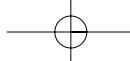




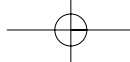
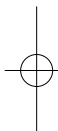
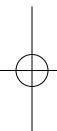
WHO Multi-Country Study on Women's Health and Domestic Violence Against Women





“... I am happy that there are institutions that are concerned about family violence. I have hope that things will change for people going through this.”

(Woman interviewed in Peru)



Why is violence against women a concern for WHO?

The UN definition of violence against women is:

“any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life”.

(The UN Declaration on the Elimination of Violence Against Women, General Assembly Resolution, December 1993.)

Violence against women has also been described as:

“the most pervasive human rights violation, respecting no distinction of geography, culture or wealth”.

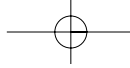
(The UN Secretary-General SG/SM/6334.)

Violence against women (VAW) is one of the major public health and human rights problems in the world today. It is a universal phenomenon, which cuts across boundaries of culture or class and which affects millions of women world wide. Its serious consequences on the health and well being of women and their children compel us to act towards its immediate prevention and elimination. Violence against women is both sustained by and in turn helps to sustain women's unequal status in society.

“...women will not be free from violence until there is equality, and equality cannot be achieved until the violence and the threat of violence is eliminated from women's lives.”

(Canadian Panel on Violence Against Women, 1993.)

The violence girls and women experience occurs most frequently in the “safe haven” of the family. Since much of this is hidden inside the home, it is difficult to document and even harder to prevent. Violence against women has a substantial impact on women's health and well being and on that of their children. Both in the short and in the long term, it puts them at higher risk for a wide range of physical and mental health problems.

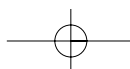


Why is research needed?

A clear obstacle to prevention of VAW is the lack of gender-sensitive health research and reliable data on the magnitude of the problem and its consequences. Moreover, a lack of understanding of the root causes of violence against women hinders the development of actions and efforts to address it. It is for these reasons, among others, that the World Health Organization has developed and is implementing a Multi-country Study on Women's Health and Domestic Violence. This is providing evidence from eight culturally diverse countries on:

- The prevalence and frequency of different forms of violence against women
- The health consequences of violence by intimate partners
- Risk and protective factors for intimate partner violence in different settings
- Strategies and services used by women experiencing domestic violence

Other objectives of the Multi-Country Study include: the development of a methodology for measuring violence cross-culturally; fostering collaboration between women's organizations working on violence, research institutions and government; and raising awareness of the problem among policy makers, health providers, researchers and others.



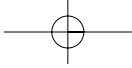


The Beijing Platform For Action recommends, among other things, **“ the promotion of research and data collection on the prevalence of different forms of violence against women, especially domestic violence, and research into the causes, the nature and consequences of violence against women and the effectiveness of measures implemented to prevent and redress it. ”**
(para. 129 a)

The beginnings

In February 1996, the World Health Organization (WHO) held its first Expert Consultation on Violence against Women. This meeting brought together women's health advocates, researchers and service providers working in the field of violence against women to review existing knowledge of the problem and current activities, and to identify gaps. The recommendations which came out of this meeting included that WHO should support international research on women's health and domestic violence.

The Multi-Country Study on Women's Health and Domestic Violence is a key research initiative undertaken by WHO in collaboration with local institutions. The Study is policy and action oriented and is being carried out in partnership with research institutions and/or national ministries and women's organizations working on issues related to violence in eight countries. The expertise of women's organizations has been invaluable in the implementation of the research and will help to ensure that the findings are used for intervention development and policy change.



Who is participating?

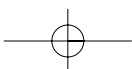
A diverse group of countries was selected to represent a range of cultures and regions: Bangladesh¹, Brazil, Japan, Namibia, Peru, Tanzania and Thailand. Samoa also implemented the Study².

