PREVALENCE OF GENDER BASED VIOLENCE AMONG PREGNANT WOMEN ATTENDING ANTENATAL CLINIC AT HEALTH INSTITUTIONS, PARSA DISTRICT

A Thesis submitted to fulfill the Partial Requirements of Bachelor Degree of Public Health (BPH), Eighth Semester

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ABSTRACT

BACKGROUND: GBV is a universal phenomenon that persists in all countries of the world. It deprives women from the use of their right and liberty. The South East Asian Region has one of the highest incidences of Gender based Violence in the world. In Nepal, violence during pregnancy accounts for an estimated 15% of all GBV cases. It is a focused attack that puts not just one, but two lives at risk leading to miscarriage and LBW babies along with depression and substance abuse among pregnant women.

METHODS: A cross-sectional study was carried out in the selected health institutions of Parsa District, during July to November, 2010 among pregnant women (n=174). Purposive sampling technique was used to collect data. Structured questionnaire was administered to the pregnant women in the study area.

RESULTS: The prevalence rate of gender based violence was found to be 19%. A total of 80 (46%) respondents out of 174 experienced gender based violence. Majority of the victim (36.8%) kept the incident secret as they took it as their family affairs (25.9%), and also they were economically dependent on the perpetrator (13.2%). The main perpetrator of the violence was found to be husband (38.5%) and mother-in-law (18.4%) who violated them occasionally. The main cause of the violence was found to be misunderstanding between the victim and the perpetrator and also when works were not done properly. The respondents who were illiterate have higher prevalence of GBV than literate pregnant women.

CONCLUSION: Pregnant women of the study area experienced one or more forms of gender based violence which directly affected their health as well as their child’s health. Thus, women empowerment is the main pillar for the gender based violence to stop. Women experiencing violence both private and public should raise their voice with confidence against it without keeping the incident secret.
DECLARATION BY THE CANDIDATE

I hereby declare that the work presented in this research report entitled “Prevalence of Gender Based Violence among pregnant women attending Antenatal clinic at health institutions, Parsa district” has been done myself, and has not been submitted elsewhere for the award of any degree. All sources of information have been specifically acknowledged by reference to the authors of institutions.

Ms. Neha Pradhan
TABLE OF CONTENTS

Acknowledgement
Abstract
Table of Contents
List of Tables
List of Figures
Abbreviations

CHAPTER I: INTRODUCTION

CHAPTER II: LITERATURE REVIEW

CHAPTER III: METHODOLOGY

CHAPTER IV: FINDINGS

CHAPTER V: DISCUSSION, CONCLUSION AND RECOMMENDATION

REFERENCES
ANNEX
LIST OF TABLES

Table No. 2.1: Percentage of Mothers Abused During Pregnancy by Types of Physical Injuries

Table No. 4.1: Percentage Distribution of Pregnant Women and their Experience of GBV by Age

Table No. 4.2: Percentage Distribution of Pregnant Women by Caste

Table No. 4.3: Percentage Distribution of Pregnant Women by Religion

Table No. 4.4: Percentage Distribution of Pregnant Women and their Experience of GBV by Type of Marriage

Table No. 4.5: Percentage Distribution of Pregnant Women by Type of Family

Table No. 4.6: Percentage Distribution of Pregnant Women by their Occupation

Table No. 4.7: Percentage Distribution of Pregnant Women by Level of Income

Table No. 4.8: Percentage Distribution of Pregnant Women and their Experience of GBV by Level of Income

Table No. 4.9: Percentage Distribution of Different forms of GBV Among Pregnant Women

Table No. 4.10: Percentage Distribution of the Abused Respondents by their Perpetrator

Table No. 4.11: Percentage Distribution of the Respondents by the Causes of Violence Against Them

Table No. 4.12: Percentage Distribution of the Respondents by the Frequency of Violence Against Them

Table No. 4.13: Percentage Distribution of Pregnant Women Suggesting Solutions to Stop Violence Against Them

Table No. 4.14: Percentage Distribution of Pregnant Women by Experience of GBV
LIST OF FIGURES

Figure 4.1: Experience of Gender Based Violence Among Pregnant Women

Figure 4.2: Experience of Physical Violence Among Pregnant Women

*Figure 4.3: Physical Effects Occurred on the Pregnant Women After Violent Act*

Figure 4.4: Experience of Emotional and Psychological Violence Among Pregnant Women

Figure 4.5: Emotional and Psychological Effects Occurred on Pregnant Women After the Violent Act

Figure 4.6: Experience of Sexual Violence Among Pregnant Women

Figure 4.7: Experience of Economical Violence Among Pregnant Women

Figure 4.8: Act done at the Moment of Violence by the Victim

Figure 4.9: Reasons Behind Keeping the Incident Secret
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
</tr>
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<tbody>
<tr>
<td>UN</td>
<td>United Nation</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender Based Violence</td>
</tr>
<tr>
<td>VAW</td>
<td>Violence against Women</td>
</tr>
<tr>
<td>MoHP</td>
<td>Ministry of health and Population</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>LBW</td>
<td>Low Birth Weight</td>
</tr>
<tr>
<td>PHCC</td>
<td>Primary Health Care Centre</td>
</tr>
<tr>
<td>CDC</td>
<td>Centre for Disease Control</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal Clinic</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Science</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Government Organization</td>
</tr>
<tr>
<td>INGO</td>
<td>International Non Government Organization</td>
</tr>
</tbody>
</table>
CHAPTER I
INTRODUCTION

1.1 Background

“Violence against Women means any act of gender based violence that results in or is likely to result in physical, sexual, or psychological harm or sufferings. This includes threats of such acts, coercion and the arbitrary deprivation of liberty, both in public and in private.” (The Declaration on the Elimination of Violence Against Women, Article 1 of the UN commission on the status of women, 1993).

GBV is a universal phenomenon that persists in all countries of the world, and the perpetrator of that violence are often well known to the victims. VAW in family is a global social issue. It deprives women from the use of their right and liberty. In most countries, the male has been historically and traditionally considered the provider and powerful figure, and that is the basis for the exercise of control over female.

Globally, it is estimated that, one on every three women is beaten, raped and otherwise abused during lifetime; however, almost every society of the world condones it (Division of Health Service, MoHP, WHO and Health Division, 2005).

The South East Asian Region has one of the highest incidences of Gender based Violence in the world. This is a result of overall inferior status of women and girls and of unequal power relation between genders. The report notes that more than 5,000 women are killed every year in India because their in-laws consider their dowry inadequate (Sharma, 2007). Studies on South Asia also suggest that a significant proportion of women are physically abused during pregnancy (UNICEF, 2001).

In Nepal, violence during pregnancy accounts for an estimated 15% of all GBV cases. The Nepal Ministry of Health’s 2001 Demographic Survey found that on
average, more than 40% of men thought that one of the following was a justification for beating their wife: burning food, answering back, going out with telling him, neglecting the children, and refusing to have sex (IPPF South Asian Region, 2011).

1.2 Justification of the Study

It is said that “male and female are two wheels of a cart.” It seems that the statement is only for slogan. This is mainly applicable in the country like ours. Nepal consists of diverse ecological, ethnic, cultural and multi-language societies; in general our country is predominantly a Hindu country, where it has its own cultural practice & value regarding the states of women and men. The status of men & women are unequal. Women are considered as second – class citizens in this patriarchal society (SAATHI, 1997). Thus, Nepal is most likely to have prevalence rate of Gender Based Violence based on the existence of various contributing factors in the country such as patriarchal society, poor economic status, low literacy rate, existing political conflict, culture, customs and rituals. (Shrestha, 2008)

A study conducted among 350 postnatal mothers in Nepal showed that domestic violence was a frequent phenomenon during pregnancy. They reported of physical and emotional abuse. Also, 42% of them reported of forced sexual intercourse during pregnancy (Deuba & Rana, 2005).

