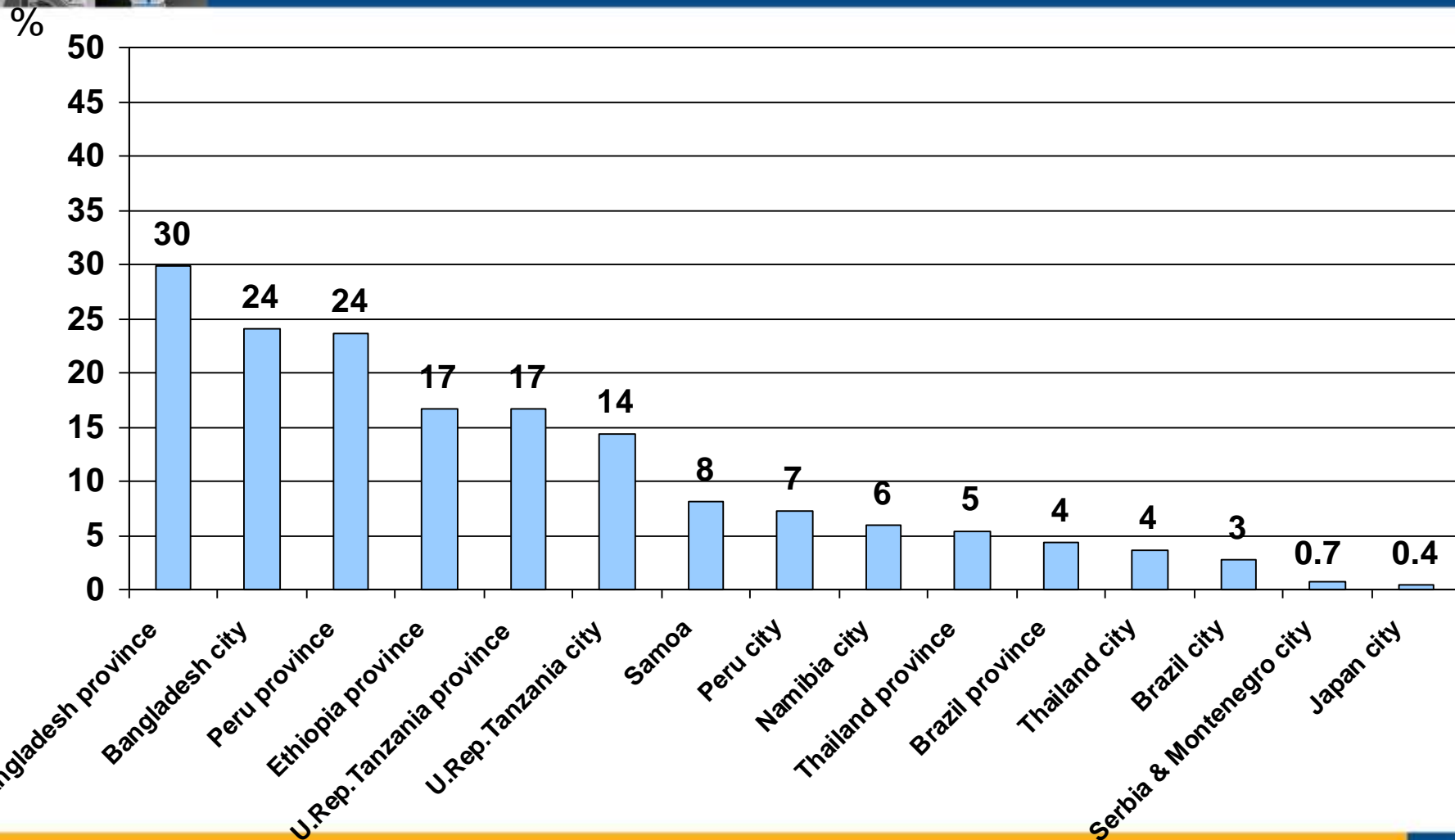
Types and patterns of violence vary between and within countries

