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Addressing Gender Based violence (GBV) in rural Nepal with One Stop Crisis Management Center (OCMC) approach

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Abstract

Introduction:

Large numbers of women and children have been experiencing various forms of gender based violence (GBV) which has resulted in physical, sexual and psychological damage. Since there has been a lack of unified and effective provisions to manage GBV, it has been difficult to effectively tackle, treat and address the problems in an integrated manner. In this context, the Government of Nepal has identified the Ministry of Health and Population as the chief responsible executive body to implement Clause 3 of the National Action Plan 2010 against Gender Based Violence to effectively provide integrated services to survivors of GBV by establishing a Hospital Based One-stop Crisis Management Center (OCMC)

Objectives:

The aim of the study is to determine the prevalence and patterns of GBV among victims presenting in Karnali Academy of Health Science with One Stop Crisis Management Center (OCMC) approach.

Study Design: Retrospective research design was used to identify Gender Based violence (GBV) in rural Nepal with One Stop Crisis Management Center (OCMC) approach

Results: In this study, a total of 546 case in four year among them female were (90.10%) followed byPhysical assault (68.13 %) of the victims were(62.45%) among 19-49 years of age and most commonly affected among Brahmin/Chhetri (66.11%) Dalit (27.28%) and all patients received psychological counseling.

Conclusion: Initiation of OCMC services in hospitals has formed the foundation to support GBV victims. Awareness campaigns are necessary to report more cases of GBV. A specific mental health approach is needed to prevent mental health illness and build psychological wellbeing.

Keywords: Gender Based Violence, One Stop Crisis Management Center, KAHS

Introduction

Gender-based violence was defined by the United Nations Declaration on the Elimination of Violence against Women (1993) as "any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life". GBV is a global challenge and is affecting 1 in 3 women in their lifetime[1].

Gender based violence is a worldwide problem which is affecting the life of millions people. GBV is a problematic issue that affects the health as well as the development capacity of individual. The Gender violence is always interchangeable to women violence. This is not fact that men are not violated in society but through different studies it is found that in comparison to females, males are very less violated. Women are always not pursuing their full right due to society barrier in all sectors from home to work place. Throughout the world 1 in 3(35%) experience some kind of physical and/or sexual violence by a partner or sexual violence by a non-partner. Thirty percent of the women reported that they have suffered from physical and/or sexual violence intimate life partner[2]

GBV is a form of violence against an individual based on that person´s biological sex, gender identity or expression, or perceived adherence to socially-defined expectations of one´s gender[3]

GBV mainly includes physical and domestic violence, rape, mental torture, child marriage, and human trafficking. In 2011, the Ministry of Health and Population (MOHP) implemented clause 3 of the action plan with technical support of Nepal Health Sector Support Program (NHSSP) and women and child welfare adopting the strategy to provide one door services with multi-dimensional and multicultural by the establishment of Hospital based One-stop Crisis Management Center (OCMC) in approach to address gender-based violence in efficient manner[4].

Out of 750 cases over 5 years, 695(92.7%) were female, 272(36.2%) were sexual assault cases followed by 259 (34.5%) physical assault, 73.6% of the victims were among 15-49 years of age and most commonly affected among Janajati (40%) and Brahmin/Chhetri (39.5%). Almost 15% of the total victims had some form of disability. Twenty-one women had difficulties finding safe homes and 7 women committed suicide and died[5].

A 2012 study on GBV in rural Nepal by the Office of the Prime Minister and the Council of Ministers (OPMCM) found many women survivors had experienced physical, psychological, sexual and reproductive health problems, with 1 in 25 of the study sample having attempted suicide[6].

According to the 2018 National Demographic Health Survey (NDHS), 33% of women age 15-49 in Nigeria have experienced physical or sexual violence; 24% have experienced only physical violence, 2% have experienced only sexual violence, while 7% have experienced both physical and sexual violence[7].

Moreover, there is no significant research conducted in Karnali Province about the GBV. So, in this study, we will review the prevalence and patterns of GBV among victims presenting in Karnali Academy of Health Science with One Stop Crisis Management Center (OCMC) approach over 4 years. So the researcher found the importance for the study of GBV with OCMC approach.