Violence during pregnancy have profound effects- direct and indirect in both maternal and child health such as infections, miscarriage, late entry into prenatal care, stillbirth, premature labor and birth, fetal injury, low Birth Weight, increased perinatal and neonatal death.

Health seeking behavior following violence was found to be extremely low as women thought that abuse is a private matter. Also, findings reflect that awareness about GBV among health care providers is poor and they failed to
address this hidden problem which resulted in more serious complications. (Chaudhary et al, 2010).

Violence is unacceptable and no women deserve to be beaten, sexually abused or made to suffer emotionally. Our society has created an environment, where the society is tolerant of the abuser and is intolerant of the victim. However, gender based violence during pregnancy is a sensitive issue and therefore very little information is available.

1.3 Statement of the Problem

Gender based Violence during pregnancy occurs across the world, irrespective of economy, social status, race, age, religion, urban/rural and national boundaries. It is estimated that up to 28% (range 1 to 28%) women are abused during pregnancy (WHO, 2005). Women in abusive relationship may hope pregnancy will reform an abusive partner. The sad reality is, however, is that pregnancy is more likely to have the opposite effect: 1 in 5 abused women reports that her partner first became abusive during pregnancy (Drouin, 2004), which is two to four times higher in women with unplanned pregnancy (NCADV, n.d). It is a focused attack that puts not just one, but two lives at risk leading to miscarriage and LBW babies along with depression and substance abuse among pregnant women (Jasinski, 2004). GBV can also affect and the subsequent child. Physical abuse is associated with neonatal death (1.5% versus 0.2%), and verbal abuse is associated with LBW (7.6% versus 5.1%) (Yost et al, 2005).

In addition Nepali law does not address violence against women, despite its high prevalence in all sector of the society. Generally speaking, mainly the case of domestic violence is regarded as family business which does not require intervention of law. Hence many cases remain unreported. VAW can result in injury both physically and psychologically to victims, which also bears the cost of seeking medical treatment, the inability to supplement family income due to loss of productivity and employment. Thus, identification of prevalence of
GBV during pregnancy is of utmost importance in order to minimize its consequences.

1.4 Research Objectives

1.4.1 General Objective:

- To identify the prevalence of gender based violence among pregnant women attending ANC clinic at health institutions.

1.4.2 Specific Objectives

- To identify period prevalence rate of GBV.
- To identify socio-demographic factors of pregnant women.
- To determine the situation of different forms of GBV experienced by pregnant women.
- To identify the various contributing factors for GBV among pregnant women.
- To identify the association between GBV experienced by pregnant women and their socio demographic characteristics.

1.5 Research Questions

- What is the period prevalence rate of GBV?
- What are the socio-demographic characteristics of the pregnant women?
- What is the situation of different forms of GBV experienced by pregnant women?
- What are the various factors contributing for GBV among pregnant women?
- Is there any association between GBV experienced by the pregnant women and their socio-demographic characteristics?

1.6 Operational Definitions of the Variables

* Gender: Socially constructed roles, norms, and values for men and women.
* **Gender based violence:** Violence that targets an individual or group of individuals on the basis of their gender.

* **Victim:** Refers to pregnant woman experiencing gender based violence.

* **Sexual violence:** Sexual harassment both at home or public place such as school and work place, incest, rape, forced prostitution and sexual slavery; marital rape.

* **Physical violence:** Wife battering and assault, female infanticide, child assault by teachers.

* **Emotional and psychological violence:** Threats of violence, insults and name calling, humiliation in front of others, blackmail and the threat of abandonment including son preference.

* **Economic violence:** Inadequate shelter, food and denial of economic support at the time of pregnancy.

* **Level of income:** It was measured in terms sufficiency of food in household. The variable was categorized as sufficient, insufficient and manage somehow. If the monthly income of the husband/family was sufficient for the members of the family for food, it was marked as sufficient. If the monthly income of the husband/ family was insufficient for them for food, it was marked as insufficient. If the members of the family cut off their budget from other expenses for food, it was marked as manage somehow.

* **Primary level education:** less than or of 5 class

* Secondary level education: From class 5 to class 10

* Higher secondary level education: Grade XI and XII

* **New cases:** Those pregnant women who experienced GBV between the data collection period i.e. from August 1- 20, 2011

* **Old cases:** Those pregnant women who experienced GBV prior the data collection period.
CHAPTER II
LITERATURE REVIEW

2.1 Definition of Gender Based Violence

WHO defines Violence as the intention use of physical force or power, threatened or actual, against oneself, another person, against a group or community, which either results in or has a high likely-hood of resulting injury or death, psychological harm, mal-development or deprivation.

According to the Inter-American Convention on Women and Violence (1991), cited in SAATHI, 1997:2, states that, "Violence against women includes any act, omission, or conduct by means of which physical, sexual, or mental suffering is inflicted directly or indirectly through deceit, seduction or threat, harassment, coercion or any other means on any women with the purpose or effect of intimidating, punishing, or humiliating her or of maintaining her sex stereotyped roles or of denying her of human dignity, sexual self determination, physical mental and moral integrity or of undermining the security of her person, herself respect or her personality or of diminishing her physical or mental capacities." This definition completely states the ways that women and girls are abused or violated by the perpetrator and its adverse effects to the women that their physical and mental capacities are degraded.

Beijing Declaration, 1995, in its article 113, has defined Violence against Women as "Any act of gender based violence that results 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 is violence against women." The same article states that violence against women should be understood to encompass but not be limited to the following:

a. "Physical, sexual, and psychological violence occurring in the family, including battering, sexual abuse of female in household, dowry-related violence, marital rape, female genital mutilation, and other traditional
practices harmful to women, non-spousal violence, and violence related to exploitation."
b. "Physical, sexual, and psychological violence occurring within the general community including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions, and elsewhere, trafficking in women and forced prostitution."
c. "Physical, sexual, and psychological violence perpetrated or condoned by the state, wherever it occurs."

According to SAATHI, (2000:9-11), battering, burning, forcing to work during postpartum, stabbing scratching, pulling hair, depriving from food and shelter, kicking, choking, are physical violence. Unwanted pregnancy, sexual harassment, incest, forced sex and degrading sexual activity are sexual violence. Threats such as to kill her, to divorce her, to hurt family member, to kidnap her or children, to reveal secrets, are mental violence. And not paying for children education, unpaid labor-sent to work, not sharing the work, refusing to give her money, not giving enough money to run the household are economic violence.

2.2 Consequences of Gender based Violence

Abused women are routinely restricted in the way they can gain access to information and services, take part in public life, and receive emotional support from friends and relatives. Not surprisingly, such women are often unable to look after themselves and their children or to pursue jobs and career. Gender based violence has direct effect on women’s ability to exercise autonomy in the use of reproductive health services, and limits women’s abilities to protect themselves from sexually-transmitted and reproductive tract infections.

Health

Violence has been linked to a host of different health outcomes, both immediate and long term. Studies by McCauley et al. (1995) showed that women who have experienced physical or sexual abuse in childhood or
adulthood experienced ill-health more frequently than other women-with regard to physical functioning, psychological well-being and the adoption of further risk behaviors, including smoking, physical inactivity, and alcohol and drug abuse.