%



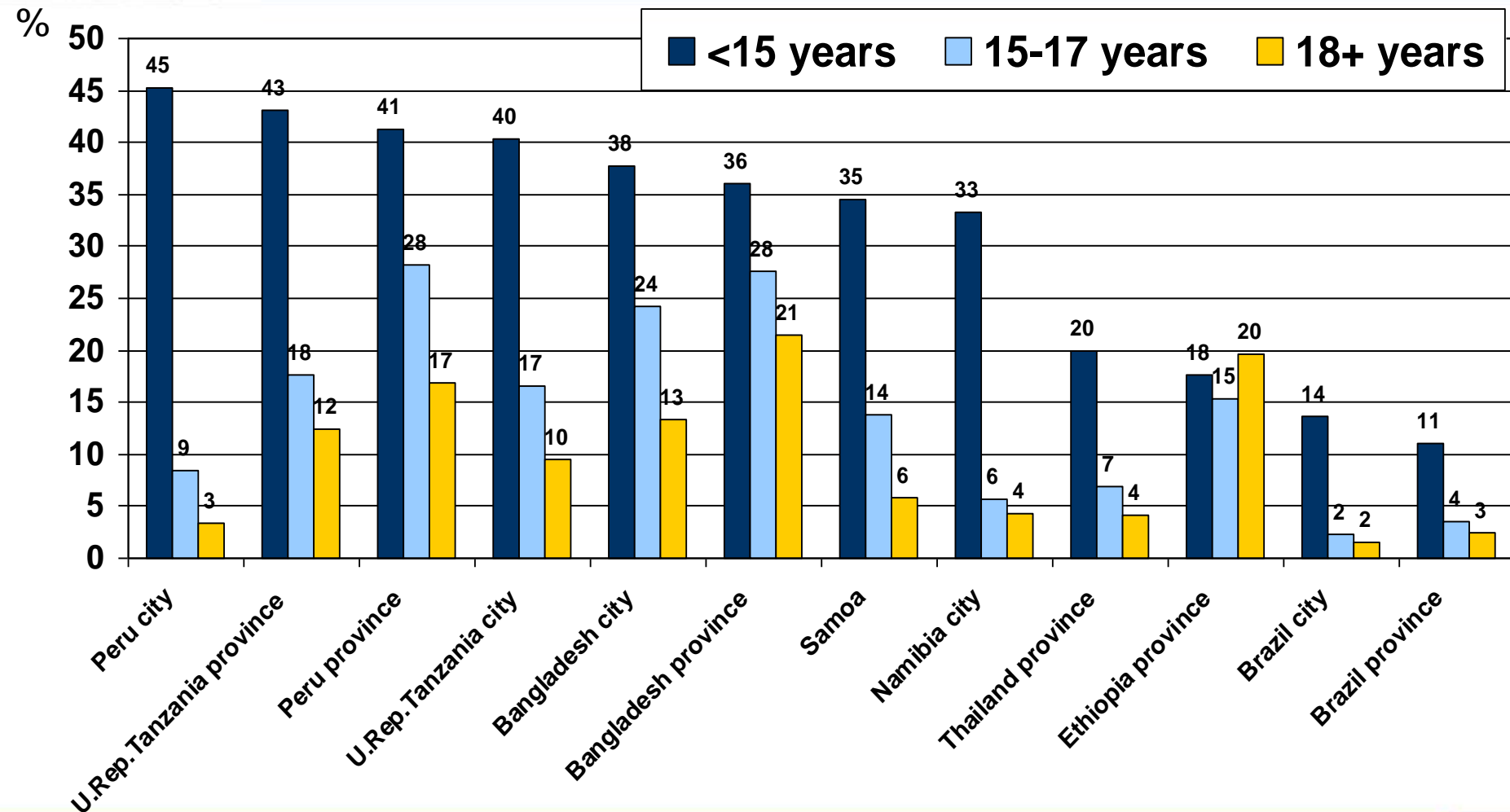


For many women their first sexual experience was forced.





