

## FCDO'S APPROACH TO SEXUAL AND REPRODUCTIVE HEALTH

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### 1. PROFESSIONAL EXPERTISE

1.1 Dr Punita Chowbey is an expert on economic abuse with focus on South Asia and the UK. Dr Chowbey has over twenty years' experience of applied academic research on women's economic empowerment and health with international and national NGOs (CARE India; Bihar Voluntary Health Association, Panos London) and academic institutions (University of Sheffield, London School of Hygiene & Tropical Medicine, and Sheffield Hallam University). She has served as Principal Investigator for projects funded by the Global Challenges Research Fund (GCRF) and National Institute for Health and Care Research Yorkshire & Humber (NIHR Y&H) investigating economic abuse among South Asian population in the UK, and South Asia. Her PhD examined issues of economic justice, economic abuse and household resources in the UK, Pakistan, and India (Chowbey 2020). She is the sole author of the first peer reviewed paper in the UK on economic abuse (Chowbey 2017) which argues for the need for better conceptualisation of economic abuse based on diverse experiences of women.

### 2. ECONOMIC ABUSE AS A KEY OMISSION IN THE FCDO APPROACH

2.1 This submission argues for the FCDO approach to explicitly **recognise and respond to the needs of pregnant and lactating mothers suffering from economic abuse**. This is relevant across all terms of reference of the Inquiry<sup>1</sup>, but the evidence submitted relates particularly to the provision and delivery of services in lower-income countries and to the new global Strategy.

#### 2.2 Economic abuse as a key omission in the FCDO approach

2.2.1 The FCDO International Women and Girls Strategy 2023-2030<sup>2</sup> provides comprehensive guidance and strategies for advancing gender equality and access to sexual and reproductive health services for girls and women in lower-income countries. The

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<sup>1</sup> FCDO's approach to sexual and reproductive health - written evidence: <https://committees.parliament.uk/call-for-evidence/3077/?slug=fcdos-approach-to-sexual-and-reproductive-health>

<sup>2</sup> Foreign, Commonwealth & Development Office (March 2023): International Women and Girls Strategy 2023–2030; [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1141525/international-women-and-girls-strategy-2023-2030.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1141525/international-women-and-girls-strategy-2023-2030.pdf)

Strategy identifies economic empowerment interventions that take a gender-transformative approach as an effective method to prevent gender-based violence.

- 2.2.2 Unlocking women’s and girls’ economic agency has been recognised as a necessary step to enable them to have greater power and control in their lives. The report rightly argues that economic security gives women greater control over life decisions including if and when to have children, what livelihood/career to choose and how to plan their working life around these choices’ (FCDO 2023; p.19). For this it is essential that women are economically free to make the choices around pregnancy and childbirth. Therefore, **it is surprising that the report completely omits economic abuse, a form of domestic abuse which involves controlling a person’s ability to acquire, use and maintain economic resources to create dependency.**

### 2.3 Recognition of the post-COVID-19 context

- 2.3.1 The Strategy also expresses concern over the new challenges that have emerged as a result of the COVID-19 pandemic, including its impact on women in the form of unpaid care work, the increase in various forms of violence (including online violence), and the depletion of household and individual resources. This has severely impacted women’s access to sexual and reproductive health services. A necessary and logical step in recognition of this will be the Strategy to address the new forms and tactics enabled by the pandemic that can hamper women’s access to reproductive health services. For example, the pandemic has created new forms of economic abuse due to greater digitalisation of finance and working from home as highlighted in the film below.
- 2.3.2 Responding to economic abuse is a statutory duty in many countries, for example in India and some provinces of Pakistan, but the awareness and enforcement remains negligible. Therefore, it is important that the FCDO’s approach responds to economic abuse and enables women and girls’ financial freedom to make decisions about their sexual and reproductive health.

## 3. NEW RESEARCH EVIDENCE SUPPORTING THE CRITICAL ROLE OF ECONOMIC ABUSE IN SEXUAL AND REPRODUCTIVE HEALTH OF WOMEN AND GIRLS IN LOWER INCOME COUNTRIES.

