

# A Study on Gender-Based Violence Conducted in Selected Rural Districts of Nepal



Government of Nepal  
**Office of the Prime Minister and Council of Ministers**  
November 2012



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# Preface

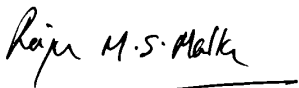
The Government of Nepal is strongly committed to promoting gender equality, ending gender-based violence (GBV), and advancing programs that enhance women's empowerment. In line with this commitment, the Gender Empowerment Coordination Unit (GECU) at the Office of the Prime Minister and Council of Ministers (OPMCM) oversees and coordinates the Government of Nepal's efforts to address gender-related challenges. The National Strategy and Plan of Action on Gender Empowerment and Ending GBV 2012-2017 is one of the key policy instruments currently being used by the government.

Despite the upsurge in efforts since 2009 by both government and civil society, GBV persists throughout Nepal, hindering women's full enjoyment of their rights and participation in professional and public life. Survivors of GBV continue to live in silence bearing physical, psychological, and emotional scars. This comprehensive study examining the prevalence and consequences of GBV in six selected districts of Nepal was initiated at the behest of the GECU, in order to better understand and combat the situation of GBV in Nepal from a strategic development and coordination perspective.

I have the pleasure to present this study report which examines the current situation, changes, trends, and achievements in the areas of violence against women as a sub-category of GBV in six districts representing the eastern, central, western, and far western development regions of Nepal. The research also assesses women's and men's knowledge of and attitudes towards laws, policies and services aimed at reducing and ending violence against women. It concludes by recommending reform measures that will enable women to more fully enjoy their rights and enhanced institutional support to ensure that victims of violence get justice.

I am confident that this report will be a useful, analytical tool for government, non-government, and private sector partners who work to combat GBV in Nepal. We hope that this document will also serve as a useful reference for other professionals, researchers, teachers, students, and those concerned about GBV.

I would like to thank all those involved in this research, especially the Center for Research on Environment Health and Population (CREPHA), The Asia Foundation, and the UK's Department for International Development (DFID). We're grateful to Dr. Meena Poudyal for her contributions in refining the analysis presented in the report. I would also like to thank the staff of the GECU at the OPMCM for their contributions and work on this report. Finally, I would like to express our sincere thanks to all the organizations and individuals who provided necessary data, information, and other details in the process of completing this research.



Raju Man Singh Malla  
Acting Secretary  
Office of the Prime Minister and Council of Ministers

November 2012



## Abbreviations and Acronyms

CDO	Chief District Officer
DDC	District Development Committee
FGD	Focus Group Discussion
GBV	Gender-Based Violence
HMIS	Health Management Information System
IDI	In-depth Interview
NGO	Non-governmental Organization
NPA	National Plan of Action
OPMCM	Office of the Prime Minister and Council of Ministers
PPS	Probability Proportionate to Size
PSU	Primary Sampling Unit
SLC	School Leaving Certificate
STI	Sexually Transmitted Infection
SPSS	Statistical Package for Social Science
UN	United Nations
VAW	Violence Against Women
VDC	Village Development Committee
WDO	Women and Children Development Office
WHRD	Women Human Rights Defenders

## Executive Summary

Violence Against Women (VAW)<sup>1</sup> occurs in all societies and at any stage of a woman's lifecycle. It can even occur before a girl is born through sex-selective abortion and menace women throughout their old age. Some types of VAW such as sexual violence and domestic violence, occur in all cultures, although they are more common in some than others (Poudel, 2011). Manifestations of VAW, such as dowry-related murder, *chaupadi*<sup>2</sup>, and *jhuma*<sup>3</sup> practices are specific to particular cultures. Some forms of VAW change or die out over the time yet others can persist over the centuries.

The definitions of VAW can be contentious. Therefore, this study uses the widely-recognized definition of VAW as adopted by the United Nations (UN) which defines VAW as a sub-category of GBV:

‘any 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 deprivations of liberty, whether occurring in public or private life’(UN), 1993)

In the context of Nepal, the key structural factor that exacerbates women's vulnerability is economic dependency on men, primarily fathers, brothers, husbands, and sons. This dependency is due in large part to the fact that women in Nepal, by law, do not have the agency needed to establish autonomy. For example, Nepal's citizenship law does not recognize women as independent individuals and identity is derived from the father. Such discriminatory provisions within the Nepali legal framework entrenches a woman's identity to that of a man and increases her vulnerability. The violence that women face both in the private and public spheres are consequences of this unequal power relationship as constructed within Nepal's social structure.

This study identifies VAW as sub-category of GBV in the Nepal context in accordance with the UN definition due to women's:

- legal subordination;
- economic dependency;
- cultural obligations, and
- lower social position as compared to that of men.

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1 This study uses terms VAW and GBV interchangeably as it recognizes VAW as a sub-category of GBV.

2 The practice of ostracizing a woman from the household during her menstrual cycle.

3 A cultural practice in Eastern Nepal where second of the three or more daughters offered to a Buddhist monastery.



Commitments from the Government of Nepal to address the issue of GBV in general and VAW in particular reflect an official acceptance of various international and regional mechanisms related to women's rights. More precisely, the Government of Nepal has formulated legal mechanisms to reduce women's vulnerability and address VAW. Some examples include the Gender Empowerment and Coordination Unit (GECU) housed at the Office of the Prime Minister and Council of Ministers (OPMCM) and the National Action Plan on GBV. These actions are supported by international and domestic stakeholders including the UK's Department for International Development (DFID), The Asia Foundation (TAF), UN agencies and other bilateral development partners. These initiatives are made possible through an increasingly receptive political environment that, in theory, protects and promotes gender equality and punishes violence. While GBV and VAW are issues high on the political agenda, there are still widely recognized gaps in the evidence base regarding prevalence and determinants of GBV and VAW in Nepal. There is also a gap in understanding the knowledge and attitudes of women, men, service providers, and key decision makers towards the laws, policies, and services that address GBV in general and VAW in particular.

This study aims to fill some of these evidence gaps by quantifying the levels and consequences of VAW and cataloging women's experiences in seeking help. The study also assesses knowledge and attitudes amongst a wide range of stakeholders regarding policies and services that seek to address VAW in Nepal. This study was initially launched in order to generally examine GBV in Nepal. However, throughout the course of developing the methodology and key research questions, selecting the sample groups, and establishing interview schedules, the theme of VAW emerged strongly as a focus; it is important to note that VAW still fits into the GBV study theme as according to the UN definition which defines it as sub-category of GBV. We recognize that men may also suffer violence, but given the need for a limited and targeted focus as well as government priorities, this project seeks to provide the information needed to inform decision-making and programmatic responses to violence suffered by women in particular.

Methodologically, the study carried out a household-level quantitative survey of 900 women aged 15-59 years in Dadeldhura, Nawalparasi, Makwanpur, Siraha, Sindhupalchowk and Sankhuwashava districts by using multistage, stratified cluster sampling approach. These districts were purposively selected in consultation

with the GECU at the OPMCM and TAF. Owing to the predominantly rural nature of the districts, and the pre-determined sample size and unit of analysis, this study mainly focused on rural areas. Districts were selected both for their ecological diversity, regional representations, and their performance on Gender Development Index (GDI). While advice from advisors to the OPMCM was considered to select the districts, provision of GBV services offered by the government was also taken in account as criteria. Each selected district was subdivided into Village Development Committees comprising nine wards (considered as cluster). A total of 30 clusters from 6 districts were selected using systematic random sampling with Probability Proportional to Size. After updating the list of households in the selected clusters, 30 households were selected using systematic random sampling. At the selected households, a screening questionnaire was administered to the head of the household or most knowledgeable person at the household to identify the eligible respondents. One woman per household was randomly selected and interviewed.

## **Key Findings**

- **Knowledge of GBV laws is low**

A majority of women (61.3%) were unaware of any laws that address GBV. Only 9% of the 900 women in the

community-level surveys were aware that rape within marriage is illegal, and only 13% were aware of a specific law against domestic violence. More women were aware of laws combating trafficking (35%) and protecting “untouchables” (45%). On bivariate analysis, women were less likely to be aware of laws protecting them from acts of GBV if they had low levels of education, belonged to disadvantaged indigenous, Dalit or religious minority ethnic groups, were married, had low levels of exposure to mass media or low levels of autonomy or mobility, had poor social networks, lived in the Terai, or belonged to the lower wealth quintiles.

Among those women who were aware of the existence of laws against GBV, most were unable to state the exact content of the laws.

- **Knowledge of services available to GBV survivors is low**

Only about one quarter of women (24.8%) were aware of services available to the survivors of GBV, and most were unable to name the specific services. A very small percentage (5.6%) of women knew of shelter homes at the district level, and the same percentage of women (6.1%) knew of the desk at the District Development Committee dedicated to handling GBV cases. Five per cent were aware of the women’s and children’s center at

the district police office. Only seven women were aware that there is a GBV-focused District Resource Group led by the Chief District Officer.

- **Violence is prevalent**

Almost half of women (48%) reported that they had experienced violence at some time in their lives, and 28% had experienced violence in the past 12 months. Emotional violence (40.4%) was most commonly reported, followed by physical violence (26.8%), sexual violence (15.3%) and economic abuse/violence (8%). Social exclusion was less commonly reported, but 11% of women had been denied access to health services, and 8% had been denied access to places of worship.

Logistic regression analysis showed that women from Dalit or religious minority groups, widows, divorced or separated women, and women living in hill regions were more likely to report violence in their lifetime than other women. Women who had experienced violence reported that almost three quarters of the perpetrators were intimate partners (including husbands). Other commonly mentioned perpetrators included family members (35.2%) and neighbors (22.9%).

- **Negative consequences of violence are common and can be serious**

Women who had experienced violence reported a range of symptoms and

problems more frequently than women with no experience of violence. Problems included psychological issues (fear, tension, depression and suicidal ideation, with 1 in 25 attempting suicide); reproductive health problems, symptoms associated with sexually transmitted infections, and other physical ailments.

- **Belief that wife-beating is not (usually) justified**

The vast majority of women disapproved of wife-beating on the grounds of dissatisfaction with household work (93%), refusal to have sex (95%), enquiring if the husband has other girlfriends (95%) or disobeying the husband (81%). However, over half (55%) thought that wife-beating was justified if the wife had been unfaithful.

- **Help is not often sought — barriers exist**

A large percentage of women (61.3%) who had experienced violence had not shared or discussed their experiences with anyone. Women who faced economic violence were more likely to share their experiences with someone than those who faced sexual, emotional or physical violence. Family and friends were the most commonly mentioned persons with whom women sought help when they faced violence. Very few sought help from institutions such as the police, the health system, and

NGOs. This pattern was repeated in the qualitative surveys, with most women stating that they had sought help from members of their own family, while police, lawyers or health providers were consulted only infrequently. Women who had experienced violence but did not seek care most commonly cited *laaj* (embarrassment) (52.5%), belief that help would not be forthcoming (25.2%), fear of rejection (12%) and fear of further violence.

- **Men's awareness**

Male respondents in the FGDs were aware of the issue of violence against women and knew it was prevalent. Asked what the underlying causes of violence are, men identified patriarchal norms, unemployment, lack of awareness of women's rights, consumption of alcohol, and changing lifestyles or modernization as important drivers of violence.

Like female respondents, men were largely unfamiliar with policy and programmatic responses to GBV. Only one man knew of the Domestic Violence Crime and Punishment Act, 2067, and none were aware of the Gender Violence Elimination Fund. However, men were aware of the roles that police, paralegal committees, and district-level officers and courts could play in protecting women who had suffered violence.

- **Knowledge among key stakeholders at district and national levels**

Among key stakeholders at the district and national levels, violence against women is perceived as occurring frequently in Nepal in both public and private settings. Drivers of violence identified by these key stakeholders decision makers were similar to those identified by men in FGDs: patriarchal values, social and cultural norms (including use of alcohol), women's lack of education and employment opportunities, and low levels of awareness of legal rights.

50 of the 53 district-level respondents were aware that there are national laws to combat GBV, but fewer were aware of specific laws: 37 out of 53 knew of the Domestic Violence Crime and Punishment Act, 2067, and 19 out of 53 were aware of laws dealing with human trafficking. The majority of district-level stakeholders were unaware of laws addressing "untouchables," sexual harassment in the workplace or marital rape, nor were they aware of the GBV Elimination Fund, 2067. However, for many respondents, knowing that the laws exist did not necessarily translate into knowing the laws' specific provisions.

National-level stakeholders noted several areas where current GBV laws may need revising: the Domestic

Violence Crime and Punishment Act does not cover unmarried cohabiting couples or couples in same-sex relationships; there is a perceived lack of police power to keep alleged perpetrators in detention, and there is inadequate legal recourse for victims of sexual harassment in the workplace. In addition, interviewees noted the frequent gap between the existence of a law and the delivery of an effective response, particularly at the village level. Even when a response is initiated, interviewees voiced concern that implementation is often hampered by factors such as official corruption and bribery to release suspects.

Interviewees had a generally positive perception of the national government's overall response to GBV issues. The establishment and activities of the GBV Unit within OPMCM were viewed as particularly important, and have raised the profile of GBV policy.

We have undertaken the first comprehensive survey of the context, prevalence and consequences of GBV against women in Nepal, exploring the perspectives of multiple stakeholders. The results highlight the all-pervasive nature of GBV in the country, and the heavy burden it inflicts on the lives of women and girls. Our analysis of the policy and programmatic responses to this blight on women's lives exposes the (not entirely unexpected) gaps between

policy and implementation.

Our cross-sectional survey of 900 women at the household level, randomly selected across six districts in Nepal, found that close to half of women (48%) reported experiencing violence in their lifetime, and over a quarter had experienced violence in the past 12 months. These high percentages reflect the broad range of abuse, stigma, and exclusion to which women are subjected at all ages. Women reported being subjected to emotional abuse, physical and sexual violence, and economic exclusion (from their own financial decision-making as well as from economic participation in the wider society).

Among all women in our study, 27% reported physical violence in their lifetime, and 15% reported sexual violence. A smaller percentage had experienced violence in the past 12 months, either physical (10%) or sexual (7%). Our results are very similar to the recently published Nepal Demographic and Health Survey (Population Division MOHP, 2012). This large-scale population-based survey of over 12,000 women (8900 in rural areas and 3700 in urban areas) found that 22% reported physical violence over their lifetime, and 9% had experienced physical violence in the past 12 months. Corresponding figures for sexual violence were 12% and 6%.

- **Some women are more at risk of violence**

Given the relatively large sample size of this study, we were able to conduct multivariate analysis to identify the underlying characteristics of the women who were more likely to report violence. We found that women from Dalit or religious minority groups, widowed, divorced or separated women, and women living in the hill regions, were significantly more likely to report lifetime experiences of violence. Reports of recent violence (in past 12 months) were associated with older women (above 35 years), women with lower levels of social networking, and women living in the hill districts. Women who reported being jointly involved in decision-making with their partners were less likely to report recent violence.

This research is based on cross-sectional surveys, therefore causality cannot be inferred from the findings; only associations can be noted. Moreover, our study did not include women from urban areas, and some of the associations might not hold if urban women were included. Some of the statistically significant associations may simply represent the willingness of women of a particular age (older), or from particular communities or settings to speak openly about their lifetime experiences of matters that may be socially stigmatizing among other

groups. It is possible, for example, that Dalit or hill women really do suffer higher levels of violence than other women, but it is also possible that they are simply more able to openly report violence without social stigma. Disentangling the truth in these cases would require prospective cohort studies combined with more in-depth analysis.

- **Women are most at risk of violence from people closest to them**

Quantitative and in-depth studies revealed not only the widespread experience of violence permeating women's lives, but also the range of perpetrators of this violence. Intimate partners, family members, neighbors and occasionally unknown strangers directed violent behavior towards women. In the main, however, women reported being most at risk from those who are closest to them, particularly intimate partners. Women who had never been married were half as likely to report any lifetime experience of violence as women who were currently or previously married. Intimate partners (including husbands) were the most commonly reported perpetrators of sexual, physical and emotional violence. A quarter of women reported being physically assaulted at some time by their intimate partners, and 16.6% reported sexual violence from these partners — predominantly being forced

to have sex against their will.

These findings are supported by the results of the Nepal DHS (2011), where the most common perpetrators of both physical and sexual violence were current husbands (Population Division MOHP, 2012).

- **What are the consequences of such violence?**

Violence exacts a heavy toll on women's emotional, physical and sexual well-being. The consequences and sequelae of violence range from the psychological to the physical. Among the 432 women who reported ever experiencing violence, over four fifths reported at least one health problem. Over two thirds (69%) reported psychological problems (fear, depression, tension) and 6% had attempted suicide — a rate 10 times higher than reported by women who had not experienced violence. Almost a third of women reported suffering reproductive health problems — also a rate significantly higher than that reported by women who had not suffered violence.

Again, causality cannot be inferred from these cross-sectional surveys data. However, our survey's consistent findings of significantly higher rates of reported health problems in women who have suffered violence are compatible with the strong base of evidence for

the health consequences of violence (Campbell, 2002b).

- **What are the perceived causes of violence?**

One of the strengths of this study is that evidence on particular issues was collected from both women and men at the community level. In focus group discussions exploring why violence happens, women and men offered remarkably similar reasons, and these findings were echoed in interviews with key decision makers at the national and district levels as well.

Some of the factors leading to violence were located at the social and structural levels. For example, women's relative poverty compared to men, and their isolation from the wider community, were said to underlie many of the vulnerabilities exposing them to the risk of violence. Exclusion from educational and employment opportunities was identified by the key stakeholders as an important contributor to women's vulnerability to violence. Moreover, key national- and district-level stakeholders agreed with the women and men in the focus groups that women's position within male-dominated social structures (family, community, social and economic structures that privilege men over women, and socio-cultural practices such as dowry and polygamy) contributes both to women's vulnerability and to their lack of



autonomy and agency to respond to threats of violence.

In addition to social/structural drivers of violence, men in particular identified several factors at the individual level, including abuse of alcohol and increasing access to “modernization” (e.g., pornography on mobile technologies).

- **How do women respond to violence?**

A majority of women knew of specific services in their community offering support and care to women victims of violence. Most women named government hospitals and police posts as sites where help can be found. However, women also noted the potential negative consequences of seeking care, such as increased risk of further violence from the perpetrators (36.9%), as well as other reasons for not accessing care, including distance to travel (15.9%) and concern about the effect on their reputation (4.8%).

Perhaps as a consequence of these and other barriers, a majority of women who had suffered some kind of violence neither discussed their problem with others nor sought outside help. Only 30% of women who had been exposed to violence had sought help, and this figure varied by the type of violence a woman had experienced. Women who had been sexually assaulted were

the least likely to seek help; women who had been economically excluded/disadvantaged were the most likely. Among the 30% of women who had sought help when they suffered violence, a large majority turned to family members or friends rather than formal, state or non-state services.

Our findings are consistent with those reported by the Nepal DHS, 2011. Among the 12,000+ women in that survey, three quarters of those who had experienced violence had not sought any help. Women who experienced sexual assault were much less likely to seek care than women who had been subjected to physical violence, and help was most commonly sought from family and friends rather than from formal services (Population Division, 2012).

Men in the focus group discussions identified similar barriers to service-seeking. Men noted women’s lack of awareness about where to go, their fear of retribution, and the stigma, perceived or actual, of turning to service providers for care. In addition, men cited a potential threat of violence from service providers as a barrier to seeking care.

- **The policy and program response**

A major feature of this survey is the inclusion of an in-depth look, from multiple perspectives, at the policy and program responses to gender-



based violence. We analyzed responses from key decision makers (those who set policy priorities and formulate policy responses), service providers (those who implement services), and service users (women and men at the community level).

Results show a consistent pattern of high policy priority and robust policy formulation, but weak patterns of implementation, resulting in relatively weak knowledge of and use of services.

The Government of Nepal has placed gender-based violence in general and violence against women in particular high on its policy agenda. The OPMCM has a dedicated cell for addressing violence through inter-ministerial collaboration. Many decision makers at the national level, and some at district level, are aware of the specific contents of new and existing laws that can be used to protect women against violence and punish offenders. The Domestic Violence Law, anti-trafficking law, the law recognizing rape within marriage, and laws to protect women from sexual harassment in the workplace were all identified as providing Nepali women with a legal environment that, in theory at least, protects them from violence, stigma, discrimination, and exploitation.

In practice, however, it was also recognized by a number of interviewees that implementation and public

knowledge of these laws have been less than ideal.

Thus, at the district level, more interviewees were unaware of the specific content of laws, and they were presumably less clear therefore about their own responsibilities under the law. At the community level, perhaps unsurprisingly, people have little knowledge of the specifics of laws and policies. Though not unexpected, however, this lack of knowledge is still cause for concern. Only 9% of the 900 women in the community-level surveys were aware that rape within marriage is illegal, and only 13% were aware of a specific law against domestic violence. More women were aware of laws combating trafficking (35%) and protecting “untouchables” (45%), possibly due to the longer history and higher profile of these laws compared to the newer domestic violence laws.

It is notable that in the community-level survey, women were more likely to know about protective laws if they had higher levels of education, were richer, and had strong social networks and more autonomy of movement outside the home.

Knowledge of the law need not be a prerequisite for seeking help when violence occurs, but lack of knowledge that protective mechanisms exist can inhibit women’s ability to seek care and support. Moreover, a majority of

women in the surveys and focus groups, and men in the focus groups, were unaware of any government programs to specifically address violence. Indeed, only a quarter of the 900 women in the household-level surveys were aware of any specific services in their district to help and support women who have suffered violence. Even when national- and district-level respondents believed that support mechanisms were working in their district, community-level respondents were unaware of their presence (see, for example, the findings on the Women Human Rights Defenders). This lack of knowledge is likely due to the relative lack of visible implementation activities below the central level, a fact acknowledged by the national and district-level interviewees as well.

## Summary of key recommendations:

The data for this study was mainly obtained in rural areas due to the predominantly rural nature of the districts, which were purposively selected for the survey. This research is based on cross-sectional surveys, and therefore causality cannot be assigned to the findings. Moreover, the study was conducted with a limited scope and geographical coverage, with purposively chosen sample groups and with specific objectives, therefore findings cannot reliably be generalized beyond the rural populations included

in the study. Some of the statistically significant correlations may simply represent the willingness of women of a particular age (older) or from certain communities or settings to speak openly about their lifetime experiences of topics that may be socially stigmatizing among other groups. Although the study is therefore not generalizable, it provides new insight into what is needed to move forward in combating the pervasive nature of GBV in Nepal. The findings suggest that a rights-based framework with a multidimensional approach is needed to address both the structural causes of women's vulnerability and the impact on individuals, at the *community, program* and *policy levels*.

Detailed recommendations appear in a later section of this report. Here is a summary of those recommendations.

## At the Community Level

### 1. Raise awareness of GBV

Our results indicate a low level of community awareness of a number of factors that may contribute to VAW and hinder effective responses. A holistic awareness-raising campaign incorporating both mass media and people-to-people outreach should be launched. While mass media can be an effective way to disseminate new information, our study found that almost one third of female respondents were not exposed to the media on a

regular basis, and media exposure was correlated with age, class, education and other variables that require a sophisticated approach to tailoring both message and message delivery. Other differences identified by the study, related to risk factors, should also be employed (see "enhance the evidence base," below). Finally, as the study found among women interviewed that a majority of those who had experienced violence either did not report it, or reported it only to friends or family, these protective networks should be utilized and enhanced.

- Develop a variety of targeted outreach messages and mechanisms that effectively reach men and women within their communities, considering mass media accessibility, and taking into account high levels of illiteracy. Key messages would include: 1) the rights of all Nepalese under the specific laws related to VAW and GBV; 2) the important role family members and friends can play in preventing VAW and GBV, as well as helping victims seek assistance and justice; 3) the kinds of assistance available, both generally and locally (e.g., the GBV elimination fund, women's police cells, and the role of Women Human Rights Defenders), since a quarter of woman respondents said they didn't believe reporting would make a difference.

- Develop targeted awareness programs for community leaders (e.g., traditional power holders such as priests, retired politicians/village leaders) and for wider communities, emphasizing women's economic and political roles as agents of development. This message should promote the understanding that women are responsible for family *ijaat*, and foster a positive image of women as economic actors holding equal rights to men — constitutionally, legally, socially and culturally.

