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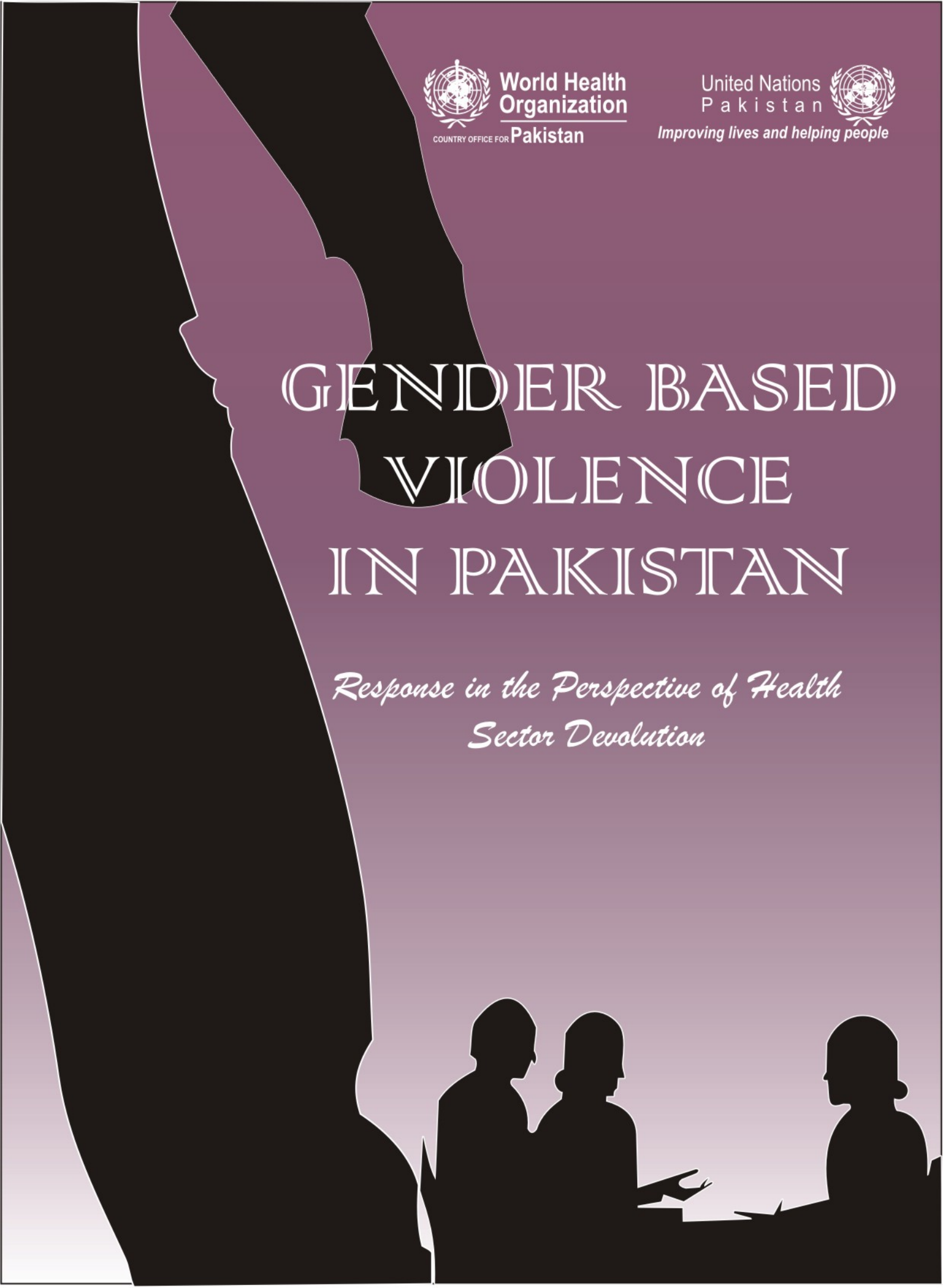
GENDER BASED VIOLENCE IN PAKISTAN

Response in the Perspective of Health Sector Devolution



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1. Background

Gender based violence (GBV) has emerged as a key global concern in view of its prevalence and high social and economic costs for survivors of violence and society in general. There is increasing recognition that GBV is not only a human rights issue but also a development and public health concern.

GBV is one of the most widespread human rights abuses that endangers the physical integrity and emotional well-being of victims particularly women and girls across the world. Globally, one out of every three women is subjected to some form of violence[1]. Micro-level studies indicate a rising trend of different forms of GBV in Pakistan[2]. The violence can occur within the family, community and at the state level, cutting across class, ethnicity, religion, other social divisions and factors of inequality.

