

A Phenomenological Study of Domestic Violence and Its Impact on Women's Psychological and Reproductive Health in Solok City, Indonesia

Novi Wulan Sari^{1*}, Evi Hasnita², Erit Rovendra³, & Rahmi Sari Kasoema⁴

¹Universitas Fort De Kock Bukittinggi, Indonesia, ²Universitas Fort De Kock Bukittinggi, Indonesia, ³Universitas Fort De Kock Bukittinggi, Indonesia, ⁴Universitas Fort De Kock Bukittinggi, Indonesia

*Co e-mail: noviwulansari@fdk.ac.id¹

Article Information

Received: September 17, 2025

Revised: December 15, 2025

Online: December 21, 2025

Keywords

Violence, Psychology, Reproductive Health

ABSTRACT

Domestic violence (DV) in Indonesia is rising, with over 400,000 cases reported in 2022, driven by increased public awareness post the Domestic Violence Elimination Act, yet communities often limit it to physical abuse, ignoring psychological and reproductive health effects. This study explores lived experiences of DV among women in Solok City and its impacts on their psychological and reproductive health. A qualitative phenomenological approach involved eight women recruited via snowball sampling, with data from 45–60-minute in-depth interviews and documentation, ensuring trustworthiness through prolonged engagement and triangulation. All participants (100%) faced multiple violence forms: six physical, seven psychological, and five forced sexual activity. Psychological effects included chronic stress (7/8), sleep disturbances (5/8), shame (6/8), and depressive symptoms (5/8). Reproductive issues affected five with menstrual irregularities, four with recurrent vaginal infections/discharge, and three with reduced libido, linked to prolonged violence, financial stress, and overwork causing hormonal disruptions. DV profoundly impairs women's psychological and reproductive health in Solok City, underscoring needs for heightened community education, expanded support services, accessible reporting, and empowering women to reject violence and seek help.

Keywords: *Violence, Psychology, Reproductive Health*



This work is licensed under a [Creative Commons Attribution 4.0 International license](#)

Bulletin of Inspiring Developments and Achievements in Midwifery (BIDAN)

Vol. 02, No. 2, December 2025

INTRODUCTION

Global evidence consistently demonstrates that gender-based violence remains a critical public health and human rights issue, affecting millions of women regardless of age, socioeconomic status, or cultural background. According to the World Health Organization (2021), nearly one in three women worldwide has experienced physical or sexual violence in their lifetime, indicating the pervasive nature of this problem across diverse social systems. These widespread patterns of abuse reflect deeply embedded gender norms that legitimize male authority and reinforce systemic inequalities within families and communities.

Violence against women continues to be a significant global challenge, deeply ingrained in social structures and gender norms. The World Health Organization indicates that nearly one-third of all women worldwide—approximately 30%—have experienced physical and/or sexual violence at some point in their lives. This violence is most frequently committed by a current or former intimate partner, highlighting that the home or relationship setting remains a major source of risk for women. These figures underscore the widespread and persistent nature of gender-based violence and emphasize the urgent need for strengthened prevention, protection, and support systems globally (WHO, 2023). Such violence is not only a violation of human rights but also a critical public health issue, contributing to long-term physical and psychological harm. In many societies, patriarchal values still dominate marital relationships, placing men in dominant roles and relegating women to subordinate positions. This structural inequality limits women's autonomy, erodes their self-esteem, and undermines their well-being. Moreover, gender disparities manifest across multiple domains — from unequal access to economic opportunities to the gendered division of domestic labor and the normalization of abuse. These power imbalances persist subtly but persistently, reinforcing gender-based violence in both overt and covert forms. Violence in this context can include not only physical acts but also emotional, economic, and psychological abuse — all rooted in and perpetuated by systemic gender inequality World Bank (2023). According to UN Women, in 2023 alone, an estimated 51,100 women and girls were killed by family members or intimate partners, highlighting the lethal consequences of entrenched gender-based violence.

The World Health Organization defines violence as “a behavior by an intimate partner or ex-partner that results in physical, sexual, or psychological harm, including acts such as physical aggression, sexual coercion, emotional abuse, and controlling behavior.” However, perpetrators are not limited to intimate partners alone; they may also include family members, friends, or close associates. Domestic violence (DV) encompasses any violent act within the family, primarily affecting women and typically perpetrated by men. Such violence often thrives in silence and gains justification through cultural norms. It constitutes a grave violation of women's rights, a major cause of injury, and a contributing factor to numerous physical and psychological disorders. Furthermore, violence is as prevalent as several medical conditions routinely screened during pregnancy.

