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A STUDY ON THE VIOLENCE AGAINST WOMEN AND PUBLIC HEALTH

History subject

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In the ancient past Women had very high position in the society., as days go by women had a secondary treatment ,they try to evolve themselves in all the activities. Women are abused as poor in mental and physical health, more injuries, and a greater need for medical resources. The impact of gender-based abuse on physical health can be immediate and long-term. Women who are abused rarely seek medical care for acute trauma, however. In the United States Women who have been abused seek treatment for the resulting with greater injuries women never be attributed to. Survivors of abuse often exhibit negative health behaviors, including alcohol and drug abuse. Chronic health problems stemming from abuse include chronic pain ,neurological problems, symptoms, including fainting and seizures; gastrointestinal disorders; and cardiac problems[i] . As per the WHO international Study on Women's Health and Domestic Violence found that women who are abused in Brazil, Japan, and Peru are almost twice as likely as non-abused women. Abused women often live in fear and suffer from depression, anxiety, and even post-traumatic stress disorder.

In North America a study showed that abused women were three times more likely to suffer from post traumatic stress disorder than non-abused women. WHO Multi-Country Study found that women in Peru, Brazil, Thailand, and Japan who had been physically and sexually

abused by their partners those women commit suicide. According to research in Nicaragua, children of abused mothers also have higher levels of infant and child mortality.[ii] Even if they are not the targets of abuse themselves, children who witness abuse are more likely to suffer from learning, emotional, and behavioral problems. These children also are at increased risk of becoming abusers and of being abused later in life.

The reproductive and sexual health of Women are affected by gender-based violence. In America a study found that women who experienced intimate partner abuse were three times more likely to have a gynecological problem than were non-abused women. There are Problems like chronic pelvic pain, vaginal bleeding or discharge, vaginal infection, painful menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infection, and infertility. Sexual abuse, especially forced sex, can cause physical and mental trauma. In addition to damage to the urethra, vagina, and anus, abuse can result in sexually transmitted infections (STIs), including HIV/AIDS. Women who disclose that they are infected with HIV also may be subjected to violence[iii].

COUNTRIES	USA	BRAZIL	PERU	JAPAN	INDIA	THAILAND	AFRICA
VICTIMS	38	38	42	24	44	39	38
RAPE	22	36	37	08	39	27	32
DOMESTIC VIOLENCE	29	37	33	11	36	28	31
SEXUAL ASSAULTS	19	34	46	13	41	24	42

Early forced marriage results early pregnancy and , can result in a range of various health problems, including effects of unsafe abortion. Girls under 15 years of age are five times more likely to die in childbirth than women in their twenties. They also are at higher risk for obstetric fistula, which can result from prolonged and obstructed labour. Sexually abused women use family planning clandestinely, to have a partner refuse to use a condom to prevent disease [iv] . Survivors of abuse are more likely to practice high-risk sexual behaviors, experience unintended pregnancies, and suffer from sexual dysfunction than non-abused women.

Research Studies prove that physical abuse occurs approximately 4 to 15 percent of pregnancies in the United States, Canada, Sweden, the United Kingdom, South Africa, and Nicaragua.4,12,30,22 Intimate partner abuse during pregnancy may be a more significant risk factor for pregnancy complications than other conditions for which pregnant women are routinely screened, such as hypertension and diabetes.[v] Abuse during pregnancy has been linked with delays in obtaining prenatal care increased smoking and drug or alcohol abuse during pregnancy, poor maternal weight gain, unsafe abortion, miscarriage, stillbirth, low birth weight, and neonatal mortality and depression.

A recent meta-analysis of 14 studies indicates a significant association between low birth weight and abuse during pregnancy. The health issues of violence against women are so serious, far-reaching, and intertwined[vi]. The steps involved in integrating gender-based violence into health programs have been outlined that developed by UNFPA. More effective way to identify survivors of abuse, few health practitioners routinely ask about abuse, even in resource rich countries.

In some programs, screening of all women may be impractical, and even unethical if not done appropriately and confidentially[vii]. Specific groups, such as women seeking prenatal care or other reproductive health services, may be more feasible. Screening programs need to overcome barriers at the provider and health care system levels. Providers perceive lack of training, time, and effective interventions to be primary barriers to screening. Providers also can

be reluctant to screen because they: feel uncomfortable asking about the topic, are fearful of the woman's response[viii].

