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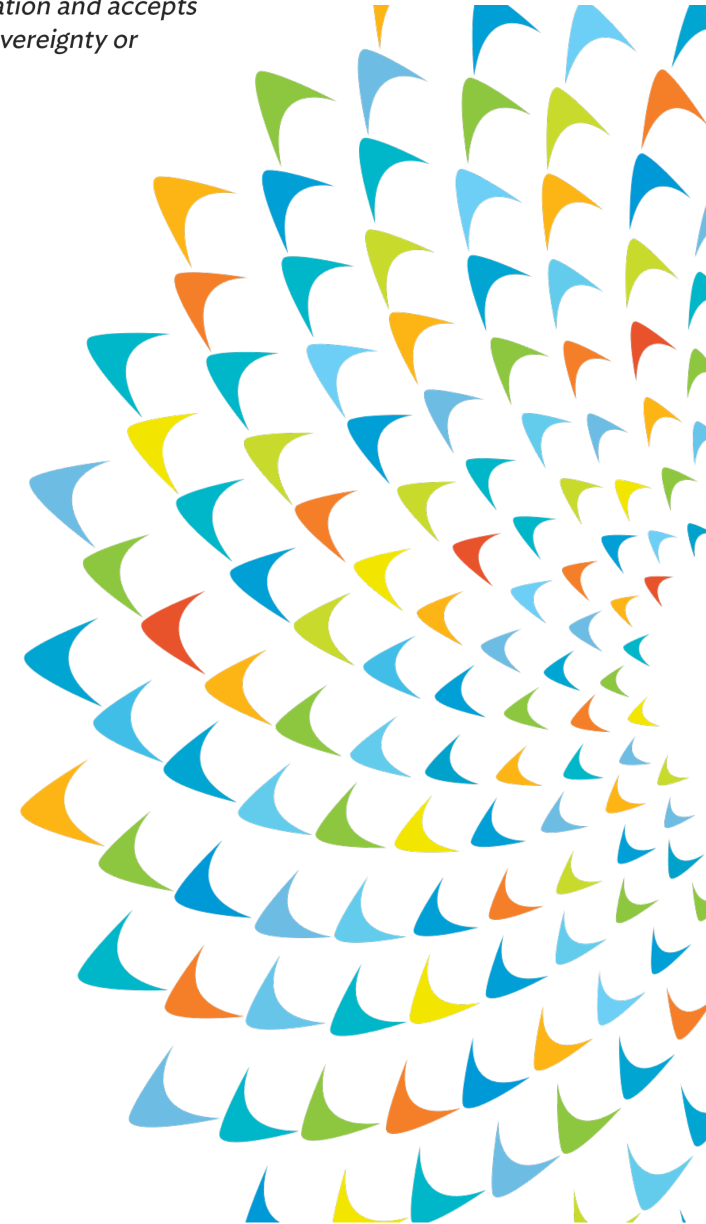


Islamic Republic of Pakistan:

Khyber Pakhtunkhwa Health Systems Strengthening Program (KPHSSP)

GBV and the Role of Healthcare Providers

An Advocacy Workshop with Senior Health Leaders/ Professionals of Khyber Pakhtunkhwa, Pakistan

Islamabad, 20 October2024

ADB Gender Priorities

Operational Priority 2

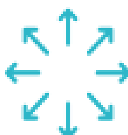
Accelerating Progress in Gender Equality

- Build on good practices on gender in operations
- Go beyond gender mainstreaming in country partnership strategy
- Develop stronger gender pipeline
- Improve quality of project gender designs and target setting
- Continue to improve gender equality results in projects
- Conduct pilots and technical assistance (TA) on innovative and transformative approaches
- Enhance gender knowledge products, events, and partnerships
- Update and strengthen business processes and tools
- Combine ordinary capital resources with TA and concessional resources
- Build knowledge and expertise in emerging areas