The younger a woman's age of first sex, the risk of a forced first sexual experience is higher



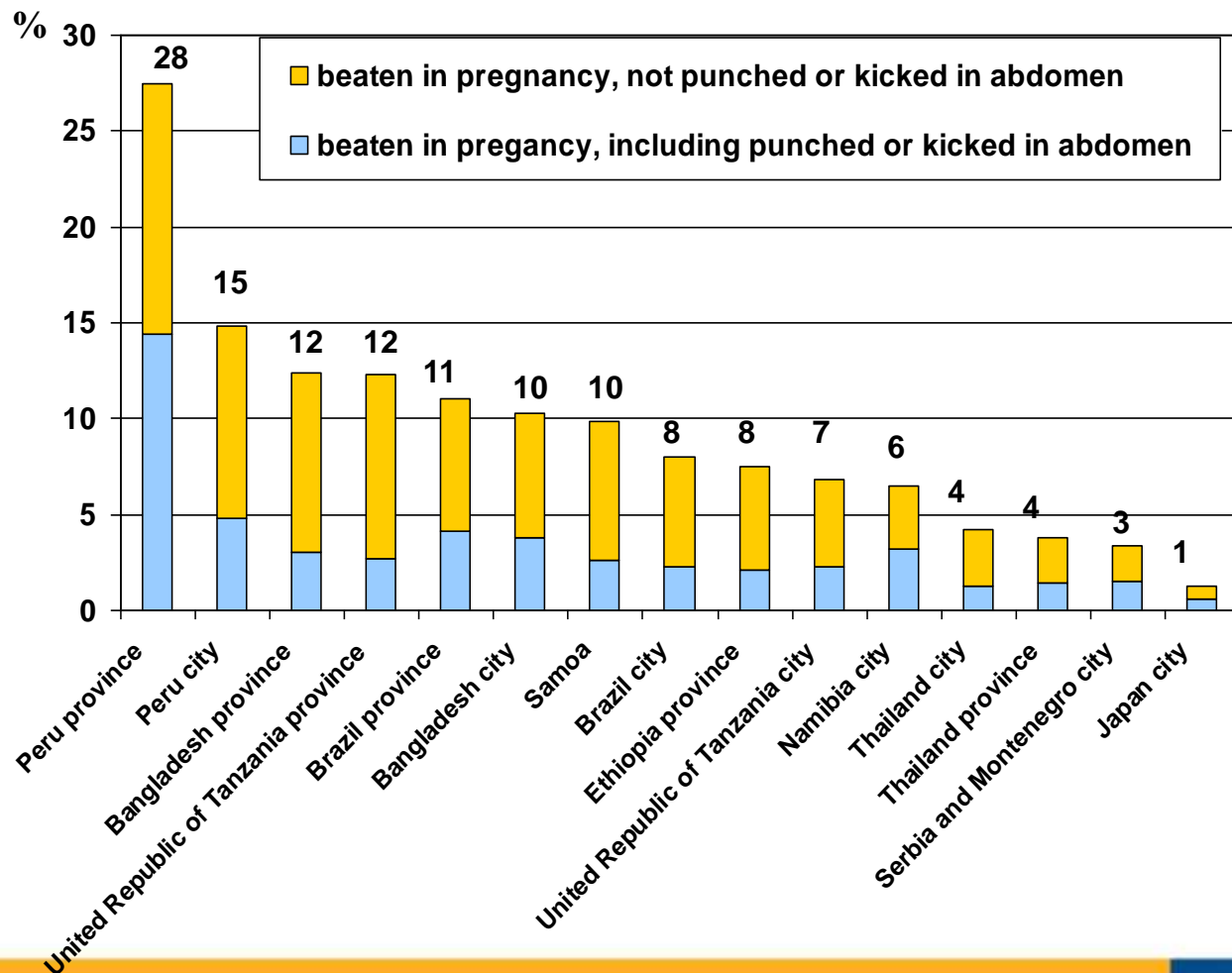
Note: Japan city, Serbia and Montenegro city and Thailand city are not represented due to low percentages reporting first sex before age 15 yrs.