## **2. Develop innovative mechanisms for increasing policy and program accountability**

A key finding from the IDIs and FGDs across a range of stakeholders was the perception that state-mandated mechanisms for addressing violence were not fully implemented. The capacity to implement policies and programs, and accountability for that implementation, must be increased, and we suggest that innovative new mechanisms for increasing accountability should be considered.

- Promote community-led use of mobile phone technologies and community radios to assess and record program delivery and effectiveness.

## **3. Address potential drivers of GBV**

In focus group discussions, in

interviews with key decision makers and among both men and women, the study found a great deal of consensus regarding why violence happens. These common views of social and structural dynamics, along with data gleaned from the quantitative study, can be used to identify potential entry points to reduce risks of VAW.

- Increase community-level efforts to advance women's empowerment in order to address some of the potential drivers of VAW, including women's isolation from the rest of the community and limited access to education and employment opportunities.
- Identify potential entry points to reduce VAW risks, and launch pilot interventions, such as creating more opportunities for women to become linked, in ways that are locally appropriate, to other social circles in the communities in which they live.

## **At the program implementation level**

### **1. Improve official awareness and accountability**

Even among staff responsible for implementing specific laws and policies to address GBV, there was misunderstanding and incomplete knowledge of the exact content of

the laws and their own responsibility for implementation. Moreover, among some respondents there was a perception that the police in particular do not treat GBV seriously enough, or with enough sensitivity, for women to feel confident reporting to them. Recommended measures to address this include:

- Develop and/or strengthen training programs at the district level and below to raise staff awareness regarding Nepal's VAW- and GBV-related laws and the services available to victims, emphasizing the staff obligation to enforce the law and provide services addressing VAW and GBV.
- Strengthen accountability mechanisms to improve staff performance. Provide ongoing professional training, and develop sanctions mechanisms if professional standards are breached.
- Address community concerns, through both outreach and heightened enforcement, regarding impunity and/or corruption among police and prosecutors.
- Mobilize local media, particularly community radios, to inform the wider community of legal provisions and mechanisms (e.g., where to report) for obtaining justice regarding VAW and GBV.

## **2. Improve capacity to fully implement laws**

A problem was noted regarding the implementation of the legal requirement for a full medical check-up in cases of sexual assault. We recommend:

- Increase victims' access to timely, legally credible, medical screening in cases of reported sexual assault, by having, for example, a centralized, fully trained, specialist medical team (e.g., at district level) able to travel to more remote areas on short notice in cases of alleged sexual assault.
- Mobilize trained Female Community Health Volunteers to help victims get medical services where the assault occurred.

A second area where a lack of program capacity was noted was in shelter homes at the district level. Demand for services outstrips supply, the quality of services is sometimes a concern, and women are not able to stay in the homes as long as they need. We recommend:

- Improve accessibility of shelter homes, and enhance the quality and availability of services offered by them. For example, ensure that shelters have adequate financial resources, increase the number of homes available to survivors and/or improve referrals between service providers, and ensure that extended stays are possible if warranted.

- Mobilize local media, community radios in particular, to disseminate information about availability, locations and procedures for accessing shelter services.

## **3. Develop creative mechanisms to prevent and reduce VAW and GBV**

- Enhance psychosocial and other services available to children of VAW and GBV victims in order to break the potential cycle of violence and victimization, as the study found that a much higher percentage of women who witnessed GBV as children reported being victims of violence, both in their lifetimes and within the last year.
- Create concrete opportunities for greater cooperation and collaboration between government officials and local organizations and individuals combating GBV. For example, government and NGO service providers could work together to develop standards of care for GBV victims, or create simple protocols that guarantee confidentiality.

### **At the Policy level**

#### **1. Conduct a policy review of legal gaps and barriers to implementation**

In general, stakeholders at the national and sub-national levels had positive

views of the recent revisions of the laws addressing GBV, but some gaps in the law were noted.

- Revisions to specific laws addressing VAW and GBV are needed to ensure equality before the law (i.e., for people not in heterosexual and/or marital relationships).
- A review is needed of barriers to implementation, particularly focusing on whether police and judicial authorities have sufficient power to investigate accusations of violence.
- A review is needed of educational materials to ensure that they teach respect and equality and are consistent with prevention of VAW.
- A review is needed of policies related to the advertizing industry to develop a “gender code of conduct” promoting positive images of women as economic and social agents, rather than helpless victims or male-controlled commodities.

- Compare data from this study with data from the recently released Nepal Demographic and Health Survey (Population Division MOHP, 2012) to identify further risk factors for victims of GBV, as well as risk factors for men to commit GBV (e.g., excessive drinking, lower levels of education). This analysis could improve outreach and micro-targeting of messages, and enhance the delivery and availability of services.
- Conduct more in-depth research to determine whether some localities are at greater risk of GBV. For example, our study indicated that women living in hill regions may be at greater risk due to several factors. A deeper understanding of the risks would allow law enforcement and service providers to better deploy scarce resources.
- Obtain more data about the role that men can play or are playing in preventing GBV, and assess whether and in what ways men are themselves victims of GBV.

## **2. Enhance the evidence base for action**

For some issues, there was a perception that current data are insufficient to fully understand and address the problem. We recommend the following areas for future evidence-gathering:



- New interventions have been implemented recently in Nepal, such as public advocacy, resource and rehabilitation centers, the GBV fund, telephone hotlines, complaint desks, crisis centers, training programs for service providers, etc. Rigorous evaluations of these interventions would allow policymakers and practitioners to identify what works, where gaps need to be addressed, and which pilot activities should be scaled up to the national level.
- Clarify the causal relationship between GBV and adverse health consequences. Our study found a link (on cross-sectional analysis) between GBV and adverse physical and mental health outcomes, but this link shows correlation not causation.

### **Removing the structural causes of VAW and GBV**

The experiences of male violence against women recounted in this study are the result of institutionalized discrimination and male power over women, and a holistic approach is needed to address both the root causes and the effects of this violence. Women's narratives and stakeholders' accounts analyzed in this study suggest that women's legal subordination, economic dependency, cultural

obligations and social position are the key structural factors creating a context in which VAW can become widespread. So the study recommends:

- Change current citizenship requirements for women to establish women's autonomous citizenship independent of endorsement by men.
- Give women the legal right to control family resources, particularly land.

### **Institutional mechanisms**

The study acknowledges that current institutional mechanisms addressing gender and GBV have a crucial role to play. To implement existing policy more effectively and guide the process of identifying and removing structural barriers, the study suggests:

- Strengthen the policy role of OPMCOM as a central unit to coordinate ministerial actions on VAW and GBV.
- Strengthen the Ministry of Women, Children and Social Welfare by providing sufficient human and financial resources to plan, coordinate and implement initiatives on gender, VAW and GBV.
- Transform the National Women's Commission into a constitutional body empowered to monitor VAW and GBV.

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# Chapter 1

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## INTRODUCTION

# INTRODUCTION

## 1.1 Background

The United Nations (UN) first situated VAW within the human rights framework in 1993, and in 1995 the Government of Nepal signed the Beijing Declaration and Platform for Action (BPFA) on VAW.

The Convention for the Elimination of Discrimination against Women (CEDAW) and the UN Article that prohibits torture have both brought VAW out of the private and into the public sphere globally and in doing so have recognized VAW as an infringement of women's basic human rights.

The UN has defined VAW in the following terms:

"Violence against women refers to any 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, whether occurring in public or private life. Violence against women shall be understood to encompass, but not be limited to the following:

Physical, sexual and psychological violence occurring in the family,

including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

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;

Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs."

Furthermore, the UN in 2006 had published a working definition of violence against women that reiterated and defined the definition above and stated as:

"Violence that is directed against a woman, because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty".



Thus, in its broadest definition, violence against women can include social and economic exclusion, as well as physical, sexual and emotional violence. In our study, we have used this broader set of definitions to look at the range of experiences of violence that women face.

Violence against women (in its broadest sense) can occur throughout women's lives, irrespective of their class, caste, social status, race, religion, nationality or any other defining features (CRDC, 2002). It is estimated that globally one in three women is abused during her lifetime, and 8-26% of women and girls report having been sexually abused as children or adults (Holden, 2003). Violence against women that occurs in the domestic sphere and is perpetrated by their intimate partners, including spouses, is a particular problem, with between 13% and 61% of women worldwide reporting physical domestic violence in their lifetime (Crowell et al 1996; CRDC, 2002; Kishor et al, 2004).

Violence Against women as a sub-category of broader gender-based violence (GBV) is typically enmeshed in a complex web of institutionalized social relations that reinforce women's vulnerability. For example, women may endure men's violence because they see no acceptable alternatives, and their lack of alternatives is often part of a larger cultural logic that sanctions violence. Violence against women prevents them from exercising

their legal rights to inherit property, constrains their ability to take advantage of economic opportunities and keeps them in their homes.

Studies have shown that VAW has serious consequences for women's lives and health. There is evidence of a link between violence in the domestic sphere and women's physical and psychological health (Watts and Zimmerman, 2002). Physical abuse is associated with acute and lasting mental illness (NRC, 2003; Mullen et al, 2000; Danielson et al, 1998), stress-related physical illness (Butterworth, 2004; Campbell et al, 2002; Sutherland et al, 1998; Koss and Heslet, 1992), gynecological problems (Butterwith et al, 2004; Coker et al, 2000; Letourneau et al, 1999; Golding, 1996; Wingood et al, 2000, and Johnson et al, 2004), being underweight (Plichta and Abraham, 1996) and risk factors for chronic illness (Plichta and Abraham, 1996; Bailey and Daugherty, 2007). In pregnancy, such violence is associated with poor nutrition (Lemon et al, 2002), low maternal weight gain, smoking and alcohol use, infections, anemia (Kearney et al, 2003), and maternal mortality (McFarlane et al, 1996). Children's exposure to domestic violence also has important adverse effects. Studies show that violent arguments between parents are associated with children's failure to thrive, lower caloric intake, higher risks of wasting (weight-for-height

z-score < -2 SD) (Pilchta and Abraham, 1996) and poorer growth in infancy and into childhood. Women who have been physically or sexually assaulted may use curative health services more frequently and over a longer time period, but may also make less use of important preventive services, such as prenatal care (Rao, 1997).

## 1.2 Overview of violence against women in Nepal

### 1.2.1 The extent of VAW

Violence against women is a widespread problem in Nepal. Legal subordination, economic dependency, cultural obligation and social position of women (Poudel, 2011) construct and reinforce male dominance and female subservience so thoroughly that neither the violence nor the failure to complain about it are unusual. By law, women do not have autonomous identity; men inherit and control most property with the concomitant responsibility to support parents, wives and children. Women's dependence is reinforced in the law, religion and cultural norms. Moreover, women's cultural obligation to preserve family *ijaa<sup>4</sup>t* and honor, grinding poverty, lack of jobs feed the opportunities for violence inherent in the dependency relationship.

Girls and women in Nepal are exposed to a variety of forms of violence, many of which are suffered by women globally, and others that are seen more commonly in Nepal than elsewhere. The latter includes punishment for witchcraft (*Boxi*). Gender-based Violence occurs in contexts that are interlinked with underlying social, economic, cultural, religious and gender norms, and may have recently been exacerbated by armed conflict (Villallas Arino, 2008). For example, within the *Badi* community in mid-western Terai district many women are forced by social and economic factors into commercial sex work, with 30-40% reported to be girls younger than 15 years of age. Dalit women face multiple discriminations including the risk of being accused of witchcraft (*Boxi*). The *Chhaupadi* is a social tradition for Hindu women in the western part of Nepal that prohibits them from participating in normal family activities during menstruation because they are considered impure. The women are kept out of the house and have to live in a shed. This lasts ten to eleven days when an adolescent girl has her first period, and four to seven days for every following one.

A decade of armed conflict in Nepal is thought also to have contributed to GBV against women and girls, particularly through rape, trafficking, sexual slavery, displacement and economic hardship, however there

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4 *Ijaat* is a cultural term widely used in Hindu dominant society of Nepal that denotes honour.

have not been any researches carried out so far to substantiate the public assumption. The abuse of women in armed conflict is rooted in a culture of discrimination that denies women equal status with men (Villellas Arino, 2008). Social, political and religious norms identify women as the property of men, conflate women's chastity with family honor, and legitimize violence against women. Women's financial dependence, subordinate social status and lack of legal support render them particularly vulnerable to abuse.

Little published research exists on the prevalence of GBV in Nepal, its social context, or responses by the service sector. Small-scale studies have been limited in scope and detail. For example, a study in five districts of Nepal revealed that 66% of respondents believed that physical violence does occur in Nepalese society (Montgomery et al, 1997). Another study conducted among 1,296 women from four major ethnicities in Nepal found that 46% of young married women aged 15-24 years had experienced sexual violence by their husbands, and 31% of them had experienced sexual violence in the past 12 months (Puri et al, 2011). A study of women who had recently given birth found that one third had experienced physical abuse during marriage, and half experienced violence during pregnancy. In a small study conducted by Women's Rehabilitation Center with 60 women in the Udaypur

and Kathmandu districts of Nepal, half of these women were found to have experienced non-consensual sex in marriage (WOREC, 2002). Another study conducted among young migrant workers from carpet and garment factories in Nepal showed that one in ten young women reported having experienced sexual coercion (Puri et al., 2007). An exploratory study on sexual violence among young couples showed that one in every two young married women (19 out of 39) reported experiences of forced sex from their husband (Puri et al., 2010). A study conducted in a hospital among women who had recently delivered revealed that 51% had experienced verbal abuse from their husbands during pregnancy, and 69% mentioned that they had faced verbal abuse when they were not pregnant. However, this study was limited to women who had come to the hospital for delivery or postpartum checkup, and cannot be generalized to other groups (Deuba and Rana, 2005).

The 2011 Nepal Demographic and Health Survey (NDHS) found that more than one in five women age 15-49 years (22%) reported experiencing physical violence at some point since the age of 15 years. 9% had been physically assaulted in the last year, either regularly (2%) or infrequently (7%). Older, married, rural and Terai women were more likely to report physical violence than other groups of women (NDHS, 2011). Moreover, 12%

of women have experienced sexual violence. The survey also questioned men in the population and found that 21% of male respondents feel that a husband may be justified in beating his wife.

Trafficking of girls and women is a problem in Nepal that has link with gender discrimination, violence and socio-cultural roles prescribed by the social institutions for women. Between 5,000 and 7,000 Nepali girls are trafficked every year across the border to India. Most end up as sex workers in brothels in Mumbai and New Delhi. It is estimated that a total of 200,000 Nepali girls and women have been sex trafficked to India. Half of those trafficked are under 16 years of age, and one quarter are under 14 (Simkhada, 2008).

### **1.2.2 The legal and policy response to VAW in Nepal**

Nepalese women and girls are discriminated against in socio-cultural, economic, political and legal spheres. A report by the Forum for Women, Law and Development (FWLD) entitled “Discriminatory Laws in Nepal and Their Impact on Women” noted that in the year 2009, Nepal had 96 discriminatory provisions and 92 schedules in various acts and provisions, including the Constitution, that have discriminatory provisions. A new bill to review

*Nepalese women are discriminated against in socio-cultural, economic, political and legal spheres; but progress in reducing gender-based discrimination is being made.*

gender-discriminatory provisions within existing policy was drafted in 2011, but it has not yet been discussed by the cabinet or introduced in Parliament. A consequence of these discriminatory provisions is that in some circumstances, rights and responsibilities are accorded only to men. For example, substantive discrimination was found to exist in the fields of nationality, marriage and family relations, sexual offences, and property rights (FWLD, 2009).

Nevertheless, Nepal has made progress over the last decade in reducing gender-based discrimination and empowering women. For example, girls now have significantly better access to education. Gender-inclusive and gender-friendly policies and national plans of action have been framed to increase women’s access to political, economic and social spheres, and to reduce vulnerability to GBV. Legal reforms have been introduced, and institutional mechanisms have been established and strengthened in order to promote gender equality and women’s empowerment.

As a result of these and other activities, the Gender Empowerment Measure (GEM) for Nepal has improved significantly, from 0.391 in 2001 to 0.496 in 2006 (UNFPA, 2007).

The Domestic Violence and Punishment Act was passed in May 2009. It classifies physical, mental, sexual, financial and behavioral violence within the home as domestic violence, and provides for a response system in cases of rights violation. This Act emphasizes respect for the right of every person to live in a secure and dignified manner, prevention and control of violence occurring within the family or outside, making such violence punishable, and providing protection to the survivors of violence. Further, it gives individuals the right to file complaints, provides legal remedies (including interim protection orders and compensation), defines penalties for perpetrators, and creates service centers for counseling and rehabilitation. The Three-Year Plan of Nepal (2010 - 2013) includes the objective of eliminating various types of GBV and discrimination against women, and promoting gender equality and women's empowerment. The Standard Operating Procedures for the prevention of and response to GBV have been endorsed by the Government. A national database, the Gender-Based Violence Information Management System (GBVIMS), has been established under the office of the National Women Commission. The

Human Trafficking and Transportation Control Act, 2007, addresses new dimensions of the trafficking problem, and defines the duties and obligations of the state and other stakeholders, including the provision of a victims' trust fund. Since the Ninth Five Year Plan of the Government (1997–2002), gender and social inclusion, gender mainstreaming and women's empowerment, including gender-based budgeting, have occupied an important place in the national agenda. The National Plan of Action (NPA) against Trafficking Children and Women for Sexual and Labor Exploitation, 1998, the NPA on CEDAW, 2003, and the NPA for Gender Equality and Women's Empowerment, 2004, have been implemented. The NPA against Gender Violence, 2010, accelerates prosecution and enhances prevention of such activities. The Government of Nepal marked 2010 as the "Year Against Gender Violence," and introduced hospital-based, one-stop crisis management centers in 15 selected districts, with service centers established for survivors of GBV.

There are still many obstacles to effective implementation of laws and policies promoting women's empowerment. For example, domestic violence is treated as a personal criminal case, which means that a woman has to file her own case with the Women's Commission, the National Human Rights Commission, the police,

or directly with the court. However, the Women Human Rights Defenders (see Section 6.6.2 in Chapter 6) are empowered to assist any woman in this situation.

So legal and policy progress is being made, and the formulation of a new constitution affords a unique opportunity to push issues of VAW and GBV even higher on the political and policy agendas. But there are critical gaps in our knowledge of the character and extent of GBV in Nepal. Empirical data on the context, frequency and precipitating factors of GBV in Nepal has until now been inadequate. More importantly, no prior research has systematically explored the knowledge and attitudes of the many different stakeholders in Nepal regarding GBV laws, policies and services. Lack of such evidence may preclude the development and implementation of effective law, policy and programmatic responses.

This study was undertaken to address some of these gaps in the data on VAW in Nepal. The study has looked in detail at the prevalence of VAW among women in the general population, and it has assessed women's responses and attitudes to violence, as well as the responses of identified protective agencies. This evidence is designed to inform appropriate policy and programmatic responses.

## 1.3 Objectives of the study

- To estimate the prevalence of violence against women, as a sub-category of gender-based violence in six districts of eastern, central, western and far western development regions of Nepal, including, *inter alia*, interpersonal violence (physical, sexual and emotional), community-based violence and structural violence (including social and economic exclusion), and to identify the factors associated with gender-based violence
- To assess women's and men's knowledge of, and attitudes towards, laws, policies and services addressing violence against women as a sub-category of gender-based violence
- To assess district-level and national-level stakeholders' knowledge of, and attitudes towards, laws, policies and services addressing VAW as sub-category of gender-based violence
- To identify focal areas for the development of policies and programs to reduce VAW as sub-category of gender-based violence in Nepal

## 1.4 Methodology

This study used a mixed-methods research design incorporating FGD, interviews and cross-sectional surveys.



To estimate the prevalence of violence and assess women's attitudes and knowledge, we conducted cross-sectional household surveys among women in the general population. Stakeholder knowledge of, and attitudes towards VAW and GBV were assessed through in-depth, qualitative research methods.

#### **1.4.1 Characteristics/social profile of the study population**

The median age of the women surveyed was 30 years, with 30% younger than 25. A majority of the women (82%) were married, and of those who had ever been married, more than half (53%) had three or more children. As noted above, our geographical focus meant that about a third of the women surveyed belonged to the disadvantaged Janajati group (32%), followed by those in an upper-caste group (27%) and the disadvantaged, non-Dalit Terai caste group (21%). Only 11% had obtained a School Leaving Certificate or higher education level, and 34% of women surveyed were illiterate. Only 7% of women surveyed had been exposed to all three media (newspapers, radio and television) and 29% of women had not been exposed to any of the three media.

Over half the respondents (57%) were in unremunerated jobs. Agriculture was the main source of family income (51%). Membership in community

groups or organizations of women was high (48%). A majority of women (59%) reported no involvement in household decision-making. Over four fifths of women had low freedom of movement.

The age of the in-depth interview respondents ranged from 16 to 46 years, and their education levels ranged from illiterate to Grade 10. Many women were involved in either agriculture or labor. The respondents were from different ethnic groups, including Brahman, Chhetri, Dalit and both hill and Terai Janajatis. The age of the FGD participants ranged from 15 to 61 years. Girls in the youngest age group (15-18 years) were all students, while women in the other two groups were involved in agriculture, teaching, business or tailoring, or were housewives.

#### **1.4.2 Cross-sectional prevalence survey**

The study was carried out in six districts — Dadeldhura, Nawalparasi, Makwanpur, Siraha, Sindhupalchowk, and Sankhuwashava. Districts were chosen to represent ecological diversity and to include some locations (Nawalparasi, Makwanpur and Sindhupalchowk) where government-supported GBV services exist. The selection of exclusively rural districts reflects the desire of the GBV Unit at the OPMCM, funders and others,

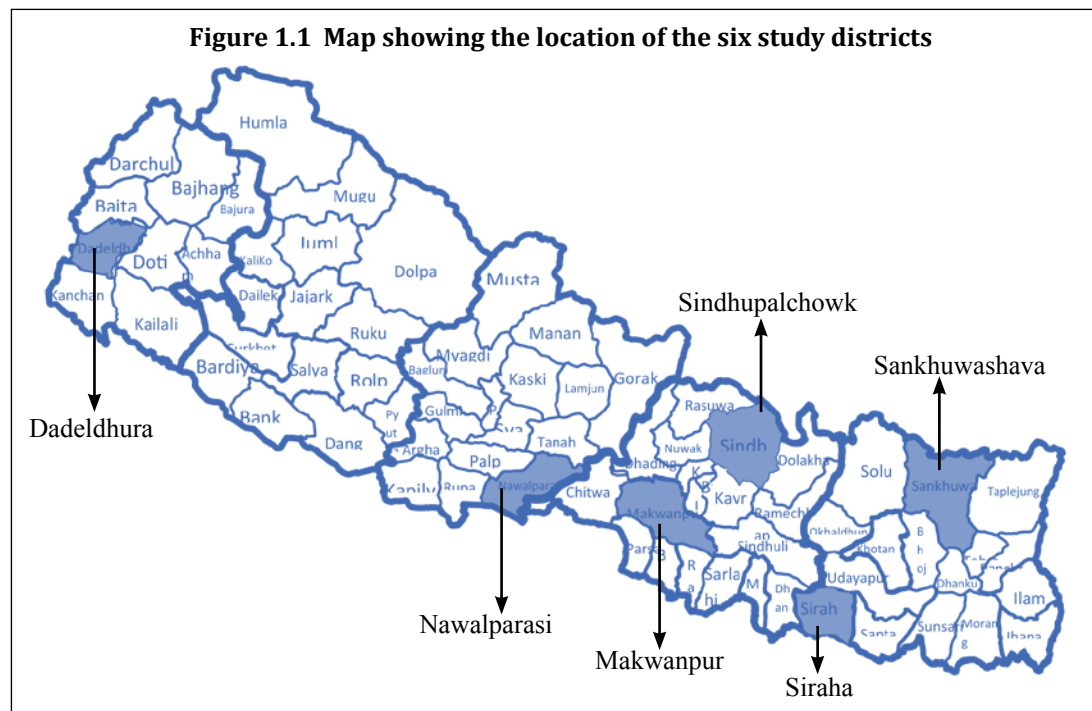
to focus on GBV against women in rural areas. Since no urban areas were included, this study does not reflect a true national survey. This caveat informs interpretation of all the survey findings.