According to global data from the World Health Organization (WHO, 2024), nearly 1 in 3 women worldwide experience physical and/or sexual violence in their lifetime . In Indonesia, government reports (via media coverage) indicate that 338,496 cases of gender-based violence were



recorded in 2021, based on data from the National Commission on Violence Against Women (Komnas Perempuan) and other service institutions.

Studies reveal that women are twice as likely as men to experience violence driven by hatred from individuals they know personally. Similarly, twice as many women as men reported fear of retaliation if they reported such violence to the authorities (M. Wróblewski et al., 2016).

Nurrachmawati asserts that psychological violence against wives within households can lead to emotional distress, anxiety, and depression, which may subsequently impact reproductive health (M. Malik et al., 2020). Supporting this, other studies suggest that physical violence does not directly cause reproductive problems but contributes indirectly through heightened stress levels, which ultimately affect women's reproductive health. Acts of physical violence may include hitting with hands or objects, confinement, excessive workloads, and threats (Mulyaningsih, 2023; T. Das et al., 2020). In contrast, earlier findings indicate that women exposed to both physical and sexual violence experience a 50%–70% increase in gynecological disorders, nervous system issues, and stress-related conditions (McNutt et al., 2014).

Psychosocial violence, as explained by Mulyaningsih (2023), includes actions that restrict personal freedom and employ intimidation, fostering long-term emotional damage that can escalate into resentment and revenge. Such violence can also lead to the breakdown of households meant to foster mutual well-being.

The impact of spousal violence on women is profound, manifesting in psychological problems such as depression, feelings of shame, and humiliation. Research demonstrates a strong link between domestic violence and mental health issues, with victims exhibiting higher risks of depression, anxiety, and post-traumatic stress disorder (PTSD) (Y. Sabri et al., 2021). Moreover, domestic abuse has been associated with suicidal ideation, revealing its severe psychological toll. Beyond mental health, violence within marriage also poses reproductive risks, including unintended pregnancies and sexually transmitted infections (K. Devries et al., 2011). Particularly in rural contexts, intimate partner violence (IPV) has been correlated with depressive symptoms and poorer self-perceptions of health. Collectively, these studies emphasize the urgent necessity of interventions that address both the psychological and reproductive consequences of domestic violence against women.

Women who experience intimate partner violence (IPV) are significantly more likely to suffer both physical and psychological health problems compared to those who do not. Recent evidence links IPV to increased risks of depressive and anxiety symptoms, post-traumatic stress, sleep disruption, chronic pain, and reproductive health issues such as menstrual disturbances and infection (Devries, K. M., & Mak, J. Y. T., 2022).

The number of violence cases against women in West Sumatra in 2024 was reported to have reached 309 victims. Meanwhile, for Solok Regency, the *Gender and Child Profile* document for 2023 recorded 72 total cases of violence against women and children, including details by age and sex. Initial survey data collected in Solok City indicate that women who experienced physical violence not only endured visible bodily harm but also suffered significant psychological distress. These



This work is licensed under a [Creative Commons Attribution 4.0 International license](#)

Bulletin of Inspiring Developments and Achievements in Midwifery (BIDAN)

Vol. 02, No. 2, December 2025

impacts included symptoms such as fear, anxiety, and emotional instability, demonstrating that the consequences of physical abuse extend beyond immediate physical injuries and can profoundly affect victims' mental well-being and daily functioning. Some expressed a desire to terminate pregnancies due to discovering their husbands' infidelity during pregnancy. Others reported menstrual disturbances and reluctance to have more children due to economic hardship and inadequate spousal support. The types of violence experienced included physical, economic, and psychological abuse (M. Malik et al., 2020; Y. Sabri et al., 2021).

Sonda further explains that acts of sexual coercion or forced intercourse within marriage directly impact women's sexual and reproductive health. Therefore, violence occurring in the sexual context can be categorized as a serious threat to women's sexual well-being, as it disrupts their psychological condition during sexual relations (Henderson et al., 2023).

METHODS

The study subjects consisted of eight women victims of a family sergeant who were obtained using the snowball technique. Data collection techniques in this study include in-depth interviews and documentation. To achieve the validity of data in this study, the authors use the extension of participation and triangulation. This research has been approved by the Health Research Ethics Committee at Fort De Kock University with letter number 195/UFD/ETK/II/2023 with the results of ethics approval and consent to participate..