Women who are abused by their partners suffer more depression, anxiety and phobias than non abused women, according to studies in. Australia, Nicaragua, Pakistan and the United States Research similarly suggests that women abused by their partners are at heightened risk for suicide and suicide attempts (Roberts et al., 1998)

**Reproductive Health**

Deuba & Rana (2005) mentioned that domestic violence has been reported to result in high maternal death, preterm birth and high perinatal mortality, abortion, miscarriage and impact on long term health of women. A study recently conducted among 300 mothers of hospital deliveries and 50 mothers who delivered in the communities showed that domestic violence was a frequent phenomenon during pregnancy. Most frequent types of injuries included black eye, bruises, sprains and face injuries as a result of hitting, slapping, kicking, pulling hair, burning with cigarette etc. Verbal abuse, neglect and deprivation also resulted in emotional distress of the pregnant women. 42% of women reported forced sexual intercourse during pregnancy.

Deuba & Rana (2005) in the same study asked the trained attendants, auxiliary nurse midwives and obstetricians regarding the most common complications observed with these victims of violence during pregnancy. The most common complications were miscarriage, abortion, stillbirth, ante partum hemorrhage, preterm delivery, low birth weight, early neonatal deaths, and other ill health of mother and child. These findings show that violence against women is prevalent and often results in severe physical and psychological ill health to the pregnant women and children.
Table 2.1
Percentage of Mothers Abused During Pregnancy by Types of Physical Injuries

<table>
<thead>
<tr>
<th>Types of injury</th>
<th>Community women</th>
<th>Hospital women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black eye/swollen eye</td>
<td>50%</td>
<td>81%</td>
</tr>
<tr>
<td>Scratches/bruises</td>
<td>50%</td>
<td>77%</td>
</tr>
<tr>
<td>Sore Muscle/ sprain 60% 61%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut lip/chipped teeth/ broken nose</td>
<td>10%</td>
<td>38%</td>
</tr>
<tr>
<td>Head/Forehead injuries/unconscious</td>
<td>30%</td>
<td>29%</td>
</tr>
<tr>
<td>Burns</td>
<td>-</td>
<td>7 Persons</td>
</tr>
<tr>
<td>Forehead / head injuries that requires stitches</td>
<td>-</td>
<td>5 Persons</td>
</tr>
<tr>
<td>Injuries that required stitches</td>
<td>-</td>
<td>2 Persons</td>
</tr>
<tr>
<td>Cigarette Burns on Face</td>
<td>-</td>
<td>1 person</td>
</tr>
</tbody>
</table>


UNFPA (2005) stated that the reproductive and psychological health of women severely affected by violence between intimate partners. Pregnant women are particularly vulnerable to gender-based violence. Women experience violence from their partners run twice the risk of miscarriage and four times the risk of having low birth weight baby. UNFPA further reported that violence have profound effects, direct and indirect, on women’s reproductive health including:

- Unwanted pregnancy and restricted access to family planning information and contraceptives.
- Lower birth weight of the babies.
- Complications from frequent, high risk pregnancies and lack of follow up care.
- Increased vulnerability to illness, disease and death.
- Persistent gynecological problems.
Psychological problems and depression.

Violence against a pregnant woman may also result in miscarriage or perinatal death. Some studies have shown strong associations between pelvic pain in women and violence by their male partners (Women of South East Asia, 2000). A research report presented on violence mentions that battering is a real problem, with the risk increasing during pregnancy. One more study has shown that physical abuse during pregnancy increase the risk of preterm deliveries and low birth weight infants, etc (Campbell, 1995). Thus violence against women has recently become a priority issue for the Ministry of Women, Children & Social welfare.

2.3 Review of Related Articles

A cross-sectional descriptive study conducted among 950 pregnant women at Paropakar Maternity and Women’s Hospital, Kathmandu to determine prevalence of GBV among pregnant women found out 33% women suffered from GBV. 23% reported of physical violence, 13% of sexual violence and 47% reported of psychological violence. Husband was found to be the major perpetrator of violence followed by family members and others. A perpetrator outside the family was responsible for approximately 20% of cases. Among cases of sexual violence, 45% of women were victim of marital rape. Joint and extended family systems are still prevalent in Nepal and often, verbal abuse is an excuse for imposing discipline in the family. Women’s economic and emotional dependence on their husband and in laws probably accounts for their vulnerable status in the family. (Chaudhary P et al., 2010)

A non experimental, exploratory, descriptive, and correlational study was conducted in Chile between September 2006 and January 2007. 256 pregnant women were taken as sample by using convenient sampling method who attended Pe’ alol’ nn e health centers for antenatal care. The study found out that In Chile, in the Metropolitan and Araucan’a regions, 10% of the women who experienced domestic violence reported having been hit by their partners
during pregnancy. The average age of the respondents were 25 years. Most participants (64.1%) were housewives, 30.9% were students or had a stable job, and 5% had sporadic jobs. Regarding their educational level, most women had complete high school studies (45.3%), or incomplete ones (27.3%); 10.2% had completed elementary school, 8.6% had not, and the same percentage of women (8.6%) had completed their technical or university studies. About 5.9% experienced physical violence and 30.1% experienced emotional violence. The violence was mainly exerted by the woman’s intimate partner in 53.2% of the cases, by another family member (31.2%). About 42.2% of the women presented anxious or depressive mental symptoms. The importance of an early detection of violence, and alertness regarding the possibility of finding violence during the pregnancy in women with depressive and/or anxiety symptoms and health care workers should be an important point of contact with the public services capable of providing support and information regarding violence is the important recommendations given by the study. (Crempien RC, et al., 2011)

A study was conducted in Karachi, Pakistan on 300 women occupying every alternate bed in the postnatal wards of a public tertiary hospital to assess the magnitude and determinants of intimate partner violence before and during pregnancy and attitude regarding domestic violence among a cohort of recently delivered women. The study found out that 44% of women reported lifetime marital physical abuse, 23% during the index pregnancy. Among the 132 women who were ever physically abused, all reported verbal abuse and 36% sexual coercion. Among abused, psychological abuse was highest followed by physical and sexual respectively. Slapping, hitting in the belly, pushing, grabbing, shoving and pulling hair were the most common. Women with no formal education were 2 and half times more likely to be physically abused during pregnancy as compared to women with a high school education. Common causes for violence were: wife being disobedient to husband (63%), not looking after in-laws (35%), visiting her natal family, neighbors, or friends without permission (30%), arguing over financial matters (30%) and less
common, yet significant was conflicts culminating in physical abuse as a result of contraceptive use without spousal permission (14%). The statistically significant risk factors, wife's education, consanguinity, and duration of marriage, were similar for lifetime marital abuse and during pregnancy. Over half (55%) of the women believed that antenatal care clinics were a good time to enquire about domestic violence. (Fikree FF, et al., 2006)

A study conducted in Saidon, Lebanon to examine the prevalence of domestic violence during pregnancy using data from 349 women attending an antenatal clinic serving refugees using Abuse Assessment Screen to identify cases of abuse among the women attending the clinic during the months of June and July, 2005 found out that the women who participated in this study were relatively young, with an average age of 28 years, and 75% of them were married for longer than a year. They had relatively low education, completing an average of 9.3 years of schooling and women were rarely employed (10%). Overall, 240 (68.8%) women experienced one form of abuse, answering yes to at least one of the five domestic violence questions. Of these, 207 (59%) women had ever experienced physical violence, 67 (19.1%) experienced physical violence last year, 92 (26.2%) were subjected to sexual coercion during the past year, 56 (16.0%) experienced emotional violence (fear of husband) and 40 (11.4%) experienced physical violence during their current pregnancy. The high prevalence of domestic violence in its various forms, and the association between past abuse and violence during pregnancy, highlight the need for routine screening by health professionals as an important component of any intervention program to eradicate violence against pregnant mothers (Hammoury N & Khawaja M., 2007).