The household survey used a multistage, stratified cluster sampling design. The 75 districts of the country were first divided into two strata:

- Districts with government-supported resource centers for GBV survivors (15 districts) and safe-homes (8 districts) — total 23 districts

These districts were further stratified by ecological region (i.e., hill, mountain or Terai) and listed from east to west. 6 districts were then chosen randomly from the list, 3 from those with government supported GBV services (one from each ecological region) and 3 from those without (one from each ecological region). (Table 1.1) Next, population census data (2001) were used to construct a sampling frame of all rural wards in the selected six districts of Nepal. Each district was subdivided into village development committees (VDCs) comprising nine wards. A

**Figure 1.1 Map showing the location of the six study districts**



- Districts with no government-supported resource centers for GBV survivors — total 52 districts

village ward was considered a cluster and served as the Primary Sampling Unit (PSU) for this study. A total



of 30 clusters from 6 districts were selected using systematic sampling with Probability Proportional to Size (PPS). Finally, a listing of all households was prepared for the selected clusters with the help of community leaders, and 30 households were selected using systematic random sampling. At selected households, a screening questionnaire was administered to the head of household or most knowledgeable person in the household to identify eligible respondents. Only one participant per household was randomly selected and interviewed, to

avoid household clustering of responses and for reasons of safety for women. Women were eligible to participate in the survey if they were:

- Aged 15-59 years.
- Able to give voluntary and informed consent to participate.

Women were not excluded on the basis of their marital/civil status: they were eligible to participate whether or not they were now or had ever been married. In the household survey, we interviewed 900 women aged 15-59 years from 914 households. In cases of more than one eligible woman in a household, one woman was selected

**Table 1.1 Sampled districts by ecological regions**

Ecological regions	Districts with government supported resource centers or rehabilitation/safe-homes	Selected districts
Terai	Jhapa, Sunsari, Saptari, Sarlahi, Parsa, Chitwan, Nawalparasi, Rupandehi, Dang, Banke, Bardiya, Kailali, Kanchanpur	Nawalparasi
Hill	Panchthar, Kavrepalanchowk, Makwanpur, Tanahu, Baglung, Doti, Kathmandu	Makwanpur
Mountain	Solukhumbu, Sindhupalchowk, Jumla	Sindhupalchowk
<b>Districts without government supported resource centers or rehabilitation/safe-homes</b>		
Terai	Siraha, Dhanusha, Mahottari, Rautahat, Bara, Parsa and Kapilvastu	Siraha
Hill	Ilam, Dhankuta, Terathum, Bhojpur, Okhaldhunga, Khotang, Udayapur, Sindhuli, Rammechhap, Lalitpur, Bhaktapur, Nuwakot, Dhading, Gorkha, Lamjung, Syangja, Kaski, Myagdi, Parbat, Gulmi, Palpa, Arghakhachi, Pyuthan, Rolpa, Rukum, Salyan, Surkhet, Dailekh, Jajarkot, Accham, Dadeldhura, and Baitadi	Dadeldhura
Mountain	Taplejung, Sankhuwashbha, Dolkha, Rasuwa, Manang, Mustang, Dolpa, Kalikot, Mugu, Humla, Bajura, Bajhang, and Darchula	Sankhuwashava

randomly. The age range of eligible participants was decided in consultation with TAF and the GBV unit: generally, 15-49 years is used in Nepal, but we hoped to include data on violence against widows, so we raised the upper age limit to 59 years.

### **1.4.3 In-depth qualitative research**

We conducted focus group discussions (FGDs), in-depth interviews, and semi-structured interviews. 24 FGDs (18 with women and six with men) were conducted to better understand community perceptions of VAW. Six FGDs were conducted with women in each ecological zone (18 total). Women were stratified by age (15-19, 20-34, 35-and-above), and marital status (currently or formerly married, and unmarried). Due to resource constraints, we conducted just 6 FGDs with men, in 3 districts only (Sindhupalchowk, Siraha and Makwanpur), exploring men's knowledge and attitudes regarding laws, policies and services addressing GBV. These FGDs were conducted in two groups: unmarried men aged 15-24, and currently or formerly married men aged 20-49. FGDs for both men and women were conducted either in the same clusters where the household survey was carried out, or in nearby or adjoining clusters. The FGD participants were recruited with the help of community leaders. The community leaders were asked to convene a

meeting in a convenient location in the village to introduce the study and invite participation. Researchers then randomly selected 8-10 participants for each group discussion. Additionally, 16 in-depth interviews (IDIs) were conducted with women who reported experiencing GBV in the cross-sectional survey. In-depth interview participants were selected purposively from the survey respondents. In-depth interview participants were given a small gift approximately equivalent to two US dollars.

We conducted 53 semi-structured interviews (5-10 per district) with district-level stakeholders. Selection for these interviews was purposive; we identified the following government officials and invited them to participate: local development officer, women's development officer, district police officer, and district public health officer. Interviews were also conducted with staff from non-governmental organizations and civil society organizations at the district level. In addition, we interviewed 13 national-level stakeholders. These interviewees were selected because they represent the people and institutions that influence the GBV agenda (women's groups who campaign against GBV, the media, academic or research groups), play a role in policy formulation (legislative or Ministry of Finance personnel) or

**Table 1.2 District-wise sample performance**

Districts	Cross-sectional survey participants (women)	FGD with women	FGD with men	In-depth interviews with women who had suffered violence	Semi-structured interviews with officials
Sankhuwashava	60	3	2	2	7
Siraha	240	3	-	5	9
Makwanpur	150	3	-	3	9
Dadeldhura	60	3	2	2	10
Sindhupalchowk	150	3	-	1	9
Nawalparasi	240	3	2	3	9
<b>Total</b>	<b>900</b>	<b>18</b>	<b>6</b>	<b>16</b>	<b>53</b>

determine resource allocation and policy implementation (Ministries of Health, Education and Justice).

Table 1.2 summarizes the respondents recruited to the different parts of the survey in each district.

## 1.5 Survey instruments

The following seven research instruments were used to collect data:

- Structured [prevalence] survey questionnaire for women
- Focus group discussion guidelines for women
- Focus group discussion guidelines for men
- In-depth interview guidelines for women
- Semi-structured interview questionnaire for district-level stakeholders
- In-depth interview guidelines for national-level stakeholders

Research instruments were first developed in English and then translated into Nepali. English and Nepali instruments were finalized in consultation with The Asia Foundation (TAF), OPMCM and members of the National Advisory Committee. Instruments for research among the general population were pretested in a village of Kathmandu valley, and changes were made based on the pilot results.

The structured survey (assessing prevalence) covered the following topics:

- *Socio-demographic characteristics:* current age, age at marriage, education, marital status, caste/ethnicity, type of family, sources of income, employment, disability status, exposure to media
- *Husband's background:* current age, education, occupation, involvement

in domestic work, abuse of alcohol or drugs

- *Social network and decision making*: distance to natal home, frequency of contact with natal family, membership in community organizations or groups, participation in community groups, decision-making on large household purchases, mobility
- *Attitudes towards violence*: attitudes towards violence
- *Community violence*: knowledge about GBV, personal history of witnessing GBV in childhood
- *Knowledge about GBV laws, policies and services*: knowledge about Domestic Violence (Crime and Punishment) Act, Human Trafficking and Transportation Control Act, 2067, Bill against Untouchables, Sexual Harassment at Workplace, Gender Violence Elimination Fund, 2067, District Resource Center, Women & Children Service Center, the GBV case-handling desk, and attitudes toward various gender-equity laws and policies of the country
- *Intimate partner violence*: intimate partner violence (physical, sexual, emotional, economic), violence during pregnancy, care- or support-seeking behavior
- *Social exclusion and structural violence*: exclusion from social events, employment or health care

access; experiences of structural violence; support-seeking behaviors

- *Violence from other than intimate partner*: violence (physical, sexual, emotional, economic), violence during pregnancy, care- or support-seeking behavior
- *Consequences*: psychological problems, suicidal ideation, health problems
- *Interventions*: women's suggestions to prevent GBV

## 1.6 Data collection

Fieldwork was carried out from September 6 to December 12, 2011. 30 trained researchers (28 female and 2 male) collected data. One field team (a supervisor plus 2-5 enumerators) was assigned to each district. The field teams received five days of intensive training in the application of the research instruments and quality-assurance from the core team members. Representatives of OPMCM (Dr. Trilochan Upreti, Secretary; Mr. Kedar Poudel, Joint Secretary; Ms. Maheshwori Bista, Section Officer) and officials of The Asia Foundation (Ms. Diana Fernandez and Ms. Mahima Malla) also facilitated the training. The training curriculum included an overview of the objectives, followed by sampling methodology, research ethics, techniques for building rapport, interview skills, questionnaire administration, recording and transcription. In addition, all the

research instruments were discussed in detail, and mock interviews were carried out. The field researchers were trained to follow the standard practices of the World Health Organization for conducting research on sensitive issues (WHO, 2001).

Enumerators were responsible for obtaining informed consent, maintaining ethical norms, and conducting individual interviews. Supervisors were responsible for day-to-day supervision of the enumerators, conducting FGDs and in-depth interviews with women, and reporting to the core team members. The FGDs with men and the semi-structured interviews with district-level stakeholders (in two districts) were carried out by male researchers. In-depth interviews with national-level stakeholders and semi-structured interviews with district-level stakeholders (in 4 districts) were carried out by members of the core team.

To increase confidentiality, individual interviews were conducted in private locations convenient to the respondents, usually away from their homes or workplaces. All in-depth interviews and FGDs were tape-recorded with consent of the respondents. Interviews were transcribed, and FGD field notes were expanded on the day of each interview. Each subsequent interview was conducted only after the previous interview or FGD was transcribed or expanded. During the field study,

core team members visited study sites and supervised the interviewers to assess quality and ensure that ethical guidelines were being followed.

A half-day debriefing meeting was held at CREHPA after the teams had completed the data collection. The team members from each survey component presented their field experiences and discussed the challenges they faced during their fieldwork.

An advisory committee of seven members under the leadership of the secretary of the OPMCM was formed before the initiation of the study. The committee members were from OPMCM, TAF, ESP/DFID, UN Women, and the National Women Commission. The role of the committee was to safeguard and address the community's and the study participants' interests and concerns during the study period, and to ensure that ethical and harm-minimization guidelines were followed during the study period. The committee met twice during the initial period of the study to discuss the methods and research instruments.

## **1.7 Data management and analysis**

### **1.7.1 Quantitative data**

The completed individual questionnaires were manually edited

and coded before being entered into CSPro (4.1). Data entry systems included a number of inbuilt mechanisms to check data validity (range and consistency checks). A data management officer closely monitored the work of data entry assistants and randomly checked entered data every day. Quantitative data were analyzed using Statistical Package for Social Sciences software (SPSS, version 13). A central focus of the analysis was to assess the extent of violence against women, their awareness of laws and policies addressing the issue, and their help-seeking behavior. Both bivariate (chi-square test) and multivariate analyses (binary logistic regressions) were carried out. Further details are provided in each chapter.

### **1.7.2 Qualitative data**

Tapes and field notes from in-depth interviews, semi-structured interviews and FGDs were transcribed, and analysis was based on thematic approaches. Due to limited time and resources, we analyzed the qualitative data manually. Emerging themes were identified, and grid tables were prepared around the themes.

## **1.8 Ethical considerations**

The study received ethical approval from the Institutional Review Committee of CREHPA. We embedded

a number of ethical protection mechanisms within the structure of the survey. For example, research team members all received training on research ethics, and throughout the study we followed WHO guidelines for conducting sensitive research with vulnerable populations (WHO, 2001). Data collection proceeded only with informed consent of the subjects. Subjects were free not to take part, or to withdraw from the study at any point. Only two widowed women refused to provide background information about their deceased husbands. Data was collected and stored with no personally identifying information. The tapes of qualitative interviews were kept under lock and key in the CREHPA office prior to transcription. All computer files were password protected to ensure confidentiality. All study participants were given information about, and access to, appropriate counseling interventions if requested or necessary.

## **1.9 Challenges**

Fieldwork coincided with the monsoon and festivals season, sometimes making target populations hard to reach. Team members had to walk to most villages, greatly increasing the time spent travelling.

### **1.10 Limitations of the study**

As with any piece of research, there are limitations both to data collection and

interpretation. We have grouped these into three main areas. Firstly, this study is limited to VAW, a sub-category of broader GBV, due to the nature of the sample population and the questions used to elicit the experiences of that sample. Secondly, the cross-sectional nature of the data limits our ability to establish temporality or causality in many of the observed relationships. Thirdly, due to the purposive selection of study districts and the rural nature of the sample, the findings cannot reliably be generalized beyond the rural populations included in the study (e.g., to the urban population). Lastly, although we have tried to ensure the reliability and validity of responses, underreporting of VAW cannot be entirely ruled out, and this may bias the results in any of several directions.

### **1.11 Report structure**

This study report is divided into seven chapters. Chapter 1, the present chapter, is the Introduction, which

also describes the study's background and methodology. Chapter 2 discusses the demographic and socioeconomic characteristics of women included in the household surveys, FGDs and IDIs. Chapter 3 examines women's knowledge of their rights, of the laws to protect them against violence, and of the services available at the district level for survivors of violence. The prevalence of violence, its correlates and consequences, and the help-seeking behaviour of women are presented in Chapter 4. Men's knowledge and perceptions of GBV laws, policies and programs are described in Chapter 5. Chapter 6 analyzes stakeholders' knowledge of, and attitudes towards, the laws, policies and services addressing GBV. The report concludes with Chapter 7, Discussion, Conclusions and Recommendations.





# **Chapter 2**

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## **CHARACTERISTICS OF FEMALE STUDY POPULATION**

# CHARACTERISTICS OF FEMALE STUDY POPULATION

This chapter discusses the demographic and socioeconomic characteristics of women included in the household surveys, focus group discussions (FGDs) and in-depth interviews (IDIs). This chapter also describes women's social support and elements of social capital, and looks at decision-making processes and women's levels of autonomy.

## 2.1 Demographic characteristics

We interviewed 900 women across the 6 districts. The median age of the women was 30 years, with 30% aged less than 25 years. The majority of the sampled women (82%) were married at the time of the interview. More than half of

married or formerly women in the study had 3 or more children (53%).

## 2.2 Socioeconomic characteristics

Ethnicity/caste was categorized according to the Health Management Information System (HMIS) of the Ministry of Health and Population (see Table 2.2). About a third of the sampled women belonged to the disadvantaged Janajatis (32%), followed by those in the upper caste group (27%).

Approximately one fifth of women were of the disadvantaged non-Dalit Terai caste group (21%) and 16% belonged to the Dalit caste/ethnic groups (see Annex 1 for HMIS categories of ethnicity/caste).

**Table 2.1 Demographic characteristics**

Characteristics	%	n
Age (in years)		
15-24	29.9	269
25-34	29.9	269
35-49	29.8	268
50-59	10.4	94
Median age	30 years	
Marital status		
Never married	12.4	112

Currently married	81.6	734
Widow/Divorced/Separated	6.0	54
<b>Total</b>	<b>100.0</b>	<b>900</b>
<b>Number of living children</b>		
No living children	9.3	73
1	15.5	122
2	22.7	179
3 and more	52.5	414
<b>Total</b>	<b>100.0</b>	<b>788</b>

Only 11% had obtained a School Leaving Certificate or higher education level, and 34% of women surveyed were illiterate. Over half the respondents (57%) were in unremunerated jobs such as housewife

or student. 28% worked in agriculture/animal husbandry. Very few worked in the public/non-governmental sector (3%) or small business (4%). The main source of family income, as reported by half the women, was

**Table 2.2 Socioeconomic characteristics**

Socioeconomic characteristics	%	n
<b>Caste/ethnicity</b>		
Disadvantaged indigenous groups ( <i>janajatis</i> )	31.9	287
Upper caste groups	27.3	246
Disadvantaged non-Dalit Terai caste groups	21.4	193
Dalits/religious minorities	16.1	145
Relatively advantaged indigenous groups ( <i>janajatis</i> )	3.2	29
<b>Level of education</b>		
Illiterate	33.8	304
Up to primary/informal education	36.4	328
Six to ten years of schooling	18.7	168
School Leaving Certificate or more	11.1	100
<b>Women's occupation</b>		
Unremunerated — housewife or student	57.1	415
Daily wage laborer	6.9	62
Agriculture and livestock	28.1	253
Professional	3.4	31

Business/small business	4.4	40
<b>Women's Monthly income</b>		
No income	76.0	684
Up to 5000	18.7	168
5000+	5.3	48
<b>Main source of family income</b>		
Agriculture	51.1	460
Business/small business	5.4	49
Service	10.9	98
Labor	15.7	141
Foreign employment	13.8	124
Other	3.1	28
<b>Total</b>	<b>100.0</b>	<b>900</b>

agriculture (51%) followed by labor (16%). Notably, 14% stated that their family relied on foreign employment.

## 2.3 Mass media exposure

In the present study, exposure to media was assessed by asking women if they listened to the radio, watched television or read newspapers or magazines at least once a week. They were also asked when they watch television or listen to the radio. This information is useful for program managers and planners to determine which media will be most effective for disseminating information to a target audience. Results are presented in Figure 2.1 and Table 2.3. 71% of women were exposed to at least one type of media, with exposure to

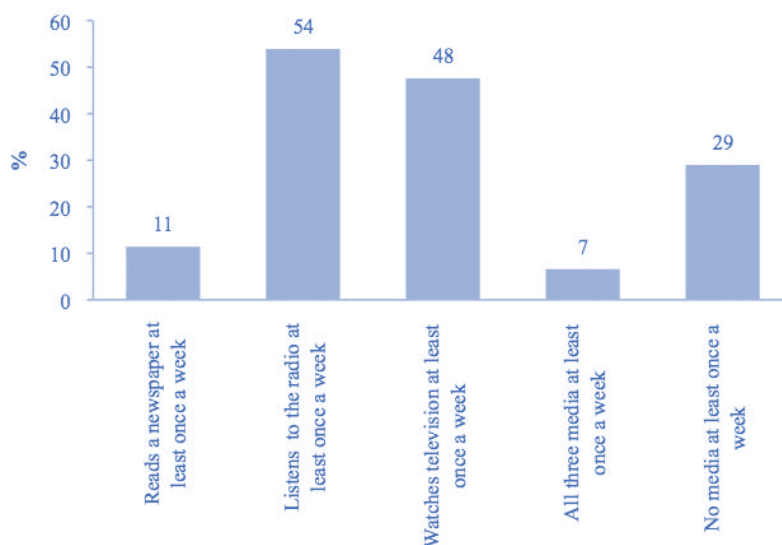
radio being the highest (53.9%). About half of women watch television at least once a week. Exposure to print media was lower, with only one in ten women reporting that they read a newspaper or magazine at least once a week. Only 7% of women were exposed to all three media at least once a week, and 29% of women were not exposed to any of the three media.

Young women under 25 years of age were more likely to be

exposed to the mass media than older women, presumably in part because of their higher level of education. Media exposure was highly related to both level of education and economic status. Exposure to media was highest among women with a secondary education or higher, and those who were in the highest wealth quintile. Media exposure

*Media exposure is higher among younger and better educated women, and correlates with awareness of laws*

**Figure 2.1 Exposure to mass media (N=900)**



was lowest among Dalit/religious minority groups and highest among upper caste/ethnic groups. Exposure to

mass media also varied by ecological regions (Table 2.3).

**Table 2.3 Exposure to specific media by selected background characteristics**

Background characteristics	Reads a newspaper at least once a week	Listens to the radio at least once a week	Watches television at least once a week	All three media at least once a week	No media at least once a week	N
<b>Age</b>						
15-24	19.7	63.2	53.5	12.3	21.2	269
24-34	12.3	54.6	47.6	5.9	27.9	269
35-59	4.7	46.4	43.1	2.8	35.6	362
<b>Education</b>						
Illiterate	0.0	35.9	36.5	0.0	46.7	304
Up to primary/ NFE	5.0	54.1	45.6	2.5	28.5	281
Primary to 10 years of schooling	19.5	67.4	54.9	10.7	17.2	215

SLC or more	47.0	79.0	71.0	29.0	2.0	100
<b>Caste/Ethnicity</b>						
Upper caste groups	19.9	67.9	53.7	12.2	15.4	246
Janajatis	10.4	49.7	41.1	4.1	32.3	316
Disadvantaged non-Dalit Terai caste group	8.3	52.8	59.1	6.2	28.5	193
Dalits/Religious minorities	3.4	40.7	35.9	2.8	45.5	145
<b>Ecological region</b>						
Mountain	12.4	65.2	45.7	5.2	17.6	210
Hill	14.8	55.7	32.9	6.7	30.5	210
Terai	9.6	48.1	54.8	7.1	33.3	480
<b>Wealth Quintile</b>						
Lowest	3.4	31.5	10.7	0.6	60.7	178
Second	4.9	56.5	19.6	0.5	37.5	184
Middle	11.7	58.1	60.3	6.7	21.8	179
Fourth	10.6	55.3	60.9	5.6	20.7	179
Highest	26.7	67.8	86.7	19.4	4.4	180
<b>Total</b>	<b>11.4</b>	<b>53.9</b>	<b>47.6</b>	<b>6.6</b>	<b>29.0</b>	<b>900</b>

## 2.4 Disability status

Out of 900 women interviewed in this study, 13 women (1.4%) reported at least one type of disability. Among these disabled women, 10 were physically disabled and 3 were hearing impaired.

## 2.5 Husband's characteristics

Women who had ever been married (N=788) were asked about their husbands. Most husbands were of a similar age to the women themselves. 8% had a younger husband, and 34%

had a husband who was 5-10 years older.

Husbands' education levels were higher than the women's education levels. Fewer than a fifth of the women (18%) reported that their husband was illiterate. A similar proportion (19%) reported that their husband had a School Leaving Certificate or higher level of education.

A third of women (34%) reported that their husbands used alcohol to excess, and 5% reported drug use by their husbands.

Table 2.4 Husband's characteristics

Characteristics	%	n
<b>Husband's age (in years)</b>		
18-24	11.3	83
25-34	32.5	238
35 and over	56.2	412
<b>Age difference between husband and wife</b>		
Husband is younger than wife	8.2	60
Same age	7.6	56
Wife is 1-4 years younger than husband	41.2	302
Wife is 5-10 years younger than husband	34.2	251
Wife is >10 years younger than husband	8.7	64
<b>Husband's level of education</b>		
Illiterate	17.5	128
Up to primary/NFE	30.3	222
Six to 10 years of schooling	32.2	236
SLC or more	18.6	136
Don't know	1.5	11
<b>Husband's occupation</b>		
Agriculture/animal husbandry	33.7	247
Daily wage laborer	22.4	164
Professional	7.8	57
Business	11.2	82
Foreign employment	20.9	153
Others	4.1	30
<b>Income difference between husband and wife</b>		
Earns the same	3.7	27
Wife earns more	2.2	16
Husband earns more	24.8	182
Respondent does not have income	69.3	508
<b>Husband's alcohol abuse</b>		
Frequent (Everyday - once or twice a week)	33.8	248
Sometimes (1-3 times monthly/occasionally)	18.4	135
Never	47.7	350
<b>Husband's drug abuse</b>		
Frequent	2.2	16
Sometimes	2.9	21
Never	95.0	696
<b>Total</b>	<b>100.0</b>	<b>733</b>

## 2.6 Perceived support from natal family

A large majority (85%) of women reported being able to get support from their family if needed. Forty-three per cent of women lived close to their natal family members (i.e., within an hour travelling time). A majority of women (58%) saw their family members or talked with them at least once a month. Notably, a third of the women (29%)

talked to a member of their natal family by phone at least once a week. However, one in four women (25%) reported that they never talked by phone to a member of their natal family.

