

# Gender-Based Violence Challenges the Public Health Community

*Adesegun Fatusi  
Bolanle Oyeledun*

**G**ender-based violence (GBV), one of the most pervasive and least addressed violations of human rights in the world today, has recently been recognized as a priority global public health problem. According to the World Health Organization, between 16 and 52 percent of women have been physically assaulted by an intimate male partner in countries where large-scale studies have been conducted.

Although it is important to recognize that both men and women may be victims of gender-based violence, females are usually the victims, hence the greater focus on women.

## ***Violence against women: nature and causes***

GBV can take place at any stage of life. It encompasses physical, sexual, and psychological violence, including battering, sexual abuse of children, dowry-related violence, rape, female genital mutilation, and other traditional practices harmful to women. Non-spousal violence and violence related to exploitation; sexual harassment and intimidation at work, in educational institutions, and elsewhere; trafficking in women; forced prostitution; and violence perpetrated or condoned by the state also constitute forms of GBV.

GBV has its root in socially sanctioned male domination of women and women's low social status. Societal factors include cultural acceptance of wife battering and male dominance in every aspect of domestic and community life, including decision-making processes and factors of economic production. The low social status of women is reflected in poor educational development, lower employment and economic opportunities, and cultural practices that compromise the health and well-being of females (such as genital cutting and widowhood rites).

Individual biological and psychological characteristics, such as a history of childhood abuse and domestic violence, low self esteem, drug abuse (including the use of alcohol), and mental health problems, can also play major roles in the occurrence of GBV.

## ***International social policies***

The increasing attention paid by the international community to gender-based violence underscores its global importance. The 1990s, in particular, witnessed the emergence of a number

of important social policy statements on the issue. For example, the fourth International Women's conference (Beijing, 1995) declared violence against women as one of the twelve critical areas of concern and an obstacle to the achievement of women's human rights.

Other international conferences and regional treaties have also made major pronouncements about GBV and the broader issue of women's rights. Among them, the World Conference on Human Rights (Vienna, 1993) declared that women's human rights are a fundamental part of all human rights and must be protected not only in courts, prisons, and other areas of public life, but also in their homes. The Convention on the Elimination of All Forms of Discrimination Against Women (1979) guarantees women equal rights to men in all spheres of life, and the Convention of the Rights of the Child (1997) obliges ratifying states to take all appropriate measures to protect children from all forms of physical and mental violence. The UN General Assembly, in 1993, passed the Declaration on the Elimination of Violence Against Women. The 1996 resolution of the World Health Assembly, declaring violence as a public health priority, endorsed recommendations made at prior international conferences to tackle the problem of violence against women and girls and to address its health consequences.

## ***Roles and opportunities for the public health community***

The frequency and impact of GBV makes it a problem of public health significance and, therefore, demands the attention of public health practitioners. It affects a significant proportion of the population at community, national, and global levels and results in extensive physical and psychological suffering, with many negative physical and mental health outcomes. It also has significant negative effects on many important reproductive health issues, including safe motherhood, family planning, sexual health, and the prevention of HIV/AIDS and other sexually transmitted infections.

The effects of GBV also extend beyond the immediate victim. Children of abusive fathers are often physically abused along with their mothers. Even when they are not abused physically, such children suffer psychological abuse from witness-

*Gender-based violence: Violence involving men and women, in which the female is usually the victim, and which is derived from unequal power relationships between men and women.*

—United Nations Population Fund Gender Theme Group (1998)

ing violent scenes. Studies have shown that boys from homes where GBV is witnessed are more likely to demonstrate such abusive behavior with their spouses and children, and girls have higher tendencies to be involved in abusive relationships. In addition, children affected by GBV are more likely than others to commit other violent acts.

**Treatment and prevention.** Public health practitioners may be the first, and many times the only, point of contact of the abused female with public services. Thus, an opportunity for effective intervention presents itself when victims of GBV come in contact with health workers. To be effective, health workers must be well educated on the issue and skilled in holistic counseling.

Public health workers can and must, however, go beyond offering treatment to GBV victims. As in other areas of public health problems, prevention has a great value in addressing GBV. In the public health field, prevention is usually discussed at three levels: primary, secondary, and tertiary. Recently, the concept of primordial prevention, which focuses on the underlying social, economic, and cultural factors, has also been recognized. The application of public health concepts provides opportunities for a comprehensive range of actions to reduce the incidence and effect of GBV (*see box*).