A study conducted by WHO in 24,000 women from 15 sites of 10 different countries found younger women, especially those aged 15 to 19 years, were at higher risk of “current” (within the past 12 months) physical or sexual
violence, or both, by a partner in all settings except Japan and Ethiopia. Higher education was associated with less violence in many settings. Proportion of ever-pregnant women physically abused during at least one pregnancy exceeded 5% in 11 of the 15 settings. Between 20% and 75% of women had experienced one or more of the acts of emotional violence, most within the past 12 months. Those most frequently mentioned were insults, belittling, and intimidation. The proportion of women physically forced into intercourse ranged from 4% in Serbia and Montenegro to 46% in provincial Bangladesh and Ethiopia. The results indicate that violence by a male intimate partner is widespread in all of the countries. Lower figure of prevalence was 1% in Japan, and the highest was 28% in provincial Peru (WHO, 2005).

A prospective observational study of 1,162 patients presenting for prenatal care to a Naval hospital from January 2007 to March 2008 where patients were screened anonymously for domestic violence using the Abuse Assessment Screen with an objective to estimate the prevalence of domestic violence and the characteristics of pregnant women reporting domestic violence in a military setting found out that The prevalence of domestic violence in our population was 14.5%. The majority of participants were in their 20s, white, and high school graduates with some college. Physical abuse in the previous year was reported by 42 women, with the majority reporting that the abuser was the current or ex-husband or boyfriend. Seventeen women reported abuse since becoming pregnant, with the majority reporting that their boyfriend was the abuser. Of the abuse incidents since becoming pregnant, most were reported to be slapped or pushed (52.4%) and punched, kicked, or cut (29.4%). Ten women (0.9%) reported forced sexual activities. (10.3%) reported being a victim of abuse within their family. Forty-six (4.2%) suspected friends of being abused, and 604 (54.6%) participants were aware of local abuse services. Relative to married women, single women and separated or divorced women were at an overall increased risk of physical or emotional violence. (Lugdentorf et al., 2009)
An exploratory study was conducted on 60 women who were victim of domestic violence which reported that 80% suffered from psychological abuse, 31% suffered from physical abuse and 10% suffered from marital rape and sexual harassment. Physical assault was common among the labor occupational group and mostly committed by husband. Mental torture and verbal abuse was frequently reported by the service holder and business group. Major causes were alcoholism of their husband which accounted for 42%, followed by male honor and patriarchal social values which accounted for 25%. Other causes were intercaste marriage, sexual dissatisfaction, unemployment, polygamy and extramarital relation of husband, suspicious attitude, gambling, dowry and widowhood. (Sharma S, 2007)
CHAPTER III
METHODOLOGY

3.1 Conceptual Framework

- SocioDemographic characteristics:
  - Age
  - Ethnicity
  - Type and duration of marriage
  - Economic status
  - Education

- Physical Violence
  - Battering
  - Slap
  - Pulling hair
  - Throwing boiling water or acid
  - Burning

- Emotional and Psychological Violence
  - Verbal degradation
  - Threat to beat or kill
  - Misbehavior
  - Polygamy
  - Accusation of eliciting a relationship
  - Threat to expel from home
  - Restriction on

- Sexual Violence
  - Forced sex without consent
  - Forced abortion
  - Restriction to use contraceptives
  - Unusual sex or unnatural sex

- Emotional Violence
  - Restriction in outdoor work
  - Not getting enough money to run family
  - Deprivation from family means to use.

3.2 Study Design

Descriptive cross-sectional study was conducted to study the prevalence of gender based violence among pregnant women. Only quantitative data was included in the study.
3.3 Study Area
The study was conducted in Birganj, Parsa district.

3.4 Study Population
The pregnant women attending antenatal clinic at health institutions.

3.5 Study Duration
The study duration was from July 1 to November 3, 2011

3.6 Sample Size
Taking $p = 33$ percent (percentage of pregnant women experiencing GBV at Paropakar Maternity and Women’s Hospital by Chaudhary P, et al., 2010)

\[ q = 1 - p \]
\[ q = 1 - 0.33 = 0.67 \]
\[ d = 7\% \text{ allowable error and} \]
\[ z = 1.96 \]

Confidence interval (CI) at 95 percent
According to cross sectional descriptive study, the sample size was

\[ N = \left(\frac{Z}{2}\right)^2 \cdot p \cdot q / (d)^2 \]
\[ N = (1.96)^2 \cdot 0.33 \cdot 0.67 / (0.07)^2 \]
\[ N = 174 \]

3.7 Sampling Technique:
Purposive sampling technique was used to collect data.

3.8 Data Collection Technique and Tools
3.8.1 Technique Interview (face to face)

Pregnant women who attended the ANC clinic were interviewed after taking their informed consent. During the interview the researcher had explained the objectives of the study to the respondents and requested her to give the required information.
3.8.2 Tools

Structured questionnaires for face to face interview were prepared. Most of the questions were adopted from Abuse Assessment Screening, CDC, USA.

3.9 Sample Specification:

Inclusion Criteria:
Pregnant women attending antenatal clinic of Hospital, Primary Health Care Centre and Health Post who will be willing to participate.

Exclusion Criteria:
Women who didn’t attend ANC at health institutions and uncooperative respondents were excluded from the study.

3.10 Data Processing and Analysis

Editing
The raw data were edited to detect errors and omission and correct them early. The purpose of editing was to make sure that the data was accurately filled, consistent, uniformly entered, completed and well arranged to facilitate coding and tabulation.

Coding
Coding was done for the purpose of assigning number or other symbols to the answers so that responses were put into limited categories.

Classification and Tabulation
Data were classified on the basis of common characteristics, for example age, sex, ethnicity religion, education and common responses.

Analysis
Data analysis was done in by using SPSS 17.0 using statistical tool such as X2 test.
3.11 Ethical Consideration

Verbal informed consent was sought from all respondents to participate in the study. Names of respondents were not used in the report. The confidentiality of the information gathered was assured. Their right of refusal to participate in the study was respected.

Ethical approval was obtained from ethical board of Nobel college, Sinamangal

Written permission was taken from Management Committee of hospital, PHC and health post for data collection.

3.12 Limitations

It was not population based study. Only 1 hospital, PHCC and health post were purposively selected for data collection.
CHAPTER IV
FINDINGS

4.1 Period Prevalence Rate of Gender Based Violence Experienced by Pregnant Women in the Study Area

**Period Prevalence** = Number of existing cases (old+new) at a given period of time in the given area / Population at that time *100

= Number of existing cases of GBV experienced by pregnant women from August 1 to 20 / Population of pregnant women at that period *100

= 15+65 / 423 *100

= 18.9=19%

Where,
New cases=15
Old cases= 65

Total pregnant women at the data collection period=423

4.2 Socio-demographic Characteristics

Socio-demographic characteristics of the study includes age, caste, religion, type of marriage, type of family, occupation of the respondents, level of income, and educational status of the respondents.

4.2.1 Age

In this study, the respondents have been classified into five age groups which is presented in the following table.
### Table No. 4.1

**Percentage Distribution of Pregnant Women and their Experience of GBV by Age**

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>31</td>
<td>17.8</td>
</tr>
<tr>
<td>20-24</td>
<td>75</td>
<td>43.1</td>
</tr>
<tr>
<td>25-29</td>
<td>53</td>
<td>30.5</td>
</tr>
<tr>
<td>30-34</td>
<td>12</td>
<td>6.9</td>
</tr>
<tr>
<td>35-39</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>174</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Field study, 2011*

The above table shows that majority of the respondents (43.1%) were of age group 20-24 years whereas the age group 35-39 had the lowest proportion (1.7%).

