



GENDER BASED VIOLENCE (GBV) AND ITS EFFECTS ON REPRODUCTIVE HEALTH AMONG MARRIED WOMEN OF INDIA-A SYSTEMATIC REVIEW

Mehak Segan¹, Aanchal Anant Awasthi², Neha Taneja¹ and Rajiv Janardhanan^{1,2,3}

¹Laboratory of Disease Dynamics & Molecular Epidemiology, Amity Institute of Public Health, Amity University Uttar Pradesh, Noida, India

²Health Data Analytics & Visualization Environment Laboratory, Amity Institute of Public Health, Amity University Uttar Pradesh, Noida, India

³Analytical Bio-Surveillance & Infectious Disease Epidemiology Laboratory, Amity Institute of Public Health, Amity University Uttar Pradesh, Noida, India

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ABSTRACT

Gender Violence stigmatizes a women for life, rendering her powerless to take control of her own health. Because of culture of silence and unequal power sharing in our society between a married couple, women becomes more prone to gender violence. GBV has gross reproductive health effects on women. We searched National Library of Medicine's PubMed database, OVID, Cochrane Review and Psych INFO from January 1947 to January 2020 using the keywords such as "gender violence", "intimate partner violence", "reproductive health outcomes", "pregnancy outcomes", "contraception" and "reproductive health" Out of 1428, a total of three studies were found to be relevant and included in the present study. There were three forms of Intimate Partner Violence identified; Physical Violence, Sexual Violence, Emotional Violence. The Reproductive Health outcomes were classified based on; contraception use, susceptibility to HIV infection and Prenatal care. Our findings suggest a negative link strong link between Gender violence precipitated by husbands and the Reproductive Health of the women. The findings will be useful to plan reproductive health programs addressing GBV-based problems and aiming at economic emancipation of women especially among the low socio-economic groups. Niche specific community based Health programs should be incorporated along with National Reproductive Health Programs.

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INTRODUCTION

Gender violence is one of the most pervasive and least recognized human rights violations of our century. Both males and females can be victims of gender violence. (Djamba & Kimuna, 2015) Women and girls are more prone to violence because of unequal distribution of power between women and men, culture of silence among women and also failure to implement crafted policies. (Kaczor, 2005) Intimate Partner Violence is one of the most common Gender Violence. Intimate partner violence (IPV) refers to physical, sexual or psychological/emotional violence perpetrated by a husband or intimate partner (Kidman, R., Palermo, T., & Bertrand, 2015) (Speizer IS, Pettifor A, Cummings S, MacPhail C, Kleinschmidt I, 2009) Intimate partner violence knows no social, economic or national boundaries, but certain socio-economic factors put some women at higher risk of experiencing GBV.

*Corresponding author: **Mehak Segan**

Laboratory of Disease Dynamics & Molecular Epidemiology, Amity Institute of Public Health, Amity University Uttar Pradesh, Noida, India

Illiterate women having lower socio-economic status, have fewer options and fewer resources at their disposal to avoid or escape abusive situations and to seek justice. ("Addressing Gender-based Violence.," 2008) (Babu, V. B., & Kar, 2009)

United Nations report on Gender Violence states that, at least one in three women worldwide is beaten, coerced into sex, or otherwise abused by an intimate partner in the course of her lifetime. Globally, 65% of women are exposed to GBV (Mukanangana, F., Moyo, S., Zvoushe, A., & Rusinga, 2014) Regardless of the fact that India was the first country to elect a women Prime Minister and President, every third married women suffers from physical, sexual or emotional violence by their spouses in India. Pregnant women have been found to be at an especially high risk of physical abuse. (National Family Health Survey-4 2016)

Regardless of the prevalence of GBV, available statistics indicate that GBV has gross reproductive health effects on women. United Nations (Sustainable Goal 5) calls for ensuring universal access to sexual and reproductive health and reproductive rights. Reproductive health is an integrated

package (Fathalla, 1996). Women cannot be healthy if they have one element and miss another since elements of reproductive health are strongly inter-related. The burden of reproductive health, for both biological and social reasons, falls heavily on women. This applies to the burden of contraception, prenatal and post natal care, sexually-transmitted diseases, fertility regulation and infertility.

