



Review Article

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Health Sector Interventions to address Gender Based Violence: in Sri Lanka

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Abstract

Gender Based Violence (GBV) is a common form of violence globally and includes physical, sexual, emotional and economic violence. GBV has serious consequences for women's health and well-being and takes a high national cost for the treatment and rehabilitation. Prevalence of GBV is usually underestimated. GBV is addressed globally using good practices in justice, health, education and multi-sector. Health sector is in a valuable position to support survivors and change social attitudes. Interventions taken in the health sector should be targeted at all three levels; primary prevention, secondary prevention and tertiary prevention. There are different models used in health care settings in different countries. "Mithuru Piyasa (in Sinhalese) / Natpu Nilayam (in Tamil)" which is staffed with a medical officer and a nursing officer was introduced in Sri Lanka as a "One Stop Crisis Centre/One Stop Service Centre" for survivors within the health institutions. Its main functions are screening, medical care, befriending services, risk assessment and safety planning, referral to legal, social, counseling and rehabilitation services, advocacy and community mobilization. Services are provided adhering to its guiding principles of safety, confidentiality, respect, non-discrimination, responsibility, competence and compassion. Documentation, Information management, progress review and evaluation are carried out for the sustainability of the service. Still this opportunity is not fully utilized. Service provision is not uniform in quality, coverage, equity, efficiency and effectiveness. Administrators are expected to develop their interest and pay their attention with priority, in supporting the functioning of these centres established under outpatient department by proper operation, expanding country wide and marketing.

Keywords: Gender Based Violence, Physical Violence, Sexual Violence, Emotional Violence, Economic Violence.

INTRODUCTION

"Gender Based Violence (GBV) is any act that results in physical, sexual or psychological harm or suffering to women, including deprivation of liberty, occurring in public or private life. Alternatively, it is described as any harmful act that is perpetrated against a person's will and is based on socially ascribed difference between males and females" [1]. It is a global health concern that has recently received significant attention in research and policy formulation [2].

GBV has main impact on women and girls around the world but it can affect men as well. It is a highly prevalent public health issue with shocking effects on the individual, family and the community [2].

Objective

To review Health Sector Interventions to address Gender Based Violence.

Findings

Types of GBV

GBV is one of the most common forms of violence globally. It consists of physical, sexual, emotional and economic aspects [3]. It is seen occurring both in the family (as battering, sexual abuse of children, dowry related violence, marital rape etc.) and within the general community (as rape, sexual abuse, sexual harassment, intimidation at work and in educational institutions, trafficking in women and forced prostitution). However, intimate partner violence and sexual violence are the most common forms of GBV [1-3].

Factors associated with partner violence

Perpetrators (committers) responsible for partner abuse are found from every age group, religious group, ethnic group, socio economic level, educational background and sexual orientation. According to ecological model, risk factors for partner abuse operate at different levels:

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1. Type of Perpetrators (male gender, age, education, witnessing GBV as a child, exposure to violence as a child, alcohol and drugs),
2. Type of Relationships (family conflicts, male control of household decision making and wealth, extended family problems),
3. Background of Community (poverty, unemployment, peer group influence and poor safety in private places),
4. Type of Society (men controlling over females, to resolve conflicts, to show dominant masculinity, displaced etc.),
5. State (practice of male controlling wealth and decision making, inadequate legislation to protect women) [1-4].

Consequences

GBV has serious consequences for women's health and well-being. They range from fatal effects (eg: homicide, suicide, maternal deaths, AIDS-related deaths) to non-fatal effects; 1. physical harms (eg: burns, bruising, broken bones and other disabilities), 2. psychological issues (eg: fear, anger, post-traumatic stress syndrome, chronic pain syndrome, low self-esteem, depression etc.), 3. reproductive health problems (eg: unwanted pregnancies, unsafe abortions, complications during pregnancy, low birth weight) and 4. high risk behavior (eg: multiple partners, teenage pregnancies and drug abuse) [1-3].

GBV also carries a significant cost for the economy of developing countries, including lower worker productivity and high cost for medical, legal and social services for treatment and rehabilitation [1,2].

Prevalence

Prevalence of GBV is usually underestimated due to measurement problems, sensitivity, social stigma and ethical issues.⁽²⁾ Prevalence varies widely among countries, and even between studies conducted in the same country [1].

Globally; a multi country study of World Health Organization (WHO) found that life time prevalence of physical violence between intimate partners is between 20-50% with the least, 20% in Japan, the highest, 70% in Ethiopia and more than 50% in Bangladesh, Ethiopia, Peru and Tanzania. Partner violence during pregnancy was 14-32% in low income countries and 4-11% in high income countries [2].

Regionally; Studies from India suggest a relatively high prevalence ranging 18–70%. Majority, 52% of perpetrators are husbands, 32% mothers-in-law, 17% fathers-in-law and 6% children [2]. In India there is one dowry death in every 78 hours, a sexual harassment in every 59 hours and one rape in every 34 hours [4]. High prevalence was also reported in Nepal with 80% of psychological violence, 32% of physical violence and 10% of sexual violence. In Bangladesh, 14% of maternal deaths are due to violence [1].

In Sri Lanka; A Prevalence of 27% of physical violence and 9% of severe battering was found in 1992 by a GP study and an OPD survey revealed 40% of physical violence. A study in antenatal clinics in 2000 also shown 40% of physical violence and 11% of injuries. In 2002 a study of pregnant mothers found 18% of abuse in her life and 4.7% abuse during pregnancy [1].