Pregnancy is not necessarily a protected time

“ He hit me in the belly and made me miscarry two babies - identical or fraternal twins, I don't know. I went to the hospital with heavy bleeding and they cleaned me up. ”

Woman interviewed in Peru





Many women internalize social norms justifying abuse

“ My husband slaps me, has sex with me against my will and I have to conform. Before being interviewed I didn't really think about this. I thought this is only natural. This is the way a husband behaves. ”

Woman interviewed in Bangladesh





Percent of women who believe that a man is justified in beating his wife if...

	Wife disobeys	Wife refuses sex
Bangladesh province	39	23
Brazil city	1	0.3
Brazil province	11	5
Ethiopia province	78	46
Namibia city	13	4
Peru province	46	26
Samoa	20	7
Serbia & Montenegro	1	0.6
Thailand province	25	7
Tanzania province	50	42



Percentage of women who believe that a wife has the right to refuse sex if...

	She doesn't want it	Her husband mistreats her
Bangladesh province	46	66
Brazil city	94	98
Brazil province	76	92
Ethiopia province	46	56
Namibia city	82	88
Peru province	49	72
Samoa	28	69
Serbia & Montenegro city	97	98
Thailand province	76	88
Tanzania province	26	49



Violence impacts on women's health

“ I suffered a long time and swallowed my pain. That is why I am constantly visiting doctors and using medicines. No one should have to do this. ”

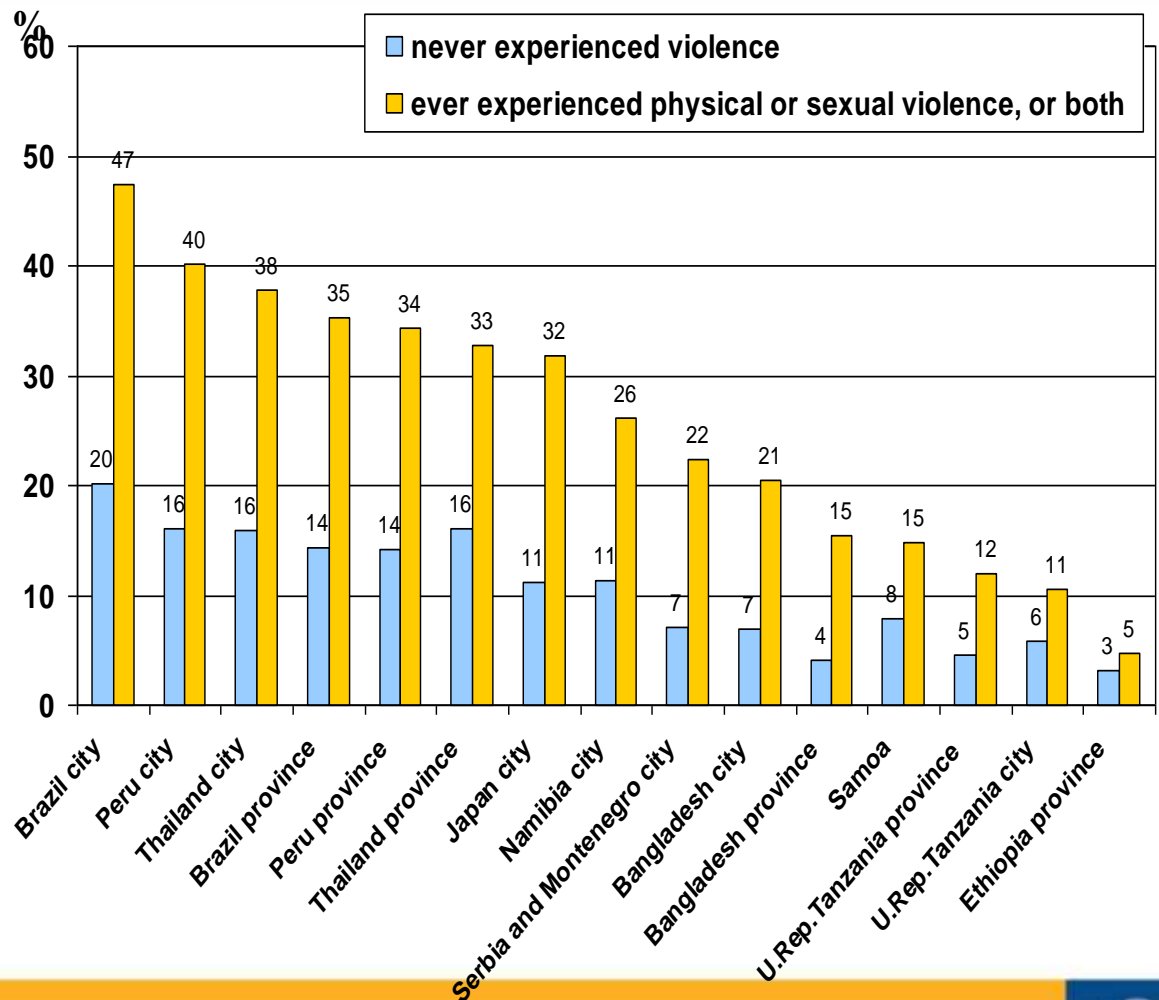
Woman interviewed in Serbia & Montenegro

