



Overview of women's health : focus on gender inequality / gender based violence

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Western Cape DOH services – relating to women's health

- Information / health promotion – promotion of healthy lifestyles
- Primary health care services preventive and chronic care (package of care)
- Secondary & Tertiary level facilities (e.g. Obs and Gynae)
- Screening
 - HIV
 - TB
 - Chronic diseases (BP and diabetes)
 - Cervical cancers / Breast cancers
- Reproductive and Maternal Health
 - Maternal health (antenatal/labour/ postnatal)
 - Family planning services
 - TOP - Ending pregnancies
- Infectious disease management
 - Antiretroviral (ARV) services for AIDS patients
 - TB care
- Mental health services
 - Primary care/ Hospital care
 - Substance abuse care
- Sexual Assault Care (Post Exposure Prophylaxis)

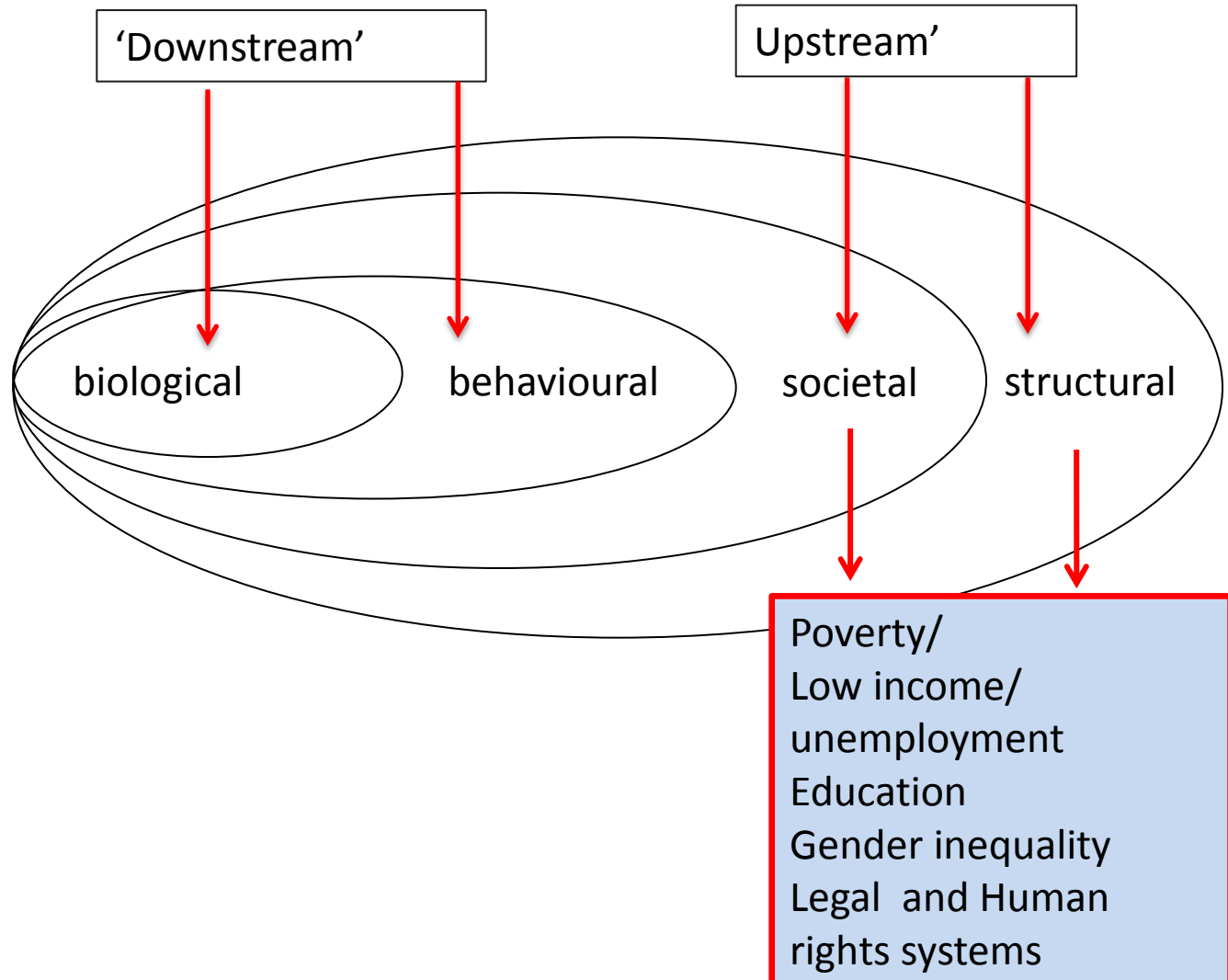
Millennium Development Goals

- Health was placed at the centre of economic and social development – 8 MDGs
- Many of the MDGs addresses women's health
 - MDG3 - Promote Gender equality and empower women
 - MDG4 – Reduce child mortality
 - MDG5 - Improve maternal health
 - MDG6 - Combat HIV/AIDS...
- Goal3: Promote Gender equality and empower women
 - UN target
 - Disparity in primary and secondary school education i.e. ratio of girls to boys
 - GBV is an explicit manifestation of gender inequity – and there is a call to have this included as an indicator