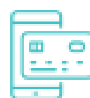
Strategic Operational Priorities

1. **Women's economic empowerment increased**
2. **Gender equality in human development enhanced**
3. **Gender equality in decision making and leadership enhanced**
4. **Women's time poverty and drudgery reduced**
5. **Women's resilience to external shocks strengthened**

Operational Approaches



Scale up gender mainstreaming in operations across sectors and themes



Integrate Sustainable Development Goal (SDG) 5's "transformative" gender agenda, e.g., economic assets and resources for women, unpaid care and domestic work, digital technology/ ICT, and gender-based violence

Expand gender mainstreaming in nonsovereign operations

Tackle multiple gender inequalities through integrated solutions, e.g., livable cities program

Develop capacity of developing member countries and clients in tracking and achieving gender-related SDGs

Sub-pillars

- Women's access to job skills improved
- Women's financial inclusion increased
- Women's entrepreneurship supported
- Women's access to infrastructure and services improved

- Women's and girls' participation in nontraditional education and training increased
- Quality and access to women's and girls' health services improved
- Protection from gender-based violence strengthened

- Women's leadership capacity improved
- Regulatory, legal, and institutional environment for gender equality improved

- Provision of time-saving or gender-responsive infrastructure improved
- Quality and access to child and elderly care services improved

- Resilience-building community-based initiatives for women and girls implemented
- Provision of climate and disaster-resilient infrastructure for women and girls improved
- Financial protection systems for women strengthened
- Dedicated crisis-responding social assistance systems for women and girls strengthened

GBV in KP

- GBV is a global issue.
- Like elsewhere, it is also prevalent in all regions of Pakistan.
- A shocking 32 % of women have experienced physical violence in Pakistan and 40 percent of ever-married women have suffered from spousal abuse at some point in their life.
- However, these statistics do not accurately represent the full extent of cases.
- One in two Pakistani women who have experienced violence never sought help or told anyone about the violence they had experienced.
- The manifestations and interpretations of GBV vary regionally and are often sanctioned in the name of culture or religion.
- Thus, KP is no exception.
- As per Demographic Health Survey (2017/18), in KP, 28% of women aged 15-49 have experienced physical violence since age 15; 34% of ever-married women have experienced spousal physical, sexual, or emotional violence; in the merged districts.
- The four broader forms of GBV namely physical, sexual, economic, and psychological/ emotional—remain a reality and normative practices in urban and rural settings.
- Denial and unreported cases occur due to several factors, including the absence of any credible forum, distrust of police, lack of victim autonomy, absence of a survivor-centered approach, and missed opportunities by healthcare professionals due to their unawareness, lack of sensitization, and explicit or implicit biases. Addressing this grave issue is extremely difficult but doable as GBV is preventable.

VAW & GBV against Women in Pakistan including KPK

- Pakistan ranked 154th among 195 countries in terms of the Healthcare Access and Quality Index, according to a Lancet study.
- Pakistan ranks 145th out of 146 countries in the Global Gender Gap Index 2024, doing better only than Afghanistan,, with a score of 0.570 The Lancet, Vol. 391(10136), pp. 2236–2271. 2016.
- GII reflects gender-based disadvantage in three dimensions—reproductive health, empowerment and the labour market—for as many countries as data of reasonable quality allow. It shows the loss in potential human development due to inequality between female and male achievements in these dimensions. It ranges from 0, where women and men fare equally, to 1, where one gender fares as poorly as possible in all measured dimensions. https://hdr.undp.org/data-center/thematic-composite-indices/gender-inequality-index#/indicies/GII
- The Constitution of Pakistan, Article 25 (2), clearly states that no person should be discriminated against on the basis of sex alone. The Government of Pakistan recognizes that violence against women constitutes sex discrimination and is contrary to the Constitution's basic principles. Article 28 stipulates that 'steps shall be taken to ensure the full participation of women in a all spheres of national life.