Evidence has shown that at least 60% of women globally are exposed to reproductive health (R.H) problems related to GBV than their male counter parts. (Mukanangana, F., Moyo, S., Zvoushe, A., & Rusinga, 2014) Violence against women threatens and weakens the health, dignity, security and autonomy of women. It affects mental and physical health, including their reproductive and sexual well-being. They suffer consequences on their sexual and reproductive health including forced and unwanted pregnancies, unsafe abortions and resulting deaths, traumatic fistula, and higher risks of sexually transmitted infections (STIs) and HIV (Simister, 2018) The women’s ability to negotiate safe sexual practice reduces and limits her access to contraception and health services (Stephenson, R., Jadhav, A., & Hindin, 2013) In global studies (World Bank, 1993; UNFPA, 2006; UNAID, 2010), rape and physical violence rated higher on women’s deaths than other deterministic factors such as cancer, motor vehicle accidents, war and malaria.

There are numerous studies on Prevalence of Gender Violence and its correlates but there is a paucity of literature pertaining to how various forms of gender violence can affect the Reproductive Health of women. Also most studies have focused on one or two types of Gender Violence. This study was carried out to understand the effects of various forms of Gender Violence and its effects on the Reproductive Health of married women, as well as to appraise the various studies conducted. Since India is culturally, economically, and socio-demographically dissimilar from other Western countries, we limited the scope of our study to screening studies conducted in Indian population, so as to provide locally relevant evidence-based recommendations.

MATERIALS AND METHODS

Data Sources and Searches

We comprehensively searched the National Library of Medicine’s PubMed database, OVID, Cochrane Review and PsychINFO from January 1947 to January 2020 using the keywords such as “gender violence”, “intimate partner violence”, “reproductive health outcomes”, “pregnancy outcomes”, “contraception” and “reproductive health”, and their corresponding MeSH terms were also used in combination with Boolean operators “OR, AND.” The search strategy was limited to English language. We identified articles eligible for further review by performing an initial screen of identified titles or abstracts. Full text and abstracts with relevant data were further reviewed. Only journal article type was included. Figure 02 presents the search strategy and screening process.

Selection criteria

Articles included in the review were cross-sectional, studies done using primary data and conducted among married women in the age group of 18-49 years published from 1947 onwards. Only studies done in India were included. The included studies were conducted between the years 1947 and 2020. Reports of

national surveys (National Family Health Survey, Demographic Health Surveys etc.) were excluded. Studies depicting effect of any form of gender violence (Intimate partner violence/spousal violence) on reproductive health was included. If study had only independent information about gender violence or reproductive health, it was excluded from the analysis.

Data extraction and analysis

The title and abstract of each citation were screened first, and full report was screened second if necessary to select the relevant articles according to selection criteria. Full texts of these selected studies were retrieved, reviewed, and extracted for relevant data by authors independently. After extensive and in depth review a total of 3 studies were included in the review, and their findings have been presented.

RESULTS

Socio-demographic Characteristics

A total of 4974 participants were included in the study, age of the participants was from 18-49 years. The studies had collected data on Religion, Family Income, Type of family Parity, Wife’s education. All the women included in the data set were married. Since all the three studies did not have the same variables, it was difficult to derive their pool percentages.

Study Tool

The studies utilized structured, questionnaire/interviewer-administered questionnaires

Prevalence, Type of Gender Violence and its effects on Reproductive Health

The studies identified three forms of Intimate Partner Violence; Physical Violence, Sexual Violence, Emotional Violence. Physical Violence was the most prevalent form of violence. The Reproductive Health outcomes seen can be classified based on; contraception use, susceptibility to HIV infection and Prenatal care (Table 01)

Table 1 Prevalence, Type of Gender Violence and its effects on Reproductive Health

Author	Sample Area	Sample Size	Type/Prevalence of Gender Violence	Effect on Reproductive Health
Suniti Solomon, RamnathSubbaraman, Sunil S. Solomon, et al (Solomon et al, 2015)	Chennai, Tamil Nadu, India	1974	Verbal Abuse: 1948(98.6%) Physical Abuse: 1963(99.4%) Sexual Abuse: 1478(74.8%) Physical violence:78(9.05%)	Women’s initiation of condom use was precipitating factor of violence. Forced Sex without condom poses women at risk for HIV Infection Sexual Violence is associated with modern and covert (which do not require male participation) contraceptive spacing methods such Oral Pills and IUDs
AninditaDasgupta, NiranjanSaggurti, Mohan Ghule, et al(Dasgupta et al., 2019)	Maharashtra, India	861	Sexual Violence 34(3.94%)	
Sushmita Das, UjwalaBapat, Neena Shah et al(Das et al., 2013)	Mumbai, Maharashtra, India	2139	Physical, emotional or sexual intimate partner violence 318 (15%) Physical IPV 247 (12%). Emotional intimate partner violence 167 (8%) Sexual intimate partner violence 35 (2%)	123(39%) reported illness during pregnancy. 13(4%) did not receive any prenatal care