## 2.7 Support from friends and organizations

Women were also asked if they are able to get support from friends or organizations. The large majority of

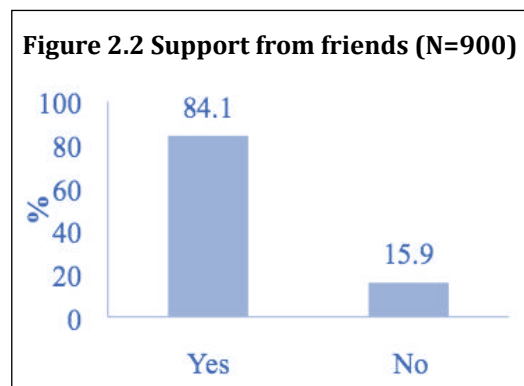
**Table 2.5 Access to natal family's support**

	%	n
<b>Whether any natal family members live close to woman's residence (within an hour travelling time)</b>		
Yes	43.1	340
No	53.8	424
Currently living with natal family	3.0	24
<b>Total</b>	<b>100.0</b>	<b>788</b>
<b>Frequency of meeting or talking with natal family member</b>		
Daily	14.5	111
At least once a week	13.6	104
Once a month	29.8	228
Once a year	39.7	303
Never	2.4	18
<b>Frequency of contact with natal family over the phone</b>		
Daily	3.7	28
At least once a week	28.9	221
Once a month	34.9	267
Once a year	5.9	45
Never	26.5	203
<b>Total</b>	<b>100.0</b>	<b>764*</b>
<b>Can count on natal family for help or support when needed</b>		
Yes	84.9	669
No	14.8	119
<b>Total</b>	<b>100.0</b>	<b>788</b>

- Excludes those who ever been married but currently living with their natal family (24 women)



women (84%) reported that they have close friends on whom they can rely if they need help or have a problem (Figure 2.2).



## 2.8 Membership and participation in community groups and organizations

Women's membership in community groups and organizations was high

(48%). About a quarter of women (207/900 = 23%) reported that they were members of women's groups. Of those who were members of any community groups or organizations, a majority were members of savings and credit groups (71%), followed by mother's groups (43%). 9% of women were members of an NGO (see Table 2.6).

Although only half of women belonged to a community group or organization, every woman in the survey reported taking part in meetings of at least one group or organization (see Table 2.7). Participation was not just nominal. Two thirds of women reported that they would be able to share a problem within their group, organization or association if the need arose.

**Table 2.6 Affiliation with community groups and organizations**

	%	n
<b>Member of any community groups or organizations where they can discuss when they need help or have a problem</b>		
Yes	47.8	430
No	52.2	470
<b>Total</b>	<b>100.0</b>	<b>900</b>
<b>Names of groups/organization</b>		
Economic/savings and credit group	70.7	304
Mother's group	43.3	186
NGO	9.3	40
Women's organization/association	6.7	29
Specific associations ( <i>Madhesi, Dalit, Janajati</i> )	4.0	17
Civil/political	1.6	7
Others (Women Human Rights Defenders, child welfare, youth club)	1.1	5
<b>Total</b>	<b>-</b>	<b>430</b>

Percentage total may exceed 100 due to multiple responses.

**Table 2.7 Extent of participation in community group or organization meetings**

Participation in group/organization meetings	%	n
Economic/ savings and credit group	36.6	329
Mother's group	24.2	218
NGO	5.9	53
Women's organization/ Association	4.6	41
Specific associations ( <i>Madhesi, Dalit, Janajati</i> )	3.0	27
Civil/political	1.3	12
Others	1.2	11
<b>Whether women can get help or share problem when needed</b>		
Yes	67.0	603
No	21.9	197
Don't know	11.1	100
<b>Total</b>	<b>100.0</b>	<b>900</b>

## 2.9 Household decision-making

A majority of women (59%) reported no involvement in household decision-making. Among those who were involved, their level of decision-making depended on the level of investment. Thus, small-scale items (buying food or clothes) posed no barriers to involvement. However, for larger scale items (buying a house, car, land, etc.) only 12% of women reported being involved in decision-making. This is because of women's subordination to men both legal and economic terms.

*Over half of women have no involvement in household decision-making*

to visit friends or relatives (71%), to go to the health center or hospital (51%), or attend a community organization meeting (63%). The indicator to analyze data was calculated based on the decision

making power on food and clothing and large investment. If a woman either does not have power (no final say or involved in the decision making) or involvement in decisions making food and clothing or large household investment then it was considered as no participation.

We developed a “women’s movement index” to represent women who have freedom to move without restriction by family members or partners. This composite index is based on the following three questions:

- Are you able to visit friends or close relatives without the permission of your husband or other family

## 2.10 Women’s mobility

Women generally require their husband’s or in-laws’ consent to go to a place outside the home. Women also require permission

Table 2.8 Household decision-making powers

	%	n
<b>Person who has the final say about decisions on food and clothing</b>		
Myself	31.1	280
Husband	29.7	267
Both equally	8.6	77
Other family members	30.7	276
<b>Person who has the final say about decisions on large investments</b>		
Myself	11.9	107
Husband	44.4	400
Both equally	12.2	110
Other family members	31.4	283
<b>Participation on at least one matter of household decision</b>		
Yes	41.1	370
No	58.9	530
<b>Total</b>	<b>100.0</b>	<b>900</b>

- members?
- Are you able to visit a health center or hospital without the permission of your husband or other family members?
- Are you able to visit any association/ organization or attend any community meetings without the permission of your husband or other family members?

*Three-quarters of women require permission to visit outside the home*

permission is required for all three persons/places. Results showed that 44% of women have low freedom for movement, i.e., they are not able to move freely outside without the permission of their family members. Less than a quarter (23%)

of women scored “high” freedom of movement (see Table 2.9).

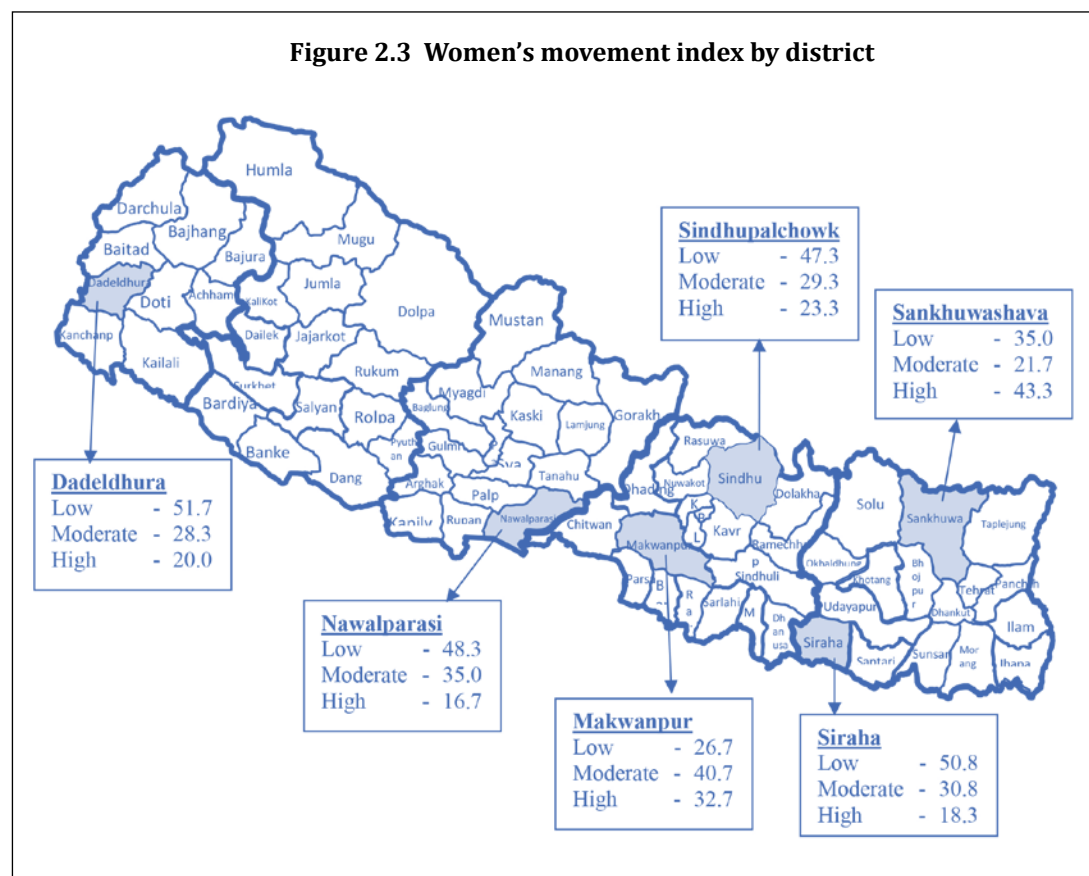
Figure 2.3 shows the women’s movement index by district. Dadeldhura has the greatest proportion of women with low freedom of movement (51.7%), followed by Siraha (50.8%), Nawalparasi (48.3%), Sindhupalchowk (47.3%), Sankhuwashava (35%), and Makwanpur (26.7%).

The responses were trichotomized and categorized as “low” if women reported that they cannot visit relatives, family members, and health centers without permission of partners or family members, “moderate” if they are allowed to visit any two of these without permission, and “high” if no

**Table 2.9 Women's mobility**

Women's mobility to different places without the consent of her husband	%	N
Able to visit friends or close relative without permission of husband or other family members	29.3	264
Able to visit health center or hospital without permission of husband or other family members	49.2	443
Able to visit any association/ organization or attend any community meetings without permission of husband or other family members	36.9	332
<b>Women's movement index</b>		
Low	44.6	401
Moderate	32.6	293
High	22.9	206
<b>Total</b>	<b>100.0</b>	<b>900</b>

**Figure 2.3 Women's movement index by district**



## **2.11 Characteristics of IDI and FGD participants**

Of the 16 women who participated in the in-depth interviews (IDIs), five were from Siraha, three each from Nawalparasi and Makwanpur, two each from Sankhuwashava and Dadeldhura, and one from Sindhupalchowk. The ages of these women ranged from 16-46 years, and their education levels ranged from illiterate to Grade 10. Their occupations were typically in agriculture or labor. The respondents belonged to various ethnic groups, including Brahman, Chhetri, Dalit and both hill- and Terai-janajatis. Four

women did not have children, and those with children had between 1 and 9.

A total of 160 women aged 15-61 years participated in the focus group discussions (FGDs). The women were divided by age groups — 15-18 years, 20-34 years, and 35 years or above. Girls in the youngest age group (15-18 years) were all students, while women in the other two groups were involved in agriculture, teaching, business or tailoring, or were housewives. The FGD participants were from the different caste/ethnic groups, including the Brahman and Chhetri community, Janajati, Terai-janajati and Dalit ethnic groups.



# **Chapter 3**

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## **WOMEN'S KNOWLEDGE OF LAWS AND SERVICES ADDRESSING GBV**

# WOMEN'S KNOWLEDGE OF LAWS AND SERVICES ADDRESSING GBV

This chapter presents community women's knowledge of their rights and of the laws to protect them against violence. It also reviews women's knowledge of the services available at the district level for violence survivors.

## 3.1 Awareness of laws

As noted in the Introduction, there are a number of new and existing laws that protect women from GBV and that specify the roles and responsibilities of different state agencies in this regard. The Domestic Violence (Crime and Punishment Act), 2067, the Human Trafficking and Transportation (Control) Act, 2007, the Caste Discrimination

and Untouchability (Offense and Punishment) Act, 2011, the Bill Against Sexual Harassment at Work Place, 2011, and the Property Rights of Daughters, 2002, all explicitly or implicitly protect women's rights. We asked women about their knowledge of these laws.

Except for the law guaranteeing property rights to daughters, a majority of women were unaware of their existence. Most worryingly, a majority of women (61.3%) were unaware of any laws that address GBV (see Table 3.1). This suggest that lack of exposure to wider social, legal and economic sectors contributed women to limit their knowledge on issues that affect their lives.

*60% of women are unaware of laws addressing gender-based violence*

**Table 3.1 Knowledge about GBV laws**

Women's knowledge regarding laws and bills on GBV	Yes	No	N
Are there any laws that address GBV issues in our country?	38.7	61.3	900
Have you heard about the Domestic Violence Crime and Punishment Act, 2067?	12.8	87.2	900
Have you heard of the Human Trafficking and Transportation Control Act, 2067?	35.2	64.8	900
Have you heard about the recent bill against untouchables passed by parliament?	44.8	55.2	900
Have you heard about the bill against sexual harassment at work place?	4.7	95.3	900
Have you heard about the law on sexual harassment of women?	23.7	76.3	900
Have you heard of the law on marital rape?	8.9	91.1	900
Is there a law that guarantees property rights to daughters?	69.8	30.2	900



During the FGDs, many of the women said they were unaware of any laws against GBV. A few women in the older age group (over 35 years) from Siraha stated that there is a law against having two wives (*bahubiwaha*), while one participant from Makwanpur (15-19 years) and another from Sindhupalchowk (15-19 years) had heard about the Human Trafficking and Transportation Control Act. Similarly, only one participant (over 35 years) from Makwanpur had heard about the Domestic Violence Crime and Punishment Act. One participant from Makwanpur and another from Dadeldhura were aware of the rape laws. One also recited the different clauses of the law:

“A perpetrator would receive a punishment depending on the age of the victim. Like, for example, if one raped a six- or seven-year-old child, he would be jailed for 20-25 years, while for a 12- or 13-year-old-child he would receive a shorter imprisonment. If a man raped a woman, he would be imprisoned for 5-6 years, and if one fondled a woman’s sensitive organs he would be imprisoned for 10-15 years.”

— *15-19 years old, unmarried FGD participant, Dadeldhura*

During the FGDs, we assessed in detail women’s knowledge of the various legislative acts. The FGD data suggest that participants who had heard about the Domestic Violence Crime and Punishment Act, 2067 were not aware

of the various provisions contained in the Act. A small number of participants from Sindhupalchowk (15-19 age group) stated that they had heard of the law but were not aware of what was covered by the law. Some participants from this same district and same age group stated that if a pregnant woman or child is sexually abused then the perpetrator is punished. A participant from Makwanpur stated that the perpetrator can be punished for a crime of domestic violence, but was not aware of the exact term of imprisonment.

Awareness of the Human Trafficking and Transportation Control Act varied between districts, and only a small number of women were aware that the law punishes perpetrators:

“I have heard that the perpetrator would get a punishment of 20 years. That was all I had heard about this.”

— *15-19 years old, unmarried FGD participant, Makwanpur*

Another woman from Dadeldhura District stated:

“I have heard about this law.... Once, a woman sold a 14-year-old girl in India. Her parents found out and reported it to the police. Later, she was taken to the police station and was sentenced to 10 years.”

— *20-34 years old, married FGD participant, Dadeldhura*

In contrast, most FGD participants from the five districts (Sindhupalchowk, Siraha, Dadeldhura, Makwanpur, Sankhuwashava) knew of the bill protecting “untouchables” and were aware that discrimination on the basis of caste would be punished.

In 2010, the Nepal government established the GBV Elimination Fund to provide seed money for rescue, medical support, legal aid, counseling, and rehabilitation of the survivors of GBV. We asked in the survey whether women were aware of this government-established fund. The results show that 97% of women in the quantitative survey were unaware of the fund, and none of the FGD participants knew of it.

Women in the FGDs frequently stated that even when laws exist, they are not fully implemented, and perpetrators do not receive sufficient punishment:

“The law should be implemented well at the community level. It should be put into practice properly. There is a tendency among many police personnel to consume alcohol and take bribes, and due to such corruption, the perpetrator is not punished.”

— *35-and-over, married FGD participant, Siraha*

## 3.2 Perception of justice

FGD participants were asked how difficult it is for women to receive justice if they suffer violence. There was an impression among some women that it is now easier to seek redress, owing to the larger number of community-based organizations working in the area of combating GBV in and around their communities. However, women also identified common barriers to justice: lack of support from authorities, illiteracy, not knowing where to seek help, fear of societal and family retribution, and corruption:

“Women think that a dispute between husband and wife should stay in the house, and they hesitate to report it. The husband, on the other hand, thinks that his wife will not report it, even if she faces violence from him every day, and that helps him to commit more violence.”

— *20-34 years old, married FGD participant, Sindupalchowk*

Another woman from Makwanpur stated:

“There is lack of support from the specified authorities. Even though women complain, they [the

authorities] do not take action. Rather, they let the perpetrator go free. I think it is because the law is not strict enough.”

— *15-19 years old, unmarried FGD participant, Makwanpur*

### **3.3 Factors associated with knowledge of the laws on GBV and victims’ rights**

We assessed women’s awareness of different laws protecting them against violence. Table 3.2 presents a bivariate analysis of the levels of awareness of women in different socioeconomic categories. Awareness of laws was associated with level of education, marital status, caste/ethnicity, exposure to mass media, and women’s autonomy of movement outside the home, wealth quintile, social network and place of residence. Education shows a strong correlation with knowledge of the laws related to gender-based violence — the proportion of women who are aware of these laws increases from 3.9% among those with no education, to 30% among those with SLC or higher level of education. For caste/ethnicity, women of disadvantaged indigenous groups (Janajati) and Dalit and religious minority groups (such as Muslims) are less likely to report knowing or hearing about GBV laws than women of the upper caste Brahman/Chhetri. Married or formerly married women are less

likely to be aware of GBV laws than never married women. Women who have less exposure to mass media, less autonomy of movement, a poor social network, or belong to lower wealth quintiles, are less likely to be aware of the laws protecting them from GBV.

Similar correlations were seen with laws relating to sexual harassment, and laws protecting women’s inheritance. These correlations reflect bivariate analysis only, and could be due to confounders. For example, it is possible that older women (who are more likely to be married) have less knowledge of newer (and existing) laws than younger women (who are less likely to be married). Therefore, in order to confirm these apparent correlations, we performed logistic regression and controlled for possible confounders. We conducted logistic regression analysis to identify the socioeconomic variables associated at a statistically significant level with women’s knowledge of three laws: the Domestic Violence (Crime and Punishment Act), the Human Trafficking and Transportation (Control) Act, the Bill Against Sexual Harassment at Work Place and Property Rights of Daughter. The results are shown in Table 3.3. Some clear patterns emerge from this analysis:

- Women with more years of education are more likely to know about the Domestic Violence

**Table 3.2 Knowledge about laws by selected background characteristics**

	Domestic act	Human trafficking	Sexual harassment	Inheritance rights	N
<b>Age</b>	<b>Ns</b>	<b>*</b>	<b>***</b>	<b>ns</b>	
15-24	14.5	41.6	33.1	70.3	269
24-34	14.5	34.9	24.5	70.3	269
35-59	10.2	30.7	16.0	69.1	362
<b>Caste/Ethnicity</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	
Upper caste groups	20.7	53.3	26.8	82.5	246
Janajatis	13.3	35.4	16.1	68.7	316
Disadvantaged non-Dalit Terai caste	5.7	18.7	27.5	63.7	193
Dalits/Religious minorities	7.6	26.2	29.7	58.6	145
<b>Education</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	
Illiterate	3.9	22.4	16.4	58.9	304
Up to primary/NFE	12.1	35.2	20.6	72.6	281
Primary to 10 years of schooling	18.1	42.8	23.3	72.1	215
SLC or more	30.0	58.0	55.0	90.0	100
<b>Marital status</b>	<b>*</b>	<b>***</b>	<b>***</b>	<b>ns</b>	
Never married	21.4	50.9	37.5	71.4	112
Currently married	11.6	32.7	21.9	70.3	734
Widow/Divorced/Separated	11.1	37.0	18.5	59.3	54
<b>Occupation</b>	<b>Na</b>	<b>*</b>	<b>Ns</b>	<b>ns</b>	
Unemployed	12.8	31.9	23.0	71.8	514
Farmer	13.4	38.7	21.3	64.8	253
Daily wages	3.1	32.3	30.8	64.6	65
Business/shop	10.8	51.4	21.6	78.4	37
Professional	29.0	48.4	41.9	77.4	31
<b>Exposure to mass media</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	
Low	4.4	15.4	16.9	49.3	136
Medium	9.7	32.9	19.1	67.9	486
High	22.3	48.9	34.9	83.1	278
<b>Movement autonomy</b>	<b>**</b>	<b>***</b>	<b>***</b>	<b>***</b>	
Low	10.7	26.7	17.7	61.3	401
Moderate	10.9	38.9	29.0	76.1	293

High	19.4	46.6	27.7	77.2	206
<b>Wealth quintile</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	
Lowest	6.7	22.5	18.5	52.2	178
Second	7.6	34.8	17.9	65.8	184
Middle	19.0	43.0	19.6	73.2	179
Fourth	11.7	31.3	26.3	72.6	179
Highest	18.9	44.4	36.1	85.0	180
<b>Social network</b>	<b>**</b>	<b>***</b>	<b>*</b>	<b>***</b>	
Low	7.5	25.6	17.4	61.6	281
Medium	14.2	36.7	26.4	71.8	485
High	18.7	50.0	26.9	79.9	134
<b>Ecological region</b>	<b>***</b>	<b>***</b>	<b>***</b>	<b>***</b>	
Mountain	20.0	42.4	8.1	66.7	210
Hill	20.0	60.0	43.3	80.0	210
Terai	6.5	21.3	21.9	66.7	480
<b>Total</b>	<b>12.8</b>	<b>35.2</b>	<b>23.7</b>	<b>69.8</b>	<b>900</b>

\*\*\* Chi square test significant at  $P \leq 0.001$ , \*\* significant at  $P \leq 0.01$ , \* significant at  $P \leq 0.05$ , ns = not significant and na = not applicable due to small cell size.

(Crime and Punishment) Act and Bill Against Sexual Harassment at Work Place and Property Rights of Daughter.

- Exposure to mass media is associated with an increased awareness of the Human Trafficking and Transportation (Control) Act and Property Rights of Daughter. .
- Higher levels of autonomy of movement are associated with more knowledge of laws about Human Trafficking and Transportation (Control) Act, Bill Against Sexual Harassment at Work Place and Property Rights of Daughter.
- Increasing wealth (as measured through socioeconomic quintiles) is associated with increasing knowledge of the laws against the Domestic Violence (Crime and Punishment) Act, Human Trafficking and Transportation (Control) Act and Property Rights of Daughter.
- Women from Terai regions have lower levels of awareness of the laws than women from the mountain regions.

