Women's Studies International Forum 46 (2014) 115–122

Contents lists available at ScienceDirect

Women's Studies International Forum

journal homepage: www.elsevier.com/locate/wsif

Development policies, intimate partner violence, Swedish gender equality and global health

Ann Öhman [a,b,*], Maria Emmelin [c]

[a] Department of Public Health and Clinical Medicine, Epidemiology and Global Health, Sweden
[b] Umeå Centre for Gender Studies, Umeå University, Sweden
[c] Department of Clinical Sciences, Social Medicine and Global Health, Lund University, Sweden

ARTICLE INFO

Available online 14 January 2014

SYNOPSIS

This paper discusses current Swedish international development policies on gender and violence. It deals with the relationship between development policies, global health, promotion of gender equality, and violence against women in a global perspective. The focus is on intimate partner violence and the highly promoted gender mainstreaming policy. Theoretically, our point of departure lies within a feminist notion of gender relations, power structures, and male hierarchies that constrain and subordinate women and girls and which expose them to gendered violence. We claim that stronger links need to be created between local activist groups in low and middle income countries and the international development agencies. It is important to initiate and formalize a North–South dialogue between such groups, as well as enhancing South–South dialogue and cooperation.

Introduction

This paper deals with the relationship between international development policies, especially the latest Swedish development policy, global health, promotion of gender equality, and violence against women in a global perspective. We want to take a closer look at the strategies, the history, and the goals for development policy and their links to preventing violence against women, promoting gender equality, and global health. We argue that results from gender research on violence against women and feminist notions of gender inequalities need to be taken into account in development policies regarding gendered violence. We also argue that stronger links need to be created between local activist and/or feminist groups in low and middle income countries and the development agencies. It is important to initiate and formalize a North–South dialogue between such groups, as well as enhancing South–South dialogue and cooperation. To the best of our knowledge, there is lack of theoretical discussion as to gendered violence, global health, and gender mainstreaming (GM) in Swedish development policies.

In 2010, the Swedish government launched a new policy for gender equality in Sweden's international development cooperation for the years 2010–2015 (Sida, Government Offices of Sweden, 2010). The policy strongly emphasizes gender mainstreaming as a means for reaching the goals for gender equality. The overall objective is "*gender equality, greater influence for women, and greater respect for women's rights in developing countries*", and the four areas put in focus are "*women's political participation and influence*, *women's economic empowerment and working conditions*, *sexual and reproductive health and rights* and *women's security*, *including combating all forms of gender-based violence and human trafficking*" (Sida, Government Offices of Sweden, 2010). The policy also acknowledges the role of poverty reduction as a means to enhance gender equality (and the other way around). Women and girls are the most important target groups for interventions, but the policy underlines that these depend on political will and an involvement of both men and women. The human rights perspective is prominent and the

* Corresponding author at: Umeå Centre for Gender Studies, Umeå University, SE-901 87 Umeå, Sweden.

0277-5395/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.wsif.2013.12.001

policy is in line with the 1979 UN Convention on the Elimination of All Forms of Discrimination against Women (UN, 1979). The policy also touches upon the Millennium Development Goals (MDGs) as a basis for changing gender relations (United Nations Resolution A/RES/55/2, 2000). It clarifies that unequal power relations are key aspects for understanding gender inequality. In sum, Sweden's development cooperation policy can be viewed as a progressive policy in line with international frameworks for development.

Although the Swedish development policy does not explicitly deal with gender equality as a key issue for improved health, we, as global and public health researchers, will frame the discussion in this paper about gender equality, development policy, and gendered violence from a health perspective. There is a lack of debate on these topics, since most deliberations about gender equality and development policies focus around issues of economy, democracy, human rights, and political power. We claim that gender equality is a proxy for improved health of any population, as it empowers women and girls, which in turn improves the economic status of families and society. We thus start this discussion by describing men's violence against women, focusing on intimate partner violence (IPV), as a major global health problem. Thereafter, we present a description of the main characteristics of development policies on gender in general during the last three decades, followed by a broad overview of the current Swedish development policy with its gender mainstreaming approach and focus on the rights of women (Sida, Government Offices of Sweden, 2010). Finally, we discuss and problematize the opportunities and challenges of integrating research results on IPV into development cooperation for increased gender equality. We acknowledge the importance of scrutinizing different forms of gender-based violence (GBV) such as female genital mutilation, prostitution, trafficking, sexual torture, and rape as a weapon in warfare from a gender policy perspective. However, in this paper we restrict our focus to men's violence against women within a relation, through what in many settings is labeled intimate partner violence.

