

IMPACT OF VIOLENCE AGAINST WOMEN ON REPRODUCTIVE AND CHILD HEALTH IN THE PHILIPPINES

Presented by
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Outline

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- II. Methodology
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I. Introduction

- The Philippines ranked 8th in the 2018 Global Gender Gap Index of the World Economic Forum (WEF) and the only Asian country in the top 10. The Global Gender Gap Report looks into four dimensions:

Dimensions	Philippines' rank (out of 149 countries)
Economic participation and opportunity	14 th
Educational attainment	1 st
Health and survival	42 nd
Political empowerment	13 th

I. Introduction

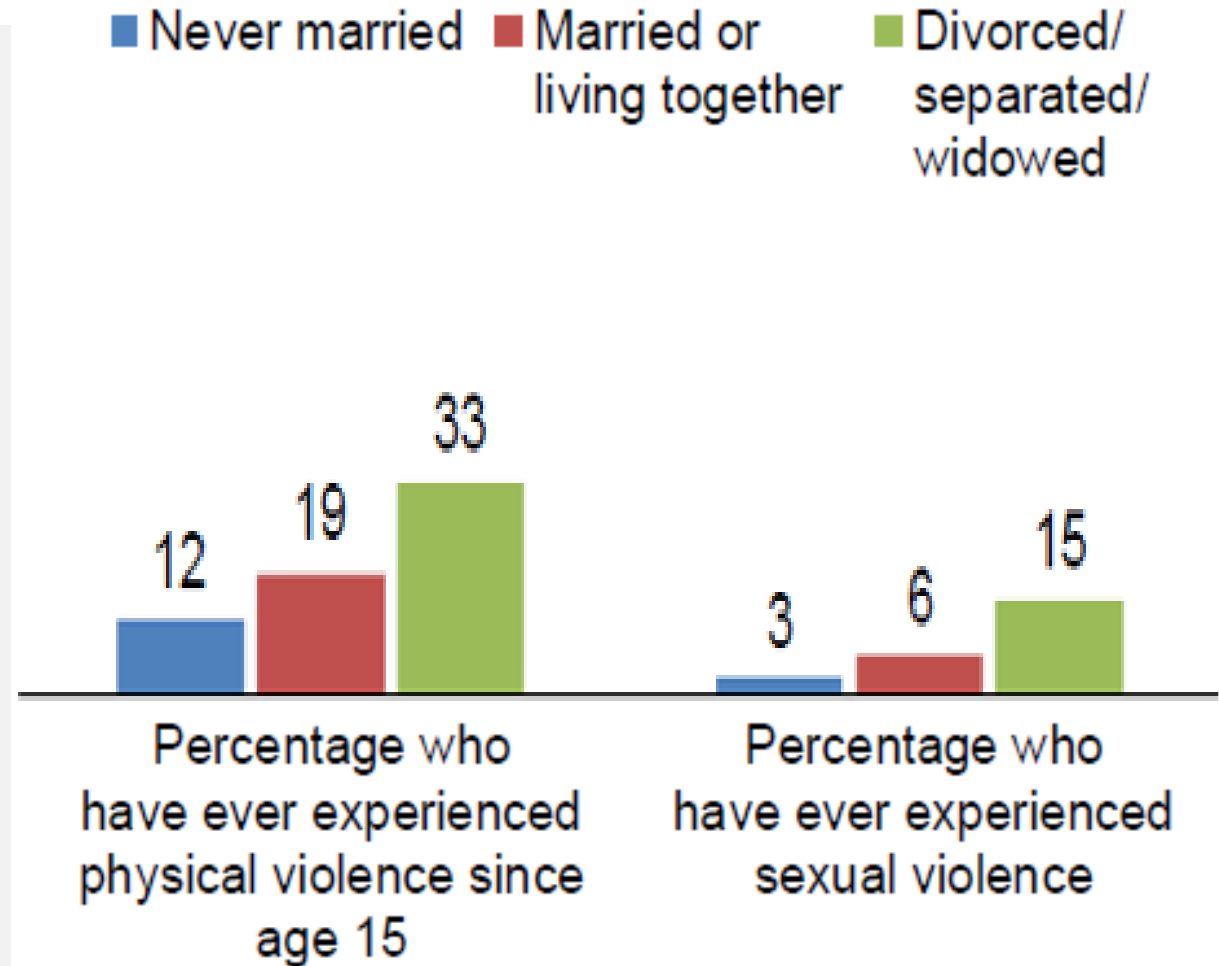
- While we monitor the said dimensions in the Global Gender Gap Report, there are other concerns that we should also focus on.
- Gender-based violence has been acknowledged worldwide as a violation of basic human rights. It is defined by the United Nations as any act of violence that results in physical, sexual or psychological harm or suffering to women, girls, men and boys, as well as threats such as acts of coercion or deprivation of liberty.
- Various researches have highlighted the health burdens and intergenerational effects and consequences of such violence. (United Nations 2006)