- Women who have ever experienced violence by a partner have:
 - Worse general health
 - More symptoms of ill health such as pain, memory loss, dizziness in the past 4 weeks
 - More signs of mental distress
 - More suicidal thoughts and attempts
 - More induced abortions and miscarriages

Partner violence increases risk of suicidal thoughts

“ I don't feel well and I just cry. There are times that I want to be dead. I even thought of killing myself or poisoning myself and my kids, because I think if I have suffered that much, how much would my kids suffer if I am no longer there... ”

Woman interviewed in Peru





Health associations are consistent across widely divergent settings

Site	Poor or very poor health	Induced abortion	Suicidal thoughts
Bangladesh city	1.4*	2.5*	3.5*
Brazil city	2.0*	2.6*	3.3*
Ethiopia province	2.0*	6.2*	1.6
Namibia city	2.1*	2.5	2.8*
Peru province	1.6*	3.3*	3.3*
Serbia & Montenegro	2.0*	2.0*	3.4*
Thailand city	1.6*	2.9*	3.1*
Tanzania province	1.6	2.0*	2.7*

Table shows odds ratios adjusted for age, current partnership status and educational level

* Significant at $p < 0.05$



Violent acts as a risk factor for ill health

An association between recent ill health and lifetime experiences of violence suggest that the negative consequences of violence can persist long after the violence has ended





Violence is largely hidden

One-fifth to two-thirds of women had never told anyone about their partner's violence prior to the WHO interview

“ If I protest I'll be marked in the society and then my daughter wouldn't be able to get married... If I voice my protest the community will blame me for not bearing it in silence. This helplessness is a torture in itself. ”

Woman, 43 years old, interviewed in Bangladesh



The majority of women never contact formal support services

- Between 55% and 95% of physically abused women had never sought help from any formal agency or person in a position of authority
- To the extent that women do reach out, they do so to family and friends, not formal agencies or the police

“ At work I have one close friend. I told her sometimes. She would nod and encourage me to stay in the relationship. For the kids, she said. He is not that bad. No one is perfect.”

Woman, 25 years old, interviewed in urban Thailand



Violence is preventable

- Violence against women represents a hidden burden on health systems
- The variation in levels of violence across settings illustrate that violence is not inevitable



An integrated response is needed

Prevention campaigns

- Changing social norms that support and condone violence
- Children and young people should be educated in social skills needed to handle conflict and have healthy relationships

Response to violence

- Train doctors and nurses to identify women living with violence, in particular in HIV/AIDS, maternal health, mental health, and antenatal programs
- Create awareness at family and community level and overcome barriers to women seeking formal help



Take home points on data collection

- A population based survey on violence against women should be and can be done ethically and safely
- Women are willing to share experiences with trained and empathetic interviewers





WHO Multi-country Study on Women's Health and Domestic Violence (1)

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Thank you!

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