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

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ABSTRACT

Introduction: Gender-Based Violence (GBV) is a global challenge and is affecting 1 in 3 women in their lifetime. GBV mainly includes physical and domestic violence, rape, mental torture, child marriage, and human trafficking. There are very few specific programs to address GBV in Nepal and the One-Stop Crisis Management (OCMC) approach started by the Nepal government since 2011, has promising support in addressing gender-based issues.

Method: Study was conducted at Charikot Hospital, Dolakha. Retrospectively collected data from Electronic Health Record (EHR) of Bahmini from 2016 September to 2021 August, were used and were verified using the OCMC register. The quantitative data were analyzed using descriptive statistics and presented in relevant tables and frequencies. The nature of the study was exploratory as a researcher had tried to explore the effectiveness of the program and its challenges.

Result: Out of 750 cases over 5 years, 695(92.7%) were female, 272(36.2%) were sexual assault cases followed by 259 (34.5%) of 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.

Conclusion: Initiation of OCMC services at district level hospitals has formed the foundation to support GBV victims. A specific mental health approach is needed to prevent deaths due to suicide. Government should ensure infrastructure for safe homes and give priority to medicolegal cases. Awareness campaigns are necessary to report more cases of GBV.

Keywords: electronic health record (EHR), gender-based violence (GBV), medicolegal cases, one-stop crisis management center (OCMC), suicide

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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] The prevalence of intimate partner violence ranges from 15 percent in Japan and 71 percent in Ethiopia.[2]

Historically, there has been the existence of violence against women and girls but documentation is lacking in Nepali society.[3] Women are often reluctant to disclose experiences of physical, domestic, or sexual violence due to shame or fear.[4] In Nepal, women, and girls are the primary targets of GBV. Gender inequality and social norms that condone violence against women and girls and persons that break gender norms underpin GBV. GBV has far-ranging reproductive, sexual, and mental health consequences.[5]

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. In this study, we will review the magnitude of the problem over 5 years in Dolakha and the key challenges of the OCMC program running at Charikot hospital to respond to gender-based issues.

METHOD

This was a retrospective study conducted at Charikot Hospital, Dolakha. And the data was collected from the Electronic Health Record (EHR) of Bahmini from 2016 September to 2021 August and was verified with the hospital OCMC register. Ethical approval was taken from National Health Research Council (NHRC) for secondary data review from the integrated EHR system. Demographic variables and patterns of gender-based issues were computed. The quantitative data were analyzed using descriptive statistics and presented in relevant tables, frequencies, and percentages. The nature of the study was exploratory as the researcher had tried to explore the effectiveness of the program and its challenges.

RESULT

During the study period, 750 GBV clients received care from the Charikot hospital through the OCMC unit. Among them, 695 (93.7%) were women and girls and 55(7.3%) were male victims. Major types of violence were sexual assault (272; 36.2%) and physical assault (259; 34.5%) followed by domestic violence (147; 19.6%) and some cases of mental torture (44; 5.8%), child marriage (10; 1.3%) and 2 cases of human trafficking. Cast wise analysis showed, Janajati were 299(40%) followed by Brahman/Chhetri of 296 (39.5%) and Dalit of 153(20.5%).

Most common age group affected was 15-49 years constituting 552 victims (73.6%), followed by children <14 years (95; 12.6%) and elderly >65 years (32; 8.6%). Around 15% of victims had some forms of disabilities like mental, hearing impairment, vision impairment, physical disability, and combination of them. Among these victims, 18 women were referred to higher centers for further care, 7 attempted suicide and died due to violence.