#### 4.2.2 Caste

### Table No. 4.2

**Percentage Distribution of Pregnant Women by Caste**

<table>
<thead>
<tr>
<th>Caste</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brahmins</td>
<td>12</td>
<td>6.9</td>
</tr>
<tr>
<td>Chettri</td>
<td>11</td>
<td>6.3</td>
</tr>
<tr>
<td>Janjati</td>
<td>112</td>
<td>64.4</td>
</tr>
<tr>
<td>Dalit</td>
<td>15</td>
<td>8.6</td>
</tr>
<tr>
<td>Muslim</td>
<td>24</td>
<td>13.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>174</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Source: Field study, 2011*

The above table shows that most of the respondents were Janjati (64.4%), Muslim (13.8%) followed by Dalit (8.6%) and Brahmins (6.9%) while Chettri (6.3%) had the lowest proportion.
4.2.3 Religion

Table No. 4.3

Percentage Distribution of Pregnant Women by Religion

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>146</td>
<td>83.9</td>
</tr>
<tr>
<td>Islamic</td>
<td>24</td>
<td>13.8</td>
</tr>
<tr>
<td>Buddhist</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Source: Field study, 2011*

The above table depicts that majority of the pregnant women were Hindu (83.9%) whereas lowest was seen in Buddhist (2.3%).

4.2.4 Type of Marriage

Table No. 4.4

Percentage Distribution of Pregnant Women and their Experience of GBV by Type of Marriage

<table>
<thead>
<tr>
<th>Type of Marriage</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrange</td>
<td>146</td>
<td>84.5</td>
</tr>
<tr>
<td>Love</td>
<td>19</td>
<td>10.3</td>
</tr>
<tr>
<td>Eloped</td>
<td>9</td>
<td>5.2</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Source: Field study, 2011*

In the above table, the type of marriage is classified into three groups. Most of the respondents (84.5%) performed arrange marriage followed by love marriage (10.3%) while only 5.2% respondents ran away with their husband to get married.
4.2.5 Type of family

Table No. 4.5
Percentage Distribution of Pregnant Women by Type of Family

<table>
<thead>
<tr>
<th>Type of family</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>28</td>
<td>16.1</td>
</tr>
<tr>
<td>Joint</td>
<td>146</td>
<td>83.9</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Field study, 2011

The above table reveals that highest percentage of respondents (83.9%) lived in joint family and least percentage of respondents (16.1%) lived in a single family.

4.2.6 Occupation of the respondents

Table No. 4.6
Percentage Distribution of Pregnant Women by their Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housewife</td>
<td>114</td>
<td>65.5</td>
</tr>
<tr>
<td>Service</td>
<td>22</td>
<td>12.6</td>
</tr>
<tr>
<td>Labor</td>
<td>6</td>
<td>3.4</td>
</tr>
<tr>
<td>Business</td>
<td>10</td>
<td>5.7</td>
</tr>
<tr>
<td>Agriculture</td>
<td>22</td>
<td>12.6</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Field study, 2011

The above table shows that most of the respondents were housewife (65.5%) whereas very few (3.4%) worked as labor to support their economic condition.
4.2.7 Level of Income

Table No. 4.7
Percentage Distribution of Pregnant Women by Level of Income

<table>
<thead>
<tr>
<th>Level of Income</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient</td>
<td>146</td>
<td>83.9</td>
</tr>
<tr>
<td>Insufficient</td>
<td>5</td>
<td>2.9</td>
</tr>
<tr>
<td>Manage somehow</td>
<td>23</td>
<td>13.2</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Field study, 2011

The above table shows that 83.9% of the respondents said that the monthly income of the family was sufficient for them whereas 2.9% said it was insufficient for them.

4.2.8 Educational status

Table No. 4.8
Percentage Distribution of Pregnant Women and their Experience of GBV by Level of Income

<table>
<thead>
<tr>
<th>Educational status</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illiterate</td>
<td>59</td>
<td>33.9</td>
</tr>
<tr>
<td>Read and write</td>
<td>2</td>
<td>1.1</td>
</tr>
<tr>
<td>Primary</td>
<td>43</td>
<td>24.7</td>
</tr>
<tr>
<td>Secondary</td>
<td>41</td>
<td>23.6</td>
</tr>
<tr>
<td>Higher secondary</td>
<td>16</td>
<td>9.2</td>
</tr>
<tr>
<td>Bachelor</td>
<td>10</td>
<td>5.7</td>
</tr>
<tr>
<td>Master</td>
<td>3</td>
<td>1.7</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Field study, 2011

The above table shows the educational status of the respondents which is classified into seven groups. Here, 33.9% of the respondents were illiterate.
followed by primary and secondary level i.e. 24.7% and 23.6% respectively. Very few respondents attained bachelor and master level studies i.e. 5.7% and 1.7% respectively. Only 1.1% knew just to read and write.

4.3 Situation of Gender based Violence among pregnant women attending ANC clinic in the study area

It explains about the situation of gender based violence against pregnant women in the study area. It deals with the following indicators: like experience of physical, emotional and psychological, economical and sexual violence and the effects of that violence in the respondents.

4.3.1 Experience of Gender Based Violence Among Pregnant Women

\[ \text{Fig: 4.1} \]

Experience of Gender Based Violence Among Pregnant Women

\[ \text{Source: Field study, 2011} \]

The above pie chart shows that out of 174 respondents, 80 (46%) respondents experienced violence.
4.3.2 Experience of Different types of Gender based Violence Among Pregnant Women

Table No. 4.9
Percentage Distribution of Different forms of GBV Among Pregnant Women

<table>
<thead>
<tr>
<th>Forms of Violence</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Violence</td>
<td>37</td>
<td>21.3</td>
</tr>
<tr>
<td>Emotional and Psychological Violence</td>
<td>73</td>
<td>42.0</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>38</td>
<td>21.8</td>
</tr>
<tr>
<td>Economical Violence</td>
<td>12</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Source: Field study, 2011

This table shows different forms of violence experienced by the respondents in the study area. Out of 46% of the respondents who experienced violence, majority of the respondents (42%) experienced emotional and psychological violence followed by sexual and physical violence i.e. 21.8% and 21.3% respectively. Only 6.9% of the respondents experienced economical violence.

4.3.3 Situation of Physical Violence Among Pregnant Women

Figure 4.2
Experience of Physical Violence Among Pregnant Women

Source: Field study, 2011
The above bar diagram depicts that out of 21.3% of the respondents who experienced physical violence, majority of the respondents were battered i.e. 16.7%, slapped (11.5%) and burnt (3.4%) during pregnancy. Very few suffered from pulling hair and boiling water or acid thrown i.e. 1.1% and 0.6% respectively.

4.3.4 Physical Effects on Pregnant Women

Figure 4.3

Physical Effects Occurred on the Pregnant Women After Violent Act

Source: Field study, 2011

The above bar diagram shows that majority of the respondents suffered from pain (16.7%) and wounds (8.6%) as a result of physical violence. Only 1.7% complained about broken bones.

4.3.5 Situation of Emotional and Psychological Violence Among Pregnant Women

Figure 4.4

Experience of Emotional and Psychological Violence Among Pregnant Women

Source: Field study, 2011
The above bar diagram shows out of 42% of the respondents who experienced emotional and psychological violence, 20.7% complained that they were misbehaved causing mental hurt whereas very few (0.6%) complained about polygamy.