**Table 3.3 Odds ratios (and 95% confidence interval) from binary logistic regression for determinants of knowledge about Domestic Violence Act, law on human trafficking, and law on sexual harassment**

	Domestic violence		Human trafficking		Sexual harassment		Inheritance rights	
	OR	C.I	OR	C.I	OR	C.I		
<b>Age</b>								
15-24 (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
24-34	2.06	1.07-3.97	0.98	0.61-1.57	0.83	0.50-1.37	1.13	0.71-1.81
35-59	1.91*	0.91-4.02	0.91	0.54-1.53	0.65	0.37-1.15	1.39	0.84-2.28
<b>Caste/Ethnicity</b>								
Upper caste groups (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Janajatis	0.95	0.57-1.58	0.74	0.50-1.09	0.70	0.43-1.14	0.68	0.43-1.06
Disadvantaged non-Dalit Terai caste	0.94	0.40-2.18	0.63	0.36-1.09	2.56**	1.41-4.67	0.49*	0.28-.87
Dalits/Religious minorities	1.17	0.52-2.64	0.94	0.54-1.63	3.04***	1.66-5.57	0.55*	0.32-.96
<b>Education</b>								
Illiterate (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Up to primary/NFE	2.29*	1.09-4.81	0.97	0.63-1.51	0.92	0.56-1.52	1.34	0.89-2.01
Primary to 10 years of schooling	5.03***	2.17-11.68	1.36	0.80-2.33	0.89	0.49-1.63	1.28	0.76-2.14
SLC or more	6.48***	2.41-17.44	1.55	0.76-3.14	3.70***	1.83-8.31	2.92*	1.25-6.83
<b>Marital status</b>								
Never married (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Currently married	0.67	0.34-1.34	0.63	0.37-1.10	0.71	0.39-1.27	1.20	0.66-2.15
Widow/Divorced/Separated	0.78	0.23-2.61	0.94	0.39-2.28	0.84	0.31-2.29	0.75	0.31-1.80
<b>Exposure to mass media</b>								
Low (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Medium	1.03	0.39-2.69	2.02*	1.13-3.60	1.22	0.68-2.19	1.53	0.99-2.37
High	1.71	0.59-4.93	3.24***	1.63-6.45	1.92	0.94-3.94	2.37**	1.31-4.29
<b>Movement autonomy</b>								
Low (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Moderate	0.69	0.41-1.18	1.4*	0.99-2.09	1.75**	1.16-2.62	1.77**	1.23-2.55
High	1.32	0.76-2.29	1.99***	1.31-3.05	1.82*	1.12-2.97	2.16***	1.38-3.38
<b>Wealth quintile</b>								
Lowest (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Second	1.23	0.52-2.91	1.93*	1.14-3.28	0.84	0.46-1.56	1.60*	1.01-2.54
Middle	3.01**	1.34-6.78	2.28**	1.31-3.98	1.04	0.55-1.97	2.09**	1.25-3.47
Fourth	2.86*	1.16-7.05	2.18*	1.19-3.98	1.04	0.55-1.95	2.29**	1.33-3.93
Highest	3.10*	1.25-7.67	2.72**	1.45-5.11	1.46	0.75-2.85	3.13***	1.68-5.82
<b>Social network</b>								
Low (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Medium	1.50	0.83-2.71	1.12	0.76-1.65	1.16	0.75-1.80	1.12	0.78-1.59
High	1.42	0.68-2.95	1.97**	1.18-3.31	1.50	0.82-2.73	1.27	0.73-2.19
<b>Ecological region</b>								
Mountain (ref.)	1.00	-	1.00	-	1.00	-	1.00	-
Hill	0.78	0.43-1.44	2.20***	1.38-3.52	9.72***	5.02-18.83	2.10**	1.27-3.49
Terai	0.18***	0.09-.37	0.34***	0.21-0.55	1.94	0.98-3.85	1.20	0.75-1.93
Constant	0.03		0.18		0.05		0.36	
-2 Log likelihood	559.14		946.05		793.91		966.86	
Cox & Snell R Square	0.13		0.22		0.19		0.14	
Nagelkerke R Square	0.25		0.30		0.29		0.20	

\*\*\* significant at  $P \leq 0.001$ , \*\* significant at  $P \leq 0.01$  and \* significant at  $P \leq 0.05$ .

### 3.4 Knowledge and perceptions of laws protecting women

We looked more closely at women who knew of the laws addressing gender-based violence, their knowledge of the exact content of the laws, the sources of information for this knowledge, and their perceptions of the punishments provided by the laws. These findings are summarized in Table 3.4.

Table 3.4 shows that a majority of women are unaware of these laws. Among those women who do know

*Fewer than 1 in 10 women know there is a law against marital rape*

of the laws, most are unable to state their contents correctly (ranging from 2.5% for the marital rape law to 45% for the martial rape law). The most significant sources of information about these laws are radio (44% to 64%), television (22% to 48%), and community groups and friends (36% to 55%).

Women had mixed opinions about the punishments established by the various

**Table 3.4 Knowledge and perception of laws and sources of information**

	Domestic violence	Human trafficking	Untouchables	Sexual harassment	Sexual harassment in the work place	Marital rape
<b>Aware of the law</b>						
Yes	12.8	35.2	44.8	23.7	4.7	8.9
No	87.2	64.8	55.2	76.3	95.3	91.1
<b>Total N</b>	<b>900</b>	<b>900</b>	<b>900</b>	<b>900</b>	<b>900</b>	<b>900</b>
<b>Sources of information</b>						
Radio	53.0	52.7	50.1	47.4	64.3	43.8
Friends/group/ organization	46.1	49.8	54.8	47.9	35.7	41.3
TV	28.7	32.5	28.8	21.6	47.6	31.3
Newspaper	10.4	10.7	7.4	11.7	26.2	12.5
Training	9.6	5.0	4.5	4.2	7.1	6.3
School/teacher	4.3	4.5	4.7	2.3	0.0	3.8
Family members	2.6	2.8	2.5	1.4	0.0	1.3
Books	2.6	3.5	2.2	0.9	2.4	2.5
NGO	1.7	2.8	1.2	1.4	4.8	6.3
Neighbor	1.7	5.7	11.9	12.7	2.4	2.5
Others	1.7	1.8	3.1	1.9	2.4	2.6

<b>Correct knowledge of law's content</b>	<b>19.1</b>	<b>6.9</b>	<b>2.5</b>	<b>2.8</b>	<b>14.3</b>	<b>45.0</b>
<b>Perception about law</b>						
Too liberal	27.8	25.9	24.3	19.2	33.3	15.0
Just right	44.3	43.8	50.9	51.2	42.9	40.0
Too strict	8.7	13.9	10.7	14.1	7.1	8.8
Don't know	19.1	16.4	14.1	15.5	16.7	36.3
<b>N</b>	<b>115</b>	<b>317</b>	<b>403</b>	<b>213</b>	<b>42</b>	<b>80</b>

laws. Depending on the law in question, 40% to 51% of women believed that the punishments were just right.

### 3.5 Perception of government efforts to address GBV

In addition to asking about knowledge of specific laws, we asked women about

their knowledge of specific government-led initiatives to address GBV (see Table 3.5). Only a small number of women (fewer than 10% in all cases) were aware of specific interventions that the government has initiated in this field.

**Table 3.5 Perception of government efforts to address the problem of GBV**

<b>Government efforts to address GBV in the country</b>	<b>%</b>	<b>N</b>
Laws against violence were passed	11.8	107
Established police station and also have women and child cell in police station	8.1	73
Initiation of paralegal officers	3.4	31
Awareness campaign to women against violence	3.5	32
Provided empowerment training to women	0.8	7
Efforts made to provide employment to violence victims	0.8	7
Acknowledging women's problem	0.7	6
Made provisions for health check up	0.6	5
Provided free legal services to violence survivors	0.3	3
Nothing done	4.6	41
Don't know	73.8	664
<b>Total</b>	<b>-</b>	<b>900</b>

*Percentage total may exceed 100 due to multiple responses.*



### 3.6 Knowledge of services for survivors of violence

We also assessed women's knowledge of services available in their districts for survivors of violence. We found that only about one quarter of women (24.8%) believed that some services are available in their districts to survivors of GBV. However, they were not able to name the specific services — only 10% of women named the police, and 8% named various NGOs as being able to help survivors (Table 3.6).

Four of the six districts included in this study, Sindhupalchowk, Dadeldhura, Nawalparasi and Makwanpur, had shelter homes run by the WDO or other NGOs. All of the districts however have basic support services such police, court, women development officer, health institution and education and covered by several NGOs working on women's rights agendas. A small number of women (5.6%) knew about shelter homes at the district level, and the same small number (6.1%) knew of the dedicated GBV case-handling desk at the District Development Committee

**Table 3.6 Knowledge of specific services available for survivors of violence**

Services available for women who face gender based violence	%	N
Police provide law enforcement services to GBV survivors	10.3	93
NGOs provide services to GBV survivors	8.1	73
Mothers'/women's groups offer help to GBV survivors	3.7	33
GBV survivors can receive training in tailoring or other vocations	3.1	28
Food and shelter for 15 days is available to GBV survivors	2.2	20
Village heads urge GBV survivors to seek justice	1.3	12
Programs offer employment opportunities for GBV survivors	1.3	12
There are health care services available to GBV survivors	0.7	6
District Administrative Offices help GBV survivors	0.6	5
Education is available for the children of female GBV survivors	0.2	2
Others	0.2	2
Don't know	76.8	691
<b>Total</b>		<b>900</b>

*Percentage total may exceed 100 due to multiple responses.*

(DDC) (see Table 3.7). Even fewer women (5%) knew of the women's and children's center at the district police office. In the entire study, only seven women were aware that there is a District Resource Group led by the Chief District Officer (CDO). These

Moving away from the specifics of services for survivors of violence, we asked women about places they knew where women could seek health or legal services in general. A majority stated that women could go to the police

**Table 3.7 Knowledge of presence of different support systems by district**

	Dadel-dhura	Nawal-parasi	Sindhu-palchowk	Mak-wanpur	Siraha	Sankhu-washava	Total
<b>Knowledge of presence of shelter homes*</b>							
Yes	3.3	5.4	2.0	18.7	1.3	1.7	5.6
No	36.7	39.6	26.7	27.3	22.1	26.7	29.7
Don't know	60.0	55.0	71.3	54.0	76.7	71.7	64.8
<b>Awareness on presence of district resource group led by chief district officer</b>							
Yes	1.7	0.0	0.7	3.3	0.0	0.0	0.8
No	98.3	100.0	99.3	96.7	100.0	100.0	99.2
<b>Awareness on presence of women and children service center at the district police officer</b>							
Yes	6.7	3.8	5.3	10.7	0.4	5.0	4.6
No	93.3	96.3	94.7	89.3	99.6	95.0	95.4
<b>Awareness on presence of GBV case handling desk at district development committee</b>							
Yes	5.0	8.8	12.0	6.7	0.4	3.3	6.1
No	95.0	91.3	88.0	93.3	99.6	96.7	93.9
<b>Total (%)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total (N)</b>	<b>60</b>	<b>240</b>	<b>150</b>	<b>150</b>	<b>240</b>	<b>60</b>	<b>900</b>

\* Dadel-dhura, Nawalparasi, Sindhu-palchowk and Makwanpur districts have shelter homes.

figures varied across the districts. Thus, knowledge of the existence of shelter homes varied from 1.3% to 18.7 % of respondents, regardless of whether or not a district actually had a shelter home available (see Table).

(67%), and a small number (12%) mentioned that women could go to the district court for legal services. Only 2% of women mentioned the Women's Police Cell by name (Table 3.8) During the FGDs, we addressed

**Table 3.8 Knowledge of legal and health services**

Places/persons women survivors can go to for legal services	%	N
Police post	67.0	603
Court	12.1	109
NGOs	11.8	106
Village development committee/district development committee	11.4	103
Village leader/chairperson	5.6	50
Mothers' group/Women's group	5.4	49
Women's Police Cell	2.0	18
Private legal organization	1.0	9
District administration office	0.7	6
Don't know	17.0	153
<b>Total</b>	-	<b>900</b>
<b>Places/persons women survivors can go to for health services</b>		
Government hospital	79.8	718
Primary health care centers/ health or sub health posts	32.6	293
Private legal organization	3.8	34
Medical shops	3.0	27
NGOs	1.6	14
FCHV	0.6	5
<b>Total</b>	.	<b>900</b>

*Percentage total may exceed 100 due to multiple responses.*

women's knowledge of various services available to survivors of violence. Twelve of the 18 FGD groups stated that no GBV programs had been implemented locally to date. Some groups knew of services and had participated in trainings. All the groups from Makwanpur, and one group from Sindhupalchowk (20-34 years old) reported participating in training programs on trafficking. One group (15-19 years old) from Makwanpur stated that they were shown a film in their

school on sexual abuse, and another group of the same age from Dadeldhura stated that they were shown a street drama on domestic violence. None of the women in the FGDs were aware of, or had taken part in, the meetings of Women Human Rights Defenders (WHRD — see Section 6.6.2 in Chapter 6). Many groups (10 out of 18) were not aware of the support systems available for women seeking help and support in relation to violence. When women were aware of available

support, it was patchy information, and just a few groups were aware. So for example, only the groups from Makwanpur, Siraha, Nawalparasi and Dadeldhura mentioned police cells as being available for support. This may be due to the public awareness programs in all these districts except Siraha. Just a few FGD participants mentioned NGOs, mothers' groups and the district court.

Only one woman from Makwanpur (age over 35 years) knew about the District Resource Group led by the Chief District Officer and the GBV Case handling Desk at the DDC..” Otherwise, knowledge of these formal support mechanisms was very low among all participants in the FGDs.

### 3.7 Perceived barriers women face in seeking services

We asked women about the most common types of barriers they faced when seeking care or support if they suffered violence (see Table 3.9). Most frequently mentioned was fear of further violence (36.9%). The next most common obstacle to getting help was the long distance to services (15.9%). 7.8% said they lacked knowledge of the law and available services, and about 2% said they feared the cost of services would be prohibitive.

### 3.8 Attitudes towards wife-beating and sexual violence

Women were asked to rate six statements measuring their attitudes towards wife-beating. More than half (55%) reported that it is justifiable for a husband to beat his wife if she has been unfaithful. 18% of women said that it is justifiable to beat the wife if she disobeys her husband, and 17% said that it is justifiable if the husband suspects that she has been unfaithful. Only a small number of respondents (7%) believed that unsatisfactory

*55% of women believe a husband is justified in beating an unfaithful wife*

housework is a justifiable reason for wife-beating. We did not directly ask women if they thought wife-beating was never justified.

Significant numbers of women (23-28%) reported that women cannot refuse sex with their husbands, even if he is drunk or he in some way mistreats his wife (Table 3.10).

### 3.9 Experience of social exclusion

Violence in women's lives was defined broadly, and included experiences of

**Table 3.9 Perceived barriers women face in accessing services**

Perceived barriers in accessing services	%	N
More violence from the family if they find out	36.9	332
Too far	15.9	143
No knowledge about service center/no knowledge about the law	7.8	70
Service provider does not provide all types of services	7.0	63
Illiteracy among women	5.7	51
Scared about reputation	4.8	43
Scared that society will look down	3.7	33
Cannot go outside the home	2.9	26
Service provider has no provision to keep women	2.7	24
Women lack courage to seek help	1.9	17
Problem due to lack of money	1.8	16
Service provider has no provision to keep women for longer periods	1.1	10
Fear of husband/men	0.8	7
Don't know	40.9	368
<b>Total</b>	<b>-</b>	<b>900</b>

*Percentage total may exceed 100 due to multiple responses.*

**Table 3.10 Women's attitudes towards wife-beating and sexual violence**

Attitudes towards wife-beating and sexual violence (N=900)	Yes		No		Don't know	
	%	N	%	N	%	n
<b>May a husband beat his wife if:</b>						
She does not complete her household work to his satisfaction	6.6	59	92.6	833	.9	8
She disobeys him	18.0	162	81.4	733	.6	5
She refuses to have sexual relations with him	3.4	31	95.2	857	1.3	12
She asks him whether he has other girlfriends	3.6	32	95.2	857	1.2	11
He suspects that she has been unfaithful	17.4	157	82.1	739	.4	4
He discovers that she has been unfaithful	54.6	491	45.0	405	.4	4
<b>Can a woman refuse sex with her husband if:</b>						
She doesn't want to	74.0	666	24.2	218	1.8	16
He is drunk	72.0	648	25.7	231	2.3	21
She is sick	84.3	759	14.2	128	1.4	13
He mistreats her	76.8	691	21.1	190	2.1	19

social exclusion and discrimination perceived to be gender-based. These experiences were relatively uncommon in the past 12 months: 11.4% were

denied access to health services; 8.2% were denied access to religious services or places of worship.

**Table 3.11 Experience of social exclusion in the past 12 months**

Types of social exclusion (N=900)	Not within past 12 months	Once	A few times	Often	NA	Total %
Social gatherings or activities (e.g., weddings, funerals, parties, clubs)	96.7	0.1	2.0	1.1	0.1	100.0
Religious activities or places of worship	96.9	0.2	2.6	0.3	0.0	100.0
Family activities (e.g., cooking, eating together, sleeping in the same room)	95.1	0.3	2.9	1.7	0.0	100.0
Being gossiped about	74.2	1.3	16.9	7.2	0.3	100.0
Dismissed, suspended or prevented from attending an educational institution	98.2	0.0	0.0	0.2	0.0	100.0
One's children dismissed, suspended or prevented from attending educational institution	98.7	0.2	0.0	0.1	0.0	100.0
Denied health services	98.6	1.2	0.0	0.1	0.1	100.0

# **Chapter 4**

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## **PREVALENCE OF VIOLENCE AND ITS CONSEQUENCES**

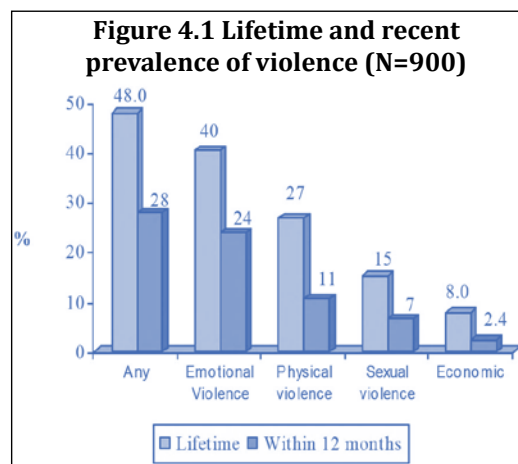
# PREVALENCE OF VIOLENCE AND ITS CONSEQUENCES

This chapter reports on the prevalence of violence, the types of violence by category of perpetrator, and the various kinds of violence faced by women who participated in our household quantitative surveys. This chapter also discusses the different consequences of violence suffered by women. Quantitative findings are supplemented by the results of our in-depth qualitative interviews.

## 4.1 Prevalence of violence

Lifetime prevalence of violence was defined as the proportion of women who had experienced at least one act of physical, sexual or emotional violence by a current partner, former partner or non-partner(s) at any point in their lives. Almost half the 900 women in the survey (48%) reported they had experienced violence at some time. This included: emotional violence (40.4%), physical violence (26.8%), sexual violence (15.3%) and economic violence (8%). Among these, 28% had experienced violence in the past 12 months: emotional (23.9%), physical

(10.6%), sexual (6.7%) and economic (2.4%) (Figure 4.1).



## 4.2 Experience of violence from any type of perpetrator

### 4.2.1 Emotional violence

The most common act of emotional violence reported by women was being insulted (40.4%) and being humiliated in front of other people (34%). One in five women (20.9%) reported that the perpetrator scared or intimidated them deliberately. One in six (17.3%) had

*Half of women in the survey report suffering violence in their lifetime*



been threatened that they or someone they care about would be hurt.

The in-depth interviews (16 women) revealed that the most common perpetrators of emotional violence and verbal abuse are intimate partners and family members (reported by 12 of the 16 women). Some women had been repeatedly threatened with being killed, and others had been threatened with the taking of a co-wife. One woman stated:

“Whenever my husband is not around, my brother-in-law calls me *randi* [whore]. He says that I married his brother even though I am having an affair with another man. He has even threatened to kill me.”

— 23 years old, married, Yadav,  
grade 10, Dadeldhura

#### 4.2.2 Physical violence

Of those women who reported physical violence, one in five (21.9%) reported being slapped or having something thrown at them. 15.3% were pushed, shoved or had their hair pulled. One in eight women (12.2%) were hit with a fist or other object, and one in ten reported being kicked, dragged or beaten (10.1%). A small number of women also reported being threatened with a gun, knife or other weapon (3.1% lifetime, 1% recent).

Similarly in the IDIs, 12 out of 16 women reported being slapped, kicked or choked, even when pregnant. One woman explains how her mother-in-law beat her:

**Table 4.1 Types of violence from any type of perpetrator (intimate partner or non-partner)**

Types of violence	Lifetime		Past year	
	%	n	%	n
<b>Emotional violence (N=900)</b>	<b>40.4</b>	<b>364</b>	<b>23.9</b>	<b>215</b>
Insulted you or deliberately made you feel bad about yourself	33.9	305	18.2	164
Belittled or humiliated you in front of other people	20.9	188	9.6	86
Did things to purposely scare or intimidate you	19.1	172	9.8	88
Threatened to hurt you	17.3	156	7.4	67
Threatened to hurt someone you care about	6.1	55	2.8	25
<b>Physical violence (N=900)</b>	<b>26.8</b>	<b>241</b>	<b>10.6</b>	<b>95</b>
Slapped you or threw something at you that could hurt you	21.9	197	7.9	71
Pushed you, shoved you or pulled your hair	15.3	138	6.2	56
Hit you with his fist or with something else that could hurt you	12.2	110	3.8	34
Kicked you, dragged you or beat you up	10.1	91	3.2	29
Purposely choked or burned you	0.8	7	.6	5

Threatened to use or actually used a gun, knife or other weapon against you	3.1	28	1.0	9
<b>Sexual violence (N=900)</b>	<b>15.3</b>	<b>138</b>	<b>6.7</b>	<b>60</b>
Physically forced you to have sexual intercourse when you did not want to	15.0	135	6.3	57
You did not want to have sexual intercourse because you were afraid of what he might do	7.6	68	2.9	26
Forced you to do something sexual that you found degrading or humiliating	1.8	16	1.0	9
Compelled you to engage in sex in order to receive cash or something such as food, clothes, etc.	0.3	3	0.1	1
<b>Economic violence (N=900)</b>	<b>8.0</b>	<b>72</b>	<b>2.4</b>	<b>22</b>
Prohibited you from getting a job, going to work, trading, or earning money	4.0	36	1.3	12
Took your earnings against your will	3.0	27	1.0	9
Threw you out of the house	3.8	34	0.8	7

“When I was pregnant, my mother-in-law used to beat me. I had to do all the household chores, but she still beat me and pulled my hair. When she got angry, she used to hit me with whatever was in front of her. She has also hit me with a sickle.”

— 22 years old, married, Chhetri, grade 7, Dadeldhura

IDIs indicate that sexual violence is not uncommon among women. The case studies reveal that the perpetrators of such violence are commonly the husbands. One woman had also been raped while pregnant by a person from the village. She explains:

*15% of women have been physically forced to have sex*

### 4.2.3 Sexual violence

Being physically forced to have sex was the most prevalent act of sexual violence (15%), while being forced to do something humiliating or degrading (1.8%) or to engage in sex in order to receive cash or something such as food, clothes, etc. (0.3%) were less common.

In line with the quantitative data, the

“This incident took place 13 days ago. It was around 9:00 am, and no one was at home at that time. I went to the nearby pond, as I wanted to go to the toilet. While returning I had to pass by the former VDC Chairperson’s house. His son was eating bread near the tap. Suddenly someone attacked me from the back and closed my mouth and nose. I

fell unconscious for some time and fell to the ground. When I regained consciousness he was still there and he had raped me. I was still lying on the ground. Some children were fishing nearby and started crying when they saw us, and he ran away....I was eight months pregnant at that time.”

*- 20 years old, married, Terai  
Janajati, illiterate, Siraha*

#### **4.2.4 Economic discrimination**

We asked the following questions to assess economic abuse/violence by an intimate partner.

- *Have you ever been prohibited by your husband/partner from getting a job, going to work, trading or earning money?*
- *Has your husband/partner ever taken your earnings against your will?*
- *Has your husband/partner ever thrown you out of the house?*

We also asked the following questions to assess economic abuse/violence from persons other than intimate partners.

- *Has \_\_\_\_\_ [person whom she selected from questionnaire] ever:*
  - *Prohibited you from getting a job, going to work, trading, or earning money?*

- *Taken your earnings against your will?*
- *Thrown you out of the house?*

Very few women reported economic abuse/violence (8%). A few women had been prohibited from getting a job (4%), had earnings taken against their will (3%), or had been thrown out of the house (3.8%).

In the in-depth interviews, women reported being denied basic needs. One woman stated:

“I have some money which I saved when I was working in Kuwait. My mother-in-law and my sister-in-law always ask me for money. Actually, my sister-in-law got me married to her brother for the sake of money. Once, when I refused to give them money, they threw me out of the house.”

*- 23 years old, Brahman, grade 2,  
Sindhupalchowk*

### **4.3 Demographic correlations with reported violence**

#### **4.3.1 Women’s characteristics and violence**

Table 4.2 shows the percentage of woman reporting experiences of any type of violence in their lifetime and

in the past 12 months, from any type of perpetrator, by selected background characteristics.

The results show that, on bivariate analysis, a woman's caste/ethnicity, education, number of living children, employment status, exposure to mass media, participation in decision-making for larger household items, witnessing of violence in childhood, frequency of contact with natal family, and place of residence were significantly correlated with the experience of lifetime violence.

Table 4.2 shows that, on cross-sectional bivariate analysis, Dalit/religious minority women were significantly more likely to report experiencing violence in their lifetime than indigenous (Janajatis) or upper caste groups. Women who had more than a primary education were significantly less likely to report violence than women with no education or primary education only. The proportion of women reporting violence is positively correlated with number of living children. In terms of occupation, women who were involved

in professional work were less likely to report violence. Women who had some level of decision-making power over the purchase of large household items were less likely to report violence than those who did not have such power. Women who witnessed violence in the family during their childhood were more likely to report violence than other women. Women who had frequent contact with their natal family were significantly less likely to report violence than those who had rare or no contact. Women in the mountain regions were less likely to report violence than hill or Terai women.