International Commitments and Legal Instruments

- Pakistan is committed to many international conventions and legal instruments to protect and promote the rights of women, girls, children, and people with varied disadvantages. These include international covenants, conventions, and agreements such as the:
  - Convention on the 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 on Women (Beijing, 1995),
  - Declaration of the General Assembly of the United Nations on the Elimination of Violence against Women,
  - Beijing Platform of Action (1995)
  - SDGs/Agenda 2030.
- These call for the protection of women and other socially excluded groups against violence and for the achievement of optimal health.
- The 2030 Agenda for Sustainable Development reaffirms the essential role of gender equality and the empowerment of all women and girls as drivers for sustainable development, peace, and the full realization of their human rights.
- Pakistan ranks 137th out of 166 countries in the SDG index.

Technical Session 1

Ground Rules

- ✓ **Timeliness**
- ✓ **Learn & work together**
- ✓ **Respect each other**
  - Listen with an open mind
  - Let everyone participate
  - Express disagreements respectfully
  - Give feedback constructively
    - ✗ Interrupting others
- ✓ **Safe space**
  - Respect confidentiality, personal info stays in the room
- ✓ **Be present**
    - ✗ Use of electronics
- ✓ **Suggestions to improve are welcome!**

Gender interacts with but is different from sex

Gender refers to the characteristics of women, men, girls and boys that are socially constructed.

- This includes **norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other.**
- **Gender** as a social construct, gender varies from society to society and can change over time.
- **Gender** is hierarchical and produces inequalities that intersect with other social and economic inequalities.
- **Gender-based discrimination** intersects with other factors of discrimination, such as ethnicity, socioeconomic status, disability, age, geographic location, gender identity and sexual orientation, among others.
- **This is referred to as intersectionality.**

Objectives:
Why are we here?

Recall our basic knowledge of GBV as a public health problem

Assess our own biases and attitudes regarding our role of health care providers in addressing GBV/VAW

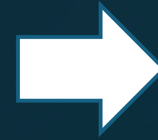
To work as a team and decide on trainings on GBV at 32 SHC hospitals of KP as per the project document

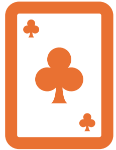
Ice breaking—continued

Warm-up

Exercise 1: Motivation & Fear

5 – 8 minutes

Ice breaking—continued  Warm-up

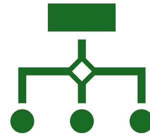


Preparation

Prepare two sets of cards: **Green** and **Red**

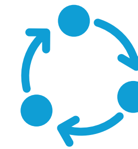
Green Cards
Participants write one thing that motivates them to respond to GBV.

Red Cards
Participants write one fear they have about responding to GBV.



Setup

Paste cards on 2 flip charts labeled **“Motivation" &"Fear“** placed on your table.



Activity Execution

Gather participants in a circle or stand-up format.

Invite 4-6 volunteers to share their motivations (Green Cards) and fears (Red Cards).

Facilitate a discussion around each shared motivation and fear.

Closure

Summarize key insights and encourage participants to reflect on overcoming fears and leveraging motivations in their responses to GBV.

Motivation/ Fears/ Concerns/ Resistance

Learning-Unlearning-New Learning

Asking about violence

Talk about violence only when alone with her.

Be sensitive, non-judgemental and empathic.

Language is important.

WHO Recommends Not Asking Women Before Meeting The Following Minimum Requirements:

Providers have been trained on how to ask and provide first-line support

A protocol or standard operating procedure has been established

A referral network/pathway has been established

Privacy and confidentiality can be ensured

WHO recommends **clinical inquiry** – that is, providers trained to have a low threshold for asking based on signs and symptoms or specific conditions – rather than **universal screening** – that is, asking everyone. A clinical inquiry approach that is **rights-based and gender-sensitive** means ensuring **her safety and asking in a non-judgemental way and using appropriate language.**

Please Refer to the Handout #: **FAQS (Response of Health Care Providers to GBV at SHC-Facility Level)**

Take Away Points

- Many providers have concerns about raising the topic of violence with their patients, as it may trigger their own memories of experiencing or witnessing abuse, or they may feel inadequate.
- However, data suggest that responding to women with empathy can be a source of healing for survivors.
- Many of us are passionate about providing care and assuring health and justice for our clients. This positive energy can fuel how we apply this training in our clinical practice.