4.3.6 Emotional and Psychological Effects on the Pregnant Women

Figure 4.5
Emotional and Psychological Effects Occurred on Pregnant Women After the Violent Act

Source: Field study, 2011

The above bar diagram shows that most of the respondents (32.2%) suffered from depression followed by fear (13.2%) and low esteem (10.9%) as a result of emotional and psychological violence. Only 0.6% of the respondents complained about suicidal tendency.

4.3.7 Situation of Sexual Violence Among Pregnant Women

Figure 4.6
Experience of Sexual Violence Among Pregnant Women

Source: Field study, 2011
The above bar diagram reveals that out of 38 respondents who experienced sexual violence, 21.8% said that their partner forced them to have sexual intercourse during pregnancy while 0.6% said that their partner restricted to use contraceptives.

### 4.3.8 Situation of Economical Violence Among Pregnant Women

#### Figure 4.7

**Experience of Economical Violence Among Pregnant Women**

![Economical Violence Bar Chart]

*Source: Field study, 2011*

The above bar diagram shows that out of 6.9% of the respondents who experienced economical violence, 4.6% complained that the perpetrator restricted them in outdoor work whereas few (0.6%) complained about restriction from family means to

### 4.4 Moment of Violence

#### 4.4.1 Action taken at the Moment of Violent act by the Victim

#### Figure 4.8

**Act done at the Moment of Violence by the Victim**

![Violence Act Bar Chart]

*Source: Field study, 2011*
The above bar diagram shows the various reactions shown by the victim at the moment of violence. Out of 46% of the respondents experiencing GBV, most of the respondents (36.8%) kept the incident secret, 5.7% of the victim asked help with their relatives/neighbours. Very few retaliated self using anti violence and reported to the police i.e. 2.9% and 0.6% respectively.

4.4.2 Reasons for Keeping the Incident Secret

Figure 4.9

Reasons Behind Keeping the Incident Secret

Source: Field study, 2011

The above bar diagram reveals the reasons for keeping the incident of the violence secret. Out of 36.8% of the victim who kept the incident secret, majority of the victim (25.9%) took the incident as their family affairs, followed by the victim who thought they were economically dependent on the perpetrator, lacked confidence or ignored the incident i.e. 13.2%, 5.7% and 2.3% respectively. Very few (0.6%) said that they lacked trust in law and there was no support from their family and neighborhood to report to the police.

4.5 The Perpetrator

Perpetrators are those who abuse the ones. In case of GBV, husband, father in law, mother in law, other family members, neighbors, community people are
the perpetrator. They assault the victim physically, emotionally, psychologically, economically and sexually as well.

Table No. 4.10
Percentage Distribution of the Abused Respondents by their Perpetrator

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>67</td>
<td>38.5</td>
</tr>
<tr>
<td>Mother-in-law</td>
<td>32</td>
<td>18.4</td>
</tr>
<tr>
<td>Father-in-law</td>
<td>6</td>
<td>3.4</td>
</tr>
<tr>
<td>In-laws</td>
<td>5</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Source: Field study, 2011

The above table shows that in most of the case, the perpetrator was found to be husband and mother-in-law i.e. 38.5% and 18.4% respectively. Very few (2.9%) complained that their in-laws which includes husband’s brother/husband’s brother’s wife was their perpetrator.

4.6 Causes of Gender based Violence Among Pregnant Women in the Study Area

Table No. 4.11
Percentage Distribution of the Respondents by the Causes of Violence Against Them

<table>
<thead>
<tr>
<th>Causes of violent behavior</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholic husband</td>
<td>22</td>
<td>12.6</td>
</tr>
<tr>
<td>Husband listening to other family members</td>
<td>9</td>
<td>5.2</td>
</tr>
<tr>
<td>When works not done properly</td>
<td>35</td>
<td>20.1</td>
</tr>
<tr>
<td>Misunderstanding</td>
<td>29</td>
<td>16.7</td>
</tr>
<tr>
<td>Sexually desperate</td>
<td>25</td>
<td>14.4</td>
</tr>
<tr>
<td>Insufficient dowry</td>
<td>9</td>
<td>5.2</td>
</tr>
<tr>
<td>Daughters are born</td>
<td>5</td>
<td>2.9</td>
</tr>
</tbody>
</table>

Source: Field study, 2011

The above table shows that most of the victim became the part of the violence only because they were unable to perform the household works properly (20.1%), followed by misunderstanding between the victim and the perpetrator.
and sexual desperation of the victim’s spouse i.e. 16.7% and 14.4% respectively. Very few (2.9%) experienced violence when daughters are born.

4.7 Frequency of Gender based Violence Among Pregnant Women in the Study Area

Table No. 4.12
Percentage Distribution of the Respondents by the Frequency of Violence Against Them

<table>
<thead>
<tr>
<th>Frequency of violent behavior</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>4</td>
<td>2.3</td>
</tr>
<tr>
<td>Weekly</td>
<td>27</td>
<td>15.5</td>
</tr>
<tr>
<td>Monthly</td>
<td>21</td>
<td>12.1</td>
</tr>
<tr>
<td>Occasionally</td>
<td>28</td>
<td>16.1</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>46%</td>
</tr>
</tbody>
</table>

*Source: Field study, 2011*

The above table depicts that the victims were violated occasionally by the perpetrator (16.1%) and very few (2.3%) were violated on daily basis.

4.8 Solutions to stop Gender based Violence among Pregnant Women in the Study Area

Table No. 4.13
Percentage Distribution of Pregnant Women Suggesting Solutions to Stop Violence Against Them

<table>
<thead>
<tr>
<th>Solutions</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women Empowerment</td>
<td>26</td>
<td>14.9</td>
</tr>
<tr>
<td>Report to the police</td>
<td>5</td>
<td>2.9</td>
</tr>
<tr>
<td>Community awareness</td>
<td>25</td>
<td>14.4</td>
</tr>
<tr>
<td>NGO/INGO involvement</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>Help from the media</td>
<td>1</td>
<td>.6</td>
</tr>
<tr>
<td>Discussion with the husband about the consequences of violence during pregnancy</td>
<td>20</td>
<td>11.5</td>
</tr>
<tr>
<td>Discussion with the family members about the consequences of violence during pregnancy</td>
<td>4</td>
<td>2.3</td>
</tr>
</tbody>
</table>

*Source: Field study, 2011*
The above table describes the solutions given by the victim to reduce/stop violence against them. Most of them (14.9%) agreed to the fact that women empowerment is the main pillar to stop violence, followed by community awareness about the GBV and its consequences on women (14.4%) and discussion with the husband about the consequences of violence during pregnancy (11.5%). Very few (0.6%) thought there should be NGO/INGO involvement and media aid to stop violence against them.

