

Women Talk

ReproSalud Occasional Report on Qualitative Research Findings
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Domestic Violence toward Women

Reproductive Health in the Community, or ReproSalud, is a five-year, \$25-million effort to improve the reproductive health of women in selected rural and peri-urban zones of Peru. USAID's development partners in ReproSalud are Movimiento Manuela Ramos (MMR), a leading Peruvian women's organization, and Alternativa, a Peruvian non-governmental organization. ReproSalud's technical implementation began in full swing in early 1996 with the opening of eight regional offices in the cities of Trujillo, Puno, Juliaca, Huancavelica, Ayacucho, Pucallpa, Tarapoto, and Huaraz. These offices are supported by core technical and administrative staff based at project headquarters in Movimiento Manuela Ramos' home offices in Lima.

Community-based organizations compete for assistance in identifying, prioritizing and addressing their reproductive health needs. Effective participatory, educational and consciousness-raising approaches enable community ownership and promote positive gender relations.

This document briefly summarizes the data available on domestic violence from some of ReproSalud's initial activities.² These data were gleaned principally from four pilot tests of ReproSalud's *autodiagnostico*.³

The pilot tests of the *autodiagnostico* took place in July 1996 in the villages of Pamaya in the Aymara section of Puno, Luyanta in Ayacucho (Quechua-speaking), Shilla in Chavin (also Quechua-speaking) and Aguaytillo in Ucayali (this one in Spanish) -- three Andean communities and one jungle community. At this writing, ReproSalud staff are now conducting the first round of full-fledged *autodiagnosticos* with the 18 CBOs selected as partners for the first grant cycle.

Even from these limited encounters, domestic violence emerges as a frequent event in the communities visited, and as one that negatively affects reproductive and sexual health. A

¹ *Women Talk* is a way of communicating to an English-speaking readership the voices of everyday women in Peru on subjects affecting their health. It is drawn from the qualitative research ReproSalud undertakes on a regular basis. *Women Talk* will be issued periodically, as issues and requests for information arise.

² For purposes of this report, domestic violence refers to physical or psychological harm inflicted on a woman by her spouse or partner.

³ A qualitative research methodology implemented with community-based women's organizations that, by a combination of consciousness raising, education and participatory techniques, enables women to identify and prioritize their own reproductive health problems.

health, will emerge by the end of November, when the first round of *autodiagnosticos* are completed.

1. Findings from the pilot test of the *autodiagnostico* in Pamaya, an Aymara-speaking community two hours from the city of Puno

The topic of domestic violence arose frequently. While women identified fear of maternal mortality as the major reproductive health problem they face, spousal behavior emerged as an important contributing factor to this mortality. In many cases women say they are the victims of domestic violence perpetrated by their husbands, even -- or sometimes particularly -- when they are pregnant.

An underlying factor is alcohol abuse. Women say alcoholism is a major problem in Aymara communities, though it is never dealt with by development agencies. Women talk of how men come home drunk, yelling at them and forcing them to have sexual relations. Alcoholism and domestic violence go hand in hand in affecting negatively the welfare of women and children.

In women's own words:

- *"Men beat their wife if, according to the husband, the wife is not doing things right; they also complain if the woman takes part in meetings. Women are expected to cook and wash clothes every day."*
- *"Sometimes when a woman is pregnant, she gets hit (since she can't work as hard) [when] there's not enough money to buy food."*

Further, the women declare that some husbands virtually beat their pregnant wife in the stomach, risking the unborn infant's health. In speaking of the various ways women in the community die:

- *"...other times it's because their husband has beat them and hurt their body and it kills them."*

From group work in which the causes of maternal mortality were listed:

- *"Because of violence inflicted by husbands before childbirth."*
- *"The man arrives drunk at night and the woman is in labor, and he doesn't take care of her or give her any sustenance."*
- *"Fights with family members and husbands."*
- *"The husband doesn't take care of the mother, lack of care and sustenance."*

- *"When he's drunk, the husband beats the pregnant women in the stomach until she's almost dead, and then the baby is born dead."*

Spousal neglect is a recurrent theme, since in Aymara society men are traditionally among the principal caregivers during childbirth. Husbands play a very important role at this time; they are expected to give moral and psychological support to the birthing woman. In one exercise of the *autodiagnostico*, women are asked to project their lives. They recount either their own personal experiences or those of someone known to them. In this way the group comes up with a composite story that reflects reproductive health problems as lived in their community, but no one woman is expected to tell directly the most personal things about her situation. One story of a 19-year-old woman ends thus:

