Violence Against Women: Global Maternal/Reproductive Health Burden and Promising Solutions

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State of Knowledge and Examples of Promising Programs

- Prevalence of IPV - 25%-75% (Garcia-Moreno et al., 2006)
- Control of Conception
- Health During Pregnancy
- Pregnancy Outcomes
- Infant and Child health
- Promising Programs
State of Knowledge: VAW and Control of Conception

- Contraception - Married women less likely to adopt, Abusive men less likely to use (Stephenson et al., 2008; Decker et al., 2011)

- Pregnancy coercion – 83% more likely (Miller and Silverman et al., 2010)

- Unintended pregnancy - 46% to 69% increased risk (Pallitto et al, 2012; Cripe et al., 2008; Silverman et al, 2007)

- Abortion - 61% to 2.7 times more likely
- Repeat Abortion – 2.2 to 3.4 times more likely (Pallitto et al., 2012; Nguyen et al., 2012; Silverman et al, 2010)
State of Knowledge: VAW and Poor Pregnancy Health

• First trimester antenatal care – 34-53% less likely (Koski et al. 2011; Silverman et al., forthcoming)

• Health during pregnancy
  • No weight gain - 95% more likely (Silverman et al., forthcoming)
  • Preeclampsia – 47% to 2.7 times more likely (Sanchez et al., 2008; Silverman et al., forthcoming)
  • PROM - 62% to 2.1 times more likely (Silverman et al., 2005, forthcoming)
State of Knowledge: VAW and Poor Pregnancy Outcomes

• Poor pregnancy outcomes
  Miscarriage – 1.8 times more likely
  (Silverman et al., 2007)

• Preterm delivery – 37% to 2.0 times more likely
  (Silverman et al., 2006; Sanchez et al., 2013)

• Maternal Mortality?
State of Knowledge: VAW and Child Health

- **Low Birth Weight** - 17% to 3.9 times more likely (Valledares et al., 2002; Silverman et al., 2006, forthcoming)

- **Diarrheal Disease and Acute Respiratory Infection** – 38% to 65% more likely (Silverman et al., 2009, forthcoming)

- **Malnutrition and Stunting** - 34% to 36% more likely (Ackerman and Subramanian, 2008; Rico et al., 2011; Salazar et al., 2012 - *only for girls*)

- **Infant Death** - 15% to 85% more likely (Jejeebhoy, 1998; Koenig et al, 2010; Rico et al., 2011; Silverman et al, 2011 – *only for girls*)
Counseling Households to Improve Antenatal Care, Nutrition, Communication and Equity: \textit{CHANCE}

- **Partners:** Indian NIRRH and Population Council
- Government-funded health promotion includes multiple household visits by CHWs
- **CHANCE** expands model by:
  - including husbands and in-laws
  - integrating negative health impacts of husband violence and household maltreatment
- (3) 20-30 minute education/counseling visits over six weeks integrated into standard gov’t programs
CHANCE Pilot

- **Improved**
  - Utilization of antenatal care
  - Marital communication with husbands re: pregnancy

- **Reduced**
  - Fear of husbands
  - Household maltreatment (e.g., increased access to nutrition and rest)
  - Violence from husbands against pregnant women

- 2-arm cluster RCT, N=240 families (NICHD/ICMR: Pending)
Ending Reproductive Coercion
A Family Planning-based Program

- Training of existing FP counselors
- Provide brief intervention within SoC to:
  - Recognize connections between VAW and reproductive control
  - Reduce harm via strategic contraception
  - Connect to available VAW services

- RCT results (N=906, 12 mo. follow-up; NICHD):
  - 71% reduced risk of pregnancy coercion
  - 63% increase in leaving a relationship re: abuse

(Miller and Silverman et al., 2011)
VAW is a major factor in maternal/reproductive health. Interventions can reduce VAW and improve maternal and child outcomes. Rigorously Assess, Adapt and Scale