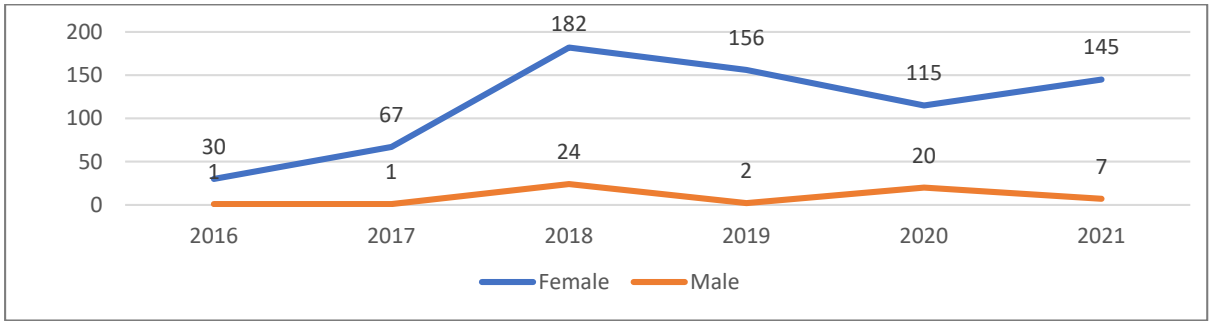

Figure 1. Line chart showing GBV cases (2016-2021)

Table 1. Total cases of GBV visiting OCMC unit of Charikot Hospital (2016-2021)

		Fiscal Year							
		2016	2017	2018	2019	2020	2021	Total	Percent
Cases	Total	31	68	206	158	135	152	750	
Gender	Female	30	67	182	156	115	145	695	92.7
	Male	1	1	24	2	20	7	55	7.3
Types of Violence	Physical assault	15	33	52	61	39	59	259	34.5
	Sexual assault	8	20	90	45	58	51	272	36.2
	Domestic violence	5	13	36	33	34	26	147	20
	Child marriage	1	1	3	1	1	3	10	1.3
	Human trafficking	0	1	0	0	1	0	2	
	Mental violence	1	0	16	18	0	9	44	5.8
	Others	1	0	9	1	2	6	19	
Age group (Years)	<14	4	8	15	14	26	28	95	12.6
	15-49	20	45	161	121	96	109	552	73.6
	50-65	4	10	20	21	9	7	71	
	>65	3	5	10	2	4	8	32	4.2
Cast code	Bramhan/Chhetri	12	25	86	58	51	64	296	39.4
	Muslim	0	0	0	0	0	0	0	
	Janajati	12	27	88	55	53	64	299	40
	Madhesi	0	2	0	0	0	0	2	
	Dalit	7	14	32	45	31	24	153	20.4
	Others	0	0	0	0	0	0	0	
Disability (Before assault)	Mental and Intelligence	2	3	5	2	4	5	21	
	Hearing Impairment	3	4	2	5	4	2	20	
	Vision Impairment	2	3	2	4	2	4	17	
	Physical disability	4	6	6	7	4	1	28	
	Multiple disabilities	3	4	3	4	5	7	26	
Services offered	Psychosocial counseling	31	68	206	158	135	152	750	100
	Safe abortion services	3	6	5	6	9	6	35	
	Treatment of STI	5	7	9	11	15	14	61	
	Pregnancy check	8	9	14	16	16	28	91	
	Injury management	6	6	8	32	45	43	140	
	Psychiatric treatment	5	6	8	17	23	17	76	
	Referral to higher center	5	4	3	2	2	2	18	

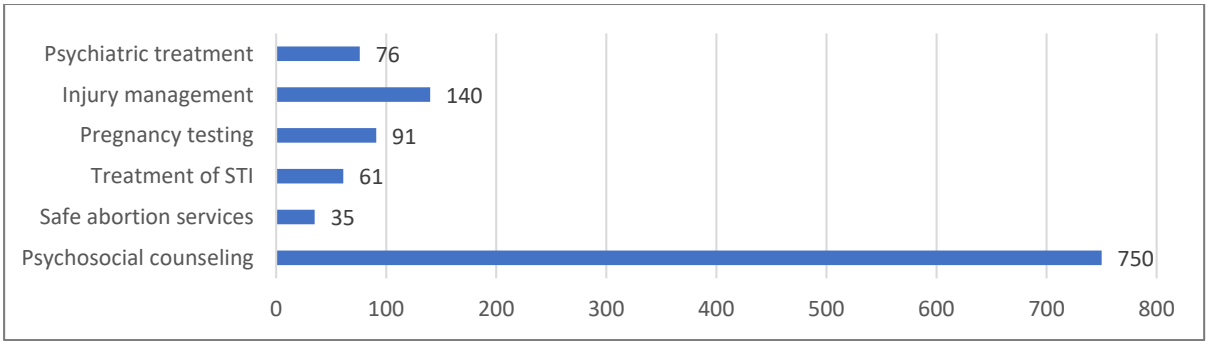

Figure 2. Bar Chart showing services offered for GBV cases

Table 2. Major consequences of GBV among victims

Major Consequences of GBV	Numbers
Physical injuries and fractures	140
Mental health issues	76
Suicide and death	7
Pelvic Inflammatory disorders and STI	61
Unwanted pregnancy	35
Homeless	21