REMEMBER

- Today's session and future trainings are designed to contribute to healthcare providers' knowledge of GBV, while strictly adhering to the *Do No Harm* principles.
- Please note that these sessions, which are introductory and meant as a refresher/orientation for a diverse audience, are not intended to impose clinical management of GBV on SHC hospitals.
- Please note that there is no overlap with the role of social services; rather, the sessions aim to foster an interdisciplinary and multisectoral approach to addressing GBV.
- Raising awareness, sensitizing staff, and engaging in advocacy will ultimately strengthen the health system at the SHC level.
- Furthermore, GBV Trainings will support the effective functioning of the already established and to be established RH and mental health counseling desks.

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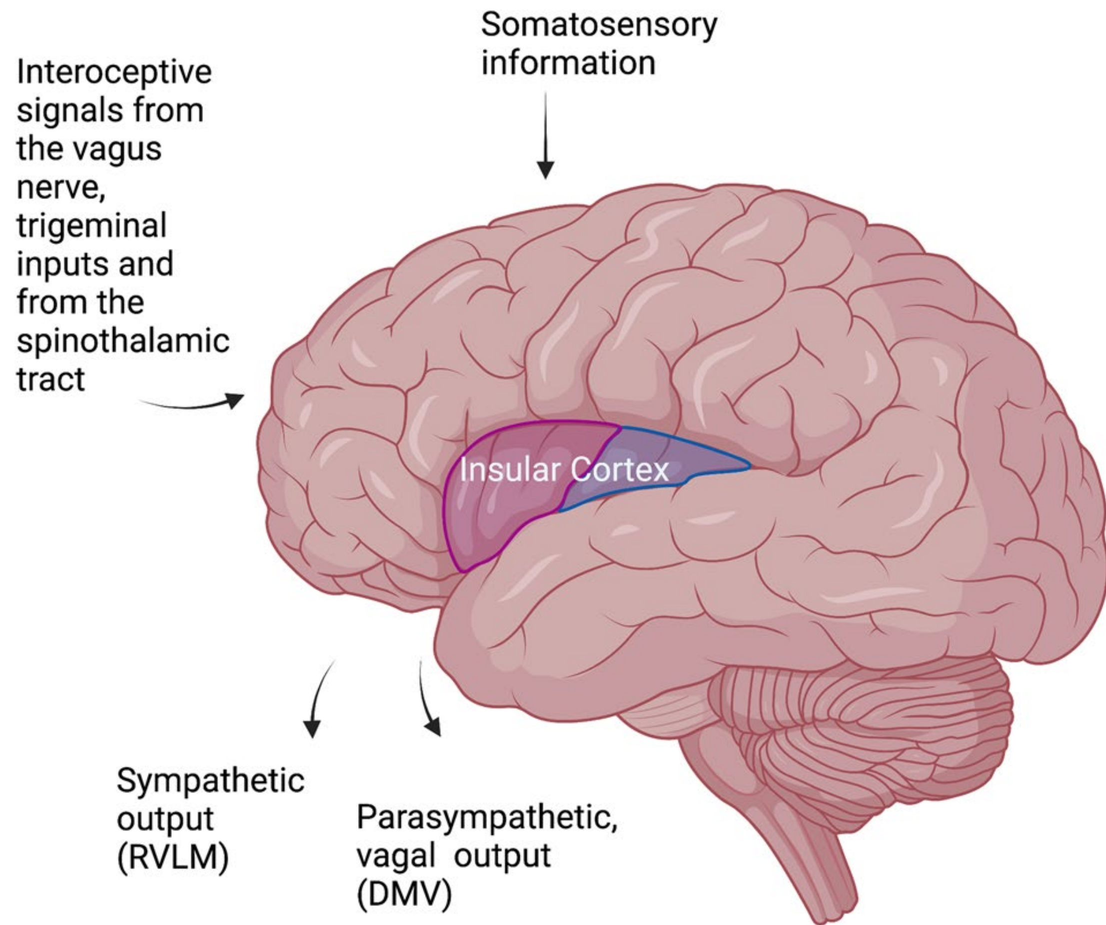
Empathy Not Sympathy

