
Threats, Challenges And Impact Of Gender-Based Violence On Human Health

¹Dr. Rita Awasthi

¹Professor Department of Chemistry, Brahmanand College, Kanpur, Uttar Pradesh

Received: 25 September 2023 Accepted and Reviewed: 15 October 2023, Published : 01 Dec 2023

Abstract

Gender-based violence (GBV) poses threats and challenges to individuals, communities, and society, based on their gender or sex, which has adverse impact on human health viz. physical, sexual, psychological, mental spiritual, reproductive and economic health¹⁻².

Women and girls in particular face gender, socio-cultural and structural barriers, including: restricted decision-making power, and control over resources, personal healthcare and nutrition; harmful social norms; discrimination; sexual and gender-based violence; and financial obstacles to accessing services and information.

Keywords- Gender-based violence (GBV), Threats, Challenges, Human Health.

Introduction

Their voices in decision-making processes are often not heard and their views are not adequately reflected in household, community, district, and national policies and programs. *Gender-based violence* leads to devastating and long-term mental and physical consequences, sometimes leading to death and disability among women and girls. Critical gaps in sexual and reproductive health and rights exist, including policies that restrict women's and girls' access to family planning, comprehensive sexuality education, basic reproductive health care, and safe abortion and post-abortion care. Pervasive sexual and gender-based violence, including child, early and forced marriage, also limit women's and girls' abilities to make free and informed decisions about their bodies and sexualities. Adolescents face unique barriers in accessing health services due to a lack of accurate and evidence-based information about their needs, health-care provider bias, restrictive national policies and restricted decision-making power³⁻⁷.

Women persistently face barriers in accessing adequate nutrition for themselves and their children, which increases their chance of acquiring nutritional deficiencies, and jeopardizes not only their lives and livelihoods, but also those of their children. Women and girls still eat least and last. The first 1,000 days of life, from pregnancy to a child's second birthday, have been identified as a critical window for maternal and child nutrition. Adolescence is also a period of high risk for nutritional deficiency, as it is the second most rapid period of growth after infancy. Poor nutrition during this period will not only affect adult body size and weight, but also babies born to adolescent girls, creating a vicious cycle of malnutrition. The past several decades have seen dramatic improvements in health and nutrition outcomes in developing countries. Yet this progress has been unequal, often leaving behind the poorest and most marginalized in underserved communities. Investments in the health and nutrition of the poor create ripple effects that yield multiple benefits. When individuals are healthy and empowered to reach their full potential, they not only survive, but thrive, and can

transform themselves and their communities. But the challenges to reaching the goal of health and wellbeing for the world's poor are significant. India has one of the highest rates of violence against women in the world⁸⁻⁹. According to the National Crime Records Bureau (NCEB), in 2021-22, total of 4,05,861 cases of crimes against women were reported in India.

CATEGORIES OF GENDER-BASED VIOLENCE

- a. **Violence in the family** – such as domestic violence, sexual abuse of children in the household, dowry-related violence, rape and honour crimes etc.
- b. **Violence in the community** – including rape, sexual abuse, sexual harassment at workplace and other public places, acid-throwing, trafficking in women and children, forced prostitution, violence against women with disabilities, communal violence.
- c. **Violence perpetrated by the state** – including custodial rapes, torture and killings, gender-based violence against women migrant workers, refugees, communal violence and mass crimes.

THREATS OF GENDER BASED VIOLENCE

Gender Based Violence is a deeply rooted and pervasive issue that affects people of all genders but predominantly targets women and girls. It can occur in various ways:

- **Physical Violence:** This includes physical abuse, such as hitting, slapping, punching, and any form of bodily harm.
- **Sexual Violence:** GBV often involves sexual assault, rape, forced prostitution, and other forms of non-consensual sexual activity.
- **Psychological or Emotional Abuse:** Emotional abuse can be just as damaging as physical violence and may involve manipulation, threats, intimidation, humiliation, and verbal abuse.
- **Economic Abuse:** This involves controlling a person's financial resources or preventing them from accessing economic opportunities, making it difficult for them to leave an abusive situation.
- **Sexual Harassment:** Unwanted sexual advances, comments, or conduct in workplaces, public spaces, or social settings constitute sexual harassment, which is a form of GBV.
- **Human Trafficking:** Trafficking for sexual exploitation or forced labor is a severe form of GBV where victims are coerced, deceived, or abducted for these purposes.
- **Child Marriage:** Forcing girls into early and often non-consensual marriages is a form of GBV, as it can lead to physical and psychological harm.
- **Female genital mutilation:** This harmful practice involves the partial or complete removal of female genitalia and is a form of GBV with severe health consequences.
- **Honor Killing:** In some cultures, family members may kill a woman or girl who is perceived to have brought shame to the family through perceived immoral behavior, which is considered GBV.