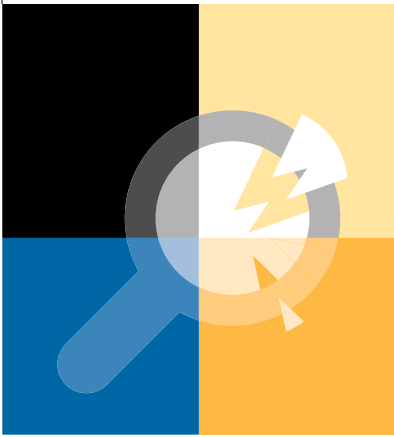
How is it being done?

The Study combines qualitative and quantitative research methodologies. The quantitative component consists of a cross-sectional population based household survey conducted in two sites. In most countries these sites are the capital (or large city) and one province with rural and urban populations. In each of these sites 1500 women aged 15 to 49 are randomly selected to be interviewed. Prevalence estimates for various forms of violence are obtained by asking female respondents direct questions about their experiences of specific acts in a highly sensitive and respectful fashion. Particular attention has been paid to ethical and safety issues associated with violence, as ensuring women's safety is of paramount concern in the Study.

¹Funded by the Asian Development Bank.

²Funded by the UNFPA.





How is the Study unique?

The Multi-Country Study is an innovative piece of research.

Development of methodologies:

- It is one of the first studies to research domestic violence against women across countries from a public health and gender-sensitive perspective.
- A rigorous and uniform methodology ensures reliable estimates and sound research results that are comparable across countries.
- The use of a common methodology in culturally diverse contexts will improve understanding of universal and context-specific risk factors. This is crucial as successful prevention requires a much clearer understanding of the causes of violence.

Raising awareness among policymakers, researchers and others

- The Study adheres to specific ethical and safety standards, which can serve as a useful model for similar endeavours in the future. These standards may also serve to increase sensitivity to violence against women among researchers, policy-makers and health providers. (See WHO, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women.* WHO/FCH/GWH/01.1.)
- The survey materials and methodology are already proving useful for others doing research on these issues. For example, the questionnaire has been used in Chile, China, Ethiopia and Indonesia.

“ I have experienced violence too, I did not know where I could go for help. I now know where I can go. I was looking for such places. It is good to address these type of issues in a survey, I am happy now.... ”

(Woman interviewed in Japan)

- In the participating countries, the Study has provoked a dialogue among NGOs, researchers and policy-makers and has engaged key players in various sectors. This has translated into policy and programme impact.
- The Study is unusual in the extent of the training and involvement of the researchers and interviewers. Team members have gained knowledge and skills on research and on violence against women, and have been sensitized to gender issues. Indeed team members commonly report that their own perspective on life has literally changed. In this way, the Study has generated a pool of trained and committed individuals in each country.

Use of findings for policy interventions

- The Study is groundbreaking in the extent to which it engages local organizations, particularly women's organizations, and in so doing creates/solidifies local structures, which can lead to policy change and intervention, including at the political level. It has increased local capacity in both research and violence against women, among a range of actors in each country. This has been enhanced by the high level of participation in the research process itself, enabled by the set up of the Study.
- The Study is generating information on strategies and services used by women and on the kinds of support and services they think they need. The results therefore can be directly applied for the planning of interventions.



What is the effect to date? How has the project had an impact on women's lives?

In addition to the new information generated, the Study has already had an impact at many levels:

- It has led to an increased awareness among researchers, interviewers and others involved in doing the research, as well as on women interviewed.
- It has contributed to the inclusion of domestic violence on the national and educational policy agendas of Ministries of Health. For example, in Brazil, domestic and sexual violence has been incorporated as a new subject in the programme of family health in the University of São Paulo. In addition, a national taskforce on violence was established on which Study team members participate on issues of violence against women.
- The level of knowledge and interest in violence against women has increased in academic circles, particularly in the universities involved in the study. In Peru, for example, violence is now being incorporated in curricula, such as in the Masters course on reproductive health and sexuality. In Brazil, students at the Masters and Doctoral levels from both the faculties of Medicine and Social Sciences have become involved in the study. Further, the issue of violence against women has been included in the graduate programme of Medicine.

“ I realized how many women experience violence and how unaware they are where to seek help. I grew very much stronger as a woman during this study.”