GBV ranges from direct forms of physical harm; battering; rape; trafficking of women, girls and young children; honor killing; sexual abuse to cultural and structural forms of violence. Cultural violence includes all those customs, traditions and societal practices that discriminate against women and girls such as forced marriages, exchange of women and girls in settling disputes amongst men (*wani*, *swara*, *sung chati* etc). Structural forms of violence deny women equal opportunities and access to resources such as education, skill development and employment opportunities. Low investment in human capital enhances the vulnerability of women. They are inadequately equipped to protect themselves against various forms of direct as well as cultural violence.

This advocacy booklet is intended to create awareness and to initiate dialogue amongst policy makers, health service providers and local communities on the inter-relation of GBV and human rights as a development and public health concern. The terms Gender based Violence and Violence against Women will be used interchangeably in the booklet. An extended knowledge base of GBV as public health issue will facilitate the integration of GBV in health policy and practice and result in more effective health sector response to GBV issue particularly in the perspective of devolution of the health sector to provinces.

1.1 Gender based Violence as a Human Rights Issue

GBV is a violation of human rights. Every human being has the right to his/her physical, sexual, emotional integrity and health. The United Nations Charter of Human Rights, 1945 grants equal rights to both men and women.

The United Nations Declaration on the Elimination of Violence against Women (VAW) defines VAW as, "Any act of gender based violence that results in, or is likely to result in, physical,

[1] Velzeboes, M (2003), " Violence against Women: The Health Sector Responds" The Pan American Health Organization

[2] Human Rights Commission of Pakistan (2010) "State of Human Rights in 2010

sexual or psychological harm or suffering to women, including threat of such acts, coercion or arbitrary deprivation of liberty whether occurring in public or private life". Whereas gender based violence is defined as "violence involving men and women in which the female is usually the victim; and which is derived from unequal power relationship between men and women"[3].

There are number of international covenants, conventions and agreements such as Convention on Elimination of all forms of Discrimination against Women (CEDAW) 1979, World Conference on Human Rights, Vienna, 1993, International Conference on Population and Development (ICPD), Cairo, 1994, UN Fourth Conference of Women, Beijing, 1995, Declaration of the General Assembly of the United Nations on the Elimination of Violence against Women, Beijing Platform of Action, Millennium Development Goals (MDGs), that all call for the protection of women and other socially excluded groups against violence and for the achievement of optimal health.

The right to health is an inclusive right that can only be achieved together with the attainment of the human rights to:

- life, survival and development
- equality and non-discrimination
- bodily integrity and security of the person
- privacy
- seek, receive and impart information
- food and adequate nutrition
- housing
- social security
- environment free from torture
- benefits of scientific progress
- education
- water
- participation

Pakistan is signatory to the aforementioned international agreements and commitments. The Constitution of Pakistan also guarantees equality to all its citizens. Article 25 of the Constitution of Pakistan states, "there will be no discrimination on the basis of sex alone" while article 28 stipulates, "steps shall be taken to ensure full participation of women in all spheres of national life".

[3] United Nations Population Fund (1998), Gender Theme Group

1.2 Gender based Violence as a Development Issue

GBV undermines the ability of victims to participate in social, political and economic spheres. Violence or threats of violence in private and public spaces restrict mobility and prevent an active role in development and economic productivity. GBV results in high economic costs in terms of low economic growth, strain on health services and the loss of productivity.

There is an increasing realization that violence against women is a major obstacle to development. In the case of Pakistan, it may impede the country's ability to achieve the targets of the Millennium Development Goals (MDGs). Violence against women has a cross-cutting impact on all the eight MDGs, however its effect is most profound on MDG 5, relating to maternal mortality, and MDG 6, concerning communicable diseases such as Tuberculosis, HIV-AIDS, and Malaria.

1.3 Gender based Violence as a Public Health Issue

Research indicates the causal relationship between violence and the health status of women. The physical and psychological impacts of GBV result in high social and economic costs not only for the survivors of violence but also for the society. Evidence based advocacy campaigns spearheaded by governmental commitment and complemented by movements by women, human rights groups and the NGO sector over the last two decades have led to increasing recognition of GBV as a public health issue.

The health consequences of GBV range from physical injury, chronic headaches, permanent disabilities and chronic pelvic pain and psychological disorders such as depression, trauma, anxiety, fear, loss of self-confidence and self-esteem. Suicide, homicide, maternal mortality and HIV/AIDS constitute the more severe health outcome of GBV.

The impact assessments of GBV on women's sexual and reproductive health indicate unwanted pregnancies, miscarriages, female foeticide, unsafe abortions, gastrointestinal disorders, and gynaecological and pregnancy related complications. Women's vulnerability to Sexually Transmitted Infections (STIs) such as HIV, gonorrhoea, syphilis and Hepatitis C increases when there are unequal power distributions, for example, difficulties for women in negotiating safe sex with spouses because of fear or threat of violence.[4]

Pervasiveness of family violence in women's lives debilitates them in relation to control over their bodies and reproductive choices. Violence by spouses or other male relatives is one of the most common forms of violence that affect women's reproductive health and weakens their ability to negotiate reproductive choices with their spouses.