- **Online Harrassment:** With the rise of the internet, GBV has extended to online spaces, with individuals being targeted through cyberbullying, cyberstalking, and the non-consensual sharing of intimate images.

CHALLENGES ASSOCIATED WITH GENDER BASED VIOLENCE

Gender-based violence (GBV) refers to any harmful act directed at an individual or a group of individuals based on their gender or sex, which results in physical, sexual, psychological, or economic harm or suffering. GBV is a deeply rooted and pervasive issue that affects people of all genders but predominantly targets women and girls. It can occur in various forms and settings, including:

- **Physical and psychological harm:** GBV encompasses various forms of violence, including physical, sexual, emotional, and economic abuse. These forms of violence can cause severe physical injuries, trauma, and long-lasting psychological damage to survivors.
- **Violation of human rights:** GBV is a clear violation of human rights. It infringes upon individuals' rights to life, liberty, security, and equality, as enshrined in various international agreements and conventions.
- **Impact on Health:** GBV can have serious health consequences, including physical injuries, sexually transmitted infections, unwanted pregnancies, and mental health disorders such as depression, anxiety, and post-traumatic stress disorder.
- **Economic Consequences:** GBV can undermine economic stability. Survivors may experience job loss or reduced productivity due to physical or emotional trauma. Additionally, abusers may exert financial control over their victims, making it difficult for them to access resources and support.
- **Intergenerational impact:** Children who witness GBV in their homes are at risk of experiencing physical, emotional, and psychological harm. Growing up in a violent environment can perpetuate cycles of abuse and impact a child's development and future relationships.
- **Underreporting and stigma:** Many GBV cases go unreported due to fear, shame, and stigma. Victims may be reluctant to seek help or legal recourse, which allows perpetrators to escape accountability.
- **Justice System challenges:** The legal system often faces challenges in effectively addressing GBV. This can include a lack of adequate laws, insufficient resources for law enforcement and the judiciary, and insensitive handling of cases by authorities.
- **Cultural and social norms:** Deeply ingrained cultural and social norms can perpetuate GBV by normalizing certain forms of violence, such as domestic abuse or sexual harassment. These norms can make it difficult for survivors to come forward or for communities to address the issue.
- **Lack of awareness and education:** Insufficient education and awareness about GBV can prevent individuals from recognizing abusive behaviors, seeking help, or providing support to survivors.

- **Inadequate support system:** Many regions lack accessible support services for survivors of GBV, including shelters, counseling, legal aid, and hotlines. This lack of support can leave survivors feeling isolated and without resources.
- **Cyber Violence:** In the digital age, GBV has extended to online spaces, with threats, harassment, and non-consensual distribution of intimate images being prevalent issues. Cyber violence can be just as damaging as physical violence.
- **Intersectionality:** GBV affects people differently depending on their intersecting identities, including race, ethnicity, sexual orientation, gender identity, disability, and socioeconomic status. Some individuals may face unique barriers and forms of discrimination when seeking help or justice.

PROGRAMS AND POLICY SOLUTIONS IN PUBLIC HEALTH PERSPECTIVE

Policy and programming solutions are needed to address GBV globally. There are three basic levels of prevention when it comes to addressing GBV. The first, or primary, level is concerned with reducing the risk factors associated with violence and promoting protective factors to prevent GBV from happening in the first place. The secondary level focuses on treating the immediate injuries and harms caused by GBV. The tertiary level focuses on reducing the long-term consequences associated with GBV such as reproductive health problems and post-traumatic stress.