- 3.1 This evidence is produced based on recent research – building on previous research (Chowbey 2017; Chowbey 2016; Chowbey 2020) – implemented during July 2021- December 2022. The project titled, ‘Impact of COVID 19 on Women’s employment and food insecurity in Bihar, India’ engaged with 86 participants which included 76 women

(all mothers with dependent children except two) and 10 key informants. Out of the 76 women, 50 were interviewed using a semi structured interview guide. Twenty-one women took part in the research using video interviews and 29 women took part in audio interviews. Further three focus group discussions were conducted with 26 women. A total of 10 experts working on gender, food insecurity and domestic violence were interviewed.

### 3.2 **Women's video testimonies:**

As part of the project a 20 mins documentary [Spent: Fighting economic abuse in India](#) has been produced. This documentary is first ever film on economic abuse where real women talk about their experiences of suffering marital economic abuse and their fight against it. Using an intersectional approach, the documentary engages with five Hindu and Muslim women across a range of occupations, class and caste categories. Further, women were selected to represent diversity of experiences based on education, employment status and household composition.

3.3 The film focuses on women's experiences of economic abuse prior to and since the pandemic. The film focuses on five women including four mothers with dependent children. Three of these four women narrate their experiences of pregnancy and childbirth in face of economic abuse.

3.4 Based on women's testimonies as seen in the film, the main challenges faced during pregnancy and childbirth are presented in two sections: general economic abuse, and economic abuse during pregnancy, childbirth, and post-natal phase.

### 3.5 **General economic abuse**

3.5.1 General economic abuse against women included the following:

- i. Economic sabotage involved controlling women's ability to earn, their income and stopping access to a bank account.
- ii. Economic exploitation included refusal to contribute to household expenses, exploitation of women's resources.
- iii. Economic restriction involved controlling a woman's use of money for food, medical and other necessities as well as restricting their access to shared household resources.

3.5.2 Please see Lakshmi<sup>3</sup>, Nitya, Nilu, Zubaida and Arti's testimonies in the film for examples of all three types of abuse mentioned above.

### 3.6 **Economic abuse during pregnancy, childbirth, and post-natal phase**

3.6.1 Women's video testimonies of facing economic abuse during pregnancy, childbirth and post-natal phase demonstrated a range of tactics to control women's access to resources. Three women Nilu Fatima (Muslim, graduate, a teacher before childbirth), Nitya<sup>4</sup> (Hindu, postgraduate, upper caste, homemaker); Arti (Hindu, lower caste, no formal education, manual worker) narrated their experiences of economic abuse impacting their access to reproductive health services. The economic abuse tactics to prevent women to meet their reproductive and sexual health needs as narrated by women themselves in the film include:

- i. Terminating pregnancy through violence, manipulation, medications or involving professionals to avoid financial responsibilities especially in case of unplanned pregnancies (see Arti and Nitya's testimonies in the film).
- ii. Poor nutrition during pregnancy by denying women healthy meals required for the growth of the baby and women's health (see Nilu and Nitya's testimonies in the film).
- iii. Inflicting physical violence that can cause harm to the mother and the baby, (for example, physical assault aimed at abdomen, pushing and use of heaving objects such as bamboo sticks) and refusing to pay for treatment (see Arti's testimony in the film).
- iv. Making women do domestic chores for long hours to exhaust and control them, including creating extra work such as labour-intensive cooking, ironing, refusing to contribute to any household chores or pay for help (see Nitya's testimonies in the film).
- v. Refusing to pay for ante-natal, post-natal or childbirth related medical expenses, particularly the case when the baby is a girl child (see Nilu and Arti's testimonies in the film).
- vi. Forcing women to go to their maternal home for childbirth and post-natal care, in the name of customs or religion (see Nilu's testimony in the film).
- vii. Forcing women to start earning soon after birth without paying attention to their and baby's health and other needs (see Nilu's testimony in the film).

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<sup>3</sup> Lakshmi is a pseudonym. The participant has requested to be anonymous.

<sup>4</sup> Nitya is a pseudonym. The participant has requested to be anonymous.

- viii. Deriding or physically assaulting women for not earning while pregnant or lactating (see Arti, Nilu and Nitya’s testimonies in the film).
- ix. Leaving women to their maternal home for care when women and babies are not well, then forcing the women to return to the marital home when they start earning, to gain access to their income (Please see Arti and Nilu’s testimonies in the film).