Issues

Survivors' fear, unavailability of access to support, reduced freedom and feeling of guilt have prevented them reporting the actual level of GBV. Survivor's fear of further violence, lack of housing and safety, lack of economic empowerment and family support, dependency, welfare of the children, social stigma, cultural, religious and language issues, and survivor expecting a change with time are the barriers in seeking care [1]. In addition, GBV is not often accurately diagnosed and registered due to various reasons, such as socio cultural barriers, lack

of resources, lack of awareness of health personnel, poor communication and poor quality of care [2].

Interventions

There should be no risk of violence in relationships. This issue is addressed globally using good practices in justice, health, education, and multi-sector to promote healthy relationships. Activities are directed at different levels: individual, community, institutional and legislation. Good practices are described as: (i) individual behavior change strategies (ii) community-level interventions (iii) institutional reforms and (iv) developing laws and policies [2].

1. Judicial sector:

Judicial sector contributes to prevention of GBV: by increasing social awareness on GBV as a crime; by strengthening women's rights with regard to marriage, divorce, property and child custody; and by increasing women's access to the legal system [2].

2. Educational sector

Schools engage in the prevention of GBV: by educating students on GBV; prohibiting and improving the response of GBV in school setup; and promoting community mobilization [2].

3. Health sector

Health sector is in a valuable position to support survivors and change social attitudes about gender based violence. It participate in the prevention of GBV at all levels: 1. Primary prevention by community awareness, 2. Secondary prevention by early identification and treatment, 3. Tertiary prevention by long term counseling, rehabilitation and referral to socio economic and legal support.

4. Multi sector

Services for survivors of GBV provided in multi-sector include telephone hotlines, emergency shelters, police intervention, legal assistance, counseling services, psychological care, support groups, income-generation programs, programs for batterers, shelters and child welfare services [2].

Community-based services improve survivors knowledge and empower them to seek help in criminal justice sector, social welfare and educational sector, promote violence prevention and mobilize community support for survivors [2].

Health sector interventions

Several strategies are recognized worldwide as health sector interventions. They are: 1. Policy formulation, 2. Infrastructure development, 3. Preparing management protocols and guidelines to manage patients, 4. Capacity building of the care providers, 5. Community mobilization for early identification, 6. Information management and 6. Improvement of inter-sectoral collaboration [2].

Different models are found practiced in different countries namely; 1. GBV integrated into vertical programmes, 2. Integration of comprehensive range of services into one facility (one stop crisis centre) in secondary and tertiary care institutions and 3. Integration of comprehensive range of services with referrals to specialized care. All the systems have shown varying degrees of success [2].

Health sector interventions in Sri Lanka

The main initiative in health sector in Sri Lanka to address the issue of GBV was the formulation of health policies (eg: Population and reproductive health policy of Sri Lanka-1998, Health Master Plan of Sri Lanka-2007-2016, Maternal and child health policy-2012, National committee on violence and National HIV/AIDS Strategic plan-2007-2011). Subsequent strategies were, appointment of a Consultant

Community Physician in Family Health Bureau as the programme manager for women's health; Development of training modules for health staff; Training of Medical Officers – Maternal & Child Health as trainers; Training of field health staff; Development of a care package for newly married couples with an information booklet for sensitization on GBV; GBV included in the curriculum of Public Health Midwives, Nursing Officers and medical graduates; and establishing "Mithuru Piyasa/ Natpu Nilayam" as a one stop service centre for survivors within the health institutions [1].

Mithuru Piyasa

Mithuru Piyasa is a "One Step Service Center" or "One Step Crisis Centre" for survivors of GBV. It is staffed with a Medical Officer, Nursing Officer and an officer for operational aspects [1,5].

Basic services provided for the recipients in these centres are: screening for abuse; medical care (surgical and gynecological); befriending services (building up confidence, empathetic listening and counseling); risk assessment; emergency contraceptive services after sexual exposure and STI prophylaxis; providing family support; referral to a network of service providers within the hospital and outside the hospital and community-focused prevention initiatives [1,5]. Assessment of the danger to the life of the survivor and children is done. Temporary shelters are arranged where necessary. High risk survivors are identified based on the predetermined criteria and they are provided with safety plans [1,5]. Referrals are done to; psychiatric, medical, surgical and STD clinics within the hospital and to relevant sectors such as police (women's desk), legal aid commission, divisional secretariat (counseling assistant, child rights promotion officer), NGOs (Women-In-Need, Sumithrayo, Zonta club etc.), social services, probation and women's bureau based on the requirement.^(1,5) Monitoring is done through monthly returns sent to Family Health Bureau and quarterly review meetings [1, 5].

The Way Forward

In spite of the proper planning and establishment of these centres in many secondary and tertiary level health care institutions in Sri Lanka by the FHB, service provision is not uniform in quality, coverage and efficiency. This opportunity is not fully utilized due to number of reasons. Some of them are; the number of recipients, less monitoring by administrators, and prevailing attitudes in the society regarding GBV.⁽¹⁾

Health Administrators hospitals in Sri Lanka are expected to develop necessary concern in supporting the functioning of these centres. Suggested measures for the sustainability are: to conduct advocacy and staff educational programmes; to improve positive image by sharing success stories; to initiate active screening programmes; active participation in progress review meetings and finding solutions for the challenges; to conduct case conferences; and to circulate progress reports among clinicians [1]. All these measures will improve the operation and implementation of the policies of Mithuru Piyasa.

After all, service providers are said to suffer from emotional exhaustion (burn out) due to experience of human suffering which can manifest as loss of motivation. This professional stress syndrome needs to be helped by responsibility sharing [1].

In conclusion, Mithuru Piyasa has served a useful purpose to the victims who suffered and sought help. It is vital to improve this service further by proper operation, expanding country wide and marketing through the media system.

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