We also looked at correlations with violence in the past twelve months. Study shows that women of their mid twenty to mid thirty ranges are experiencing highest levels of violence, both lifetime and last year. Women's age, their caste/ethnicity, occupation, autonomy of movement, witnessing of violence in childhood, contact with natal family, and place of residence were significantly correlated with violence in the past 12 months.

**Table 4.2 Percentage of women reporting experience of violence from any type of perpetrator, by selected background characteristics**

Characteristics	Lifetime	Past year	N
<b>Age (in years)</b>	<b>ns</b>	<b>***</b>	
15-24	45.4	32.7	269
24-34	50.6	33.1	269
35-59	48.1	20.4	362
<b>Caste/Ethnicity</b>	<b>***</b>	<b>***</b>	
Upper caste groups	45.5	26.0	246

Janajatis	39.2	22.5	316
Disadvantaged non-Dalit Terai caste group	50.8	26.4	193
Dalits/religious minorities	67.6	44.8	145
<b>Education</b>	<b>***</b>	<b>Ns</b>	
Illiterate	52.6	26.3	304
Up to primary/NFE	54.1	32.7	281
Primary to 10 years of schooling	37.7	25.1	215
SLC or more	39.0	25.0	100
<b>Marital status</b>	<b>***</b>	<b>Ns</b>	
Never married	28.6	22.3	112
Currently married	50.5	29.3	734
Widow/divorced/separated	53.7	20.4	54
<b>Number of living children (N=788)</b>	<b>***</b>	<b>Ns</b>	
No living children	43.8	30.1	73
1	58.2	34.4	122
2	46.4	27.9	179
3+	51.7	27.1	414
<b>Occupation</b>	<b>***</b>	<b>***</b>	
Unemployed	44.0	24.5	514
Farmer	50.6	29.6	253
Daily wages	76.9	53.8	65
Business/shop	43.2	24.3	37
Professional	38.7	19.4	64
<b>Exposure to mass media</b>	<b>**</b>	<b>Ns</b>	
Low	57.4	34.6	136
Medium	49.0	27.4	486
High	41.7	25.5	278
<b>Decision-making power on major household items purchase</b>	<b>**</b>	<b>Ns</b>	
Own decision	48.6	29.0	107
Joint decision with partner	42.0	24.9	393
Not involved in decision-making	53.8	30.5	400
<b>Autonomy of movement</b>	<b>ns</b>	<b>*</b>	
Low	44.4	23.9	401
Moderate	53.2	33.4	293
High	47.6	27.7	206
<b>Witnessed gender violence in childhood</b>	<b>***</b>	<b>***</b>	
Yes	64.1	46.8	248
No	41.9	20.7	652

Social network	ns	Ns	
Low	52.3	31.0	281
Medium	46.8	26.6	485
High	43.3	26.1	134
<b>Contact to natal family member (N=788)</b>	<b>***</b>	<b>*</b>	
Frequent	41.4	26.6	239
Once a month	52.2	29.8	228
Never/once a year	56.7	32.4	321
<b>Ecological region</b>	<b>*</b>	<b>***</b>	
Mountain	40.5	17.6	210
Hill	51.4	38.1	210
Terai	49.8	27.9	480
<b>Family type</b>	<b>ns</b>	<b>Ns</b>	
Joint	46.4	27.5	448
Nuclear	49.6	28.3	452
<b>Wealth Quintile</b>	<b>ns</b>	<b>Ns</b>	
Lowest	53.9	30.9	178
Second	51.6	27.7	184
Middle	46.9	28.5	179
Fourth	47.5	26.3	179
Highest	40.0	26.1	180
<b>Total</b>	<b>48.0</b>	<b>27.9</b>	<b>900</b>

\*\*\* Significant at  $P \leq 0.001$ , \*\* significant at  $P \leq 0.01$ , \* significant at  $P \leq 0.05$ , ns = not significant.

Given that these results arise from a cross-sectional survey, there is a possibility that confounding factors may have an impact on bivariate analysis. We therefore reassessed the relationships observed in bivariate analysis using binary logistic regression to identify statistically significant determinants, and to adjust for possible confounder effects. Two different models — one for identifying the determinants of lifetime experiences of sexual violence and another for recent experiences (in the last

12 months) were used in the analysis. In model 1, the dependent variable was whether or not the individual women reported any experiences of violence in their lifetime. In model 2, the dependent variable was whether or not the individual women reported any experiences of violence in the 12 months preceding the interview.

The 13 independent variables were selected according to previous studies on gender-based violence, and included:

women's age, caste/ethnicity, level of education, marital status, working status, exposure to mass media, wealth quintile, place of residence, family structure, decision-making power, autonomy of movement, witnessing of violence in childhood, and social network. Only those variables that were significant or borderline significant in the bivariate analysis were included in the multivariate analysis. Results from the logistic regression are presented in Table 4.3.

On multivariate analysis, a number of variables remained significantly correlated with increased lifetime risk of reported violence: women from Dalit/religious minority groups (odds ratio 1.8, CI 1.09-3.13) compared with women from the upper caste group; widows, divorced or separated women compared to unmarried women (odds ratio = 3.47; CI = 1.44-8.39), and women living in hill regions compared to those in the mountain areas (OR = 1.79; CI = 1.14-2.81).

**Table 4.3 Odds ratios (and 95% confidence interval) from logistic regression for identifying risk factors for violence**

Risk factors	Model 1		Model 2	
	Lifetime		Past year	
	OR	C.I.	OR	C.I.
<b>Age</b>				
15-24 (ref.)	1.00	-	1.00	-
24-34	0.83	0.54-1.29	0.78	0.49-1.25
35-59	0.79	0.49-1.29	0.42**	0.25-0.72
<b>Caste/Ethnicity</b>				
Upper caste groups (ref.)	1.00		1.00	
Janajatis	0.65*	0.45-0.95	0.70	0.45-1.09
Disadvantaged non-Dalit Terai caste group	1.03	0.63-1.69	0.79	0.45-1.39
Dalits/religious minorities	1.85*	1.09-3.13	1.69	0.96-2.99
<b>Education</b>				
Illiterate (ref.)	1.00		1.00	
Up to primary/NFE	1.19	0.81-1.76	1.29	0.83-2.01
Primary to 10 years of schooling	0.87	0.53-1.42	1.01	0.57-1.78
SLC or more	1.15	0.57-2.31	1.21	0.54-2.69
<b>Marital status</b>				
Never married (ref.)	1.00	-	1.00	-
Currently married	2.61***	1.46-4.66	1.63	0.86-3.09
Widow/divorced/separated	3.47**	1.44-8.39	1.08	0.38-3.09
<b>Occupation</b>				
Unemployed (ref.)	1.00	-	1.00	-
Farmer	1.08	0.73-1.61	1.14	0.73-1.79

Daily wages	2.06*	1.04-4.08	2.23*	1.16-4.25
Business/shop	0.99	0.47-2.09	0.99	0.41-2.43
Professionals	0.89	0.37-2.17	0.68	0.23-2.02
<b>Exposure to mass media</b>				
Low (ref.)	1.00	-	1.00	-
Medium	1.00	0.64-1.58	0.83	0.50-1.36
High	0.99	0.56-1.76	0.74	0.39-1.40
<b>Wealth Quintile</b>				
Lowest (ref.)	1.00	-	1.00	-
Second	0.92	0.57-1.47	0.83	0.49-1.41
Middle	0.93	0.57-1.53	1.38	0.79-2.39
Fourth	0.71	0.42-1.19	0.81	0.45-1.44
Highest	0.67	0.38-1.18	1.09	0.58-2.05
<b>Ecological region</b>				
Mountain (ref.)	1.00	-	1.00	-
Hill	1.79*	1.14-2.81	3.32***	1.94-5.68
Teraï	1.45	0.91-2.31	1.79*	1.02-3.13
<b>Family type</b>				
Joint (ref.)	1.00	-	1.00	-
Nuclear	1.10	0.81-1.50	0.91	0.64-1.31

<b>Decision-making power over major household purchases</b>				
Own decision (ref.)	1.00	-	1.00	-
Joint decision with partner	0.96	0.55-1.65	0.52*	0.28-0.97
Not involved in decision-making	1.28	0.75-2.18	0.77	0.42-1.42
<b>Autonomy of movement</b>				
Low (ref.)	1.00	-	1.00	-
Moderate	1.37	0.98-1.92	1.40	0.96-2.05
High	1.12	0.75-1.69	1.17	0.73-1.89
<b>Witnessed gender violence in childhood</b>				
Yes (ref.)	1.00	-	1.00	-
No	0.41***	0.29-0.56	0.29***	0.21-0.42
<b>Social network</b>				
Low (ref.)	1.00	-	1.00	-
Medium	0.75	0.53-1.05	0.66*	0.44-0.97
High	0.64	0.39-1.03	0.72	0.41-1.24
Constant	0.68		0.89	
-2 Log likelihood	1121.15		914.07	
Cox & Snell R Square	0.13		0.16	
Nagelkerke R Square	0.17		0.22	

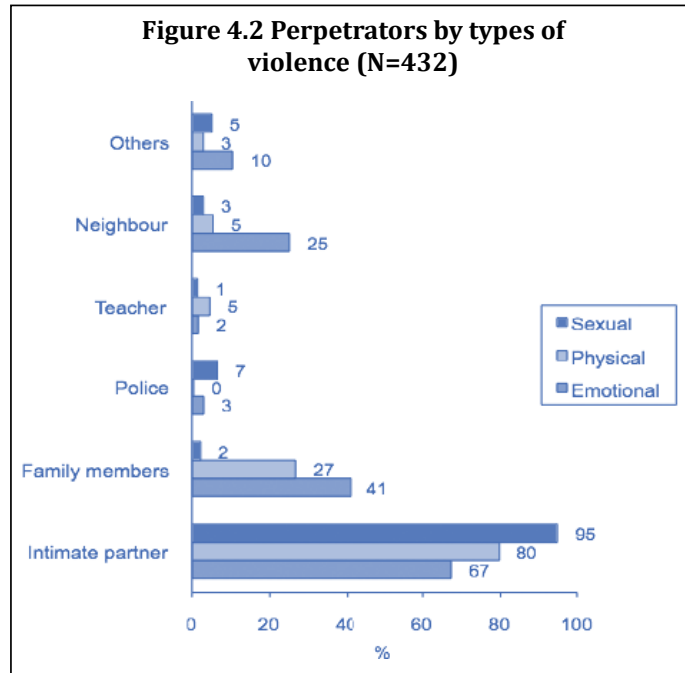
\*\*\* Significant at  $P \leq 0.001$ , \*\* significant at  $P \leq 0.01$  and \* significant at  $P \leq 0.05$ .



Model 2 (see Table 4.3) looked at significant correlations with more recent experiences of violence (within the past 12 months). Women of mid thirty and above (age above 35 years, OR = 0.42; CI = 0.25-0.72), women who had not witnessed violence in childhood (OR = 0.29; CI = 0.21-0.42), women who had a medium level of social networking (OR = 0.66; CI = 0.44-0.97), and women who were jointly involved in decision-making with their partner (OR = 0.52; CI = 0.28-0.97) were significantly less likely to have suffered recent violence. Other variables remained consistently correlated with increased risk of reported (recent) violence. Thus, women living in the hill and Terai areas were more likely to have suffered recent violence (OR= 3.32; CI = 1.94-5.68; OR = 1.79 and CI = 1.02-3.13, respectively) compared to women from the mountains. Daily wage earners were more likely to report recent violence than non-wage earners (OR =2.23, CI = 1.16-4.25).

#### 4.4 Perpetrators

Women are most vulnerable to violence from people who are close to them. Among women who had experienced violence, almost three quarters of the



perpetrators were intimate partners.

Other commonly mentioned perpetrators of violence included family members (35.2%) and neighbors (22.9%). Police and teachers were also mentioned (but infrequently) as perpetrators.

Figure 4.2 displays the types of reported violence by type of perpetrator. Intimate partners were most likely to perpetrate sexual violence, while family members most often inflicted emotional violence.

#### 4.5 Prevalence and types of violence from intimate partners

Of the women who had an intimate partner, two in five (41%) had experienced violence from their intimate partners during their lifetime,

and almost one in five (19%) had suffered violence from their intimate partners during the preceding 12 months. Lifetime experience of emotional violence from intimate partners (31%) was commonly reported, followed by physical (24%), sexual (17%), and economic (6%) violence. Figures for more recent violence

(past 12 months) of the same types were 13.8%, 9.4%, 7.1% and 2.4% respectively.

Violence continued even when women were pregnant. 1 in 12 women reported violence from intimate partners during pregnancy — including both physical (4.2%) and sexual violence (4.1%)

**Table 4.4 Types of violence from intimate partners**

Types of violence	Lifetime		Past year	
	n	%	n	%
<b>Any types of violence from intimate partner (N= 791)</b>	<b>320</b>	<b>40.5</b>	<b>149</b>	<b>18.8</b>
<b>Emotional violence (N=791)</b>	<b>245</b>	<b>31.0</b>	<b>109</b>	<b>13.8</b>
Insulted you or deliberately made you feel bad about yourself	192	24.3	71	9.0
Belittled or humiliated you in front of other people	93	11.8	29	3.7
Did things to scare or intimidate you on purpose	122	15.4	62	7.8
Threatened to hurt you	93	11.8	40	5.1
Threatened to hurt someone you care about	30	3.8	16	2.0
<b>Physical violence (N=791)</b>	<b>192</b>	<b>24.3</b>	<b>74</b>	<b>9.4</b>
Slapped you or threw something at you that could hurt you	154	19.5	56	7.1
Pushed you, shoved you or pulled your hair	107	13.5	43	5.4
Hit you with his fist or with something else that could hurt you	91	11.5	29	3.7
Kicked you, dragged you or beat you up	81	10.2	27	3.4
Purposely choked or burned you	6	0.8	4	0.5
Threatened to use or actually used a gun, knife or other weapon against you	18	2.3	6	0.8
<b>Sexual violence (N=791)</b>	<b>131</b>	<b>16.6</b>	<b>56</b>	<b>7.1</b>
Physically forced you to have sexual intercourse when you did not want to	126	15.9	53	6.7
You did not want to have sexual intercourse because you were afraid of what he might do	67	8.5	26	3.3
Forced you to do something sexual that you found degrading or humiliating	16	2.0	9	1.1
Compelled to engage in sex in order to receive cash or something such as food, clothes, etc.	3	0.4	1	0.1
<b>Economic acts (N=791)</b>	<b>50</b>	<b>6.3</b>	<b>19</b>	<b>2.4</b>
Prohibited you from you getting a job, going to work, trading, or earning money	28	3.5	11	1.4
Took your earnings against your will	19	2.4	8	1.0
Threw you out of the house	19	2.4	5	0.6

Our IDIs looked in detail at women's experiences of violence. Nine out of 16 women reported facing threats or verbal abuse from their intimate partners. One woman stated:

“My husband thinks that I am having extra-marital affairs. He calls me *randi*. He says that I am having an affair with a policeman, and tells me to go with him. He beats me a lot due to this.”

— 27 years old, married, Tamang, grade 3, Makwanpur

*Women are most likely to suffer violence at the hands of their husbands / partners*

Ten of the 16 in-depth interviewees reported facing physical violence from their intimate partners. For 6 of the women, the violence was severe: they were choked, or their partners deliberately tried to burn them:

“My husband suspects me unnecessarily. When I was pregnant, he said that it was not his child but my brother's child. He tied me to a pole and beat me severely. Later the neighbors came and stopped him.”

— 45 years old, married, Dalit, illiterate, Nawalparasi

Six of the 16 women reported sexual violence, often coupled with physical violence, at the hands of their intimate partners.

“One night I was just sitting on my bed and my husband started to insert a *daura* (wooden stick used as firewood) into my vagina. I fought with him and threw it away. Then later that night he tried to insert a torch and then a toothbrush. When I fought with him and threw it away, he beat me and forcibly had sex with me. I became unconscious for some time, and when I regained consciousness I found that he was still having sex. He let me go only when I started to bleed...”

— 16 years old, married, Dalit, illiterate, Dadeldhura

## **4.6 Intimate partners' characteristics and rates of violence**

On bivariate analysis, women whose husbands had no education and women whose husbands were day laborers were more likely to report violence than women married to more educated men or men in higher-paid professions. In addition, women who reported that their husbands consumed alcohol also suffered higher rates of violence (see Table 4.5).

**Table 4.5 Percentage of married or formerly married women reporting violence by their husbands, by husbands' characteristics**

	Lifetime	Past year	N
<b>Husband's age</b>	<b>ns</b>	<b>Ns</b>	
18-24	32.5	20.5	83
25-34	42.0	24.4	238
35 and over	41.0	17.2	412
<b>Age difference between husband and wife</b>	<b>ns</b>	<b>Ns</b>	
Husband is younger than wife/same age	32.8	14.7	116
Wife is 1-4 years younger than husband	40.7	18.2	302
Wife is 5-10 years younger than husband	42.2	23.1	251
Wife is >10 years younger than husband	45.3	25.0	64
<b>Husband's education</b>	<b>**</b>	<b>*</b>	
Illiterate	47.5	19.4	139
Up to primary/NFE	44.2	26.4	163
Primary to 10 years of schooling	41.4	20.3	295
SLC or more	26.5	11.8	136
<b>Husband's occupation</b>	<b>*</b>	<b>Ns</b>	
Farmer	36.8	16.7	258
Manual labor	45.8	23.5	332
Business/professional	34.3	17.5	143
<b>Income difference between husband and wife</b>	<b>***</b>	<b>***</b>	
Same/wife earns more	32.6	23.3	43
Husband earns more	57.1	30.2	182
Respondent does not have income	35.0	15.9	508
<b>Husband sometimes consumes alcohol</b>	<b>***</b>	<b>***</b>	
Yes	48.3	26.4	383
No	31.7	12.9	350

Chi-square test of association is significant at \*\*\*= $P \leq 0.001$ , \*\*= $P < 0.01$ , \*= $P < 0.05$ , and ns = not significant.

## 4.7 Discrimination and violence against women in the community: findings from FGDs

FGD participants were asked about discriminatory practices in the community, other types of violence in the community, circumstances in which such violence occurs, and causes

and contributing factors to violence. Participants stated that gender-based discrimination was common. Participants from Dadeldhura (all groups), Sindhupalchowk (all groups) and Makwanpur (15-19 age group) stated that during the first four days of menstruation, women are made to sleep separately, are not allowed to touch anything, and are not given nutritious foods such as milk, curd and honey —

a Hindu tradition called *chhaupadi*. Sleeping outside (often in a shed) poses particular hazards for women:

“*Chhaupadi* is very common in our community. During menstruation, women have to sleep and live in a separate shed. Many women are bitten by snakes, and in some cases men also take advantage of the situation and come to rape women.”

— 15-19 years old, unmarried FGD participant, Dadeldhura

Many participants mentioned the preferential treatment given to boys in education, food and clothing, and felt that such discrimination continues into adulthood in the way women are required to seek permission to travel and work. One woman from Nawalparasi said:

“It’s because of social and cultural practices that are prevalent in society that women’s mobility is restricted. If a woman works or is active in the community, they say “*pothibaseko* [a term used by the community when women participate in community activities, are outspoken, and have freedom of mobility] *suhaudaina* [does not look good].” It’s the culture here that only men may be forward and do everything.”

— 20-34 years old, married FGD participant, Nawalparasi

Community-based violence was perceived as continuing into the workplace (sexual harassment, unequal pay, threats to women’s well-being at work), and in public spaces such as transport. Very few of the focus groups mentioned trafficking as a particular problem in their area, although members of one group in Makwanpur stated that children from a certain community were often trafficked and taken to work in the circus.

In addition to discriminatory practices at the level of the community, women in focus groups also mentioned violence in the home, both from intimate partners and the wider family.

One woman stated:

“A brother raped his own cousin and ran away. Later, the villagers learned about it, but they could not do anything. These days the woman is staying at her mother’s home and looking after her child, while the brother [perpetrator] has married another woman.”

— 15-19 years old, unmarried FGD participant, Dadeldhura

## 4.8 Causes and circumstances of violence: qualitative findings

Why do women face violence? In the in-depth interviews we explored women's perceptions of the root causes of GBV. Women gave mixed reasons for violence, including the low status of women, poverty, lack of employment, and lack of awareness. Coupled with these factors, women believed that specific services focused on addressing GBV were not being implemented. Women's relative lack of exposure to the "outside world" was mentioned as a particular problem.

"Women stay at home and are busy with the household chores. They do not know about the outside world. They do not know what is going on beyond their house, as they are restricted to their house. So they lack information about their rights, and they face more violence."

— 16 years old, unmarried, Chhetri, Grade 11, Dadeldhura

The continuing dowry system was seen as a factor contributing to violence in the home:

"Because of the dowry, women face unpleasant incidents in this community. If a woman does not bring a dowry, she is beaten by

the husband's family, and at times women are killed due to this."

— 16 years old, disadvantaged Terai community, Grade 7, Siraha

Some respondents noted that women's belief in their own "weakness" and inability to act fosters a climate of vulnerability:

"First of all, we think that we are weak and cannot do anything. There are many things that women cannot respond to, like, for example, they cannot talk about their family and husband with others, and they cannot accept help. While those who work outside can talk freely about women's rights, those who stay at home cannot do that. That is the reason why women are facing more violence."

— 25 years old, married, Dalit, Grade 10, Dadeldhura

## 4.9 Consequences of violence

Violence is reported to cause both short-term and long-term social, cultural, economic, emotional, psychological, physical and health consequences. Depression, post-traumatic stress disorder, sexually transmitted infections, unwanted pregnancy, cuts and injuries to face, head, neck, breasts

and abdomen were commonly reported in this study. The next section explores these issues in further detail.

#### 4.9.1 Extent of health problems

Women reported experiencing a wide range of physical, psychological and sexual/reproductive health problems (Table 4.6), including psychological

reporting violence.

When we analyzed these cross-sectional bivariate results using logistic regression, controlling for women's age, caste, education level, marital status, occupation and exposure to mass media, we found women who had experienced violence to be significantly more

**Table 4.6 Percent of women reporting health problems in their lifetime**

Health problems	Experienced violence (N=432)	Never experienced violence (N=468)
Psychological problems (fear/tension/depression) ***	69.0	34.8
Suicidal ideation ***	29.2	6.0
Attempted suicide***	6.5	0.6
Physical problems***	29.6	16.9
Reproductive health problems***	31.7	21.4
Unwanted/unintended pregnancy <sup>ns</sup>	17.6	13.7
At least one symptom of STI ***	37.5	20.1
At least one problem***	84.7	61.5

\*\*\* Significant at  $P \leq 0.001$ , \*\* significant at  $P \leq 0.01$ , \* significant at  $P \leq 0.05$ , and ns = not significant.

issues (fear, tension, depression, and suicidal ideation, with one in every 25 women attempting suicide at some point); reproductive health problems, and other physical ailments. Rates of these problems were reported significantly more frequently among women who had experienced any kind of violence than among women not

*30% of victims of violence have considered committing suicide*

likely to report psychological problems, suicidal ideation, physical health problems, reproductive health problems and at least one STI symptom than women who had never experienced violence (see Table 4.7).

During the IDIs, women reported a number of experiences of both physical and psychological problems following violence:



**Table 4.7 Odds ratios from logistic regression: the likelihood of reporting health problems among women who have experienced violence**

Health problems	Odds ratio	95 % CI
Psychological problems (fear/tension/depression)***	4.50	3.32-6.09
Suicidal ideation***	5.38	3.42-8.47
Physical problems***	2.58	1.82-3.65
Reproductive health problems***	1.93	1.39-2.68
At least one symptom of STI ***	2.25	1.64-3.09
At least one problem***	4.01	2.85-5.65

\*\*\* Significant at  $P \leq 0.001$ ; adjusted for age, caste, education, marital status, occupation, and exposure to mass media

“I thought of committing suicide... but couldn’t do so. I was having a nightmare. I couldn’t sleep due to that incident [repeated beatings and verbal abuse]. Whenever I tried to sleep, I kept on remembering the incident and I had a terrible headache.”