### 4.9 Association of Experience of GBV with its Demographic Characteristics

#### Table No. 4.14

<table>
<thead>
<tr>
<th>Variable</th>
<th>Experience of GBV</th>
<th>Total</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>14(45.2%)</td>
<td>17(54.8%)</td>
<td>31(100.0%)</td>
</tr>
<tr>
<td>20-24</td>
<td>34(45.3%)</td>
<td>41(54.7%)</td>
<td>75(100.0%)</td>
</tr>
<tr>
<td>25-29</td>
<td>20(37.7%)</td>
<td>33(62.3%)</td>
<td>53(100.0%) .060</td>
</tr>
<tr>
<td>30-34</td>
<td>9(75.0%)</td>
<td>3(25.0%)</td>
<td>12(100.0%)</td>
</tr>
<tr>
<td>35-39</td>
<td>3(100.0%)</td>
<td>0(0.0%)</td>
<td>3(100.0%)</td>
</tr>
<tr>
<td><strong>Caste</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhramin</td>
<td>0(.0%)</td>
<td>12(100.0%)</td>
<td>12(100.0%)</td>
</tr>
<tr>
<td>Chettri</td>
<td>4(36.4%)</td>
<td>7(63.6%)</td>
<td>11(100.0%)</td>
</tr>
<tr>
<td>Janjati</td>
<td>56(50.0%)</td>
<td>56(50.0%)</td>
<td>112(100.0%) .017</td>
</tr>
<tr>
<td>Dalit</td>
<td>7(46.7%)</td>
<td>8(53.3%)</td>
<td>15(100.0%)</td>
</tr>
<tr>
<td>Muslim</td>
<td>13(54.2%)</td>
<td>11(45.8%)</td>
<td>24(100.0%)</td>
</tr>
<tr>
<td><strong>Religion</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hindu</td>
<td>65(44.5%)</td>
<td>81(55.5%)</td>
<td>146(100.0%)</td>
</tr>
<tr>
<td>Islamic</td>
<td>13(54.2%)</td>
<td>11(45.8%)</td>
<td>24(100.0%) .671</td>
</tr>
<tr>
<td>Buddhist</td>
<td>2(50.0%)</td>
<td>2(50.0%)</td>
<td>4(100.0%)</td>
</tr>
<tr>
<td><strong>Type of marriage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrange</td>
<td>71(48.6%)</td>
<td>75(51.4%)</td>
<td>146(100.0%)</td>
</tr>
<tr>
<td>Love</td>
<td>2(11.1%)</td>
<td>16(88.9%)</td>
<td>18(100.0%) .005</td>
</tr>
<tr>
<td>Eloped</td>
<td>6(66.7%)</td>
<td>3(33.3%)</td>
<td>9(100.0%)</td>
</tr>
<tr>
<td><strong>Type of family</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>8(28.6%)</td>
<td>20(71.4%)</td>
<td>28(100.0%) .034</td>
</tr>
<tr>
<td>Joint</td>
<td>72(49.3%)</td>
<td>74(50.7%)</td>
<td>146(100.0%)</td>
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</table>
Eight variables were studied to see the association with the experience of GBV. The age variable had no association with the experience of GBV. Muslim had high prevalence of violence as compared to other caste which was statistically significant (p=0.017). Islamic religion had high prevalence of violence as compared to other religion which was not statistically significant.

The result showed that prevalence of GBV was more in the respondents performing eloped marriage as compared to other types of marriage.

The result showed that prevalence of GBV was high in joint family (49.3%) in comparison to single family (28.6%). The victim who were housewife experienced more violence (52.6%) than women involved in other occupation to support their economic condition (33.3%) which was statistically significant (p=0.015)

The result showed that the pregnant women whose level of income was insufficient for them experienced more violence than compared to other group which was highly significant (p=0.000).

The illiterate victim experienced more violence (72.9%) than literate victim (32.2%) which was also highly significant.

| Occupation of the respondents | | |
|------------------------------|-----------------|-----------------|-----------------|
| Housewife                   | 60 (52.6%)      | 54 (47.4%)      | 114 (100.0%)    |
| Involved in other occupation| 20 (33.3%)      | 40 (66.7%)      | 60 (100.0%)     | 0.015 |

| Level of income | | |
|-----------------|-----------------|-----------------|-----------------|
| Sufficient      | 55 (37.7%)      | 91 (62.3%)      | 146 (100.0%)    |
| Insufficient    | 5 (100.0%)      | 0 (0.0%)        | 5 (100.0%)      | .000 |
| Manage somehow  | 20 (87.0%)      | 3 (13.0%)       | 23 (100.0%)     |
| Educational status | | | |
| Literate        | 37 (32.2%)      | 78 (67.8%)      | 115 (100%)      | .000 |
| Illiterate      | 43 (72.9%)      | 16 (27.1%)      | 59 (100%)       |
CHAPTER V
DISCUSSION, CONCLUSION AND RECOMMENDATION

5.1 Discussion

Socio-demographic characteristics
Most of the respondents were of age group 20-24 years which was similar to the study conducted in America in Naval hospital in which majority of the participants were in their 20s.( Lugdentorf et al., 2009). Most of the respondents were Hindu. 64.4% were of Janjati. Majority of the respondents lived in joint family which was similar to the findings of the study conducted at Paropakar Maternity and Women’s Hospital as joint and extended family systems are still prevalent in Nepal and often, verbal abuse is an excuse for imposing discipline in the family (Chaudhary et al., 2010). Majority of the respondents were housewives. 83.9% of the respondents said that the monthly income of the family was sufficient for them. 66% of the respondents were found to be literate which was high as compared to female literacy rate of Nepal in 2001 (CBS, 1993 and 2003).

Situation of Gender based Violence among pregnant women attending ANC clinic in the study area
The prevalence of GBV in the study area was found to be 19% which was less as compared to the than the prevalence of GBV among pregnant women of Paropakar Maternity and Women’s hospital, Kathmandu (Chaudhary et al., 2010). Out of 46% who experienced GBV, psychological abuse was highest followed by sexual and physical violence which was similar to the study conducted in Karachi, Pakistan (Fikree FF, et al., 2006) and the study conducted by (Sharma S, 2007). Women experiencing emotional and psychological violence mostly complained of depression, fear, low-esteem which was similar to the result of the study conducted in Chile in 256 pregnant women (Crempien RC, et al., 2011) and in Australia, Nicaragua, Pakistan and the United States (Roberts et al., 1998). Women experiencing physical violence
were mostly battered, slapped, burnt, pulling hair which resulted in pain, wounds, broken bones which was similar to the study conducted by Deuba & Rana (2005). Most of the victim suffered from forced sexual intercourse during pregnancy which was similar to the study conducted by Deuba & Rana (2005) and the study conducted by WHO in 24,000 women from 15 sites of 10 different countries. Most of the victim experiencing economical violence complained that they were restricted in outdoor work (4.6%) and 4% were not given enough money to run the household.

**Moment of Violence**

About 36.8% of the victim kept the incident secret as they perceived the situation as their family affairs. Also, they were economically dependent on the perpetrator and they lacked confidence on themselves and ignored the matter of concern.

**The Perpetrator**

The perpetrator in this study was mostly found to be husband (38.6%) followed by other family members which was similar to the study conducted in Chile. (Crempien RC, et al., 2011). The result of the study was slightly different with the study conducted at Paropakar Maternity and Women’s Hospital, Kathmandu in which approximately 20% of the victim was abused outside the family (Chaudhary P et al., 2010). The victims were mostly abused occasionally by the perpetrator.

**Causes of Gender based Violence**

Main causes of the violence were found to be when the household works were not done properly (20.1%), misunderstanding (16.7%), sexual desperation (14.4%), alcoholic husband (12.6%), husband listening to other family members and insufficient dowry (5.2%) which was comparable to the study by (Sharma S, 2007). The result was different from the study conducted in Karachi, Pakistan in which common causes of violence were wife being
disobedient to husband, not looking after in-laws, visiting her natal family, neighbors, or friends without permission, arguing over financial matters and less common, yet significant was conflicts culminating in physical abuse as a result of contraceptive use without spousal permission (Fikree FF, et al., 2006).

**Solutions to stop Gender based Violence**

Most of them agreed to the fact that women empowerment is the main pillar to stop violence, followed by community awareness about the GBV and its consequences on women and discussion with the husband about the consequences of violence during pregnancy.