- There is a concern that these MDGs are considered separately and the links and combined responses are not adequately addressed i.e. how is gender equality integrated across these different responses to the MDGs

Five major contributors to the Burden of Disease to premature mortality as Years of Life Lost (YLL) Western Cape Province

Outcome (disease group)		%YLL	Driven by:
1	Infectious diseases	22	Unsafe sex ? Gender...
2	Injuries	19.8	Alcohol ? Gender
3	Mental disorders	-----	ECD ? Gender ...
4	Cardio-vascular disorders	10.5	...
5	Childhood diseases	6	...

Upstream drivers of women's health



Task

- Desk review of the evidence based intervention that address the upstream factors that influence women's health
- Poverty and Education are known drivers of women's health
- Interventions that address gender based violence
 - Interventions currently proven effective include school-based programmes, out of school interventions that focus on skills-building and are gender transformative (Stepping Stones), +/- economic empowerment for women (IMAGE)
 - Both Stepping Stones and IMAGE are community based interventions tested in South Africa
 - Both Stepping Stones and IMAGE addresses the two overlapping epidemics of Gender Based Violence and HIV risk factors

Community-based randomly selected sample of adult men and women in Gauteng Province South Africa

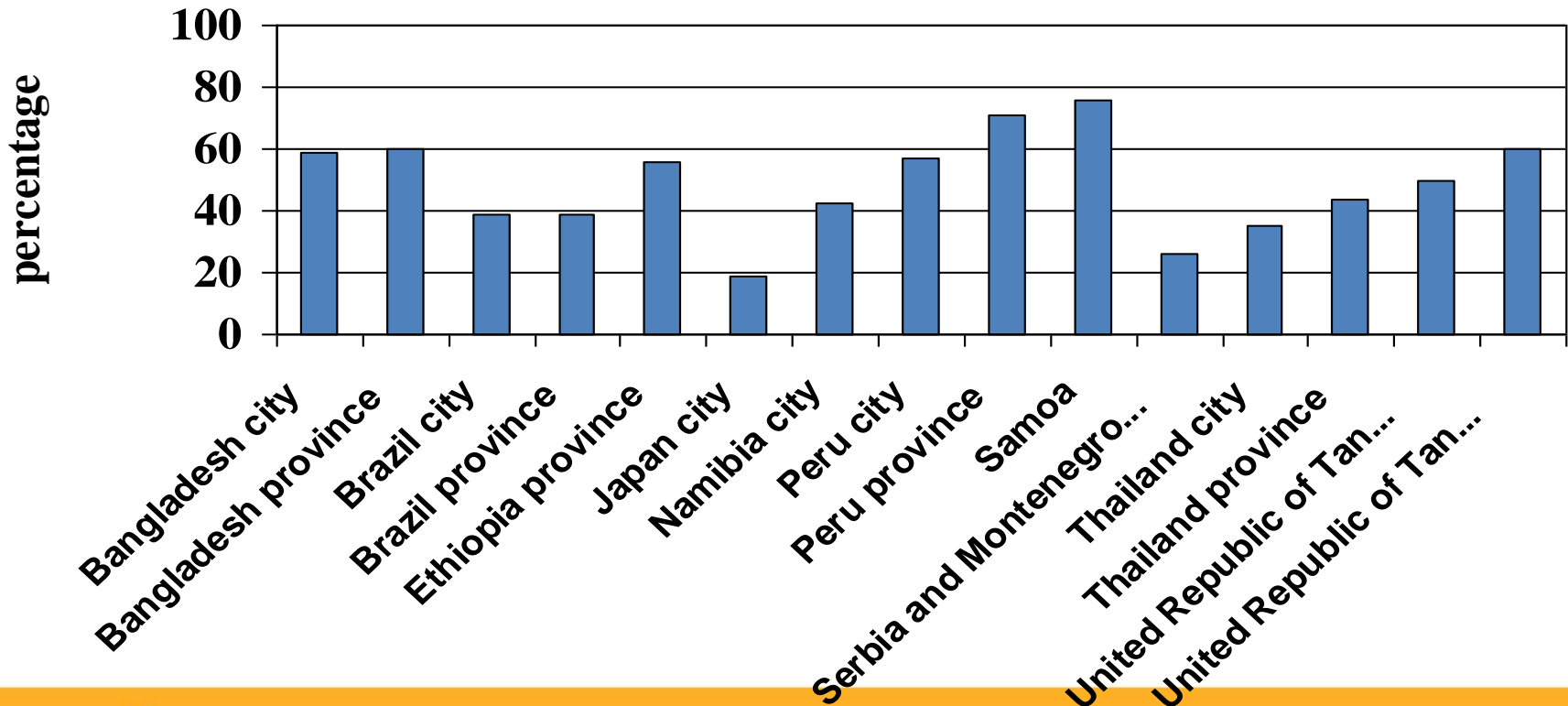
	Women (victims)	Men (perpetration)
	%	%
Any physical IPV	33.1	50.5
>1 episode of physical violence	30.8	43.4
Physical IPV in last 12 months	13.2	5.8
Any rape ever	25.2	37.4
Sexual IPV ever	18.8	18.2