[4] National Study of STIs Prevalence in Pakistan (2001) by National Aids Control Programme

Health Consequences of Gender based Violence	
Nonfatal outcomes	
Physical health outcomes: • Injury (from lacerations to fractures and internal organs injury) • Unwanted pregnancy • Gynaecological problems • STDs including HIV • Miscarriage • Pelvic inflammatory disease • Chronic pelvic pain • Headaches • Permanent disabilities • Asthma • Irritable bowel syndrome • Self-injurious behaviour (smoking, unsafe sex)	**Mental health outcomes:** • Depression • Fear • Anxiety • Low self-esteem • Sexual dysfunction • Miscarriage • Eating disorder • Obsessive-compulsive disorder • Post-traumatic stress disorder
Fatal outcomes • Suicide • Homicide • Maternal mortality • HIV/AIDS	

***Source*:** World Health Organization, *Violence against Women: A Priority Health Issue*, WHO Briefing Kit on Violence and Health.

2. Health Sector Response to Gender based Violence: The Case of Pakistan

2.1 Synthesis of Rapid Assessment Report

Despite recognition of GBV as a public health issue, the health sector response in addressing GBV is lagging behind in Pakistan. Cultural norms of a patriarchal society result in a lack of public recognition of the problem, and these influences affect the attitudes of the health sector. In closed-culture societies like Pakistan, GBV and VAW issues are often acknowledged as "private and domestic issues".

The lack of sufficient institutional and individual capacities of health service providers and other public sector partners present challenges to effectively addressing GBV as a health problem.

In 2011 the World Health Organization commissioned a Rapid Assessment on "Health Sector Capacity and Response to Gender-based Violence" in Pakistan.

The objectives of the rapid assessment were:

(a) to assess existing capacities and readiness of the health service providers to address GBV in healthcare service provision; and,

(b) to provide recommendations for improving the capacity of health sector and its response (i.e., identification, screening, management and recording) to address cases of GBV

2.2 Methodology

The rapid assessment was undertaken over a period of 25 days in four sample districts of Pakistan; Muzaffarabad in AJK, Jamshoro and Hyderabad in Sindh province and Kasur in Punjab province. Methodology included qualitative research based on primary and secondary data sources. Secondary data collection included a desk review and analysis of published material regarding GBV and its integration in the health sector. The desk review also synthesized international lessons derived from the citizen sector and public policy spheres.

Primary data included twenty semi-structured interviews with five levels of health service providers (from the lady health visitor to the district health officer level), eight focus group discussions with communities who utilize the health services (one male and one female group discussion per district), three group consultations (one each of AJK, Sindh and Punjab) with health service providers, in addition to field observations by the researchers.

2.3 Key Findings

2.3.1 Policy Level

The response to GBV as health problem is not addressed systematically in health policy development. Awareness of the issue is understandably low at all levels of the public healthcare delivery system. Healthcare professionals indicated lack of awareness of the relevant laws dealing with gender based discriminations, violence and of Pakistan's international commitments to address these issues. Recognizing GBV as a priority health issue is critical to integrate it with healthcare service delivery systems at all levels.

The public health system does not have a data collection or management system on GBV cases, which is essential to inform policy development and service delivery. Institutional arrangements are required to address the needs of the survivors. Inter-sectoral linkages need to be established, starting with medical care supplied by the health system, and including medico-legal services (if requested by survivor), and psycho-social counselling and rehabilitation. Institutional arrangements capable of delivering these essential services are not currently in place.

Health sector protocols, guidelines and standard operating procedures on GBV case treatment are required. The different dimensions to be addressed vary from privacy levels in health centres, confidentiality in record keeping, storage of and access to medical records, and sensitive patient-provider communication.

2.3.2 Institutional

Health professionals do not receive formal pre-service and in-service training or professional development on addressing social determinants of health or GBV, and as a result often do not perceive addressing this violence as part of their health care role. Many health care professionals consider cases of GBV as medico-legal matters and avoid getting involved into them, instead limiting themselves to treating the physical injuries.

Health service providers are respected in households and communities, and therefore well placed to detect, treat and document cases. However gaps exist in their understanding of the social and health outcomes of GBV.

Healthcare professionals are also not in a position to refer cases to other support systems because there are few trained psycho-social counsellors available within the health system, and a referral system is not in place to enable the provision of such psycho-social assistance to victims.

2.3.3 Communities

Pakistan is a patriarchal society which tends to result in the lack of community support for addressing GBV and VAW issues. Acceptance of different forms of violence is often the perceived norm, by both men and women. Survivors may avoid seeking help because of reluctance to identify the perpetrator(s) of the violence.

