Breaking the Cycle of Violence to Save Mothers and Children: Why Ending Gender-Based Violence is Essential for Global Health

Q&A

1. How does gender-based violence specifically impact maternal, newborn, and child health outcomes, and why is it crucial to address this link in global health efforts?

Answer:
Every year 287,000 women die while giving birth[i] and 4.9 million children under five lose their lives, with nearly half of these deaths—2.3 million[ii]—happening in the first month of life. Sub-Saharan Africa faces the biggest challenges, accounting for nearly 70%[iii] of maternal deaths and half of child deaths globally[iv].

Most of these deaths are preventable with access to timely and quality healthcare and by addressing underlying social determinants of health. However, gender-based violence (GBV) adds another layer of risk. Women experiencing intimate partner violence (IPV) are more likely to suffer from complications during pregnancy. The violence and related stress have been proven to drive preterm labor and low birth weight in newborns. For instance, the WHO estimates that IPV affects 1 in 3 women globally, and these women face a 16% higher risk of delivering low-birth-weight babies.[v]

Gender based violence also increases maternal mortality by exacerbating existing challenges around timely access to quality care by preventing women to access prenatal care and increasing the risk of unsafe deliveries.[vi]

Addressing the link between GBV and maternal, newborn and child health (MNCH) is crucial because maternal health is interconnected with newborn and child survival. A mother experiencing violence is less likely to breastfeed, follow postnatal care, or provide adequate nutrition and immunization for her child, perpetuating a cycle of poor health outcomes.[vii] Tackling GBV is therefore not just a human rights imperative but a foundational element for improving health and well-being for all.

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2. Despite its significant health implications, why do you think gender-based violence remains under-prioritized in maternal and child health policies?

Answer:
GBV is under-prioritized due to the normalization of violence and deeply rooted stigma, inadequate data, and a lack of gender sensitive policies in the health sector. Cultural taboos, victim blaming, fear of retaliation among others means that many women do not disclose their experiences of violence, resulting in a perception that the issue is not as prevalent or impactful as it truly is[viiiix]. This contributes to inadequate data on this issue – which is central to shaping health policies.

Additionally, many health policies focus narrowly on clinical care, sidelining the broader social determinants of health, such as violence and gender inequality which have a huge impact on demand

for services. Despite the recognition of violence against women as a significant public health issue, investment in prevention and services for survivors remains inadequate. There is a need for more evidence-based interventions and policies that address its root causes and consequences.[x] Developing regions in particular, face significant challenges in financing, policy guidance, and implementation of gender-related strategies, which hinders the prioritization of GBV in health policies[xi]

There is also a lack of knowledge in the health sector on gender equality and GBV[xii]. This is compounded by a lack of gender-sensitive training for healthcare workers, who may overlook or mismanage GBV cases. Work is being driven by partners like WHO to strengthen the health system response to GBV.

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3. As we approach the 16 Days of Activism Against Gender-Based Violence, what role do advocacy campaigns play in driving awareness and action on this issue?

Answer:
Advocacy campaigns like the 16 Days of Activism are vital for raising awareness, shifting societal norms, and catalyzing action on GBV. These campaigns bring sustained attention to the issue, highlighting the pervasive nature of violence against women and its consequences on health. It is through campaigns like these that we can start to normalize the conversation and begin to drive change.

These campaigns plant a seed of change in the general public. Global movements like #MeToo have driven great attention to these issues, leading not only to policy commitments but to visible changes in the application of these policies and to the shifting of gender norms within certain industries.[xiii] Advocacy not only drives awareness but also empowers survivors to seek help and hold perpetrators accountable.

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4. What are some practical, integrated strategies that governments and health organizations can implement to address violence as a barrier to maternal and child health?

Answer:
Integrated strategies must combine healthcare, social services, and community-based approaches:

- **Screening and Training**: Health facilities should implement routine GBV screening during antenatal visits, coupled with comprehensive training for healthcare providers to identify and support survivors[xiv]. Health workers should be trained to identify and support survivors of GBV[xv].
- **Health System Strengthening:** Strengthening health systems to address VAW through protocols, capacity building, and effective coordination between agencies is essential[xvi]
- **One-Stop Centers**: Facilities offering integrated services—including counseling, legal aid, and healthcare—can reduce barriers for survivors. Successful examples include Rwanda's Isange One-Stop Centers, which have served many survivors since their inception[xvii].

- **Education and Economic Empowerment Programs**: Providing women with education and financial independence through vocational training and microloans can reduce dependence on abusive partners and improve health outcomes.[xviii]
- **Data Systems and Research and Evaluation**: Governments should invest in robust data collection systems and research to track GBV and its impact on MNCH, enabling evidence-based policymaking.[xix]

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5. How can communities and local organizations be empowered to combat gender-based violence and its effects on health outcomes?

Answer:
Communities and local organizations are critical to driving change. To empower communities, we need to take a bottom-up approach that builds on local knowledge, culture, and networks:

- **We must educate and raise awareness**: which we can do through community workshops and school-based programs that address harmful gender norms and promote respectful relationships.[xx]
- **We need to engage Men and Boys**: through programs that involve men in conversations about gender equality, challenging patriarchal norms that perpetuate GBV.[xxi]
- **We must strengthen Local NGOs**: Grassroots organizations often have the trust of communities and are well-positioned to provide survivor support and yet are often underfunded. Governments and donors should fund these organizations and build their capacity.[xxii]

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6. What specific actions would you like to see from policymakers, healthcare providers, and international organizations to break the cycle of violence and improve health outcomes for mothers and children?

Answer:

A coordinated effort by all stakeholders is essential to break the cycle of violence and ensure healthier futures for mothers and children.

Policymakers should:

- Enforce and fund GBV laws, ensuring survivors have access to justice, shelter, and healthcare.
- Integrate GBV into national health strategies.
- Allocate budgets for GBV prevention and response programs, focusing on rural and underserved populations.

Healthcare Providers should:

- Standardize GBV screening in maternal health services and establish referral pathways for survivors.
- Train staff in trauma-informed care, ensuring sensitive and effective support for survivors.

International Organizations:

- Scale funding for GBV programs, particularly in LMICs, to bridge resource gaps.
- Share best practices and facilitate knowledge exchange across countries and regions.
- Monitor and evaluate GBV interventions, providing technical assistance to governments and NGOs.

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