Source: War at home - Gender Links report 2011



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



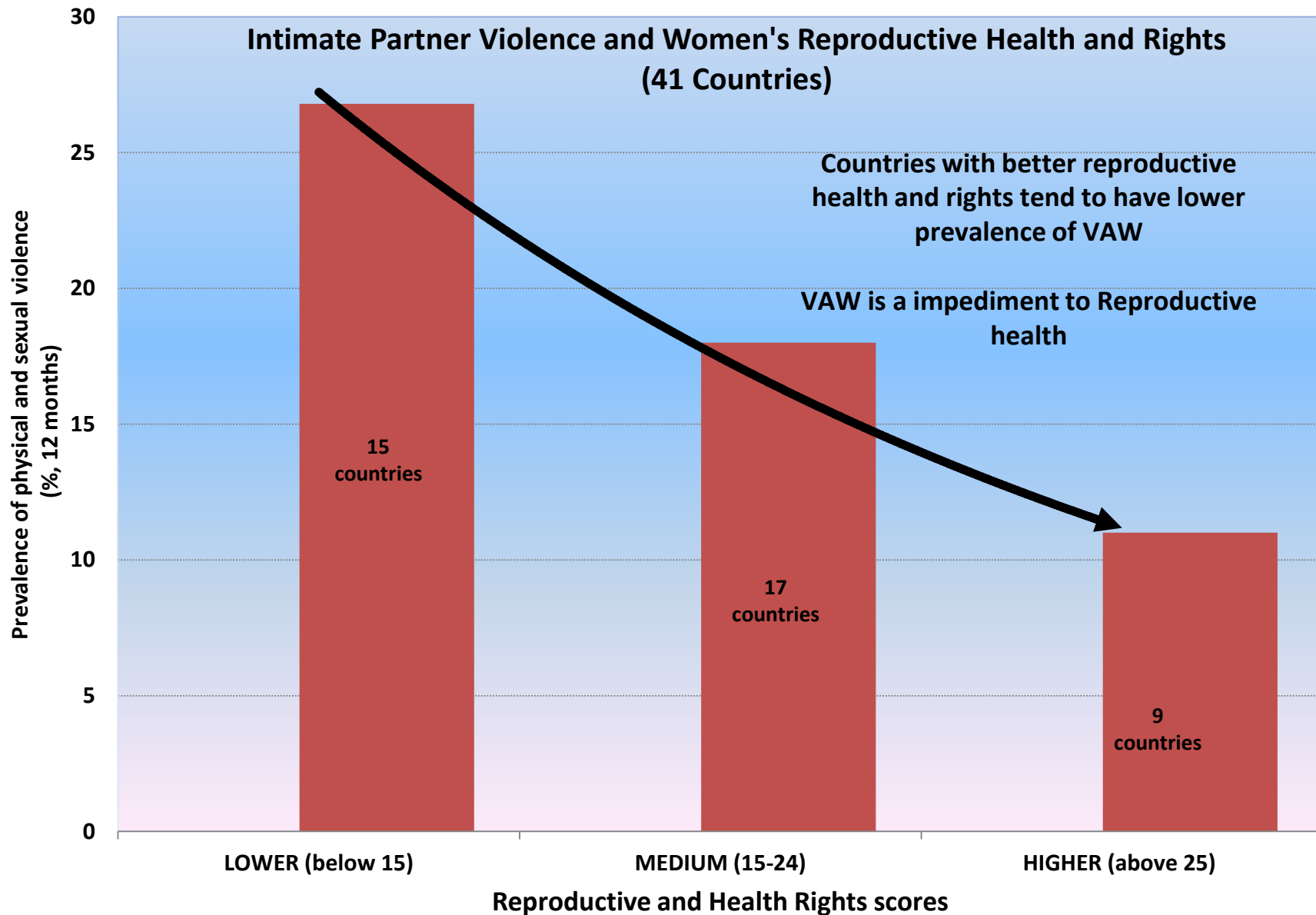
Violence increases women's risk for ...