Learning objectives

- Increase **awareness of and empa**thy for the difficulties that women who experience violence face when seeking support
- Highlight how **gender norms and behaviours** can affect women's ability to seek help and obtain care
- **Encourage thinking** about **what you can do as providers** to offer an empathic response to survivors of violence

Empathy : Key Messages

- By putting ourselves in the shoes of the survivor, we can empathize and understand her situation
- Know our own values and beliefs and, if they might cause harm, set them aside
- NEVER blame the woman
- Safety is a long-term goal, not quickly achieved
- Encourage women to look for options and support them to make decisions right for them



The anterior insular cortex is where the feeling of empathy originates

Empathy is teachable

Research has shown that empathy is not simply inborn but can actually be taught.

For example, it appears that medical training can actually diminish empathy, but on the other hand, physicians can be taught to be more empathic to their patients.

Empathy

- Video watching (2 min 53 seconds)

https://www.youtube.com/watch?v=1Evwgu369Jw

Technical Session 2

Essential Reminders
Understanding violence against women as a public health problem

Advocacy objectives

Recall the general knowledge of VAW/GBV against women as a public health problem

Competencies

- Know the epidemiology of VAW/ GBV against women
- Describe the health consequences of VAW/ GBV against women
- Understand the role and limitations of providers in responding to VAW/ GBV against women Know Key references on GBV & Health Providers Response (handout)

Definition of VAW/GBV

Any public or private act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty with the family or general community

This global definition is the **UN definition** from the declaration of the elimination of violence against women.

Difference between terms GBV/ GBV against women & VAW?

"Violence Against Women is an expression of **unequal power or a form of abuse of power**."

Forms of VAW/GBV Against Women

- There are many forms of violence against women, including:
  - Domestic violence/intimate partner violence,
  - sexual violence by someone other than a husband or partner,
  - femicide,
  - forced & early marriage,
  - human trafficking,
  - female genital mutilation (FGM),
  - Honour Killings,
  - Acid Attack,
  - Dowry Violence in some regions.
- The most common form of violence experienced by women is domestic or intimate partner violence.
- Domestic violence also includes violence by other family members.
- Sexual violence can also be perpetrated by friends, family members, acquaintances and strangers.

Gender-based violence (GBV) is violence that is directed at an individual based on his or her biological sex OR gender identity. It includes physical, sexual, verbal, emotional, and psychological abuse, threats, coercion, and economic or educational deprivation, whether occurring in public or private life.

(Definition provided by womenforwomen.org)

THE DIFFERENT FORMS OF GBV

PHYSICAL

- Beating
- Kicking
- Burning
- Hitting
- Causing any type of bodily harm to a spouse or partner
- Female genital mutilation (FGM) or other harmful traditional practives

SEXUAL

- Forced marriage
- Forced prostitution
- Rape
- Harassment
- Denying someone the right to have protected sex
- Any type of unwanted sexual activity

PSYCHOLOGICAL

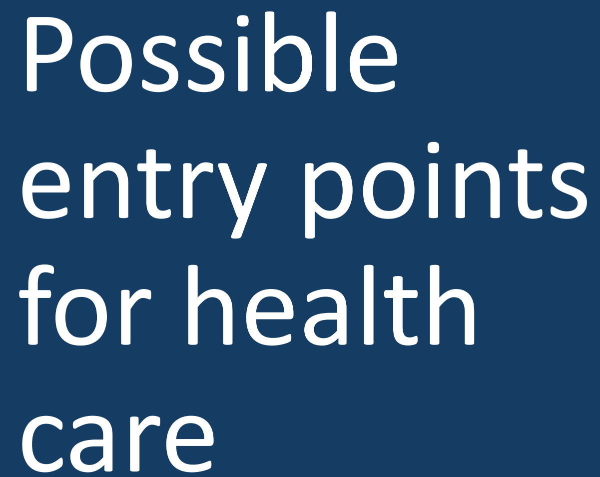
- Neglect
- Controlling a spouse or partner's actions
- Disrespect
- Shame
- Verbal threats

ECONOMIC

- Withholding family finances from a spouse
- Preventing someone from owning property
- Denying an individual's right to work or go to school based on their gender.