Materials and Methods

This retrospective study includes client who visited Karnali Academy of Health Science Teaching Hospital (KAHSTH), Jumla Nepal presenting with the problem of gender based violence and received service with the one stop crisis management center approach.

It is a tertiary level 300 bedded hospital situated in high hilly region of Karnali Province, Jumla Nepal. The study was during the period of five year from 2076 shrawan 1st to 2080 asar 31th. The record of client receiving the service with OCMC approach was from the record book and also verified from the record section of karnali Academy of Health Science. All respondents visiting OCMC were included and others were excluded from the study. Data were entered into the MS excel and analyzed in SPSS version 15. Descriptive analysis was carried out. Ethical was taken from the Intuitional Review committee of Karnali Academy of Health Science.

Study Design

It is a retrospective study design. The study conducted among patients those who visited One Stop Crisis Management Center (OCMC) with Gender Based Violence (GBV) 2076 shrawan 1st to 2080 asar 31st. The study conducted in Karnali Academy of Health Sciences in Jumla district. The study population consists of all patients visited One Stop Crisis Management Center OCMC due to GBV during the mention date. Data collected from the registers maintained in the One Stop Crisis Management Center (OCMC) and verified from medical records department.

Results

The total client visiting One Stop Crisis Management Center in Karnali academy of Health Science within four years from 2076 Shrawan 1st to 2080 Asar 31th. As in first year 076/077 were 35. In 077/078 total client receiving service were 110 similarly in 078/079 and 079/080 were 250 and 151.

Figure 1: Gender Based violence client receiving service from the OCMC in Karnali Academy of Health Science in four years

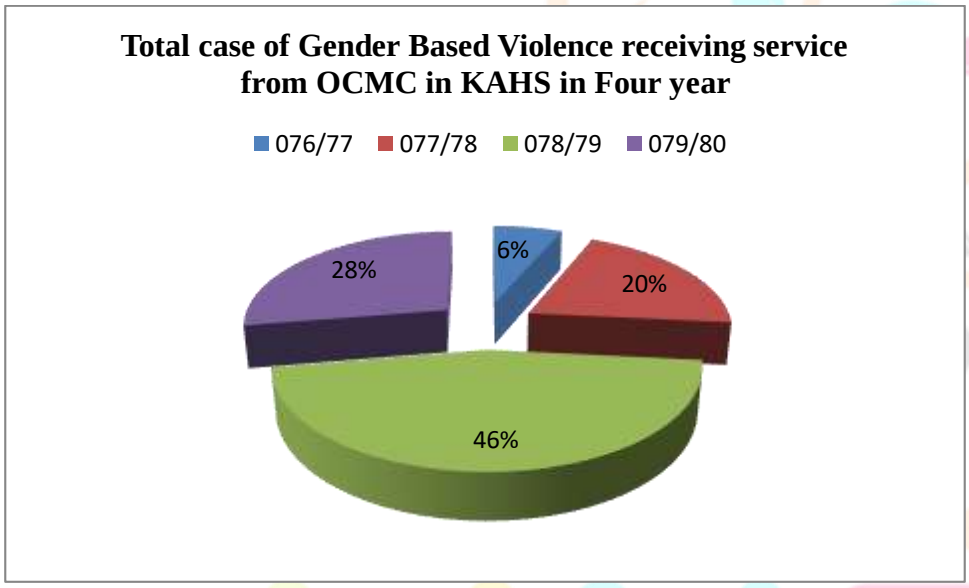

Figure 1 indices that the Gender Based violence cases in Karnali Academy of Health Science in four year period were in first year 076/77 35(6%) 077/78 110(20%) 078/79 250 (46%) 079/80 were 151(28%) total case in four year were 546.