- Fatal outcomes
 - homicide
 - suicide
 - maternal deaths
 - Aids related deaths
- Non-fatal outcomes
 - physical
 - mental
 - injurious health behaviors
 - reproductive health
- HIV
 - In SA women who have violent partners were 50% more likely to be HIV infected compared to other women
- Violence during pregnancy has been associated with:
 - low birth weight
 - Hemorrhage
 - Miscarriage
 - Post natal depression
- Mothers who experience IPV are more likely to have:
 - Children with fever/coughs
 - Diarrhea
 - Children with poor nutritional outcomes
- In addition
 - Mental health
 - alcohol/drug use
 - unwanted pregnancy
 - gynecological disorders
 - chronic pain syndromes

Burden of IPV (SA data)

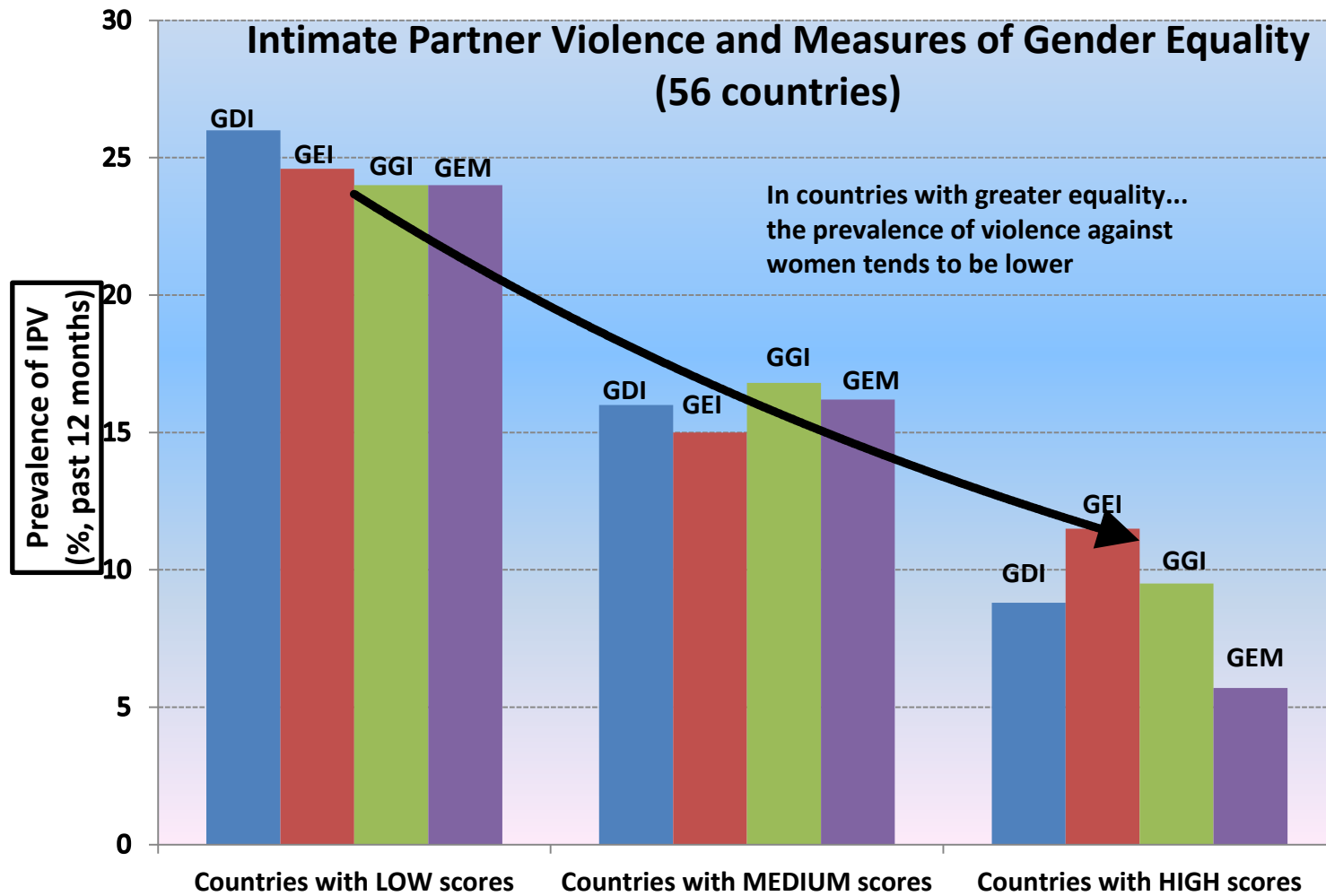
i.e how much of these health outcomes can be prevented in the absence of IPV