- *"...when she had finished nine months of pregnancy she told her husband, but he went to look after the cattle while she gave birth, without even giving her breakfast, nor any broth; there was no one to give her any sustenance, and so she died."*

In another exercise, women describe likely routes followed by pregnant women in need of help. Part of one such story about the case of "Nancy":

- *"Nancy continues in her search for help. On the road she meets up with Carmen, an old school friend, who tells her that Jose (Nancy's husband) is out getting drunk, happy as can be, as if he didn't have a care in the world. Nancy then meets up with her drunken husband, but he doesn't pay any attention to her, nor does he believe that she has pains; unworried, he continues drinking....Finally Nancy gives birth without adequate attention...and she dies."*

The facilitator asks: Why did Nancy's husband Jose have that attitude? The women respond:

- *"He had another woman and so he made Nancy's life miserable [domestic violence]; he didn't like Nancy's cooking and he says that he liked the cooking of the other woman more."*

The themes of domestic violence and spousal neglect were repeated in four other stories.⁴

⁴ After the second or third group's story had been listened to in plenary, some women commented that they didn't believe the part about domestic violence. There was an uneasy laughter in the group. Then a woman about age 30 with a toddler and an infant started to stand up (all of us were seated on the ground). I thought she was going after her toddler, or leaving the group momentarily. I thought this because these were typically the only moments when women stood up. But this woman didn't begin to walk; rather, she stood in place and confirmed that it is true that women are hit by their husbands. The translation (from the Aymara) that I received was, "My husband hits me in the nose, so much that I have blood." She gestured as she said this, swinging her arms to show how he might hit her. Again there was uneasy laughter in the group, until the facilitator asked why everyone was laughing. The woman sat down again, took her baby in her arms and began to breastfeed him.

The groups agreed that women die because of a combination of neglect -- spousal neglect, neglect of other family members and neglect of the health system.

At the end of the six-session exercise, the women stated they had enjoyed the days of activities; they had played and spoken of both their sorrows and their joys. They said they had never talked about such things as a group before; they had always thought women's suffering was something natural [that had to be]; but now they saw not all women suffer:

- *"We have had the chance to talk about women's health problems and domestic violence; we always thought that these were natural things; now we realize it shouldn't be that way."*

2. Findings from the pilot test of the *autodiagnostico* in Luyanta, a Quechua-speaking community one hour from the city of Ayacucho

The theme of domestic violence was also quite evident in the pilot test in Ayacucho, an area that, as the birthplace of *Sendero Luminoso*, has suffered a great deal of civil strife over the past two decades.

In an exercise in which women tape composite stories about their health problems, the stories contained various reference to domestic violence. The first story talks about the difficulties when an adolescent gives birth and the lack of support of the baby's father in such circumstances. The second story goes on to describe how women's health deteriorates and their worries multiply, aggravated by blows they receive continually from their husbands. Women associate hemorrhage, which this group identified as one of its two most important problems, with pregnancy and miscarriages caused by spousal physical abuse. The negative characteristics of men that come out in these stories are wife-beating ("*son pegalones*"), drinking, laziness and irresponsibility.

From the case of "Sara":

- *"Sara's life was very difficult because she didn't even have enough money to dress her children, she had very little land to till, her husband was lazy, he didn't help her and everything fell to Sara. He even beat her a lot. When Sara tried to make some money through trade, her husband would beat her when she got home a little late."*

I was mostly impressed by the powerful nature of this woman's action. I don't know if she stood because she consciously wanted to make her statement more powerful or because it was the only way to gather the strength to talk publicly about something so personal. She seemed to have been driven by fear and power at the same time. *B. Feringa*

Because of what she was going through, Sara's health did not get any better, because her husband abused her and she was always very worried. Because of all this she was very sickly. She couldn't think about doing another type of business because her husband wouldn't let her work. She couldn't feed herself well because she barely had enough for her children. When her husband worked, he used his earnings to get drunk and then he would abuse his wife; he wouldn't even let her support their children. Sara was the only one who concerned herself with feeding, dressing and educating the children, working day and night."