Female Genital Mutilation

Female genital mutilation (FGM)—also known as "female genital cutting" and "female circumcision"— In Africa, Asia, and the Middle East is a culturally supported form of gender-based violence prevalent in more than 20 countries . The term FGM describes a variety of procedures involving the partial or complete removal of the external female genitalia and injury to the female genital organs for cultural, traditional, or other non-therapeutic reasons[ix]. More than 130 million girls and women have undergone the procedure, and an estimated two million girls are at risk of FGM every year.18 FGM is associated with a range of serious health problems, including infection, chronic pain, sexual dysfunction, and obstetric complications, psychological and emotional consequences of FGM, but stress, anxiety, and depression may be associated with the procedure[x].

Efforts to eliminate FGM range from high-level government actions to community education; preventing all forms of gender-based violence. Legal reforms, education, and training are key factors, although these efforts alone are not sufficient to change behavior. [xi] Health personnel need special training to recognise complications resulting from FGM, and to manage pregnancy, childbirth, and postpartum care for women who have undergone the procedure. Reproductive face cultural and language differences with clients, are afraid of offending clients, and are frustrated by the perceived lack of response by clients to the advice provided[xii]. Many of these barriers relate to providers' attitudes and biases. Because providers often share the same social and cultural environment as their clients, they also may experience or use violence[xiii].

A study in the primary health care in rural areas of South Africa found that the nurses had experienced similar or higher levels of violence than their clients[xiv]. The response from the other studies found that high proportions of health care providers in many countries proved that they have experienced intimate partner violence. Especially concerning observation is that

nurses and other health care providers are sometimes abusive towards patients in their care[xv], and may even be subject to abuse themselves within the health sector[xvi].

Women would like to share their experiences about violence and therapeutic. Some of them fear that routine screening and mandatory reporting of abuse to authorities will have negative consequences[xvii]. In the WHO Multi-Country Study, many women reported that they did not seek help after experiencing abuse because of embarrassment, fear of consequences, or acceptance of intimate partner violence[xviii].

The need for training to sensitise them to their own wish and feelings about abuse, as well as to help them to develop the skills necessary to assist abused women[xix]. Training can help reorient providers towards a role of supporting abused women and helping them make changes that will reduce the risk of abuse[xx]. At the Association Civil de Planning. Familiar (PLAFAM) in Caracas, Venezuela, staff received sensitization and training prior to addressing gender-based abuse in their reproductive health clinics[xxi]. Staff members were given the chance to role-play during the training, both as practitioners and as clients. By acting as "clients," the staff experienced how helpful it can be to have someone listen empathetically and talk with them about their experiences[xxii].

A variety of training strategies have been used in a domestic violence project of the Pan American Health Organization (PAHO), carried out in ten Central American and Andean countries. Some countries have elected to sensitise all clinic personnel to violence, while others train those in a certain sector, such as mental health[xxiii].Few specialised training in forensic medical procedures and in detecting child sexual abuse. Experiential training, as well as internships and exchanges, are effective training strategies. Including violence and abuse in the curricula of medical education could help sensitize health care professionals and better prepare them to address these issues[xxiv]. While training increases the likelihood that clients will be asked about abuse, program managers need to reinforce its importance and providers need to be held accountable for identifying abuse among clients[xxv].

Screening tools can help providers bring up the subject of abuse in a non-judgmental and consistent manner. By following a short list of questions, providers can ask clients about current and past experiences with physical, emotional, and sexual abuse. The systematic screening tool increased detection of violence among clients from 7 percent to more than 30 percent[xxvi]. The providers must see that the questionnaire must be easy to use and more efficient than previous efforts to screen[xxvii].The client's chart helped document abuse and provide a record to use for evaluation[xxviii].

Providers must ensure a safe, confidential environment and establish a relationship of trust and respect for their clients prior to asking about abuse. Client waiting areas can offer educational materials, including posters on the walls and informational brochures, to let clients know that abuse can be discussed safely at the facility[xxix]. Providers must be careful not to place clients at increased risk by violating their confidentiality. It is the provider's role to empathize and validate clients' experiences, and to support their autonomy in deciding what to do about their situations[xxx].