**Experience of Gender based Violence and its association with demographic characteristics**

Experience of GBV was associated with eight variables to see the prevalence of the violence. Among the ethnic distribution, Muslim had high prevalence of violence (54.2%) as compared to other caste which was statistically significant (p=0.017). The victim who were housewife experienced more violence (52.6%) than women involved in other occupation to support their economic condition (33.3%) which was statistically significant (p=0.015) The pregnant women whose level of income was insufficient for them experienced more violence than compared to other group which was highly significant (p=0.000).

The illiterate victim experienced more violence (72.9%) than literate victim (32.2%) which was also highly significant which was similar to the study conducted in Karachi, Pakistan which stated that women with no formal education were 2 and half times more likely to be physically abused during pregnancy as compared to women with a high school education (Fikree FF, et al., 2006)
5.2 Conclusion

Violence against women is a global concern. It is the main obstacle for the women empowerment. Violence against women is the violation of women’s all form of human rights. It makes the women less confident, inferior and it also damages the women’s self esteem. The following conclusions have been drawn on the basis of findings of the study and discussions:

- The period prevalence of GBV in the study area was found to be 19%.
- Out of 174 respondents, 46% experienced GBV.
- Out of 46% of the victim, most of the respondents experienced emotional and psychological violence followed by physical and sexual violence.
- Out of 46% of the victim, more than half of the respondents kept the incident secret as they were economically dependent and took the incident as family affairs.
- Most the perpetrator of the victim were found to be husband and mother-in-law who violated them weekly or occasionally.
- Main causes of the violence were found to be misunderstanding between the victim and the perpetrator, when works were not done properly and sexual desperation of the husband.
- The variables such as age, religion and type of marriage had no association with the experience of GBV.
- Muslim and Janjati have more prevalence of GBV compared to other caste.
- The respondents who were illiterate have higher prevalence of GBV than literate pregnant women.

5.3 Recommendation

Following recommendation was given on the basis of study findings:
To pregnant women:

- Women empowerment is the main pillar for the gender based violence to stop.
- Women experiencing violence both private and public should raise their voice with confidence against it without keeping the incident secret.
- Women should involve in any occupational activity to support their livelihood and be self-dependent.

To Community:

- Public awareness is to be brought by informal or formal training about GBV not only for women but also for men.
- It is to be recognized that gender based violence is a form of custodial violence and the state has responsibility to protect women against the violence through legislation.
- Almost all respondents suffered from emotional and psychological violence irrespective of the educational level, income level, and caste. So not only direct measures like enforcing laws, conducting mass awareness programmes but also indirect measures like change in social and psychological attitude or self changes of the individuals should be brought so that there will be respect to women and their contribution by which there will be reduction in violence against women to some extent.
REFERENCES


20. Thapalia, Rama, 2056, "What is DVAW?" (Lalitpur : LACC), pp.4
ANNEX

Consent Form

Prevalence of Gender based violence among pregnant women attending Antenatal clinic at health institutions, Parsa district

Instruction sheet for Informed Consent

Dear respondents,

I am Neha Pradhan, a Bachelor of Public Health (BPH) student at Nobel College, Sinamangal Kathmandu, affiliated to Pokhara University.

As the requirement of the course, I am going to conduct a research study on “Prevalence of Gender based violence among pregnant women attending Antenatal clinic at health institutions”

This health institution has been selected as one of the sample area. All the pregnant women attending this clinic are now eligible for participation in this study.

A set of questionnaire is prepared with an objective to obtain information on gender based violence against women. All the information provided by you will remain strictly confidential. There is not any possibility of disclosing the information by specifying identity, as you need not have to write your name or other identification in the questionnaire. You may not participate in the study if you don’t wish to participate or you may quit at any time during interview.
Questionnaires for pregnant women in the study area

Part I: Socio-demographic characteristics of the Respondent

Age :-
Caste/Ethnicity:-
Religion:-
Marital status:-
Duration of marriage:-
Type of marriage:-
Occupation of :-
  - Respondents:-
  - Husband:-
Sufficient [    ] insufficient [    ] Manage somehow [    ]
Education:-
  ✓ Literate
    a. Read and write [    ] b. Primary [    ] c. Secondary [    ]
    d. Higher sec [    ] e. Bachelor [    ] f. Master [    ]
  ✓ Illiterate
Type of family:-
Part II: Questions related to GBV

1. Have you ever experienced Gender based Violence during pregnancy?
   a. Yes [    ]  b. No [    ]

2. During the pregnancy, have you ever been physically violated?
   a. Yes[    ]  b. No[    ]

3. If you are physically violated, how is it?
   a. battering [    ]  b. Pulling hair [    ]
   c. Slap [    ]  d. Burning [    ]
   e. Throwing boiling water or acid [    ]

4. What was the physical effect?
   a. Broken bones [    ]  b. Wounds [    ]
   c. Swelling [    ]  d. Pain [    ]  e. LBW [    ]

5. During the pregnancy, have you ever been psychologically violated?
   a. Yes [    ]  b. No [    ]

6. If you are emotional and psychological violated, how is it?
   a. Verbal degradation [    ]  b. Threat to beat or kill [    ]
   c. Misbehavior causing mental hurt [    ] d. Polygamy [    ]
   e. Accusation of eliciting relationship [    ] f. Threat to expel from home [    ]
   g. Restriction on free movement [    ]

7. What was the psychological effect?
   a. Depression [    ]  b. Suicidal tendency [    ]
   c. Low esteem [    ]  d. Fear [    ]
   e. Post Traumatic stress [    ]

8. During the pregnancy, have you ever been sexually violated?
   a. Yes [    ]  b. No [    ]

9. If you are sexually violated how is it?
   a. Forced sex without consent [    ]  b. Forced abortion [    ]
   c. Restriction to use contraceptives[    ] d. Unusual or unnatural sex [    ]

10. During the pregnancy, have you ever been economically violated?
    a. Yes [    ]  b. No [    ]

11. If you are economically violated, how is it?
a. Restriction in outdoor work [ ]
b. Not getting enough money to run family [ ]
c. Deprivation from family means to use [ ]

12. What have you done at the moment of violence?
a. Kept the incident secret [ ]
b. Retaliate self using antiviolence [ ]
c. Ask with relatives/neighbors for help [ ]
d. Ask with friends for help [ ]
e. Report to police [ ]
f. Seek help from political leaders [ ]

13. Who is the perpetrator in your case?
   a. Husband [ ]
   b. Father in law [ ]
   c. Mother in law [ ]
   d. Community people [ ]
   e. In-laws [ ]

14. How often are you violated?
   a. Daily [ ]
   b. Weekly [ ]
   c. Monthly [ ]
   d. Occasionally [ ]

15. What are the main causes of violence against you?
   a. Alcoholic husband [ ]
   b. Cards and gambling [ ]
   c. Extra marital affair of husband [ ]
   d. Unemployment of husband [ ]
   e. Husband listening to other family members [ ]
   f. When works are not done properly [ ]
   g. Misunderstanding [ ]
   h. Sexual desperation of the husband [ ]
   i. Insufficient dowry [ ]
   j. When daughters are born [ ]

16. Have you ever been taken for the treatment after violent act?
   a. Yes[ ]
   b. No [ ]

17. If you have kept the violence on you secret, why?
   a. No support of the family and neighborhood to report to the police [ ]
b. Economically dependent [ ]

c. Lack of confidence [ ]

d. Family affairs [ ]

e. Lack of trust in law [ ]

d. Ignorance [ ]

18. What are the solutions to stop violence against you?

a. Women empowerment [ ]

b. Report to the police [ ]

c. Community awareness [ ]

d. NGO/INGO involvement [ ]

e. Help from Media [ ]
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