Figure 2: Trend of Gender wise violence cases receiving service from OCMC approach in Karnali Academy of Health Science

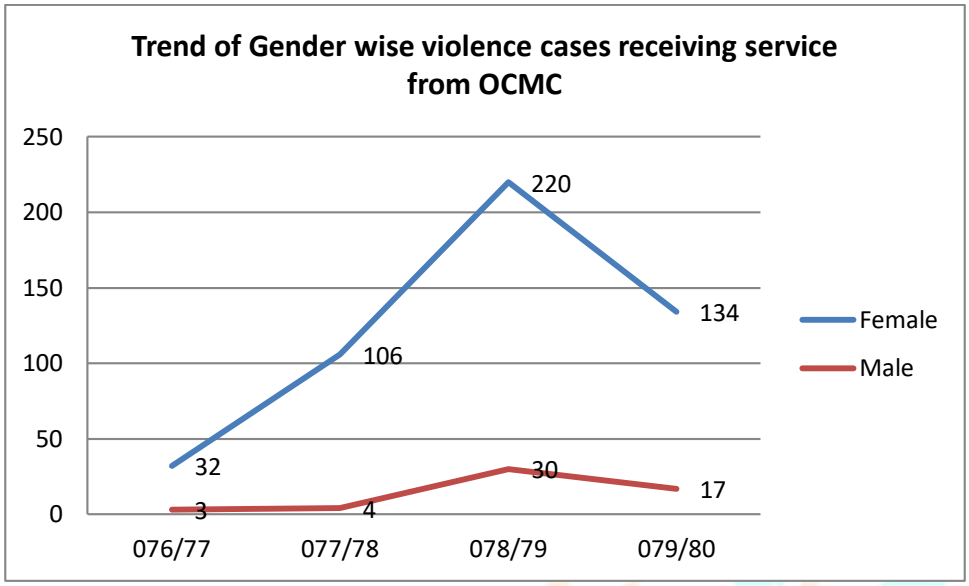

Figure 2 indices that the gender based violence according to gender distribution in Karnali Academy of Health Science in four year period is maximum in Female in all year and minimal in male.

Table 1: Pattern of Total cases of GBV visiting OCMC unit of Karnali Academy of Health Science, Jumla Nepal (2076/077 to 2079/80)

		Fiscal year					
		076/77	077/78	078/79	079/80	Total	Percentage (%)
Total Cases		35	110	250	151	546	
Gender	Female	32	106	220	134	492	90.10
	Male	3	4	30	17	54	9.89
Types of violence	Physical assault	23	54	183	112	372	68.13
	Sexual Assault	12	15	5	9	41	7.50
	Domestic violence	0	27	10	12	49	8.97
	Child Marriage& Forced Marriage	0	0	0	2	2	0.36
	Emotional Abuse	0	8	33	1	41	7.50
	Rape	0	6	19	15	40	7.32
Age group (Years)	upto 14	4	11	19	12	46	8.42
	15-18	6	21	21	26	74	13.55
	19-49	8	34	193	106	341	62.45
	50-59	16	40	10	4	70	12.82
	>60	1	4	7	3	15	2.74
Caste Code	Brahmin/ Chhetri	21	90	142	108	361	66.11
	Muslim	1	0	1	1	3	0.54
	Janajati	4	5	13	8	30	5.49
	Dalit	9	14	93	33	149	27.28
	Madeshi	0	1	1	1	3	0.54
	others	0	0	0	0	0	0
Services offered	Psychosocial counseling	35	110	250	151	546	100

	Safe abortion services	1	2	5	7	15	2.74
	Treatment of STI	1	1	3	1	6	1.09
	Pregnancy check	10	15	19	50	94	17.21
	Injury management	15	26	61	30	132	24.17
	Psychiatric treatment	6	8	13	9	36	6.59
	Referral to higher center	0	0	1Patan	1Nepaljung	2	0.03

Table1 indices that the Gender Based violence cases in Karnali Academy of Health Science in four year period were in first year 076/77 35(6%) 077/78 110(20%) 078/79 250 (46%) 079/80 were 151(28%) total case in four year were 546. Female were maximum violated as seen in the data and received service from OCMC in all year and minimal male. Regarding type of violence physical assault (68.13%) was seen highest and 19-49 age groups (62.45%) were mostly violated and received the service from OCMC approach in Karnali Academy of Health Science. As in case of caste code (27.28%) Dalit were mostly violated and received the service through OCMC service approach as all clients who were violated were offered psychological counseling.