### 3.7 Previous research on economic abuse in India, and Pakistan:

3.7.1 My previous research on economic abuse in India and Pakistan also suggested that women were unable to access required sexual and reproductive health services during pregnancy and delivery. They often faced abuse by husbands and in-laws which included refusing to pay for hospital bills, particularly when a girl child is born. Several women had faced the situation alone and without healthcare. Those who had natal family around were forced to seek help from them irrespective of their natal family’s ability to shoulder the burden.

3.7.2 Here is Tasneem a domestic help from Pakistan recounting her experiences of not only paying for childbirth but also paying for the coffin and burial when her daughter died. Tasneem, explained:

“He has not contributed anything ever. I gave birth to my first son without his financial support, my daughter died; I paid for her coffin and burial.”

[Tasneem, domestic help, Pakistan] [cited in Chowbey 2017; p.463]

3.7.3 Habeeba, who was the main breadwinner of her house narrated similar situation. She not only had to start the household chores for the extended household she was part of but also had to start earning a month after her son’s birth to pay for her, her son’s and other household expenses.

“When it was time for my son to be born, I used the money I had earned through tuition. When it was time for me to go to the hospital, I gave my money for the delivery... And when I came home, I came home with the money I had saved...He [husband] did not give me anything except for roti [Indian flat bread] two times a day... I would do all my in-laws’ work – cook, clean, everything – then they would give me roti two times a day...One month after my son’s birth... I started tuition.”  
[Habeeba, schoolteacher, Pakistan] [cited in Chowbey 2020, p.9]

## 4. HOW COULD THE FCDO TARGET THE USE OF FUNDING FOR SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMES MORE EFFECTIVELY?

The following are some suggestions for the ways in which the FCDO could more effectively target the use of funding:

- 4.1.1 A strategy should be developed to address economic abuse as part of the domestic violence agenda which is already detailed in their International Women and Girls Strategy 2023–2030. As part of their focus on addressing domestic violence, the FCDO should address the underlying reasons for gender inequality in households, to achieve better sexual and reproductive services for women and girls.
- 4.1.2 The FCDO should generate evidence on economic abuse forms and practices embedded in specific sociocultural and structural practices and use it to inform their strategies (Chowbey 2017). Assessing the prevalence of economic abuse across different geographic regions would inform appropriate interventions required to address the issues at a local level. This will provide evidence base to recognise economic abuse, establish prevalence, and develop appropriate interventions to make progress towards better sexual and reproductive health for all women and girls especially those from disadvantaged backgrounds.
- 4.1.4 Awareness should be raised about economic abuse among women, girls, and the general community. Various forms of economic abuse are normalised in the society and therefore, women and girls suffering from it are often not aware of the abuse. Much of the abuse is subtle and insidious in nature, masking the abuse and the significant harm it can cause cumulatively. It is essential to question and challenge the gender norms related to household finance to enable women to recognise and fight economic abuse. Much of the current literature is based on research conducted with victim-survivors of domestic violence (for exception see Chowbey 2017) which makes it more difficult to recognise economic abuse especially in absence of severe physical violence. Therefore, a better understanding and awareness of economic abuse among community is central to enabling women and girls to have adequate access to sexual and reproductive health services.
- 4.1.5 Training should be provided to health, banking, teaching, and other professionals to recognise and respond to economic abuse. Economic abuse takes place within familial relationship, but economically abused women come in regular contact with professionals such as medical staff, bankers, their employers, schoolteachers and welfare officers among others. These interactions can sometimes facilitate economic abuse inadvertently. However, if trained these professionals can help spot signs of economic abuse and support women in their fight against it rather than facilitating it.
- 4.1.6 Engaging with men, particularly domestic violence perpetrators, is necessary to shift the discourse around masculinity and household finance, gender equality and domestic

violence. Removing women from their marital home to reduce harm is not always an option especially in some low-income countries where state support is difficult to access. It will be impossible to make progress on women's reproductive health goals without engaging and educating men and holding them accountable through community as well law enforcement systems.

- 4.1.7 The FCDO should focus its funding efforts to work with law enforcement professionals to support women fighting economic abuse. The understanding of economic abuse remains low among law enforcement professionals as seen in the film. Further, the patriarchal mindset, misogyny and casteism can make matter worse leaving women nowhere to go. The FCDO should fund initiatives aimed at enabling law enforcement officials to work as a champion of introducing, enforcing, and improving sociolegal context for addressing economic abuse particularly during pregnancy and childbirth which is a significant period of vulnerability.

## 5. REFERENCES

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