From the case of "Maria":

- *"When Maria was 18 or 19 years old she walked in vain looking for money. Then she found herself a husband, who was named Daniel. Her husband made her suffer a lot and made Maria regret the many things that were lacking in her life.*

Ever since Maria married Daniel she has suffered a lot, since her husband beats her because she doesn't know how to cook. She only knows how to take care of sheep. For all these reasons her husband beats her a lot....

For all that her husband made her suffer and his beatings, Maria miscarried. While she was getting over the miscarriage, she began to hemorrhage and she almost died from this hemorrhage, because she was losing all her blood. She could only get up with the help of her husband. When Maria became so ill, her husband repented of all the blows he had dealt her."

3. Findings from the pilot test of the *autodiagnostico* in Shilla, a Quechua-speaking community some distance from Huaraz

Domestic violence came up in this community in the exercise in which women construct composite life histories. Speaking about the adult woman's husband, they said:

- *"When he is drunk he beats Paola. She cries and regrets her marriage. She goes to see her godmother and godfather, in hope that they can help her solve this problem. She doesn't think she can solve it by herself. She can't leave her husband because of the children; she has to put up with him for the children's sake."*

4. Data from an article prepared by ReproSalud staff of the regional office in Pucallpa, Ucayali (jungle)

The city hall of Pucallpa has an office of DEMUNA (*Defensoria Municipal del Niño Adolescente*, or Adolescent Defense Office). This program operates in many cities in Peru. In Pucallpa, "*y de la mujer maltratada*" (and abused women) has been added to the office's name. Consequently, it is the place where some women go to report episodes of domestic violence.

Records for the nine-month period January-September 1996 show 667 reported cases of wife abuse -- an average of 74 per month. The abuse can be physical, psychological or both. The areas where women are most frequently beaten are the face, the arms and the thighs. Generally, blows are dealt by fist, accompanied by verbal abuse and insults.

The cases were largely first-time reports, though most reporting women stated they had been beaten 5-10 times before they decided to report the abuse. The principal assailant is the woman's partner, whether in a legal arrangement or a common-law marriage.

Some rape statistics were also available from the same office. For the same nine-month period, 201 rape cases were reported, with 91 percent of them being to women and girls. Four out of every five cases are rapes of young people below age 16. One-fifth of the under-aged girls raped were below age 11. In the majority of cases, the assailant is a family member or someone else known to the family.

The local ReproSalud office in Pucallpa reports that prevailing socio-cultural norms often condone domestic violence. Women who let others know about domestic violence are sometimes told, "You probably weren't attending to your husband's needs appropriately," or "A husband has the authority to beat his wife if she has not been behaving well."

As part of the pilot test of the *autodiagnostico* in Aguaytillo, two hours from Pucallpa, one of the two reproductive health problems identified by community women as highest priority were the aches and pains associated with an inadequate resting (lying-in) period after childbirth. In the role-playing the women did to convey how this happens, they portray a woman going about household tasks while a lazy husband refuses to help. The woman gave birth three days ago, but has already re-assumed her duties, while her husband is portrayed as drunk. Her niece, a schoolgirl, comes to help her. Neighborwomen come to visit the birthing woman and reproach her husband for his lack of responsibility. He gets angry and throws them out of the house. The wife declares that her husband is very aggressive and hostile.

5. Wider reporting on domestic violence

Movimiento Manuela Ramos, the Peruvian NGO that is USAID's development partner in implementing ReproSalud, has been active for some time in tracking and trying to counter domestic violence. MMR's six-month report for the period January-June 1996 states that 1,545 appointments for counseling on domestic violence took place in a legal clinic in a shanty town in Lima South where MMR gives technical assistance, and that MMR's own legal service responded to 746 requests for services, three-fourths of which were new cases.

Summary conclusion: If these limited experiences are any indication, domestic violence may be very prevalent in Peru, at least in the areas where ReproSalud has begun work so far. (It is worth noting that 5 of the 17 promoters who work in the regional offices of ReproSalud admit to having been physically injured by their partners.) The pilot tests

also suggest that under the proper circumstances -- a safe space to do so -- women are willing, indeed desiring, to talk about domestic violence.⁵ Besides constituting a problem on its own merits, domestic violence, the limited data suggest, may also be a factor that leads to other problems, including maternal mortality, morbidity and, importantly, non-use or discontinuation of contraception.

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from own participation (Feringa) and ReproSalud staff reports and interviews.