This research was conducted to see how the incidence of violence against women in the household affects the reproductive health of women in Solok City with married couples as research subjects. The qualitative research approach used in this research is a phenomenological approach. The data source used by the author is in-depth interview primary data (Sari, Novi 2023). The selection of informants in this study used a purposive sampling technique, namely sampling data sources with certain considerations. In the process, in-depth interviews were conducted for each key informant, with an interview duration of 45 to 60 minutes at each meeting. In-depth interviews were conducted one by one. Information obtained in in-depth interviews was recorded on a smartphone equipped with a voice recorder, field notes, and photographs as documentation. Interview transcripts were prepared immediately after completing the interview. In-depth interviews were conducted by the researchers themselves.

The results of in-depth interviews that have been recorded on a tape recorder or smartphone are listened to repeatedly and transferred into the verbatim form, which is then combined with field notes. Verbatim results are made in transcript form. The results of the transcript will be read repeatedly and listened to again and again to ensure accuracy. The data is then transferred to a special file on the computer and backed up with a flash disc to avoid data loss.

In the process of analyzing the data, the researcher identified themes, meanings, and explanations regarding incidents of violence against women on women's reproductive health. The researcher then reviewed the data repeatedly to ensure the authenticity and accuracy of the



participants' descriptions. The funding for the manuscript is independently provided by the author. There is no funding from other parties.

RESULTS

The informant data in this study were obtained by conducting in-depth interviews with six married women and two husbands. Characteristics of in-depth interview informants can be seen in Table 1.

Table 1- Characteristics of Research Informants

No	Code	Age	Education	Work	Income in the Family/Month
1	IF S 1	43 Years	S1	Trader	Rp. 2,000,000,-
2	IF S 2	48 Years	high school	Farmer	Rp. 1.500.000,-
3	IF I 3	29 years	junior high school	Taking care of household	Rp. 1,000,000,-
4	IF I 4	28 years	S1	Trader	Rp. 1.500.000,-
5	IF I 5	32 years	high school	Taking care of household	Rp. 1,000,000,-
6	IF I 6	43 Years	high school	Taking care of household	Rp. 1.200.000,-
7	IF I 7	38 Years	high school	Taking care of household	Rp. 1.500.000,-
8	IF I 8	29 years	junior high school	Taking care of household	Rp. 1,000,000,-

Inputs

"I work in the rice fields as a farmer. My wife doesn't work and we live barely. We have two children. Our livelihood only comes from farming. Sometimes, when I'm too tired to come home from work and drink, I don't have any harsh words coming out." IF2

"If my husband is working as a coolie, he usually works from 8 to 5 in the afternoon, ma'am. After sunset, he immediately goes to the shop, and it is late when he comes home. For example, if there is a problem, I usually talk about it before going to the shop, but sometimes I just let it go, keep it under control, and solve it myself." IF5

"It's not enough because I have three children. My husband works only as a construction worker, and construction worker goes with other people. I have to make a living by selling fried foods." IF8

Insights from the interviews conducted by the researchers revealed that incidents of domestic violence against women were closely linked to various economic pressures. These factors included the household's monthly income level, the type and stability of the husband's employment, the distribution of financial responsibilities, and the husband's daily behavioral patterns. Economic strain often triggered tension within the household, which in turn increased the likelihood of conflict



and abusive behavior, illustrating how financial insecurity can significantly contribute to domestic violence.

Findings from the interviews conducted by the researchers showed that approximately 60% of the reported incidents of domestic violence against women were driven by economic pressures. These pressures included the household's monthly income level, the stability and type of the husband's employment, the division of financial responsibilities, and the husband's daily behavioral patterns. Economic strain frequently created tension within the household, which increased the likelihood of conflict and abusive behavior, demonstrating how financial insecurity plays a significant role in contributing to domestic violence. In several cases, women reported experiencing restrictions on access to money, being prevented from working, or being blamed for financial shortages, all of which intensified the emotional burden and made them more vulnerable to verbal, psychological, and physical abuse.

However, it is important to note that not all cases of domestic violence are solely caused by the husband's behavior. In several instances, respondents indicated that conflicts arose due to the wife's daily actions, communication style, or reactions to household stressors. These interactions sometimes intensified existing tensions and contributed to the occurrence of violence.