2.3.4 Recommendations

At the policy level, it is required that the recognition and integration of GBV as a public health issue takes place with reference to the national health policy as well as the strategic plans at the provincial level. Similarly, GBV issues should be integrated into the provincial health services. Policy makers must design and approve institutional arrangements that are required for successful treatment of victims of violence, and approve protocols and guidelines to give practical shape to the response.

- Health service providers need to;
    - Understand the relevance of health, gender and GBV;
    - Improve their communication skills in relation to GBV case treatment;
    - Have a clear and consistent understanding of the gender and health needs of different sex and age groups; and,
    - Clearly understand the social and health outcomes of GBV
- Training healthcare providers and raising awareness about GBV will not be sufficient unless health care systems develop linkages to legal and social services.

  Active involvement of related government line departments at various levels is imperative with clear and viable interventions and plans of action for addressing gender based violence.
- Revamping of the medico-legal system is required from changes in the undergraduate medical curriculum studies to in-service trainings and practice.
- An effective dissemination of information on GBV should be ensured through all channels of communication.
- Active involvement of key stakeholders and civil society representatives is necessary in both the public and private sectors.
- At the societal level, voluntary associations in the form of women's self-help groups and neighbourhood groups could be an effective, socially relevant and sustainable agency to prevent and/or mitigate the effects of the violence.
- Programme management within the health sector needs to be based on the survivor-centred approach.

3. Devolution Context and Opportunities

Provincial autonomy and empowerment provide a window of opportunity for strengthening public health recognition of GBV. In the post devolution context provincial governments are empowered to pass laws that are needed to protect women from family and societal violence.

4. Pathways to Action

4.1 The Approach: Rights-Based and Structural

It is imperative that the state and society understand the negative impacts of GBV on public health. Women and girls' sexual and reproductive rights need to be integrated in health sector policy and response to GBV.

4.2 Intersection: Direct-Cultural-Structural

There are multiple sites and relational contexts in which GBV takes place. Several risk factors that exacerbate the use of violence against women include poverty, unemployment, drug use and alcoholism. However the root cause of violence against women is a power imbalance in gender relations. Women's lower socio-cultural, economic status makes them vulnerable and hampers their ability to contain violence or exit violent situations.

Advocacy that addresses GBV should be informed by the linkage of direct GBV on the one hand and the cultural and the structural forms of violence on the other. This will lead to a well-structured advocacy approach that is rights based, holistic and integrated.

4.3 Multi-sectoral and Multi-level

The root cause of GBV cannot be eliminated with the efforts of one sector acting alone. It requires a multi-sectoral response. The Health Sector needs to work in close liaison with political leaders, police authorities, the law courts system, schools, religious leaders, social welfare and women's development sector.

4.4 The Framework: Prevention, Protection, Support

The structural approach to GBV should guide and shape the conceptual framework of advocacy for the health sector. The health sector response only at detecting and providing services to survivors of violence will be inadequate and ineffective. It must include prevention of GBV and the protection of survivors of violence as an integrated part of the institutional response. Survivors of violence often have multiple needs such as health care, psycho-social support, legal aid, counselling, shelter and rehabilitation. The Advocacy framework should work at (a) prevention (b) protection of the survivors of violence and (c) provision of support services.

4.5 Advocacy Road Map

An affective advocacy campaign leads to a transformation process across the legislative, policy, institutional and societal level. Therefore it is important that an advocacy campaign to address GBV as a health issue should not only reflect the rationale as to why the change is needed but also to show the pathways as to how that change can be achieved. The key areas and actions are identified at the legislative, policy, institutional and community level to operationalize the advocacy messages for health sector response to GBV in Pakistan.

Advocacy Level	Key Actions
Legislative Level	❖ Identify gaps in protective legislation on GBV ❖ Network with public representatives and civil society organization for new protective legislation.
Policy Level	❖ Integrating GBV response and prevention in health sector policy ❖ Conduct operational research to inform policy and practice ❖ Develop an implementation plan for policy commitments on GBV ❖ Develop institutional mechanisms for inter-sectoral governmental response to GBV ❖ Allocate adequate budget for policy action on GBV and health
Institutional Level	❖ Develop Institutional Reform Plan ❖ Establish Multi-Sectoral Referral Network at the provincial, district and community Level ❖ Launch a Mass Media Campaign ❖ Develop and implement capacity building plan for health service providers ❖ Establish multi-sectoral referral system at the health facility level ❖ Develop a communication strategy ❖ Develop a Management Information System for GBV cases ❖ Develop a surveillance system, protocols for detection and quality of care. ❖ Engender health training curriculum ❖ Upgrade the forensic infrastructure and skills ❖ Monitor, follow-up and evaluate services for survivors of violence
Community Level	❖ Develop inter-sectoral community networks ❖ Establish self-help groups ❖ Establish male support groups