

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

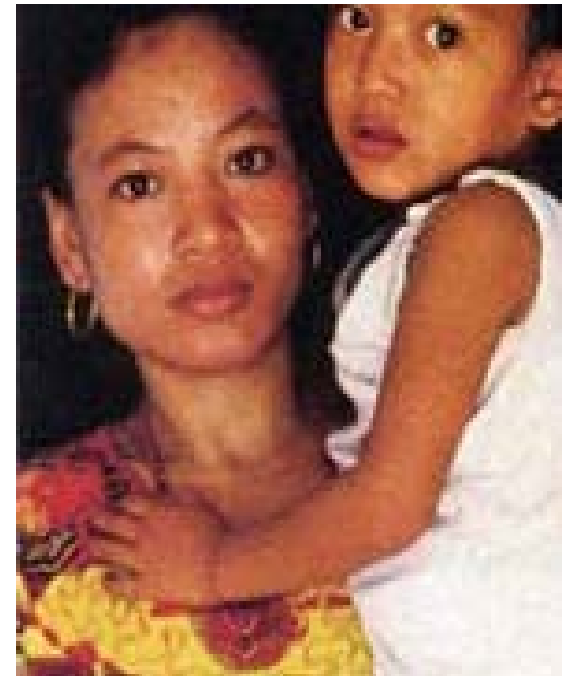
Jay G. Silverman, Ph.D.

Professor Of Medicine And Global Health

Co-Director, Program on Gender Inequities and Global Health



UNIVERSITY of CALIFORNIA, SAN DIEGO
SCHOOL OF MEDICINE



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: **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**