⁵ In Pamaya, community men wanted to participate in the *autodiagnostico*. The women, however, would not agree to this. One reason is that they did not want the menfolk to scold them, once they were back in their homes, for the things the women might say during the *autodiagnostico*. Another reason is that the women would be reluctant to talk, in the presence of men, about certain things that they consider the province of women. Domestic violence falls into both these categories. This insight poses questions about the generalized use in Peru of male promoters for community outreach work in reproductive health.

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THE World's Women

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PRB

DEVELOPMENT GAPS

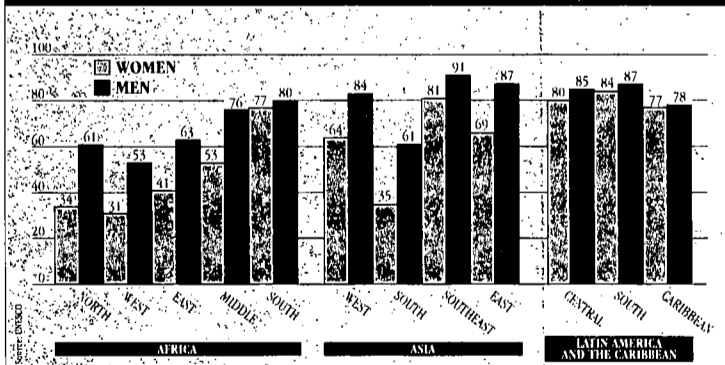
The Literacy Gap

Throughout the developing world, a lower percentage of women than men are literate. Figure 1 shows that the gap is largest in Africa. With few exceptions, where men's literacy is high (above 75 percent), the gap between men and women is smaller.

women in less developed countries work in the informal economy — markets and cottage industries — where their contribution is not counted in official statistics.

In general, women's wages for non-agricultural work are lower than men's, both because women have less access to high-paying jobs and because

FIGURE 1: PERCENTAGE OF ADULT MEN AND WOMEN (AGES 15+) IN DEVELOPING REGIONS WHO ARE LITERATE, 1990

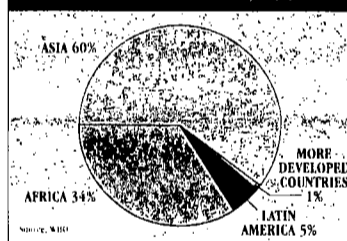


Despite dramatic increases in primary schooling and literacy over the past 25 years, there are still more than a billion adults in developing countries who cannot read or write. Nearly two-thirds of these illiterate adults are women (see Figure 2).

they are paid less than men for comparable jobs. Among the countries shown on Figure 3, only Australia has wage equality.

East Asian countries exhibit the largest wage gap; for countries shown on Figure 3, the range is from 68 in Hong Kong to 51 in Japan.

FIGURE 4: REGIONAL DISTRIBUTION OF MATERNAL DEATHS, 1990



Although Africa's maternal mortality ratio is the highest, more deaths occur in Asia, because that region includes such a large population (3.4 billion) compared to Africa's (700 million). (See Figure 4.) Fewer than 1 percent occur in more developed countries.

Women and AIDS

On January 1, 1995, an estimated 17.6 million adults were living with HIV — the Human Immunodeficiency Virus. Nearly one-third of the adults with HIV have developed AIDS.

Around the world, there are 73 women infected with HIV for every 100 infected men. There is, however, significant regional variation in this ratio, as highlighted on Figure 5. Sub-Saharan Africa is the only region where more women than men are infected. In six of the regions shown, HIV still predominantly affects men, typified by Western

North America, men were the predominant victims.

THE NEED FOR EQUALITY

Women are the primary custodians of the health and well-being of their families. Without adequate education, health care, and access to jobs, many women face these household responsibilities without sufficient power or resources to meet them. A significant proportion of women around the world carry the added burdens associated with being head of their households. The elimination of exploitation, abuse of and violence against women, and other forms of gender-based discrimination is essential to increasing women's participation in national development agendas.

FIGURE 2: PERCENTAGE OF WOMEN AND MEN IN THE ILLITERATE POPULATION, AGES 15+, DEVELOPING COUNTRIES



HEALTH CHALLENGES

Maternal Mortality

For every 100,000 births

FIGURE 6: DISTRIBUTION OF AIDS DEATHS, 1994