From a public health perspective, strategies that operate at the primary level of prevention to stop GBV before it ever happens are the most favorable. Effective actions that may be taken at this level include, but are not limited to:

- **Comprehensive sexual health education:** many experts have stressed the importance of mandatory sexual health education in schools that covers healthy relationships, consent, self-responsibility, boundaries, and domestic violence awareness.
- **Standard practices for preventing and addressing GBV in organizations:** this may include mandatory employee workshops, zero-tolerance sexual violence/harassment policies, and clear procedural steps for addressing GBV in the workplace, at school, etc.
- **Increased access to affordable housing:** may provide temporary or long-term shelter for those at risk of experiencing GBV
- **Implementing calls for justice:** governments should acknowledge groups at disproportionate risk of experiencing GBV (e.g. Indigenous women and girls, racialized individuals, etc.) and develop specific policy actions (Courage to Act, 2021).

As with most social issues, there's no singular catch-all strategy that can be universally applied to end GBV. Policies and programs should therefore be context-specific and formulated to address the specific needs of a particular country, province, or community.

CONSTITUTIONAL PROVISIONS AGAINST GENDER-BASED VIOLENCE

GBV is a major obstacle in women's enjoyment of their human rights and fundamental rights as guaranteed by the Indian Constitution. The Constitutional framers had included several provisions

in it in the form of Directive Principles, Fundamental Duties, the Preamble, and Fundamental Rights in the fundamental law of our land in order to prevent gender-based violence.

- The Protection of Women from Domestic Violence Act (PWDVA) was enacted in 2005 to address the issue of domestic violence.
- Sections 370 and 370A of the Indian Penal Code and The Immoral Trafficking Prevention Act, address the issue of trafficking.
- Acid attacks against adolescent girls and young women in India have been regularly reported was recognized as a specific offence in the Indian Penal Code (Sections 326A and B).
- Honour crimes are directed at women and girls, who choose inter-caste and inter-religious marriages. They are punished for crossing social boundaries
- The adverse sex ratio threatens to push women into a vicious cycle of violence and exploitation.

CONCLUSION

Gender-based violence is rooted in women's subordinate status. It might occur within the family or in the community. Addressing GBV requires a multifaceted approach that includes legal reforms, awareness campaigns, support services, and efforts to change cultural norms. It's essential to recognize GBV as a global public health and human rights issue and work collectively to prevent and respond to it effectively. GBV is deeply rooted in gender-based structural and power imbalances that put women, girls, and gender-diverse individuals in vulnerable positions. These imbalances exist in many countries. In addition to the safety and security implications, GBV has many long-term public health consequences. These include increased physical health problems like chronic pain and sexually transmitted infections as well as mental health problems like depression and post-traumatic stress disorder. Policy actions to end GBV can be taken at the primary, secondary, and tertiary levels of prevention. Primary interventions that aim to prevent GBV before it happens include comprehensive sexual health education, standard practices for preventing GBV in organizations, increased access to affordable housing, and implementing calls for justice.

ACKNOWLEDGEMENT

The author is thankful to CSJM University, Kanpur for providing financial assistance under C V RAMAN Minor Research Project (2023) (Reference No. CSJMU/P&C/CVR/20/2023).

REFERENCES

1. World Health Organization . *Violence Against Women Prevalence Estimates 2018*. World Health Organization; Geneva, Switzerland: 2019.
2. United Nations . *Declaration on the Elimination of Violence against Women*. United Nations; San Francisco, CA, USA: 1993.

3. Flecha R., Puigvert L., Rios O. The new alternative masculinities and the overcoming of gender violence. *Int. Multidiscip. J. Soc. Sci.* 2013;**2**:88–113.
4. Puigvert L., Gelsthorpe L., Soler-Gallart M., Flecha R. Girls' perceptions of boys with violent attitudes and behaviours, and of sexual attraction. *Palgrave Commun.* 2019;**5**:56.
5. Connell R. Masculinity research and global change. *Masculinities Soc. Chang.* 2012;**1**:4–18.
6. Melgar P., Geis-Carreras G., Flecha R., Soler M. Fear to retaliation: The most frequent reason for not helping victims of gender violence. *Int. Multidiscip. J. Soc. Sci.* 2021;**10**:33–50.
7. Flecha R. Second-order sexual harassment: Violence against the silence breakers who support the victims. *Violence Against Women.* 2021;**27**:1980–1999.
8. Vidu A., Puigvert L., Flecha R., de Aguilera G.L. The concept and the name of isolating gender violence. *GENEROS.* 2021;**10**:176–200.
9. Houle J.N., Staff J., Mortimer J.T., Uggen C., Blackstone A. The impact of sexual harassment on depressive symptoms during the early occupational career. *Soc. Ment. Health.* 2011;**1**:89–105.