Burden attributable to IPV	PAF
Femicides	45.3%
Self-inflicted injuries	36.2%
Tobacco smoking	22.7%
Major depression	21.0%
Sexually transmitted infections	19.8%
Physical injury disability	16.5%
Cervical cancer	15.7%
Anxiety disorders	14.3%
Drug use disorders	13.7%
Alcohol consumption	9.8%
HIV/AIDS	7.2%



Source: UNIFEM : Investing in Gender Equality: Ending violence against women and girls

Scores developed from MDG5: maternal mortality/ adolescent birth-rate/unmet need for contraceptives



Source: UNIFEM : Investing in Gender Equality: Ending violence against women and girls

- Gender Development Index (GDI)
- Gender Equity Index (GEI)
- Gender Gap Index (GGI)
- Gender Empowerment Measure (GEM)

Role of masculinities

- Hegemonic masculinities – valorise aggression/ toughness/control over ...
 - The interpersonal violence between men resulting in the huge health burden arise from the same hegemonic masculinity that also promote violence against women and children
- Prevention among boys / young men critical

Stepping Stones Intervention

RCT evaluation

- Originally developed in 1995 as a life skills training intervention in Uganda
- It is the most widely used intervention in more than 40 countries in Africa and Asia
- Participatory HIV prevention intervention to improve sexual reproductive health through building stronger and more equitable relationships and also reduce GBV (include reflection of own attitudes and behaviour)
- Workshops run for 50 hrs for 6-8 weeks
- Evaluated in the Eastern Cape with young men and women.
- Followed up after 2 years
- Intervention has effect on male risk behaviour (perpetration of GBV)
 - Less perpetration of IPV reported by the men
 - Less sexual violence reported by men
 - Less problem alcohol drinking
- Full manual available

The IMAGE study: RCT evaluation

- Small loans given to women via a microfinance scheme with participatory learning of GBV during 2 weekly loan meetings
- 10 sessions over 6 months (HIV prevention, gender norms, cultural beliefs, communication, IPV)
- Further training of a few women to further lead community action
- Assessed after 2 years in Limpopo province in SA
- Intervention showed 55% decrease in GBV reported by the women in the intervention group
- Intervention requires a structure of a strong small loans program

Health service Responses

Health service responses GBV in Province

- Related mainly to sexual assault services
 - Incremental policy changes since 1994
 - Research on national situational analysis of sexual assault services assisted in the development of policies and management guidelines
 - Reform of the Sexual Violence Act
 - One stop centres Thutuzela's – justice driven with emphasis on medico-legal
 - Provision of PEP to prevent HIV infection after a sexual assault part of service but many challenges in delivering an effective service. Recently development of national training curricula for health care workers.
 - Victim Empowerment Program – social development driven – crisis intervention at police stations
 - Psycho-social care and integration with other health and social services are limited
- GBV – overall
 - Absent in health workers curricula?
 - Focus on at risk groups
 - HIV positives
 - Those attending mental health services

In summary...

- Women live longer than men – but not necessary healthy lives
- Sexuality and reproduction are central to women's health but this is greatly influenced by their social world
- Need to accept GBV as a serious health issue and recognised the huge developmental benefits for effective responses
- Need to address the lack of fit between evidence-based programs and service delivery – use the research/evidence that have been developed
- Need to think about integrating GBV primary and secondary prevention / responses into HIV and reproductive health services