— 40 years old, Yadav, uneducated, Siraha

“Whenever he drinks, he suspects me of having extra-marital affairs, and he beats me....I feel really bad[,]... so I thought of killing myself rather than staying like this. I tried to hang myself, but he didn’t let me do it.”

— 26 years old, Janajati, informal education, Nawalparasi

“Whenever I talk to anyone, he always beats me. I have bruises on my face and have a swollen face. He has also choked my neck”

— 27 years old, Janajati, Grade 3, Makwanpur

“Due to [repeated beatings] I had a miscarriage and had heavy bleeding. I could not work as before.”

— 46 years old, Janajati, Grade 3, Makwanpur

## 4.10 Association between signs/symptoms of STIs and sexual violence

The study results indicated that women with experience of sexual violence were significantly more likely to report symptoms associated with sexually transmitted infections (42% of women who had experienced violence, compared to 26% of those not reporting violence). These symptoms included pain during urination, foul-smelling discharge, and painless genital ulcers (see Table 4.8).

We caution, however, that (a) the study is cross-sectional in nature, therefore we cannot infer causality from this association (i.e., these



results do not prove that women who experience violence are likely to get STI symptoms); and (b) symptoms in the reproductive tract in women are

**Table 4.8 Reported signs/symptoms of STIs**

STI symptoms	Experienced sexual violence (N=138)	Never experienced sexual violence (N=762)	Total (N=900)
Pain during urination**	29.0	17.5	19.2
Smelly discharge from vagina***	27.5	10.9	13.4
Painful ulcers/sores in genital area <sup>ns</sup>	11.6	8.3	8.8
Non-painful ulcers/sores in genital area*	5.8	2.4	2.9
<b>At least one STI symptom***</b>	<b>42.0</b>	<b>26.0</b>	<b>28.4</b>

\*\*\* Significant at  $P \leq 0.001$ , \*\* significant at  $P \leq 0.01$ , \* significant at  $P \leq 0.05$ , and ns = not significant.

notoriously non-specific and not well correlated with the presence of specific infections.

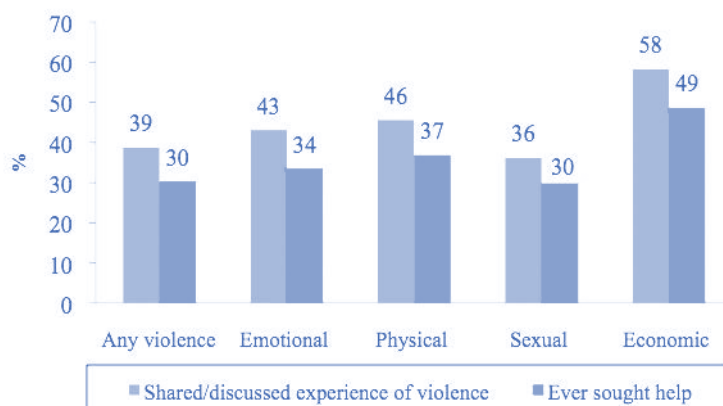
### 4.11 Help-seeking behavior

A majority (61.3%) of the 432 women who reported violence had not shared their experiences with anyone.

These findings varied according to the type of violence: women who had been sexually assaulted were the least likely to share their experience; women who had been economically excluded were

*Most women don't seek help if they suffer any kind of violence, especially sexual violence*

**Figure 4.3 Help-seeking by type of violence (N = 432)**



the most likely. Willingness to report experiences also varied by type of perpetrator: women who faced violence from the police were most likely to report it to others, whereas women were least likely to discuss violence from an intimate partner.

However, although women may have reported their experiences, only a small minority then went on to seek outside help. More than two thirds of women had not sought help — a figure that rose to 83% when the perpetrator was an intimate partner (see Table 4.9).

“When I faced physical and emotional violence from my sister-in-law, I tolerated all that in the beginning, thinking that this was my fate. But the violence got worse and I couldn’t tolerate it any more, so I told my brother-in-law from my natal home and he came to my house and talked to my sister-in-law about this.”

— 37 years old, married, Chhetri, informal education, Sankhuwashava

**Table 4.9 Help- or support-seeking behavior by type of perpetrator**

Perpetrator	Shared/discussed experience of violence	Sought help	N
<b>Any perpetrator</b>	<b>38.7</b>	<b>30.3</b>	<b>432</b>
Intimate partner	18.1	17.5	320
Family members/relatives	48.0	36.2	152
Police	81.8	27.3	11
Teachers	46.2	15.4	13
Neighbors	55.6	37.4	99
Others	47.7	22.7	44

Help-seeking is a broad term, and Figure 4.4 highlights that most women who sought care actually turned to their own family members or friends, rather than formal state authorities.

This pattern was repeated in the qualitative surveys, with most women stating they had sought help from members of their own family, and only 3 of 10 seeking help from the police, a lawyer or a health provider:

“When I faced both physical and sexual violence from my husband, I didn’t do anything initially. But it got worse, and I told my son. We went to town and reported this to the lawyer. The lawyer said that he would help us and get us justice.”

— 41 years old, married, Dalit, Uneducated, Siraha

The FGDs also asked women in detail about places to seek help. Commonly mentioned places and people included the village leader in their community, the police, mothers' or women's groups, or the natal home.

“There is a mothers' group in the village. If someone faces problems, they usually discuss the problems and resolve the case. However, if they are unable to resolve the case, they send the women to the Village Development Committee.”

— 23 years old, married, Janajati, grade 11, Sankhuwashava

**Figure 4.4 Persons/organizations where women sought help when facing violence**



## 4.12 Barriers to accessing assistance

Our survey looked at reasons why women did not seek care. The most commonly mentioned reason (52.5%) was *laaj* [shame], followed by pessimism about the ability of outside people to help (25.2%), and fear of rejection (12%) (see Table 4.10).

**Table 4.10 Perceived barriers that hinder women from reporting violence**

Perceived reasons ( N=301)	%	n
Embarrassment ( <i>Laaj</i> )	52.5	158
Fear of discrimination	11.0	33
Fear of rejection by family and friends	12.0	36
Did not trust anyone	12.3	37
Nothing can be done	25.2	76
Other	22.6	68

Percentage total may exceed 100 due to multiple responses.

Explanations for these reported fears and concerns were elicited in the IDIs from women who faced violence:

“I thought of complaining about my husband to the police station. But I didn’t go there, thinking that my husband would beat me more.”

— *16 years old, married, Dalit, uneducated, Dadeldhura*

“Whatever my husband does I tolerate. It’s a family matter, and I feel shy sharing it with other people.”

— *40 years old, married, Yadav, uneducated, Siraha*

“Once I confided the incident to my sister-in-laws in the village. But it was of no use. They did not listen to me. So I think it’s better not to share...”

— *23 years old, married, Yadav, grade 10, Siraha*

“I wanted to report to the police, but I have no money to go there [to the district]. I am consoling myself and tolerating whatever is in my luck.”

— *40 years old, married, Yadav, grade 10, Siraha*

These narratives of women interviewed suggest that women do not report their violence to concern authorities or family members due to fear of losing their livelihoods, social stigma and further violence, cultural expectation and social norms that women are responsible to preserve the *ijaat*/honor of their families. Even women report their violence institution responsible often do not take any actions so women have lost trust on responsible those should take action. Analysis clearly indicates that institutions do not take action because person accountable to implement laws and also wider society see VAW is private issue.

### **4.13 Women’s suggestions for tackling gender-based violence**

Participants in the cross-sectional quantitative survey were asked what actions they thought should be taken at social-structural levels and at the level of individual women to address the pervasive issue of gender-based violence.

At the social-structural level, women identified governmental systems as bearing the major responsibility for preventing GBV and protecting women. Thus, the most commonly suggested intervention was to have protective (“strict”) laws that are fully implemented. While the government was perceived as having the major

role in establishing and implementing laws, the responsibility for punishing

perpetrators was seen to reside with the community, rather than with the State.

**Table 4.11 Perceived roles of different sectors in preventing GBV in percentage**

Perceived roles of different sectors (N=900)	Government	NGO	Civil society	Community	Family
Law should be strict/implemented	41.0	0.0	0.0	0.0	0.0
Punish perpetrators	0.0	0.0	7.3	39.3	0.0
Provide skill-development training to women	8.3	5.1	2.1	0.4	0.0
Provide employment to survivors	6.0	3.9	0.0	0.0	0.0
Men must be made aware of GBV	3.8	0.8	0.0	0.0	0.0
Public awareness program on GBV should be implemented	2.9	14.8	9.6	6.9	0.0
Provide safety for women in community and family	1.9	0.0	0.0	3.9	1.9
Provide financial/economic help to survivors	1.7	2.1	0.1	0.0	0.0
Provide facilities such as food/shelter/health services to survivors	1.5	0.0	0.4	0.0	0.3
Ban use of alcohol	0.4	0.2	0.3	0.2	0.1
Dowry practices should be eliminated	0.1	0.0	0.0	0.3	0.0
Free legal support should be available	0.0	4.2	3.3	0.0	0.0
Stop gambling	0.0	0.0	9.7	0.0	0.0
Encourage formation of women's groups	0.0	0.0	3.0	6.0	0.0
Provide equal opportunity for men and women	0.0	0.0	0.0	14.1	25.3
Police post must be established in the community	0.0	0.0	0.0	0.7	0.0
Never cause quarrels in the household	0.0	0.0	0.0	0.0	18.7
Family members should be made aware of GBV	0.0	0.0	0.0	0.0	16.8
Give love to female members of the family	0.0	0.0	0.0	0.0	11.2
Counseling for perpetrators	0.0	0.0	7.7	0.0	0.0
Other	0.0	1.8	3.2	0.0	2.7
Don't know	41.0	72.2	69.8	36.4	32.7

*Percentage total exceeds 100 due to multiple responses.*

When asked what individual women could do to prevent GBV against themselves or others, women identified the following actions most commonly:

sharing knowledge among themselves (16.7%), and going to the police or court authorities (9.1%) (see Table 4.12).

**Table 4.12 Perceived actions women should take to prevent GBV**

Perceived action would should take to prevent GBV(N=900)	N	%
Women should share knowledge	150	16.7
Women themselves should be friendly with each other	90	10.0
Women should complain to police or go to court	82	9.1
Women shouldn't tolerate bad behavior or violence	79	8.8
Women should be educated/empowered	53	5.9
Women should seek help from knowledgeable persons in the community	50	5.6
Women should treat everyone equally	40	4.4
Share experiences in women's groups	39	4.3
Women should speak for themselves/raise voices	37	4.1
Women should not discriminate between sons and daughters	26	2.9
Share problems with family members	25	2.8
Go to organizations that provide justice to women	11	1.2
Women shouldn't go for abroad for employment	3	0.3
Other	21	2.3
Don't know	325	36.1

*Percentage total exceed 100 due to multiple responses.*

# **Chapter 5**

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## **MEN'S KNOWLEDGE AND PERCEPTION OF GENDER- BASED VIOLENCE LAWS, POLICIES AND PROGRAMS**

# **MEN'S KNOWLEDGE AND PERCEPTION OF GENDER-BASED VIOLENCE LAWS, POLICIES AND PROGRAMS**

Understanding men's knowledge attitudes and behaviors is one of the keys to developing effective public policy responses to gender-based violence. Studies of violence against women are increasingly being conducted in Nepal, but most of these examine the perspective of women who have survived violence. Men's knowledge and attitudes about violence, its causes, consequences and prevention, remain relatively unexplored. Our study addressed some of this gap in the evidence by assessing men's knowledge and attitudes about laws and policies related to GBV.

We conducted six focus group discussions (FGDs) with 49 married and unmarried men in three study districts: Dadeldhura, Nawalparasi and Sankhuwashava. This chapter presents the key findings from those FGDs with men.

## **5.1 Profile of male FGD participants**

Three FGDs were composed of unmarried men aged 15-24 years, and

three comprised married men aged 20-49 years. Almost all participants were literate, ranging from informal education to 12 years of schooling. A variety of different castes and ethnic groups were represented, depending upon the district. The younger, unmarried participants were mainly students, while the older, married men were engaged in agriculture. Stratification of the sample is included in the methodology section of this report.

## **5.2 Awareness of VAW**

All the groups reported that GBV was common in their communities, both inside and outside the home. Men talked about four different types of violence: physical, emotional, economic and sexual violence. The reasons given for violence ranged from suspicion of infidelity, to women not meeting familial expectations:

“In our community, husbands often go abroad and send money to their wives. At times, these women are involved with other men. So if



their husbands find out, then they are beaten for having extra-marital affairs.”

— 15-24 years old, unmarried FGD participant, Sankhuwashava

“There are many cases of physical violence in this community. There was an incident that happened to my sister. Since the day she got married, her mother-in-law beat her for not doing her household work properly. Now she is mentally ill and has become insane due to continuous beating.”

— 20-49 years old, married FGD participant, Nawalparasi

In addition to physical violence, men were aware of sexual violence being perpetrated:

“I have heard of a girl who was returning home alone after taking her examinations, and she was raped by three men. This kind of violence usually takes place if a woman or girl is seen alone.”

— 15-24 years old, unmarried FGD participant, Sankhuwashava

“There was a teacher who tried to rape his own student. This incident happened this year in our community. How can an educated person like a teacher think of such

thing? If a teacher does such things, what type of an example is he setting for the students?”

— 20-49 years old, married FGD participant, Sankhuwashava

Violence driven by social norms and cultural practices was recognized in some districts, where men talked about dowry issues and the practice of *chhaupadi*:

“Dowry practices also exist in the community. For example, if there are two daughters-in-law in a house, and if one is rich and brings home dowry, then the in-laws will respect her. However, the other daughter-in-law who does not bring anything is often scolded and looked down upon.”

— 20-49 years old, married FGD participant, Sankhuwashava

“Discrimination against women still exists in this community. During menstruation, no one is allowed to touch the woman, and this tradition persists even now. They are kept in the cowshed and are deprived of foods such as meat, fish and milk.”

— 20-49 years old, married FGD participant, Dadeldhura

Perceptions of economic violence and discrimination varied across the groups. Men reported that women are

often paid less to do the same work as men, but unmarried men thought this was probably uncommon, as girls and women are mainly involved in household chores:

“Economic exploitation is there in our community and even in our village. Men are paid more than women. While working in the village, men get meals two times and they are paid Rs. 400, while women are paid only Rs. 300 for the same task.”

— *15-24 years old, unmarried FGD participant, Nawalparasi*

“Because women cannot plough a field as men do, they would get just Rs. 100, while men would get Rs. 200 for the same task. For example, if I went to work for a plantation, I would get Rs. 300, but if any woman did the same task for a similar amount of time, they would hesitate to give her even Rs. 100.”

— *20- 49 years, married FGD participant, Sankhuwashava*

## **5.3 Perceived causes of violence**

Men were asked to explain their perceptions of why GBV happens in their communities. Several explanations were put forward, including unemployment, patriarchal

norms, lack of awareness of women’s rights, consumption of alcohol, and changing lifestyles and patterns of “modernization.”

### **5.3.1 Patriarchal norms**

Similarly to women, all groups (except one FGD of unmarried young men) recognized that patriarchy and the lower social status of women in Nepal contribute to gender-based violence. The preferential treatment given to men and boys in all spheres of life was mentioned as perpetuating social norms that clearly disadvantage women and girls:

“It is due to social and cultural norm that exist in our society. There is a tendency in our society not to let women come forward, that they should not be educated, and only men should come forward.”

— *15-24 years old, unmarried FGD participant, Dadeldhura*

“Even if women are more educated than men, [men] are considered superior, and their opinions are supported, but woman are always considered backward and less knowledgeable.”

— *20-49 years old, married FGD participant, Dadeldhura*

### **5.3.2 Lack of awareness on women's rights**

Coupled with the low social status accorded to women, many men felt women's lack of awareness of their rights has increased their vulnerability and decreased their ability to respond to violence. Both groups from Sankhuwashava and the married men from Dadeldhura stated that since women are not aware of their rights, they are more susceptible to violence:

“It's all because of lack of awareness. If women knew about their rights, there would be no violence in the community. If women were empowered, they could respond to violence easily.”

— 20-49 years old, married FGD participant, Dadeldhura

### **5.3.3 Alcohol consumption**

In addition to social and cultural norms of gender inequality, several groups also focused on the role that alcohol can play in increasing levels of violence in society:

“The wife usually waits for her husband for dinner after finishing her household chores. But the husband comes home drunk and shouts at his wife; he suspects her of not being loyal to him and accuses her of having extra-marital affairs, while he is the one having such affairs. We have seen such cases.”

— 20-49 years old, married FGD participant, Nawalparasi

*“If women knew about their rights, there would be no violence”*

*-Male FGD participant*

### **5.3.4 Changing social norms and access to technology**

Some of the unmarried participants from Nawalparasi mentioned their perception of links between “modernization” and the risk of violence. Men's increased access to pornographic movies through mobile technologies has changed their sexual behaviors and what they demand of their partners. In addition, some married men from Sankhuwashava felt that women's “modern” style of dress was “provocative” to younger men:

“Nowadays violence also occurs because of the growing use of mobile phones. Boys and girls watch *blue* films [pornography] and vulgar pictures on their mobiles. Boys then try to imitate such acts, and that's when sexual violence occurs.”

— 20-49 years, married FGD participant, Sankhuwashava

“Women face violence due to their behavior. They like to wear short clothes and skirts and show their body to others. Boys cannot control themselves when they dress up in

this way, and unpleasant things can happen.”

— 15-24 years old, unmarried FGD participant, Nawalparasi

## 5.4 Knowledge of existing laws and policies

Our findings suggest that levels of awareness concerning GBV laws and policies were very low among men in all the study districts. Only one participant from Dadeldhura had heard about the Domestic Violence Crime and Punishment Act, 2067, and even then, not in detail:

“Though I am not that educated, I know something about these laws. I know that we should not misbehave with women. I have also heard about the Domestic Violence Act, 2067. However, I don’t know what that law states.”

— 20-49 years old, married FGD participant, Dadeldhura

A small number of unmarried participants were aware of the Human Trafficking and Transportation (Control) Act, 2064, and in the same district, Nawalparasi, some of the participants in the married men groups knew of the bill against “untouchables.” None of the group participants were aware of the Gender Violence Elimination Fund.

## 5.5 Knowledge of support systems for GBV survivors and barriers to access

Though men had a relatively low level of knowledge about specific laws on gender-based violence, they were more able to identify formal and informal local support mechanisms for women who had been subjected to violence. None of the men were able to name a specific program that had been implemented in their district to address GBV. Men were aware of the role of the police, paralegal committees, NGOs, the Chief District Office (CDO), the District Court, the Women and Children Development Office (WDO) and the District Development Committees (DDC) in protecting women victims of violence. However, none of the participants mentioned the more specific mechanisms dedicated to addressing GBV, such as the District Resource Group (led by CDO), the Women and Children Service Center in the district police office, or the GBV handling desk at DDC in their district.

Men’s perceptions were that women seek help in different settings depending on the type of violence they have faced, the perpetrator, and the initial responses of informal community members:

“Women do not go far. If there is an argument, they go to a mothers’ group and the group settles the dispute. If that is not possible, or if that does not work,

only then do they go to the police. At first they try to settle it within the family and community.”

— 15-24 years old, unmarried FGD participant, Sankhuwashava

Some men noted that women’s access to existing services that address violence could be limited by a range of factors, including lack of awareness, fear of retribution, and the negative attitudes of service providers:

“It is very hard for a woman to go and report to an organization. Like, for example, if she goes for help at the police station, there is always a chance of being raped.”

— 15-24 years old, unmarried FGD participant, Dadeldhura

“Woman do not report violence from their family. They fear that if they report such incidents, they will be neglected by their family members.”

— 15-24 years old, unmarried FGD participant, Dadeldhura

## **5.6 Suggestions for VAW and GBV prevention and protection in the community**

Men had a number of key suggestions for preventing gender-based violence and supporting survivors in their communities:

- Create public awareness about GBV
- Provide life-skills training to the survivors of GBV
- Enact laws and effectively implement programs
- Ensure sufficient, trained health care providers and police officers to handle GBV cases
- Develop strategies to engage men in GBV prevention
- Include GBV in the school curriculum

“There should be an awareness program in Gaunghar (Villages) and Tole to prevent violence. Everyone in the community should be made aware of violence, and they should talk about this issue with each other to look for ways to minimize violence. This can also be done by mobilizing local leaders.”

— 20-49 years old, married FGD participant, Dadeldhura

Specific training programs to enhance women’s life skills, and increased access to employment opportunities for women, were mentioned as measures for improving women’s agency and decreasing their vulnerability:

“They should be given legal advice and provided with a relief package [*rahat* package]. For example, if a woman is raped by a man or a policeman, her husband won’t

accept her. In such cases, if she were provided with life-skill trainings, she could start her own business.”

— *20-49 years old, married FGD participant, Sankhuwashava*

“Society looks upon the survivors with disdain. Government should come forward to manage them by teaching them life skills.”

— *20-49 years old, married FGD participant, Nawalparasi*

“The law on violence should be known to all. The law should be strong, and there should be a good provision for punishing the perpetrator under that law.”

— *20-49 years old, married FGD participant, Dadeldhura*

“Policy should be made to help the survivors, and it should be implemented in all places. Government should take the initiative to implement it.”

— *15-24 years old, unmarried FGD participant, Sankhuwashava*

Men also thought that health care providers and police should be given additional training to deal sensitively with victims of violence:

Most pertinently, men identified their own key role in reducing the risk of GBV: participants in the FGDs stated that no program on GBV would be successful without their active participation and involvement.

# Chapter 6

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**STAKEHOLDERS' KNOWLEDGE  
OF, AND ATTITUDES TOWARDS,  
THE LAWS, POLICIES AND  
SERVICES ADDRESSING  
GENDER-BASED VIOLENCE**

# STAKEHOLDERS' KNOWLEDGE OF, AND ATTITUDES TOWARDS, THE LAWS, POLICIES AND SERVICES ADDRESSING GENDER-BASED VIOLENCE

This chapter describes the findings of interviews with 53 (28 female and 25 male) district-level and 13 national-level decision makers (7 female and 6 male). Decision-makers were identified through a process of stakeholder listing that mapped out the key stakeholders responsible for policy level decision-making and program implementation. This stakeholder listing was prepared by the study team in consultation with key informants, including the GBV Unit at the OPMCM, and TAF. We reviewed stakeholder knowledge of, and attitudes towards, the current policies and strategies addressing GBV in Nepal.

## 6.1 Perceptions of the prevalence of violence

Stakeholders at both levels perceived that violence is common in their own districts and beyond. Women were perceived to be at risk of domestic violence, incest, rape and sexual violence, polygamy, trafficking, child marriage and persecution for witchcraft.

Women's risk of violence was perceived to be prevalent at the workplace and in

public spaces, and not confined to the domestic sphere. A woman's risk of violence is seen as a lifelong hazard:

“It begins at home when she is a girl. She is deprived of education, good food and good health care. It begins from there and leads to a point where they are killed. So there is a range of violence, including child marriage, early pregnancy and pregnancy-related violence. Preference for sons and dowry-related violence are also very common. Trafficking and [persecution for] witchcraft also take place. I think these are the major forms of gender-based violence, but I think the cycle runs from birth until death.... Why suicide is happening, why women are moving to suicide, is all because of GBV.”

— *National stakeholder*

“Earlier we saw GBV as violence occurring within the family and inside the house, which emerged due to cultures and traditions. But now, more women are stepping outside their homes, and gender



roles have changed. So the violence has broadened to a wider domain. For instance, there is violence in the workplace, in public places, in political arenas. So the areas where violence can be seen have spread.”

— *National stakeholder*

“Mostly there is property-based violence [dowry death]. Remarriage and even murder take place if [a wife] has failed to bring dowry, especially in the Terai. *Chhaupadi* is prevalent in western areas. These are all parts of a cultural violence. There has been no change in social behavior.”