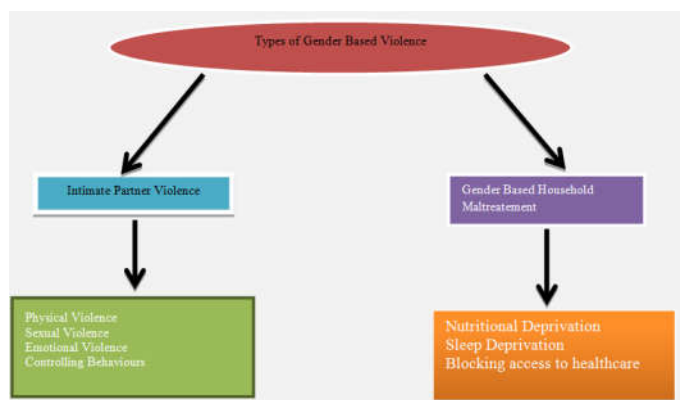


Figure 1 Types of Gender Based Violence (Adapted from World Health Organization, 2012)

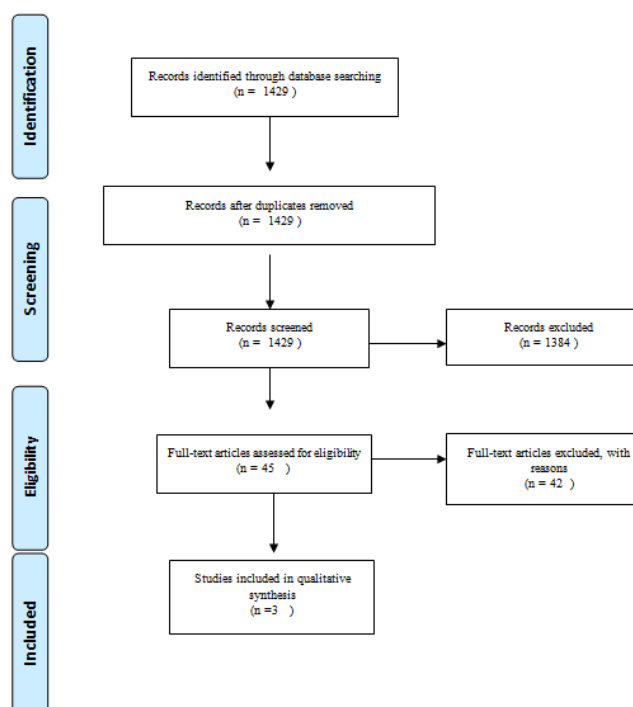


Figure 2 Flow of selection of studies (PRISMA Flowchart)

DISCUSSION

Our study noted three forms of Gender Violence, namely: physical violence; sexual violence; emotional violence. These findings are consistent with other GBV studies (Mukanangana, F., Moyo, S., Zvoushe, A., & Rusinga, 2014) All forms of GBV noted in this study negatively impact on the reproductive health status of women. Our findings have suggested that prevalence of intimate partner physical violence is highest, followed by sexual violence and emotional violence respectively. Various studies report a significant variation in the prevalence of GBV across various states in India (IIPS & Macro International, 2007). Reports showed that in Northern India 25% of husbands reported having perpetrated physical violence against their wives during the preceding year whereas 30% reported sexual violence (Koenig, M. A., Stephenson, R., Ahmed, S., Jejeebhoy, S. J., & Campbell, 2006)

CONCLUSIONS AND RECOMMENDATIONS

Gender Violence has a negative impact on women's reproductive health, yet a culture of silence (largely precipitated by socio-cultural, economic, religious and policy

implementation) encase the subject of GBV. Our findings suggest a strong link between Gender violence precipitated by husbands have a negative impact on the Reproductive Health of the women. The findings will be useful to plan different reproductive health programs addressing GBV-based problems and aiming at economic emancipation of women especially among the low socio-economic groups. Niche specific community based Health programs should be incorporated along the lines of National Reproductive Health Programs.

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