**Policy and program development.** The public health community must be in the vanguard of efforts to ensure that governments fulfill the requirements of the various conventions, declarations, programs of action, and other international social policies to which they are a party. This strategic responsibility calls for the public health community to be strong advocates and effective lobbyists for promoting critical policies, laws, and programs. In addition, public health workers must employ their skills and expertise in the development of these programs and in their implementation, monitoring, and evaluation.

The public health community also needs to help educate the general public on the problems of GBV. Information on the incidence, determinants, effects, and control strategies regarding GBV must be specifically targeted to policy makers, community and religious leaders, and relevant professionals, including health and social workers and lawyers.

**Research.** We still have a lot to learn concerning GBV in different settings. The public health community must lead the research agenda in this field, develop interventions, and document worthwhile approaches. The complexity of GBV and its culture-specific nature demands that significant attention be paid to defining the extent, nature, and underlying factors of GBV in specific settings through appropriate research. Such an approach provides opportunities to develop interventions and activities that effectively address underlying causes at societal and personal levels (primordial and primary prevention) as well as reduce the short- and long-term effects on the victims (secondary and tertiary prevention).

In conclusion, a successful fight against GBV must involve broad-based partnerships between public health professionals and those in other fields, including law and media professionals, teachers, community activists, and religious leaders. Public health workers, with the benefit of the multidisciplinary roots of the profession, are particularly well-equipped to catalyze this coalition-building process and bring local solutions to this serious global problem. 🍷

## Authors

Adesegun Fatusi is on the faculty of the Department of Community Health, Obafemi Awolowo University, Ile-Ife, Nigeria. He was a Packard-Gates Population Leadership Fellow at the University of Washington (2001-02) and previously worked as an adviser at the state and national levels to reproductive health programs in Nigeria sponsored by the United Nations Population Fund Gender Theme Group. Bolanle Oyeledun is deputy country representative at the Johns Hopkins University/Center for Communication Programs office in Nigeria. She was also a Population Leadership Fellow at the University of Washington (2001-02) and previously worked in the Reproductive Health unit of the Federal Ministry of Health in Nigeria.

## Approaches to intervention against GBV

### Primordial Prevention

Purpose: Avoid the emergence and establishment of the social, economic, and cultural patterns of living that are known to contribute to the elevated risk of health-related problems

Possible interventions: Enhance the status of women and promote gender equity and equality; mainstream gender into health and other developmental policies and activities; promote an atmosphere of peace and dialogue; alleviate poverty

### Primary Prevention

Purpose: Reduce the incidence of health-related problems by addressing the precipitating causes and determinants

Possible interventions: Counseling support to child victims of violence to reduce the perpetuation of the cycle of violence; create public awareness on reproductive rights; control the use of alcohol and drugs; general mental health promotion

### Secondary Prevention

Purpose: Early detection and management of health-related problems

Possible interventions: Screening of female patients to detect cases of GBV; management of physical injuries and psychological disturbances in victims; management of underlying mental health problems of abusers

### Tertiary Prevention

Purpose: Limitation of disabilities and rehabilitation of affected individuals

Possible interventions: Counseling, shelter, and legal support; establishment of crisis centers for victims

## References

- Diniz FG, d'Oliveira AF. Gender violence and reproductive health. *Int J Gynaecol Obstet* 1998; 63. Suppl 1: S33-S42.
- Heise L, Ellsberg M, Gottemoeller M. *Ending violence against women*. Population Reports, Series L, No. 11. Baltimore, John Hopkins University School of Public Health, Population Information Program, December 1999.
- Jeckes R. Intimate partner violence: causes and prevention. *Lancet* 2002; 359: 1423-1429.
- Paradise JE. Current concepts in preventing sexual abuse. *Curr Opin Pediatr* 2001; 13: 402-417.
- United Nations Population Fund (UNFPA): *Violence against girls and women: A public health priority*. New York: UNFPA, 1999.
- Watt C, Zimmermann C. Violence against women: global scope and magnitude. *Lancet* 2002; 359: 1232-1237.