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Meerambika Mahapatro

National Institute of Health and Family Welfare, India

Domestic violence, women's health and the sustainable development goals: Global target, national response and future directions

Domestic violence (DV) is a global issue and a serious public health problem, affecting women of different cultures and regions across the world. Evidence suggests that there is a close association between DV and women's health. In India, approximately 37% women are assaulted by their husband and family. More than 30% of women worldwide have experienced either or both physical and sexual violence. Although the healthcare system is often the first point of contact for victims for treatment, support and care for injuries and other health problems; women who are experiencing or have experienced violence make higher use of health-care services still there is an inadequacy of healthcare response towards them. The Sustainable Development Goals (SDG) place an important thrust on the prevention of violence against women and girls. SDGs offer an opportunity to achieve the commitments on the prevention of violence against women and girls. This is the first time that a global development agenda has addressed all forms of violence against women and girls, as well as violence against children. However, there is global and national challenges as in several countries to create integrated response to addresses the legal systems, customary laws and societal norms that foster systematic discrimination against women, poor translation of action plan into practice and implementation and in some countries the health systems are not experienced (equipped) to tackle the problem of violence with health promotion perspective. Therefore, an integrated system approach for intervention is needed to promote collective response. The paper aims to propose a suitable model for prevention of domestic violence based on the existing intervention programmes and empirical research. Observations and evidences based on existing intervention projects analyzed with reference to existing literature and described as to how they have been applied in various settings with different population groups to bring the most viable solution for reducing the prevalence and the harmful consequences of domestic violence. The proposed Five "R" integrated model

is developed that health sector can adopt and respond to domestic violence which has five nodes or phenomena. These are rescue, recovery, rehabilitate, resilience and reform. All these five phenomena are conceptually defined and substantiated by an example and learnings from the initiative. India is trying implementation of such model that improves effectiveness, efficiency and accountability of the State and the society by promoting community-led initiatives. The proposed operational paradigm also elaborates the role of healthcare providers at the institutional level and at community level. These models ultimately suggest importance of understanding collaborative and convergence between social networks, community cohesion and the state. In addition, it suggests that community resources, cultural actions and low-budget interventions prove to postulate for a sustainable change. It suggests that specific indicators on violence against women should be included in health information and surveillance systems to monitor the progress in achieving SDG. Education and Capacity Building of Health Professionals, implementation of guidelines and protocols for routine screening, assessment of dangerous level, safety planning and documentation along with the health-care providers' attitudes towards DV and towards survivors is required for responding to intimate partner violence and sexual violence against women. Advocacy and political will is important to ensure that the health sector plays its role in addressing violence against women.

Speaker Biography

Meerambika Mahapatro is a Social Epidemiologist who is interested in understanding the influence of social contextual determinants, especially policy determinants on health, particularly among vulnerable populations (i.e., women and children with abuse). She is also interested in the methodologies involved in social-behavioral interventions to promote healthy behavioral changes and enhance community well-being. Her research interests include health policies and standard guideline practice related to gender abuse/violence, sexual violence and mental health. She has been the Principal Investigator of various research projects and received grants from WHO, ICMR, NIHFW, MOHFW, and Uttarakhand State govt.

e: meerambika.mahapatro@gmail.com