Overall, the interview findings suggest that domestic violence in the studied households is shaped by a complex interplay of economic hardship, relational dynamics, communication patterns, and behavioral responses from both partners.

Process

"but because life is hard, my husband is tired when he comes home from work, plus the child is whining.. if I can't compensate, my husband will hit me, but not every time, okay?" IF4

"If there ever was a problem, I was tired, and my husband asked for rations, I couldn't help it because I'm a wife, so I have to obey." IF 7

From the interviews conducted by the researchers, it was found that women experience domestic violence both economically, psychologically, sexually, and physically. Some of them consider the lack of income to make ends meet, harsh words from husbands, and being forced to have sexual intercourse when the wife does not want it to be domestic violence. They are forced to accept the treatment of their husbands because it is their nature as women. Likewise, husbands often the actions, attitudes, and words they do have hurt the wives. They think that harsh words, indifference, forcing a wife to have sexual intercourse when she does not want it, and just pinching are not acts of violence.



Output

"Sometimes, when I get angry, I get angry with my children. Yes, I am saddened by my husband's attitude like that. Lack of shopping money plus mocking me harshly makes me very sad. Just keep it alone." IF 3

"I often experience vaginal discharge and messy menstrual periods. I think this is normal because I am stressed" IF4

Violence against women in the household certainly has a negative impact on women who are victims of violence. These impacts can be psychological, physical trauma, sociological, and economic. The psychological impact of violence is divided into two, namely directly and indirectly. Directly, the psychological impact can be in the form of emotional disturbance, distrust of men, fear of having sex, feelings of guilt, shame, and humiliation, and even Post-Traumatic Stress Disorder (PTSD). Meanwhile, indirectly, it can have an impact on women's reproductive health depending on the women's condition when they experience violence.

DISCUSSION

1. Inputs

Economic pressure is widely recognized as a major trigger of marital conflict. Recent evidence shows that inadequate income, unstable employment, and rising living costs increase household tension and heighten the risk of intimate partner violence (Peterman et al., 2020). When men lose their jobs or experience reduced earnings, the resulting stress and perceived threat to their role as primary providers can escalate into emotional or physical abuse (UN Women, 2023). Financial instability—especially in households facing chronic poverty—has been shown to significantly elevate the likelihood of domestic violence (World Bank, 2023).

The impact of domestic violence also affects reproductive health. Women whose reproductive health is disturbed when they are not pregnant when they experience menstrual disorders can experience a decrease in libido and the inability to have an orgasm. Meanwhile, during pregnancy, it can result in miscarriages/abortions, prenatal births, and babies can die in the womb. Other impacts that affect the health of the wife's reproductive organs in the household include changes in the mindset, emotions, and family economy (T. W. Ambarwati, 2023)

2. Process

Money is the main factor triggering fights and violence against women in the household. The rising cost of daily necessities can trigger household rifts. The husband's salary is insufficient to meet the needs, causing disputes and problems. A family head feels pressured by the difficulty of making ends meet, in which he will commit violence against members of his household (L. Mendoza, et.al 2022)



This work is licensed under a [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/)

Bulletin of Inspiring Developments and Achievements in Midwifery (BIDAN)

Vol. 02, No. 2, December 2025

Domestic violence against wives has become a complex problem because it is not only physical but also psychological. It also includes not only an economic nature but also neglect of the household (F. Naeem,et.al 2008).The attitude between husband and wife is a factor causing domestic violence. Based on the results of in-depth interviews that the researchers conducted, it was found that the attitude of the husband, who felt superior, did not want to listen to the wife's problems and feelings, making the wife feel not considered and valued.

3. Output

Male domination can limit and shape women's sexual and reproductive lives. In addition, men are also very influential in making decisions about contraception used by their partners. Types of reproductive disorders experienced by women when they are not pregnant are in the form of menstrual cycle disorders. During pregnancy, miscarriages can occur, and during childbirth, they can experience labor complications.)(L. R. Squire,et.al 2009)

Violence against women is any act that is related to or may result in the misery or suffering of women physically, sexually, and psychologically, threats of certain actions, coercion, and deprivation of freedom both in the community and in the household environment (T. W. Ambarwati, 2023)

Violence against women is any form of action committed against women that causes or has the potential to cause physical, sexual or psychological harm and suffering. This violence also includes threats, coercion, or deliberate restrictions on women's freedom, both within the household and in public spaces (F. Naeem,et.al 2008).