Violence starts early in women's lives

- Pregnancy **is not a protected time** for women. In many instances violence starts before and continues throughout pregnancy or may start during pregnancy.
- Health-care providers' **attention to violence during pregnancy** is important because of its consequences for the woman and for the foetus.
- *"We (WHO) don't have good data for violence against other populations of women It is important to be aware of this. As a health-care provider you will encounter these women as your patients in your routine work."*



- Maternal health (antenatal or postnatal)
- Family planning services
- Post-abortion care
- STI or HIV care
- Child health & early childhood development
- Adolescent health
- Mental health
- Substance abuse

Violence Against Women: Strengthening The Health System Response

Video: 3 min 27 seconds

https://www.youtube.com/watch?v=Qc_GHITvTmI

Technical Session 3

Role of Healthcare Providers

No Magic Pill!

Women & Girls Experiencing Violence are More Likely to Use Health Services: Why?

- **Health-care providers** are often **trusted** by women and serve as **role models** in the community.
- **Research shows that abused and non-abused women alike feel that violence-related discussion in health settings…**
  - can <u>help</u> abused women get help
  - makes women <u>glad</u> that someone took an interest
  - is <u>not insulting</u> to women who are not being abused

- **Violence is an underlying cause of injury and ill health.**
- **<u>All women</u> are likely to attend health services at some point, especially <u>sexual and reproductive health services</u>.**

Human Rights Obligations to the Highest Standard of Health Care

What does it mean to respect human rights?

- Autonomy
- Freedom from fear & violence
- Highest attainable standard of health
- Non-discrimination

Possible entry points for health care

- Maternal health (antenatal or postnatal)
- Family planning services
- Post-abortion care
- STI or HIV care
- Child health & early childhood development
- Adolescent health
- Mental health
- Substance abuse

Ignoring violence can **do harm**

(Healthcare) Provider behaviour	Possible consequences
Blames or disrespects women or girls	Inflicts additional emotional distress or trauma
Doesn't recognize VAW behind chronic or recurring conditions	Woman receives inappropriate or inadequate medical care
Fails to provide post-rape care or address VAW in FP, STI/HIV care	Unwanted pregnancy, STIs, HIV, unsafe abortion, more violence
Breaches privacy or confidentiality	Partner or family member becomes violent after overhearing information
Ignores signs of fear or emotional distress	Woman is later injured, killed or commits suicide

Role of healthcare providers

- ✓ Do no harm
- ✓ Identify violence
- ✓ Empathic response
- ✓ Clinical care
- ✓ Referrals as needed
- ✓ Documentation
- ✓ Medico-legal evidence
- ✓ Advocacy as community role models

Providers are NOT responsible for:

1. Solving violence-related issues
2. Addressing all violence-related needs
3. Addressing all aspects of treatment, care & support in one consultation

Providers are not responsible for solving the issues or making decisions for women or even addressing all the issues that a survivor faces at one go.

Instead, their task is to really help women make choices and decisions about their lives.

Key Messages

- Violence against women takes many forms
- Health impact can be short- and long-term consequences for health and well-being
- While not disclosing abuse spontaneously, many women seek treatment for conditions or complications caused by violence
- Health-care providers have a central role to identify and support survivors
- GBV is a global issue. Like elsewhere, it is also prevalent in all regions of Pakistan. The manifestations and interpretations of GBV vary regionally and are often sanctioned in the name of culture or religion. Thus, KPK is no exception.