Figure 3 Chart showing types of perpetrators

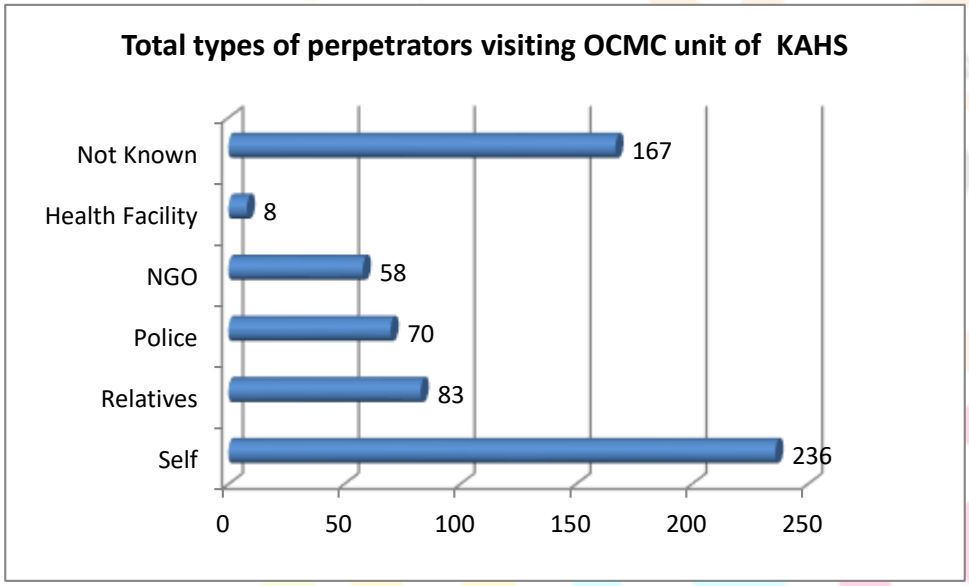

Figure 3 indices that the Gender Based violence as major perpetrators was self in the four year period in Karnali Academy of Health Science.

Discussion

In this study, however, lesser cases of GBV were reported in the year 076/77 and 079/080 when compared to the years 077/78 and 078/79. This reason is unclear, but it may be due to people´s fear of visiting hospitals during the COVID-19 pandemic and also during 077/78 and 078/79 period different NGOs and INGOs were involved in the programme as OREC Nepal and Municipalities of Jumla for identification of cases and also work as a perpetrators of client for visiting hospitals.

Most of the victims of GBV in this study were females. Although both genders experience violence, studies have reported that females are more prone to GBV compared to males as the same result has been seen in study conducted by Fraiyal[8]

Study found that they have been being physically assaulted at some time by their intimate partners, and also reported that they have suffered from domestic and sexual violence by their own partner. The information appears that women are more likely to have endured physical violence, taken after by domestic violence. Talking about the age wise it is found that the age group of 19-49 is more likely to be the vulnerable for violence. Similarly a comprehensive study done by government of Nepal[9]

OCMC care is based in the health facility and supported by the government of Nepal started in 2011. The service expanded in many districts of Nepal with hospital-based healthcare management and counseling. There was a report of 546 cases management under OCMC unit of Karnali Academy of Health Science within four years, Nepal, showed that sexual assault was the most common issue reported and our study found the highest numbers of physical assault followed by domestic violence as major issues. In the same study, survivors from GBV were mostly Dalit whereas in our study survivors were mainly Brahmin/Chhetri followed byb Dalit[10].

Limitation of the Study

The study is a retrospective study so it is a limitation. The different variables that the researcher wants to measure that may not be measurable due to unavailability of the data that are recorded in the register. As in future day's prospective study is needed to be done in the related subject matter. Using such limited resources findings may not be fit for generalization. Limited time and resources may not supplement the ideas. Even though based on formal data of the gender based violence, it shows the baseline data for the further planning and change in the modalities of service.

Conclusions

Initiation of OCMC services in hospitals has formed the foundation to support GBV victims. Awareness campaigns are necessary to report more cases of GBV. A specific mental health approach is needed to prevent mental health illness and build psychological wellbeing. Hospital should ensure and develop a professional's skill to support GBV. As well as government should give priority to medico legal cases and build strong legislation support for victims. Prospective study would explore the subject matter more clearly and descriptively.

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