

**Violence against women** is globally pervasive. It exists in some form in all countries across cultures, ages as well as caste and class groups. In India, the 1998-99 National Family Health Survey recorded that 21 per cent of the women have experienced some form of violence since age 15.

The **National Commission for Women** in collaboration with the **United Nations Population Fund** organized a national level workshop in New Delhi in October 2004 to hold intensive discussions on the growing prevalence of violence through the women's lifecycle and its grave consequences on the health of women and girls. The elimination of girls leading to the sharply declining child sex ratio was particularly highlighted.

The participants of the workshop appreciated the efforts of the National Commission for Women in highlighting the devastating consequences of violence on women's health. The socio-cultural aspects giving rise to violence were recognized and a change of mindset in the society in general, and in the health

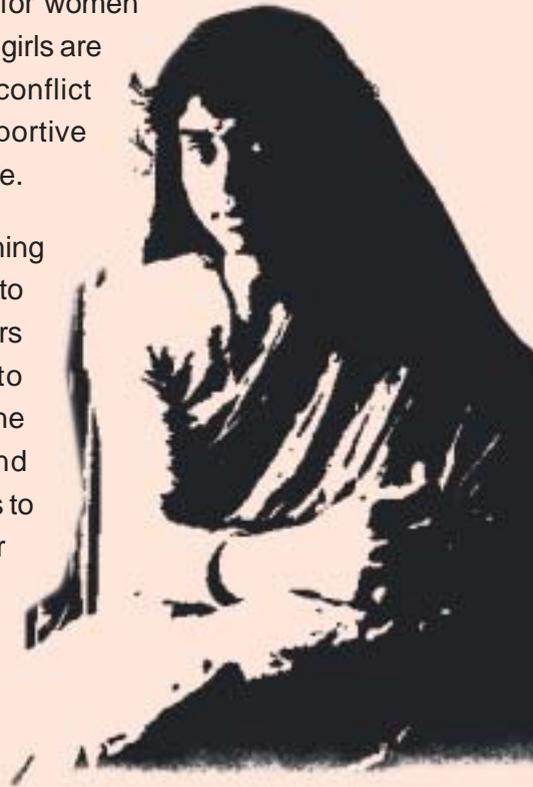
system in particular, was emphasized. The role of men as supportive partners in eliminating violence was further stressed. After having deliberated on the policy and programme perspectives for addressing the issue as a public health concern, the participants of the workshop unanimously adopted the following resolution to:

- ❖ **Note** that violence poses an obstacle in ensuring women's dignity and human rights as well as overall health and well-being.
- ❖ **Emphasise** that addressing violence against women requires a multi-sectoral approach, in which the health care system has a key role to play. Women continue to perceive health care institutions as providing socially accessible spaces for seeking assistance.
- ❖ **Recognize** that violence against women is a public health concern. It has severe physical and mental health implications including fatal and non-fatal consequences. Among other health consequences, some are unwanted pregnancies, miscarriages, psychological trauma, severe physical morbidity and sexually transmitted infections including HIV and/or AIDS.
- ❖ **Affirm** that a responsive health care system is crucial in dealing with violence against women. A health care provider can play a critical role in



improving health outcomes for women facing violence. Women and girls are particularly vulnerable in conflict situations requiring a supportive health care system response.

- ❖ Further **recognize** that training and protocols are required to equip the health care providers to proactively respond to women facing violence. The curriculum for medical and paramedical providers needs to include health related gender concerns and crucial health implications of violence against women to build capacities of health care providers to address them.
- ❖ **Acknowledge** the need to institutionalize redressal and monitoring mechanisms to address violence against women as a public health concern along with required allocation of resources.



## Resolution adopted at the National Workshop on **VIOLENCE AGAINST WOMEN:** A Health Sector Perspective

October 2004



National Commission for Women  
&  
United Nations Population Fund