I. Introduction

Prevalence of Intimate Partner (IPV) Violence

- In 2017, divorced, separated, or widowed women (33%) are more likely than never-married women (12%) and currently married women (19%) to have experienced physical violence since age 15.
- Divorced, separated, or widowed women are more likely (15%) to have experienced sexual violence than currently married women (6%) and never married women (3%) in 2017.

Source: 2017 National Demographic and Health Survey (NDHS)



Women's experience of violence, by marital status: 2017

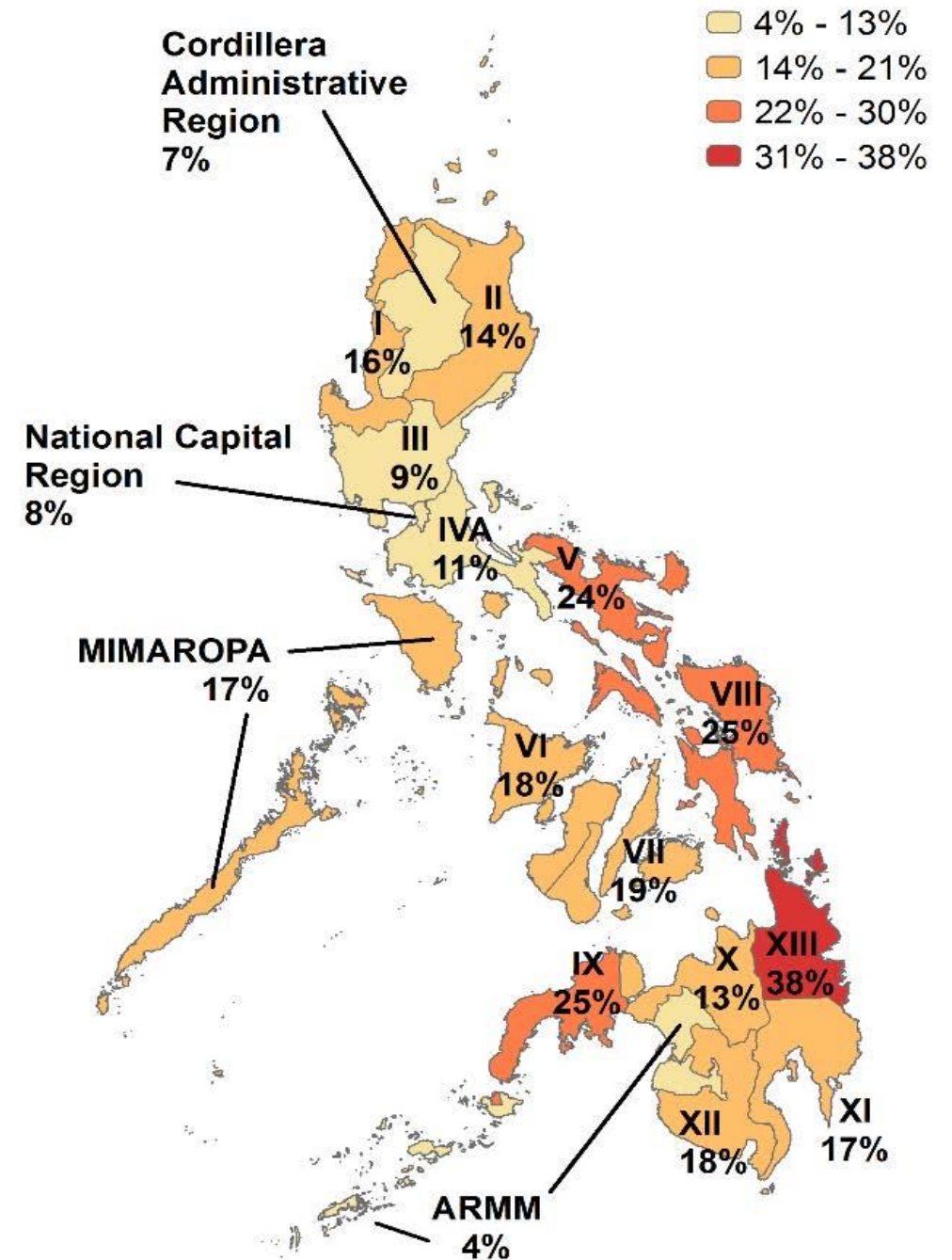
I. Introduction

IPV violence, by region

Percentage of ever-married women age 15-49 who have ever experienced physical, sexual, or emotional violence committed by any husband/partner in the past 12 months