Acts of violence against women in the household can occur to every individual regardless of racial background, gender, or certain socioeconomic groups. In the current decade, women's human rights have reached the most significant and very high level in the modern era, including Indonesia. Historically, women have always been under men. Women are no different from slaves, who are all wrapped in dogmatic ornaments. The freedom to be creative, to innovate, as well as to determine one's way of life must be limited by barriers only in the context of kitchens, wells, and mattresses and are not deemed fit to be involved in the public world (A. V. Rahmatika, et.al 2021)

The high incidence of violence against women in the household can have a negative impact on the health of the wife as the victim. These impacts include fear, anxiety, fatigue, disorders, post-traumatic stress, and eating and sleeping disorders, which are long reactions to acts of violence. However, it is not uncommon for acts of violence against wives to cause reproductive health to be disrupted biologically, which in turn results in sociological disturbances. In women who experience domestic violence, it can cause reproductive health problems, including menstrual disorders such as menoragia (*large amounts or longer duration than normal menstrual intervals*), hypomenoragia (Very little menstrual blood comes out), or metroragia(abnormal bleeding from the vagina between periods or not related to menstruation). These women can even experience menopause earlier, experience decreased libido, and the inability to get an orgasm as a result of the violence they experienced (J. Bailey,et al.2013)(E. Josse, 2010)



CONCLUSIONS

This study demonstrates that domestic violence against women in Solok City exerts significant and interrelated impacts on psychological and reproductive health. Women were found to experience multiple forms of abuse—physical, psychological, sexual, and economic—largely driven by financial strain, unequal gender relations, and male-dominated decision-making. These experiences contribute to psychological distress, including anxiety, chronic stress, and depressive symptoms, which in turn are associated with menstrual irregularities, decreased sexual well-being, and other reproductive health disturbances. The findings affirm that domestic violence constitutes a critical public health issue rather than a private household matter, underscoring the need for strengthened, multisectoral efforts to prevent and address violence against women.

ACKNOWLEDGMENT

Thank you to the respondents who agreed to be interviewed took the time to do the research and Thank you to the Population Control and Family Planning, Women's Empowerment, and Child Protection Service of Solok City for assisting in the informant search for this research. Thank you to the University of Fort De Kock for the support, both material and non-material, as well as to the Health Service and the Head of Religious Affairs for providing data and information related to violence against women.

REFERENCES

A. V. Rahmatika, "Violence on Women and Children: Background, Effects, and Solutions," *Semarang State Univ. Undergrad. Law Soc. Rev.*, vol. 1, no. 1, pp. 69–86, 2021, doi: 10.15294/lsr.v1i1.49840.

Devries, K. M., & Mak, J. Y. T. (2022). *The psychological subtype of intimate partner violence and its effect on mental health: a systematic review with meta-analyses*. Systematic Reviews, 11, Article 154

E. A. Mulyaningsih, S. Juwita, N. Bayu Argaheni, and S. F. Ningtyas, "The Impact of Reproductive Health on Female Victims of Violence by Partners," *Malaysian J. Med. Res.*, vol. 07, no. 03, pp. 21–26, 2023, doi: <https://doi.org/10.31674/mjmr.2023.v07i03.004>.

E. Josse, "'They came with two guns': The consequences of sexual violence for the mental health of women in armed conflicts," *Int. Rev. Red Cross*, vol. 92, no. 877, pp. 177–195, 2010, doi: <https://doi.org/10.1017/S1816383110000251>.

F. Naeem, M. Irfan, Q. A. Zaidi, D. Kingdon, and M. Ayub, "Angry Wives, Abusive Husbands: Relationship Between Domestic Violence and Psychosocial Variables," *Women's Heal. Issues*, vol. 18, no. 6, pp. 453–462, 2008, doi: <https://doi.org/10.1016/j.whi.2008.08.002>.

J. Bailey, A. Oliveri, and E. Levin, "基因的改变NIH Public Access," *Bone*, vol. 23, no. 1, pp. 1–7, 2013, doi: <https://doi.org/10.1007/s10896-014-9633-2>.Impact.

K. Devries *et al.*, "Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women," *Soc. Sci. Med.*, vol. 73, no. 1, pp. 79–86, 2011, doi: <https://doi.org/10.1016/j.socscimed.2011.05.006>.