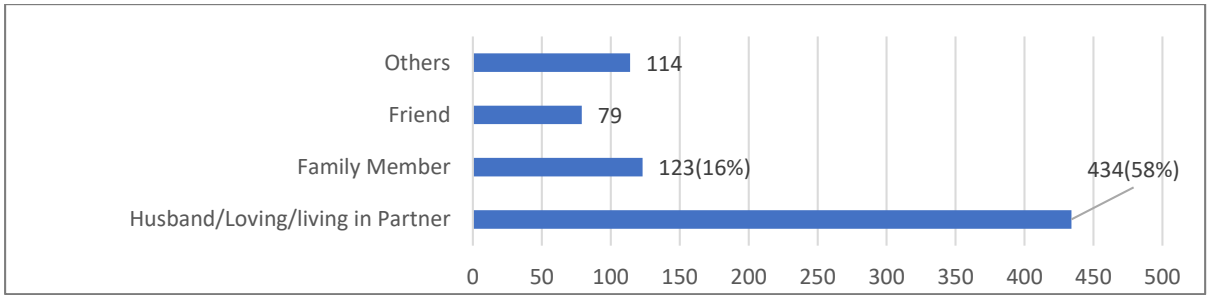

Figure 3. Chart showing types of perpetrators

DISCUSSION

GBV is a health care issue requiring a health system response. OCMC has the provision of health care and multidisciplinary coordination with police administration and stakeholders, ensuring privacy and confidentiality, getting legal advice and counseling, and proper referral mechanisms depending upon the condition of client.[6]

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 200 cases management under OCMC unit of Kaski[7], Nepal, showed that sexual assault was the most common issue reported and our study found the highest numbers of sexual assault followed by physical violence as major issues. In the same study, survivors from GBV were mostly Dalit[7] whereas in our study survivors were mainly Janajati and Brahman/Chhetri.

Common causes of GBV were low socioeconomic status,[8] low levels of education, and substance abuse. One of the major causes identified in our study was the status of disability among victims which accounts for 15% of the total cases. There are rare studies[9] to show men as victims however our study has showed almost 7% of the total victims suffered from GBV and commonly physical injuries by family members.

In our study, 21 women were homeless due to the consequence of GBV and spent a long time for justice and 7 of them attempted suicide and died. A study conducted among pregnant ladies at Paropakar maternity hospital[10] revealed that the main perpetrator of the violence were husband as 34% whereas in our study, the major violence driver was 58% with husband/loving/living in partner followed by a family member.

As per the recommendations of WHO,[11-13] there has to be system-level changes at health facility which include the availability of adequate infrastructure, ensuring privacy and confidentiality, regular training for OCMC staff, and monitoring of the program. Lack of safe home management for GBV survivors, questionable budget and late budget mobilization at the end of the fiscal year, delayed response for GBV cases from law and justice, low reporting of cases, inadequate psychiatry care for GBV survivors, and lack of strong legislation rules for GBV cases are the major challenges at Dolakha.

CONCLUSION

Initiation of OCMC services at district level hospitals has formed the foundation to support GBV victims. OCMC care centers should be supported through a network of professional skills to support GBV survivors. A specific mental health approach is needed to prevent deaths due to suicide. Government should ensure infrastructure for safe homes, give priority to medicolegal cases and build strong legislation support for victims. Awareness campaigns are necessary to report more cases of GBV.

Acknowledgment

We thank the OCMC unit of Charikot Hospital for their dedication and care towards GBV cases. Thanks to MBBS doctors, OCMC focal person, and psychosocial counselor for data collection and interpretation.

Conflict of interest

None

Funding

None

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