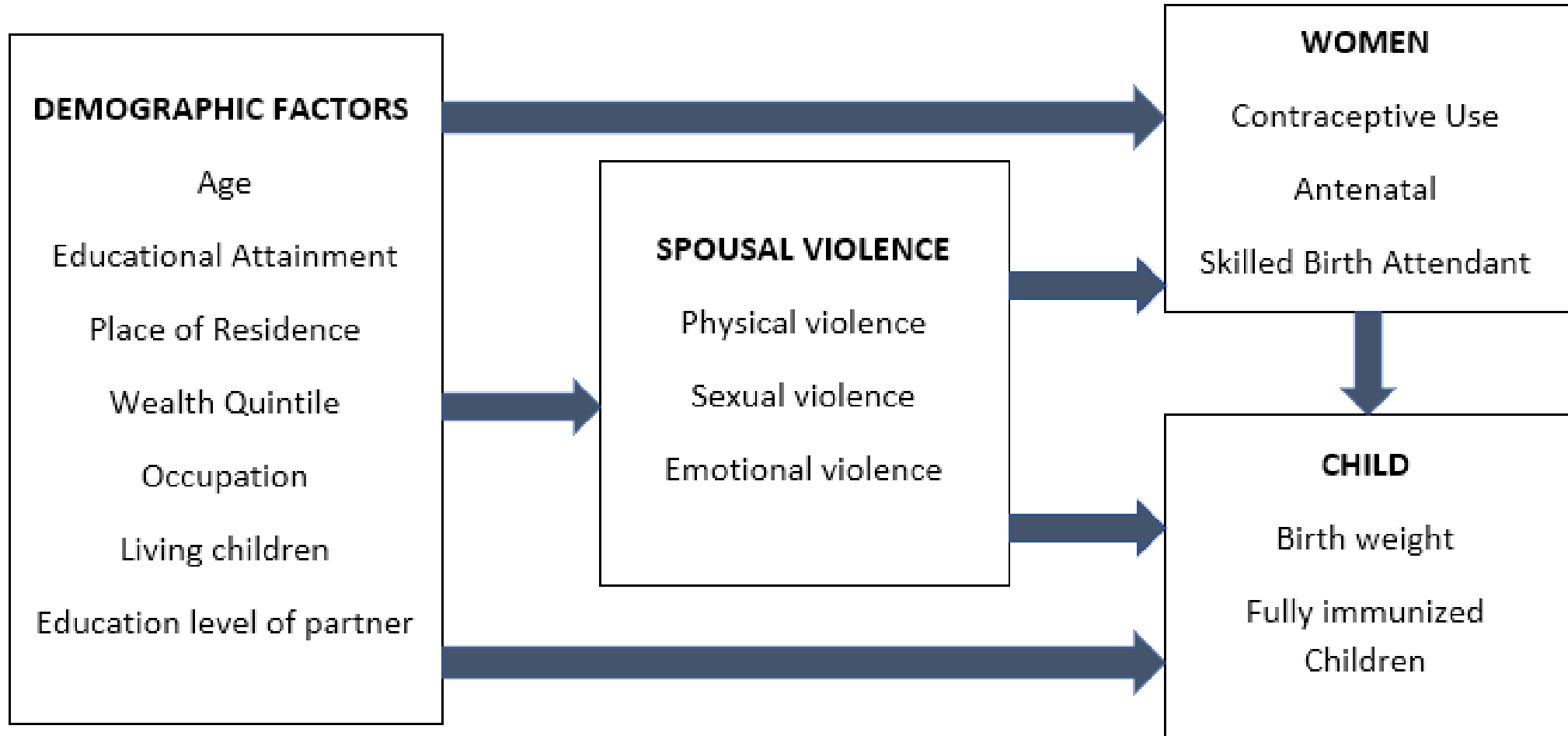
- Ever-married women's experience of spousal violence in the past 12 months by any husband/partner ranges from 4% in ARMM to 38% in Caraga.