This work is licensed under a [Creative Commons Attribution 4.0 International license](https://creativecommons.org/licenses/by/4.0/)

Bulletin of Inspiring Developments and Achievements in Midwifery (BIDAN)

Vol. 02, No. 2, December 2025

L. A. McNutt and J. Krammer, "Health consequences of intimate partner violence," *Epidemiol. Criminol. Theory to Pract.*, pp. 128–138, 2014, doi: <https://doi.org/10.4135/9781412963923.n217>.

L. Heise and C. García-Moreno, "Violence By Intimate Partners," *World Rep. Violence Heal.*, pp. 87–121, 2012.

L. Mendoza-Huertas and N. Mendoza, "Impact of Violence against Women on Sexual and Reproductive Health: Research Protocol and Results from a Pilot Study," *Clin. Exp. Obstet. Gynecol.*, vol. 49, no. 7, 2022, doi: <https://doi.org/10.31083/j.ceog4907145>.

L. R. Squire, "基因的改变NIH Public Access to," *Neuron*, vol. 61, no. 1, pp. 1–7, 2009, doi: <https://doi.org/10.1111/j.1741-3729.2008.00537.x>.For.

M. Wróblewski, "European Union Agency for Fundamental Rights (FRA)," *Cult. Hum. Rights Wroclaw Comment.*, pp. 163–164, 2016, doi: <https://doi.org/10.1515/9783110432251-062>.

M. Malik, N. Munir, M. Usman Ghani, and N. Ahmad, "Domestic violence and its relationship with depression, anxiety and quality of life: A hidden dilemma of pakistani women," *Pakistan J. Med. Sci.*, vol. 37, no. 1, pp. 1–4, 2020, doi: <https://doi.org/10.12669/pjms.37.1.2893>.

N. Henderson, *Sexual and reproductive health and rights*, vol. 28, no. 1. 2023. doi: <https://doi.org/10.4337/9781800372122.ch113>.

Novi Wulan Sari, *Guidelines for Interviews on Violence Against Women*. 2023.

Peterman, A., O'Donnell, M., & Palermo, T. (2020). *Economic crisis and intimate partner violence: What we know and what we need to learn*. *BMJ Global Health*, 5(7), e002665

Police crime statistics, "Federal Criminal Police Office 20TH".

R. Horn, E. S. Puffer, E. Roesch, and H. Lehmann, "Women's perceptions of effects of war on intimate partner violence and gender roles in two post-conflict West African Countries: Consequences and unexpected opportunities," *Confl. Health*, vol. 8, no. 1, pp. 1–13, 2014, doi: <https://doi.org/10.1186/1752-1505-8-12>.

T. Das and D. T. Basu Roy, "More than individual factors; is there any contextual effect of unemployment, poverty and literacy on the domestic spousal violence against women? A multilevel analysis on Indian context," *SSM - Popul. Heal.*, vol. 12, 2020, doi: <https://doi.org/10.1016/j.ssmph.2020.100691>.

T. W. Ambarwati, J. Setiyono, and Taufiq, "The influence of domestic violence from a psychological perspective and efforts to overcome crime against domestic violence in Indonesia," *Int. J. Soc. Sci. Res. Rev.*, vol. 5, no. 1, pp. 159–165, 2023.

UN Women. (2023). *Facts and Figures: Ending Violence Against Women*. Retrieved from <https://knowledge.unwomen.org>

Y. Sabri, "Depression and post-traumatic stress disorder in females exposed to intimate partner violence," *Middle East Curr. Psychiatry*, vol. 28, no. 1, 2021, doi: <https://doi.org/10.1186/s43045-021-00157-x>.

World Bank. (2023). *Gender Data Portal: Overview of Gender-Based Violence*. Retrieved from <https://genderdata.worldbank.org>

WHO, "Family Planning and the 2030 Agenda for Sustainable Development (Data Booklet)," *Fam.*



Plan. 2030 Agenda Sustain. Dev. (Data Booklet), 2020, doi: <https://doi.org/10.18356/e154e49d-en>.

World Health Organization. (2021). *Violence Against Women: Prevalence Estimates 2018*. WHO Press.

World Health Organization. (2023, July 17). WHO addresses violence against women as a gender equality and health priority. <https://www.who.int/news-room/detail/17-07-2023-who-addresses-violence-against-women-as-a-gender-equality-and-health-priority>

World Health Organization. (2024, March 25). *Violence against women*. WHO. Retrieved November 26, 2025, from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>