

Supporting Early Detection of Gender-Based Violence in Karnataka, India



RTI International researchers at the Women's Global Health Imperative (WGHI) are helping to create safe, enabling, institutional environments for women to discuss safety concerns and gender-based violence (GBV) in Bangalore, the capital city of Karnataka, India. This effort is part of the Samata Health Study, a longitudinal study of gender-based power and women's susceptibility to HIV and other adverse reproductive health outcomes, jointly led by WGHI and the Centre for Public Policy, Indian Institute of Management, Bangalore.

The Need

A risk factor for pregnancy loss, HIV/AIDS and other sexually transmitted infections, and various chronic physical and mental health conditions, GBV affects 22% to 65% of married women in India. Women in Karnataka experience high rates of intimate partner violence, the most common form of GBV. The Samata Health Study followed 750 young, married women in low-income communities of Bangalore for two years. Over half reported experiencing intimate partner violence: 57% reported being hit, kicked, or beaten by their husband in the six months prior to the baseline survey, and 35% reported having had sex with their husband when they did not want to.

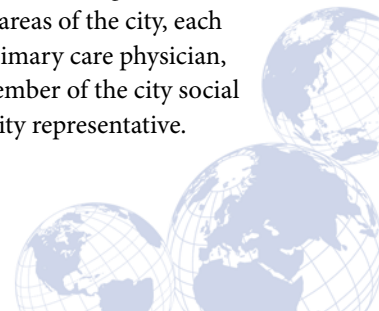
Although laws exist to protect women and prosecute perpetrators, and there are women-controlled police stations, family counseling cells, and shelters run by nongovernmental organizations and some state-sponsored agencies, the majority of women are unaware of these services.

Our data highlight the need for programs that address social norms by involving respected stakeholders who could play a key role in reducing and responding to gender-based violence. Primary care providers in particular are a consistent point of institutional contact for women.

Findings from our formative research reveal that most primary care providers are sympathetic to women and are knowledgeable about the pervasiveness of GBV and its adverse impact on women's health. Many use informal processes to identify women suspected of being at risk of GBV and subsequently engage in counseling to help these women. However, there is limited awareness among providers about available support options for women experiencing GBV. They expressed a need for more information on how to address GBV in their capacity as health care providers, as well as a need for a collaborative response, driven by a validated, well-defined protocol and a coordinated referral network.

The Approach

This initiative was part of the Bangalore Healthy Urbanization Project, a city-wide research effort coordinated by the Bruhat Bangalore Mahanagara Palike (BBMP), the municipal corporation of Bangalore, to examine the social determinants of health and reduce health inequity. Healthy Urbanization Learning Circles (HULCs) were established in seven areas of the city, each comprising the local government primary care physician, a relevant NGO representative, a member of the city social welfare department, and a community representative.



Through a participatory process, each of our HULC selected GBV as its focus and designed an action research plan.

RTI researchers assessed community perspectives on GBV and the role of health care providers, then trained providers to understand GBV as a health issue, equipping them with the skills and support to detect, assess, and refer cases of GBV. We are also working closely with the BBMP and nongovernmental organizations that offer counseling and other support services to establish service referral hubs within each of Bangalore's three zones. The impact of this capacity-building initiative will be evaluated through a quasi-experimental study.

Lessons Learned

This initiative resulted in a number of valuable lessons learned regarding public-private collaborations:

Involve the right partners. GBV is a sensitive subject, often considered inappropriate to be discussed outside the home. Our relationship with the government doctor facilitated community participation, as her opinion was highly regarded by her patients.

Allow strategies to emerge through the sharing of experience and expertise. Through an iterative process of dialogue and joint reflection, the partners were able to develop locally specific and sensitive programming. For example, we tailored information about the availability of support at the health center to reach women of all ages at appropriate venues:

- Young mothers could be easily reached at the health center when they attended mothers' meetings or for immunizations for their children.
- To reach older women, who are less likely to leave their homes, we staged a street-based entertainment program. This event also reached a wider community audience.
- Educational sessions at the local government high school enabled us to reach a sizeable number of teenage girls.

Innovation necessitates alliance building and intersectoral partnerships. To augment the skills of our HULC, we invited an NGO from Mumbai to conduct sensitization training with health care providers. Our existing collaboration with BBMP enabled us to secure the release of government primary care doctors from their duties for three days in order to attend the training. Also, to create a street-based entertainment event on GBV, we collaborated with the Karnataka State Office of Song and Drama, which provided a magician trained to engage in social messaging through his performances.

Trust, transparency, and communication among partners are essential. All members of this HULC came from different organizational backgrounds with varied motivations for pursuing this work. Clarifying these differences helped us distribute and share responsibilities in an effective way and engendered mutual trust and confidence.

Future Directions

This intersectoral initiative illustrates that much can be gained by harnessing the power of existing government and civil society institutions to facilitate social change.

Samata's ongoing collaboration with the BBMP will continue as we expand the training for health care providers to reach the entire East Zone of Bangalore. In addition, we are developing an Integrated Referral and Counseling Center within one of the BBMP Maternity Hospitals, with response teams of experienced counselors, social workers, and NGO liaisons. We are also developing a community advocates program, which will bring together community residents interested in supporting women who are experiencing violence and linking them to the services network. Finally, Samata is launching a research and action initiative specifically focused on the concerns and needs of young men.

About Samata

The Samata Health Study is a longitudinal study of gender-based power and women's reproductive health, jointly led by WGHl and the Centre for Public Policy, Indian Institute of Management, Bangalore. Under the leadership of Director Suneeta Krishnan, PhD, the Samata team has been working in urban slums in Bangalore in coordination with the Bangalore Municipal Public Health System for nearly five years. Samata has consistently worked to strengthen collaborations between community groups, academic institutions, and government and private stakeholders.

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