(Interviewer in Namibia)

- There has also been substantial impact at the grass-roots level. As a result of the Study in Thailand, for example, both institutions responsible for its implementation have established networks in the field of violence against women and have become a source of information for local organizations. In Peru, the Study teams have worked closely with local authorities (municipal, health and police) and community leaders (men and women) in three provinces, sensitizing them to the problem of violence against women and to gender issues.
- Information booklets, that describe available local services have been developed and widely distributed to women in all of the countries.
- In most countries the Study has made both interviewers and respondents rethink, reanalyse and re-evaluate their life's experiences.

“ My husband slaps me, has sex with me against my will and I have to conform. Before being interviewed I didn't really think about this. I thought this is only natural. This is the right way a husband behaves.”

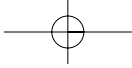
(Woman interviewed in Bangladesh)



How will the research findings be used and what do we aim to achieve?

Future Goals

- Information generated will be disseminated at many different levels, including through political, popular media and scientific channels. The Study Consultative Committee in each country will serve to ensure that the research findings are translated into concrete policy changes. Further, the information will be made accessible to both technical and scientific audiences and to the general public through brochures, mass media and other appropriate means of communication.
- WHO will engage in development of policies and interventions to respond to the problem, working in each country with the teams of people committed to addressing violence against women developed through the study.
- WHO will continue its ongoing advocacy and information work to increase sensitivity to the topic in general.
- Numerous requests have been received from countries interested in implementing a similar study. The realization of this is contingent upon the availability of funds. A priority is to include regional representation from the Eastern Mediterranean and Eastern and Central European regions, where limited data is available.
- WHO intends to optimise use of the database by establishing a fund to support secondary and cross-country analysis.
- An information pack summarizing key results is in preparation and will be available.



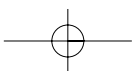
Resources

Work on the WHO Multi-Country Study on Women's Health and Domestic Violence started in 1997. This work has been made possible through contributions from various donors, including the governments of Australia, Italy, Norway, Sweden, Switzerland, the United Kingdom, the Netherlands and also from the Rockefeller Foundation.

Funds are used to provide ongoing technical support for the implementation of the Study, technical support to countries for analysing the data and to support a communications/advocacy strategy to optimize the use of the Study results at local, national and international levels.

The role of WHO

WHO provides strategic and technical oversight to the Study through the Study Co-ordinator who has overall responsibility for the study. A Steering Committee of experts in the field of violence against women, epidemiology, and public health, reviews progress and guides the development and implementation of the study. A Technical Advisory Team of international experts from WHO, the London School of Hygiene and Tropical Medicine and PATH – Washington D.C., provides technical support and responds to the needs of the country teams.



Institutions participating in the WHO Multi-Country Study on Women's Health and Domestic Violence

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São Paulo

Maternal and Child Health
Department

School of Public Health
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São Paulo

Feminist Collective for Health and
Sexuality

São Paulo

SOS Corpo, Gênero e Cidadania
Recife, Pernambuco

Social Medicine Department
Faculty of Medicine

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Department of Social Sciences
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Ochanomizu University,
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Faculty of Human Sciences,
Toyo Eiwa Women's University,
Tokyo

Namibia

Ministry of Health and Social
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Directorate of Developmental
Social Welfare Services

Directorate of Policy, Planning and
Human Resources

Development

Windhoek

Multimedia Campaign on Violence
against Women and Children

Ministry of Foreign Affairs,
Information and Broadcasting

Windhoek

Central Bureau of Statistics

National Planning Commission
Windhoek

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Department of Epidemiology
Dar es Salaam
Women's Research and
Documentation Project of the
University of Dar es Salaam
Dar es Salaam

Thailand

Institute for Population and Social
Research (IPSR)
Mahidol University
Bangkok
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Samoa (funded by UNFPA)

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“ I learned a lot from the beginning of the training, till the end of the survey. The survey opened wounds, but I had to learn to face it and cope with it. The respondents really needed and enjoyed this experience, because they could talk to somebody. My career path changed, since the beginning of the training because I could do something which can make a difference and mean something for the country.”

(Interviewer in Namibia)





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