Thus, the aims of the paper are threefold: (a) to describe men's violence against women as a global health problem; (b) to highlight different approaches (including the Swedish) in development policies for gender equality; and (c) to discuss and problematize the need for integrating research results on IPV and feminist theory into development cooperation for increased gender equality.

Intimate partner violence and global health

Intimate partner violence is a major global health problem. It is a human rights concern embedded in the imbalance of power between men and women (Campbell, 2002; Jewkes, 2002a, 2002b). Intimate partner violence is one form of gender-based violence that involves current or former partners in heterosexual as well as homosexual relationships. This paper focuses specifically on the violence perpetrated by men against women since this is the most common form of IPV and has well documented negative effects on women's health (Krantz & Garcia-Moreno, 2005).

In 2005, WHO presented the results from a multi-country study on what they, at that time, labeled domestic violence (WHO, 2005). The study was performed in 11 countries and was the first study to use a standardized methodology that allowed for comparisons among different settings. The cross-sectional surveys, performed both in urban and rural settings were preceded by formative (qualitative) research to assure that the questionnaires were adjusted to the socio-cultural context of each of the settings. Much effort was made to ensure that the specific ethical concerns involved in studies of partner violence were taken into account (WHO, 2001). In the WHO study, physical violence included actions such as being beaten, hit, kicked, choked, burnt, or threatened with a weapon by a current or former partner/husband, while sexual violence was defined as being physically forced or threatened to have sex or to do something sexually degrading. The study confirmed the seriousness of men's violence against women but also showed a large variation in both lifetime and 12-month prevalence of physical and/or sexual violence. The lifetime prevalence of physical and/or sexual violence reported, varied between 15% and 71% in ever-partnered women aged 15–49 years. The corresponding figures for past-year experience ranged from 4% in Japan to 33% in Tanzania, 49% in Bangladesh, and 54% in Ethiopia (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006; WHO, 2005). These figures were in line with estimates from other countries of the South, not involved in the WHO study, such as Haiti, Nigeria, and Uganda with prevalences ranging from 11% to 52% (Gage, 2005; Koenig et al., 2003; Okenwa, Lawoko, & Jansson, 2009). Figures from the Swedish setting, where also less severe types of violence were included, indicated that 12% of women have been subjected to partner violence during the past year (Lundgren, Heimer, Westerstrand, & Kalliokoski, 2002). More recent estimates specify a past 12 month exposure of 8% to physical violence and 3.2% to sexual violence (Lövestad & Krantz, 2012).

Intimate partner violence is associated with injuries as well as several other severe health-related consequences (Campbell, 2002). Depression, anxiety, and post-traumatic stress disorders are well-documented health effects as well as reproductive health problems (Campbell, 2002; Deyessa et al., 2009; Ellsberg et al., 2008). Feelings of shame, guilt, and poor self-esteem have also been reported to accompany violence experiences (Valladares, 2005). In addition the WHO study indicated that exposure to violence increased women's vulnerability to alcohol and drug abuse, suicidality, maternal mortality, and HIV infection (WHO, 2005).

The causes of IPV have been described as multifaceted and elaborated in an ecological model developed in the late 1990s (Heise, 1998) and further detailed in recent years (Ellsberg & Heise, 2005, Heise, 2011). The model illustrates how factors at the individual, relationship, community and macro-social level interact to influence the risk of violence within intimate relationships (Heise, 2011). At the macro-social level gender order, cultural and economic factors are central in influencing norms, sanctions, attitudes and behavior at the other levels. According to Heise this means that certain individual risk factors may be enough to “cause” abuse in some socio-cultural or community settings but not in others. In her review Heise (2011) assesses the evidence of links between risk factors IPV, and the effectiveness of interventions to reduce such violence. She concludes that there is strong scientific support for the link between country level of IPV and norms that accept violence for conflict solving and encourage views on masculinity that