Woman have experienced abuse on a health care provider to better care for her. Women who suffer intimate partner violence often have specific reproductive health care needs, including special testing and treatment, and concerns about keeping their contraceptive use secret[xxxi]. Women who have been raped need counseling, and may need emergency contraception, prophylactic antibiotics ,and/or antiretroviral therapy. They also should be offered support and referral for psychological, medical, and legal follow-up[xxxii]. In many countries, police require women to have a medical exam and receive a medical certificate prior to filing an official complaint for domestic violence.[xxxiii].

Person with care need to know that their efforts to identify abuse are valued, and they must be empowered to help their clients if screening reveals abuse[xxxiv]. Novel ways of evaluation should be followed during the interventions[xxxv]. This will help to prevent death and disability[xxxvi], it is important that to achieve high self-esteem and to reduce anxiety and stress among abused clients. Few studies prove that being able to refer a client on-site for more in-

depth counseling is helpful[xxxvii]. The counselor can help clients determine their needs and plan of action. For this the person should have knowledge and coordination between client and appropriate legal, social, and community services[xxxviii] social, and legal organizations in the local area to which abused women can be referred. More number of Institutions can be established to support groups for survivors of abuse, as well as for the providers themselves, who may need to discuss their experiences and feelings.

By offering assistance to many women at one time, support groups are cost-effective, and seeing others who have experienced abuse and exchanging advice can be empowering for participants[xxxix]. As a recent review on the domestic violence project showed, institutions also can be instrumental in establishing national norms and protocols for identifying abuse[xl]. Wide dissemination of policies and procedures related to abuse can improve the quality of care within the health sector. Documenting and developing information systems to identify cases and track abuse will help to the health burden , impact of abuse, and its visibility.

In the assessment of 2,000,000 people, most of them women and children, are trafficked across international borders every year for forced labour, including sex work[xli]. Most of these victims of trafficking originate in Asia, but substantial numbers come from countries in the former Soviet Union (100,000), Eastern Europe (75,000), Latin America and the Caribbean (100,000), and Africa (50,000) [xlii]. Trafficking in people is estimated to be the third largest source of profits for organized crime, yielding billions of dollars of profit every year. Ethnic conflicts also contribute to trafficking, especially of women and girls.40 Many trafficked people are kidnapped or misled, while others turn to trafficking networks for assistance in being smuggled. Low-income families may see no other choice than to sell their daughters for sex work[xliii].

Women and girls who are forced into sex work and those who are sexually abused suffer a range of health problems. Furthermore, trafficked women rarely seek health care because they fear being deported, lack the necessary money, or are prevented from seeking care[xliv]. They have a high risk of complications and infertility due to undiagnosed and untreated STIs, including HIV/AIDS, and risk complications from pregnancy and unsafe abortion[xlv]. Health care

providers in regions where trafficking is common should be informed about the situation and offer care wherever possible. Overall, efforts to stop trafficking depend on international and national cooperation from the highest levels of government to grassroots social-service agencies, and between social, judicial, law enforcement, and migration authorities. For more information on trafficking, visit Stop-Traffic at together with the National Police Force, have been the main forces behind improving institutional coordination[xlvi].

The community leaders, health care professionals have important roles to prevent violence in the society. They can gain the support of other community leaders and promote "zero tolerance" of violence in relationships[xlvii]. Talking about the prevalence and health effects of abuse, and to educate all community members about their legal, social, and human rights can help to change their established attitudes, behaviors, and cultural norms. Individuals and health care organizations also can work to change national and local policies that restrict women's rights, such as eliminating spousal consent rules for contraception. Involving men in this effort is key.

Conclusion

The health care sector should have a significant impact on publicising violence against women, and to reduce the reproductive health problems related to various abuse. By the training and support of the program managers, health care providers can learn to identify and to take care of women who have been violated. By doing screening it is of great help and useful, providers must be well trained in how to ask about and respond to abuse, and be prepared to help survivors of abuse with treatment and referral. They also must learn to work with agencies in other sectors. Together a Coordinated efforts and the development of effective referral networks and information systems can scarce resources.

END NOTES:

[i] OUTLOOK/Volume 20, November 1ISSN:0737-3732
[ii] http://www.path.org/resources/pub_outlook.htm

[iii] *Outlook* is published by PATH in English and French, and is available in Chinese, Indonesian, Portuguese, Russian, and Spanish. *Outlook* features news on reproductive health issues of interest to developing country readers

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