Source: 2017 National Demographic and Health Survey (NDHS)



I. Introduction

Conceptual Framework



II. Data and Methodology

- The study focused on ever-married women and those who responded to the Women's Safety Module of the 2013 and 2017 National Demographic and Health Survey (NDHS).
- Association between spousal violence (physical, sexual, emotional or any of the three forms) and women's reproductive and child health such as contraceptive use, number of antenatal visits, estimated birth weights, among others was tested using pooled logistic regression.

III. Results

Maternal health – Modern contraceptive use

Modern Contraceptive Use	Odds Ratio	P-value
Year	1.16	*0
Ever-married women experienced any sexual violence	0.86	*0.044
Highest Grade Completed		
Primary	2.81	*0
Secondary	3.10	*0
Higher	2.70	*0
Urban/Rural	0.92	*0.088
Wealth Index		
Poorer	1.27	*0
Middle	1.24	*0
Richer	1.17	*0.019
Richest	1.07	0.432
Age group		
20-24	1.29	*0.047
25-29	1.18	0.19
30-34	1.18	0.203
35-39	0.98	0.877
40-44	0.79	*0.08
45-49	0.38	*0
Antenatal care	1.20	*0
Working mother	1.18	*0

* Significant at $\alpha=10\%$

III. Results

Child health – Fully Immunized Children

Fully Immunized Children (FIC)	Odds Ratio	P-value
Year (2013)	0.176	0*
Ever-married women experienced any sexual violence	0.800	0.067*
Ever-married women experienced any physical violence	1.214	0.017*
Highest Grade Completed		
Primary	0.752	0*
Secondary	0.632	0*
Higher	0.410	0.267
Urban/Rural	1.006	0.911
Wealth Index		
Poorer	0.667	0*
Middle	0.311	0*
Richer	0.361	0*
Richest	0.624	0.244
Age_group		
20-24	3.735	0*
25-29	3.838	0*
30--34	3.500	0*
34-39	3.809	0*
40-44	2.619	0*
44-49	1.407	0.024*
Antenatal care (less than 4 visits)	13.141	0*
Skilled Birth Atendant (not assisted)	6.385	0*
Working Mother (not working)	0.932	0.195

* Significant at $\alpha=10\%$

III. Results

Child health – Children with low Birth weight

Children with low birthweight	Odds Ratio	P-value
Year (2013)	0.562	0*
Ever-married women experienced any emotional violence	1.127	0.183
Ever-married women experienced any physical violence	0.981	0.871
Ever-married women experienced any sexual violence	1.020	0.897
Highest Grade Completed (No Education and Primary)		
Primary	0.681	0*
Secondary	0.542	0*
Higher	0.997	
Urban/Rural	1.004	0.949
Wealth Index		
Poorer	0.712	0*
Middle	0.374	0*
Richer	0.699	0.234
Richest	0.752	0.561
Age_group		
20-24	1.459	0.008*
25-29	1.455	0.009*
30--34	1.342	0.044*
34-39	1.502	0.017*
40-44	1.336	0.062*
44-49	0.957	0.825
Antenatal care (less than 4 visits)	2.838	0*
Skilled Birth Atendant (not assisted)	11.485	0*
Working Mother (not working)	0.815	0.004*

* Significant at $\alpha=10\%$

IV. Summary and Conclusions

In general,

- Women's education, wealth index, residence, age affects reproductive and child's health

Reproductive Health of Women

- Ever-married women who experienced any form of sexual violence were less likely to use modern contraceptive method.
- Violence against women has effects on the maternal/reproductive health of women.
- Violence against women is not associated with the attendance to at least four antenatal care and attendance of skilled birth attendant during delivery.

IV. Summary and Conclusions

- Ever-married women who experienced any form of sexual violence or physical violence have higher odds of having children that are not fully immunized
- Other factors on health such as antenatal care and skilled birth attendant has a big effect on fully immunization of child/children
- Contrary to the FIC, child's low birth weight is not associated to the violence experienced by the mother.

V. Recommendations

- Consider also other maternal and children health indicators such as unintended or terminated pregnancy and child mortality and nutrition of children
- Explore other possible sources for other maternal and children health related indicators.
- More data points for cross sectional data analysis is encourage.

Thank you!

**STOP
VIOLENCE
AGAINST
WOMEN**