— *National stakeholder*

## 6.2 Factors perceived to contribute to VAW

Most of the participants identified similar drivers of GBV, including men’s dominant position in society, socio-cultural practices such as dowry and polygamy, women’s lack of educational and employment opportunities, poor knowledge of protective laws, use and abuse of alcohol, and poverty. Some respondents also mentioned the current context of political instability as increasing women’s vulnerabilities:

“In my opinion, polygamy and alcoholism are the main causes. But let’s not talk only about them. It is due

*“To stop violence against women...men must be involved as well”*

— *National-level stakeholder*

to masculinity that GBV occurs: we look at women as second class citizens and do not give importance to them. In order to stop violence against women, not just women, but men as well, must be involved.”

— *National stakeholder*

“The cases of violence are found mostly in places where there is illiteracy and lack of infrastructure.... There are many discriminatory practices prevalent in Nepalese society.”

— *National stakeholder*

## 6.3 Knowledge of, and attitudes towards, laws on VAW

50 of the 53 district-level respondents were aware of the existence of Nepali laws combating GBV; however, a smaller number knew the specific laws tackling this issue. 37 out of 53 knew of the Domestic Violence Crime and Punishment Act, 2067, and 19 out of 53 were aware of laws dealing with human trafficking. The majority of district-level stakeholders were not aware of laws addressing “untouchables” or sexual harassment in the workplace, nor

were they aware of the Gender-Based Violence Elimination Fund, 2067, established by the government.

Knowledge of the existence of laws did not always translate into awareness of the specific content of the laws:

“I don’t know about the Domestic Violence Act in detail. I have to look that up in the book.... Though I am the chairperson of the District Resource Group, I do not work on the GBV issue, so how can you expect me to know.”

— *District stakeholder*

Only 20 of 53 district-level stakeholders believed that the provisions within existing laws are “just right.” A larger number (29 out of 53) thought that the laws are insufficient:

“The existing laws are very loose, and they do not give justice to the victims. Moreover, once they complain, the victims get more violence at home. I do not think the laws are very helpful.”

— *District stakeholder*

“Fines and sentences for criminals are very minimal and not strict enough; criminals are easily released on bail...”

— *District stakeholder*

In addition to a perceived lack of appropriate punishment for perpetrators, many (42 out of 53) of the district stakeholders felt that there is too little provision for the protection of survivors of violence.

At the national level, respondents noted several problems with current GBV laws: the Domestic Violence Crime and Punishment Act does not cover unmarried, co-habiting couples, or couples in same-sex relationships; there is insufficient police power to keep alleged perpetrators in detention, and no adequate legal response to sexual harassment in the workplace.

“At the moment, sexual harassment in the workplace is not a crime. In some cases, the labor court has validated staff regulations on [this kind of] behavioral misconduct, but there is no law criminalizing it or making the private sector accountable for sexual harassment at work. There is one general criminal law, [but] for that you have to file a case in the court. No law is present for sexual harassment at the workplace or any other institution or organization....[T]here are still a lot of gaps in the law, even for those that have been improved. For instance, a domestic violence act has been passed, but without giving adequate power to the police to investigate or to keep the accused under detention.”

— *National stakeholder*

“Those living together but not married have no legal status, so who will give them protection? In these cases there are more victims. When the girls get pregnant, the men leave them or throw them out. We also said that same-sex couples should be in the same category. The law has been very silent on how to deal with these cases.”

— *National stakeholder*

## **6.4 Perceptions regarding implementation of laws**

While it was noted that the laws exist on paper, implementation and delivery of an effective response were felt to be insufficient in many cases. Respondents also recognized the possibility of corruption in the system, mentioning bribes and political pressures for the release of suspects.

Noting the problems with implementation of an effective response, respondents identified several areas that could be addressed to strengthen the laws. These included: changing the law so that the complaint of an alleged rape victim is sufficient to take legal action against the accused rapist (currently, medical proof is also needed, and this is often unavailable at the community level), and providing support and protection for complainants.

“A full medical examination within 24 hours of the rape is required to prosecute the perpetrator. This clause must be removed, because there are some areas in our country where there are no facilities for medical check-ups, and this clause delays the legal process. The survivor’s accusation must be enough to take legal action against the culprit.”

— *District stakeholder*

“There is a problem in the implementation of the law as well. We are enacting laws, but no one is focusing on publicizing the law. It is not enough just to establish the law; one must also make people aware that the law exists — not only the right-holder but also the duty-holder. We do not allocate any budget to implement laws.

— *National stakeholder*

## **6.5 Efforts on VAW issues at the central level**

Perceptions of government responses at the central level were positive. Many respondents noted that government action in setting up a GBV unit/cell has raised the profile of this issue. Placing the GBV Unit in the Prime Minister’s Office was felt to be particularly important, as it ensured buy-in (and action) from relevant Ministries. Other government activities, such as declaring

a year of action on violence against women, and drafting laws to address domestic violence, marital rape, and persecution for witchcraft, were seen as extremely important in raising the profile of this issue.

“I was very impressed by the government’s effort to take on an issue like this and expose it at a very high level. To have the secretary of OPMCM as the executive leader was a very good move, because even though we have the Ministry of Women and Child Social Welfare and also the Women’s Commission, [the issue] did not have enough executive support, and keeping it in the PM’s office gave it a lot of executive support.”

— *National stakeholder*

“I must admit that people started to wear white ribbons only after the Prime Minister addressed this issue. Before that, only women wore them, but now even news readers and male officials wear them.”

— *National stakeholder*

## **6.6 Efforts to address VAW at the district level**

Results of efforts at the district level and below were seen as mixed. Thus, while there have been efforts to establish shelter homes and resource

centers at the district level, little is happening at village level. Awareness-raising activities and training programs are underway in a number of districts, either through government or NGO channels, but more work is needed “on the ground.”

### **• 6.6.1 Shelter homes at the district level**

Four of the six districts included in this study, Sindhupalchowk, Dadeldhura, Nawalparasi and Makwanpur, had shelter homes run by the WDO or other NGOs. The homes provide legal services, referrals to other services, psychosocial counseling, food, shelter and clothing. Some also provide skills training, and at least one home has the ability (not yet utilized) to provide women with seed money for starting their own business. Demand for services currently outstrips available supply at these homes. Women are not able to stay for longer than two weeks, and are often then referred to other NGO service providers:

“The number of days we can keep survivors here is very small — only about 15 days.... [W]e have to send the survivors to Maiti Nepal after that.”

— *District stakeholder who manages a shelter home*

All the shelter home managers who were interviewed noted the lack of

financial and human resources at the homes. As a result of financial difficulties, shelter homes have reduced the number of rooms available at some sites:

“We can only accommodate three to four people at once in our shelter home. The rooms are small, and it is very hard for us to press for more budget, because the safe-home is run by XX, and they are probably short of funds.”

— *District stakeholder who manages a shelter home*

- **6.6.2 The Women Human Rights Defenders**

The Women Human Rights Defenders (WHRD) have been working to support survivors of violence in various districts of Nepal since 2005. WHRDs gather information, investigate and report on violations of human rights, and are involved in protecting, promoting and exercising the civil, social, political and economic rights of women, men and transgender groups. WOREC Nepal, an NGO, has been working to create a common platform for women working on various human rights issues to come together and advocate for their rights and security (WOREC, 2012).

49 out of 53 district-level stakeholders said that WHRDs are present in their districts. Most of district-level

stakeholders reported that WHRDs in their districts were collaborating on GBV issues with other stakeholders, including the police, and providing support to survivors of violence.

Interviews with the Women Human Rights Defenders revealed a range of challenges to their work, including in one case a claim of kidnap:

“When I was handling a rape case, the opposition party kidnapped me for 12-15 days and threatened me. This happens a lot here. We need protection from government.”

— *Women Human Rights Defender*

## **6.7 Areas for improvement**

We solicited opinions from all interviewees on how to improve policies and programs to prevent GBV and provide support to survivors. Results are summarized below.

- **Addressing gaps in the laws and policies**

Existing laws were felt to have gaps in both their formulation and implementation. Respondents mentioned the inadequacy of some existing laws, and problems in the implementation of the laws:

“There are a lot of gaps in the law even now. For instance, the Domestic

Violence Act has been adopted, but without giving adequate power to police to investigate the perpetrator or to keep him or her in detention. It is not enough just to establish the law; one must also make people aware that the law exists ... not only the right-holder but also the duty-holder.”

— *National stakeholder*

“The issue of citizenship is the most important area where the law is not implemented. Women born in this country are not citizens of this country. When you do not have citizenship, you cannot inherit from your husband, and cannot give citizenship to your own child. There are so many other problems. For instance, we hear of incidents of police raping women in their custody. There are too many laws which are not being implemented.”

— *National stakeholder*

“There is a law, but it has not been implemented. Implementation is not just the responsibility of the government; other institutions are equally responsible for that.”

— *District stakeholder*

“Though there are laws, they have not been fully implemented. Whatever the law says, it has to be made

effective. In many places, it’s very hard to implement. Making the law is not enough. For example, in cases of marital rape, we should not only think from the side of the woman, we should also see what her husband says.”

— *District stakeholder*

- **Increasing collaboration and co-operation**

There are a multitude of institutions and organizations in both the public and private sectors that work to address GBV. Increasing collaboration and co-operation between these actors was seen as key to a strong and sustained response:

“I feel that the government has not taken enough initiative to build partnerships between itself and other institutions and NGOs. There are many NGOs that have run shelter homes in the past, and I think the government should have kept a strong representative from the NGO sector [while formulating strategy] to suggest what works and what does not. Keeping women in a safe-home is not enough. There is a very loose relationship between the Women’s Commission and the GBV Unit, and I think that needs to be strengthened. The Women’s Commission is directly dealing with cases, and often they do not

get enough support, so they should be able to refer women to the GBV Unit. However, the GBV Unit is inside the PM office, and it is very difficult to get inside Singha Durbar. So I cannot imagine how women are going to go in and receive help. It is good to have the unit there as a symbol, but it should be physically outside the Singha Durbar. The ownership has to be there, but it is inaccessible to survivors, and we have to acknowledge that.”

— *National stakeholder*

“The main problem is the lack of coordination between the NGOs that work on violence issues. Whatever programs have been implemented at the district, all these NGOs have been doing it in their own way. There should be coordination between NGOs and the government”.

— *District stakeholder*

- **Strengthening service provision**

One key issue raised by multiple respondents was the length of time that women can stay at shelter homes. Two weeks was felt to be too short a time to adequately address women’s vulnerabilities and capacity-building needs.

“There should be an upper limit of at least one month to six months to keep women in the shelters. I know

it is not possible to support them forever, but I think it is important we link the shelters to some other support programs, because the government has so much money. It is not that our government is poor, but we are very badly coordinated and very badly managed. There is money for skill-training; there is money for health checkups and everything else. But we have to think how the money is going to be linked to the women who really need it. That has been a very big missing link.”

— *National stakeholder*

“The central-level health workers have been trained to respond to GBV, but there is a need at health facilities at the peripheral level. We also need to establish referral linkages between facilities, which we have not been able to do, because violence usually occurs in the communities, and women are hesitant to seek help from the same community because they might be stigmatized....

Secondly, in larger hospitals, there is an issue of confidentiality. If you provide a confidential environment, many women share their stories.... So the challenge for us is to train human resources, to make our health facilities, including larger referral hospitals, friendly to women, to provide a confidential environment and counseling, so that women and girls can share their problems.”



— *National stakeholder*

“There is not enough staff to run the shelter homes. Furthermore, we cannot support the survivors and keep them for a long time. We have only one room, and there is no separate room for a kitchen. If two or three women come at one time, there is no place for them to stay. So there is an urgent need to provide additional resources to the shelter homes.”

— *District stakeholder*

- **Raising community awareness**

GBV may not be recognized at the community level or given high priority until it is too late. National-level stakeholders felt it was important to raise awareness of the prevention and consequences of GBV among both community members and service providers:

“The mindset of the public also has to be changed. There are so many types of violence that are not recognized as violence. For instance, in domestic violence, one or two slaps is not considered violence.... It is important to challenge the concept that violence is only recognized when an action is done and we see the effects. Violence is not just effect, but also threat. We must stop

violence when there is a possibility of violence. The state must not engage only after the violence is done, but it must engage to prevent violence so that no form of violence is done.... The mind set of lawmakers is also prejudiced, and the mindset of the implementers is also prejudiced. So the big challenge for us is how to remove this prejudice, as the law cannot be implemented when this prejudice remains.”

— *National stakeholder*

“If the violence involves beating, then it is seen as domestic violence, but if a woman is getting mental torture from her husband or other members of the family, it is not seen as domestic violence.... There are women officials in Women police cell, but there is a lack of gender sensitivity. When women report their cases of domestic violence, [the police] encourage them to compromise without legal action, and say such things are normal and happen between husband and wife once in a while. Patriarchal values are still ingrained in these providers. When the police recruit officers, they must specifically recruit for the sole purpose of working in women police cell so there are skilled human resources.”

— *National stakeholder*

“The community should be made aware of the reporting process. Awareness programs should



especially be carried out in rural areas. To develop the habit of reporting, counseling should be given to the families of the survivors as well.”

— *District stakeholder*

- **Generating a sustainable response**

While there has been a notable political commitment from government agencies to addressing GBV, some respondents felt that this has not been matched by an equal commitment from civil servants, who are seen as key players in generating sustained policy attention and implementation, particularly as elected officials change posts regularly:

“More than political commitment, there must be commitment from the bureaucracy. They have to be accountable as government employees. That is important. The

bureaucrats have the capacity to reinforce political commitment, and they are the ones who are permanent; the politicians are only temporary. They can influence as well as implement the political commitment.”

— *National stakeholder*

“Another challenge we face is the change of government officials time and again. One official comes and we sensitize them, and then he leaves and we have to sensitize again. It takes time, as they all come from different backgrounds, so by the time they understand our project, it takes too long. Discontinuity is seen a lot in the government sector.”

— *National stakeholder*



# Chapter 7

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## DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

## DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

We have undertaken a comprehensive survey of the context, prevalence and consequences of VAW against women in six districts of Nepal, exploring the perspectives of multiple stakeholders. The results highlight the all-pervasive nature of VAW in the country, and the heavy burden it inflicts on the lives of women and girls. Our analysis of the policy and programmatic responses to this blight on women's lives exposes the gaps between policy and implementation.

Our cross-sectional survey of 900 women at the household level, randomly selected across six districts in Nepal, found that close to one half of women (48%) reported experiencing violence in their lifetime, and over a quarter had experienced violence in the past 12 months. These high percentages reflect the broad range of abuse, stigma, and exclusion to which women are subjected at all ages. Women reported being subjected to emotional abuse, physical and sexual violence, and economic exclusion (from their own financial decision-making as well as from economic participation in the wider society).

Analyzing women's narratives counted generated from a selected rural settings

this study was conducted, nature of sample interviewed and complex experiences shared, we can draw a conclusion that:

- Social institutions (family, community, market and the state) are not gender responsive. And in many cases that they are the social institutions largely contributing to further violence by constructing consequences VAW and not taking actions against perpetrators.
- Law and policies themselves do not function, they need responsive implementer/s, mechanisms that is/are aware/sensitive both conceptually and programmatically about gender and violence associated with.

Among all women in our study, 27% reported physical violence in their lifetime, and 15% reported sexual violence. A smaller percentage had experienced violence in the past 12 months, either physical (10%) or sexual (7%). Our results are very similar to the recently published Nepal Demographic and Health Survey (Population Division, MOHP, 2012). This large-scale population-based survey of over 12,000 women (8900 in rural areas and 3700 in urban areas) found that 22% reported physical violence over

their lifetime, and 9% had experienced physical violence in the past 12 months. Corresponding figures for sexual violence were 12% and 6%.

- **Some women are more at risk of violence**

Given the relatively large sample size of this study, we were able to conduct multivariate analysis to identify the underlying characteristics of the women who were more likely to report violence. We found that women from Dalit or religious minority groups, widowed, divorced or separated women, and women living in the hill regions, were significantly more likely to report lifetime experiences of violence. Reports of recent violence (in the past 12 months) were associated with women of their mid thirty and above women with lower levels of social networking, and women living in the hill districts. Women who reported being jointly involved in decision-making with their partners were less likely to report recent violence.

This research is based on cross-sectional surveys, therefore causality cannot be inferred from the findings; only associations can be noted. Moreover, our study did not include women from urban areas, and some of the associations might not hold if urban women were included. Some of the statistically significant associations may simply represent the willingness of women of a

particular age (older), or from particular communities or settings to speak openly about their lifetime experiences of matters that may be socially stigmatizing among other groups. It is possible, for example, that Dalit women or hill women really do suffer higher levels of violence than other women, but it is also possible that they are simply more able to openly report violence without social stigma. Disentangling the truth of these findings would require prospective cohort studies combined with more in-depth analysis.

- **Women are most at risk of violence from people closest to them**

Quantitative and in-depth studies revealed not only the wide experience of violence permeating women's lives, but also the range of perpetrators responsible for such violence. Intimate partners, family members, neighbors, and occasionally unknown strangers directed violent behavior towards women. In the main, however, women reported being most at risk from those who are closest to them, particularly intimate partners. Women who had never been married were half as likely to report any lifetime experience of violence as women who were currently or previously married. Intimate partners (including husbands) were the most commonly reported perpetrators of sexual, physical and emotional violence. A quarter of women

reported being physically assaulted at some time by their intimate partners, and 15% reported sexual violence — predominantly being forced to have sex against their will. These findings are supported by the results of the Nepal DHS (2011), where the most common perpetrators of both physical and sexual violence were current husbands (Population Division, MOHP, 2012).

- **What are the consequences of such violence?**

Violence exacts a heavy toll on women's emotional, physical and sexual well-being. The consequences and sequelae of violence range from the psychological to the physical. Among the 432 women who reported ever experiencing violence, over four-fifths reported at least one health problem. Over two thirds (69%) reported psychological problems (fear, depression, tension), and 6% had attempted suicide — a rate 10 times higher than reported by women who had not experienced violence. Almost a third of women reported suffering reproductive health problems — also a rate significantly higher than that reported by women who had not suffered violence.

Again, within cross-sectional surveys, causality cannot be inferred. However, our survey's consistent findings of significantly higher rates of reported health problems in women who have suffered violence are compatible

with the strong base of evidence for the health consequences of violence (Campbell, 2002b).

- **What are the perceived causes of violence?**

One of the strengths of this study is that evidence on particular issues was collected from both women and men at the community level. In focus group discussions exploring why violence happens, women and men offered remarkably similar reasons, and these findings were echoed in interviews with key decision makers at the national and district levels as well

Some of the factors leading to violence were located at the social and structural levels. For example, women's relative financial poverty compared to men, and their isolation from the wider community, were said to underlie many of the vulnerabilities exposing them to the risk of violence. Exclusion from educational and employment opportunities was identified by the key decision makers as an important contributor to women's vulnerability to violence. Moreover, key national- and district-level decision makers agreed with the women and men in the focus groups that women's position within male-dominated social structures (family, community, social and economic structures that privilege men over women, and socio-cultural practices such as dowry and

polygamy) contribute both to women's vulnerability and to their lack of autonomy and agency to respond to threats of violence.

In addition to social/structural drivers of violence, men in particular identified several factors at the individual level, including abuse of alcohol and increasing access to "modernization" (e.g., pornography on mobile technologies).

- **How do women respond to violence?**

A majority of women knew of specific services available in their community offering support and care to women victims of violence. Most women named government hospitals and police posts as sites where help can be found. However, women also noted the potential negative consequences of seeking care, such as increased risk of violence from the perpetrators (36.9%), as well as other reasons for not accessing care, including distance to travel (15.9%) and concern about the effect on their reputation (4.8%).

Perhaps as a consequence of these and other barriers, a majority of women who had suffered any kind of violence neither discussed their problem with others nor sought outside help. Only 30% of women who had been exposed to violence had sought help, and this figure varied by the type of violence

a woman had experienced. Women who had been sexually assaulted were the least likely to seek help; women who had been economically excluded/disadvantaged were the most likely. Among the 30% of women who had sought help when they suffered violence, a large majority turned to family members or friends rather than formal, state or non-state services).

Our findings are consistent with those reported by the Nepal DHS, 2011. Among the 12,000+ women in that survey, three quarters of those who experienced violence had not sought any help. Women who experienced sexual assault were much less likely to seek care than women who had been subjected to physical violence, and help was most commonly sought from family and friends rather than from formal services (Population Division MOHP, 2012).

Men in the focus group discussions identified similar barriers to service-seeking. Men noted women's lack of awareness about where to go, their fear of retribution, and the stigma, perceived or actual, of turning to service providers for care. In addition, men cited a potential threat of violence from service providers as a barrier to seeking care.

- **The policy and program response**

A major feature of this survey is the inclusion of an in-depth look, from

multiple perspectives, at the policy and program responses to GBV. We analyzed responses from key decision makers (those who set policy priorities and formulate policy responses), service providers (those who implement services), and service users (women and men at the community level).

Results show a consistent pattern of high policy priority and robust policy formulation, but weak patterns of implementation, resulting in relatively weak knowledge of and use of services.

The Government of Nepal has placed GBV high on its policy agenda. The OPMCM has a dedicated cell for addressing violence through inter-ministerial collaboration. Many decision makers at the national level and some at the district level are aware of the specific contents of new and existing laws that can be used to protect women against violence and punish offenders. The Domestic Violence Law, anti-trafficking acts, the law recognizing rape within marriage, and laws to protect women from sexual harassment in the workplace were all identified as providing Nepali women with a legal environment that, in theory at least, protects them from violence, stigma, discrimination, and exploitation.

In practice, however, it was also recognized by a number of interviewees that implementation and public knowledge of these laws have been less than ideal.

Thus, at the district level, more interviewees were unaware of the specific content of laws, and they were presumably less clear therefore about their own responsibilities under the law. At the community level, perhaps unsurprisingly, people have little knowledge of the specifics of laws and policies. Though not unexpected, however, this lack of knowledge is still cause for concern. Only 9% of the 900 women in the community-level surveys were aware that rape within marriage is illegal, and only 13% were aware of a specific law against domestic violence. More women were aware of laws combating trafficking (35%) and protecting “untouchables” (45%), possibly due to the longer history and higher profile of these laws compared to the newer domestic violence laws.

It is notable that in the community-level survey, women were more likely to know about protective laws if they had higher levels of education, were richer, and had strong social networks and more autonomy of movement outside the home.

Knowledge of the law need not be a prerequisite for seeking help when violence occurs, but lack of knowledge that protective mechanisms exist can inhibit women’s ability to seek care and support. Moreover, a majority of women in the surveys and focus groups, and men in the focus groups, were unaware of any government programs



to specifically address violence. Indeed, only a quarter of the 900 women in the household-level surveys were aware of any specific services in their district to help and support women who have suffered violence. Even when national- and district-level respondents believed that support mechanisms were working in their district, community-level respondents were unaware of their presence (see, for example, the findings on the Women Human Rights Defenders). This lack of knowledge is likely due to the lack of visible implementation activities below the central level, a fact acknowledged by the national and district-level interviewees as well.

## **Recommendations**

As this report clearly sets forth, Nepal has adopted several laws for the establishment of the rights of women in response to international commitments, and the Interim Constitution of Nepal 2063 includes provisions promoting gender equality and a society free of GBV. Many NGOs and stakeholders in gender issues, including members of the international community operating in Nepal, have focused on building capacity among women to address structural factors fueling VAW, as well as to cope with its consequences. However, this study suggests that awareness and implementation of these laws remain limited, and impunity still poses a major challenge.

While a number of institutions such as government ministries, National Women's Commissions, the NHRC and others are in a position to promote gender equality, their effectiveness is constrained by inadequate resources and lack of capacity to address the structural causes of VAW. Closer study suggests that this is largely due to a lack of political will to address the deep structural factors that both foster VAW and enforce its consequences. Women lack control of the social, economic, cultural and political resources of the institutions that shape their lives. These resources are controlled by the privileged gender, classes and castes, which reinforce patriarchal values through these institutions. By "patriarchal values" this study denotes the values and practices that deny women's rights, undermine women's agency and autonomy, and help to perpetuate the violence women recounted in this study. So saying, however, this study rejects the idea that men are the sole agents or perpetrators of VAW. These values are practiced and enforced by both the men and women against women in our society, as in the behavior of some mothers-in-law towards their sons' wives. This study makes evident the continuing gap between programs already in place and what is truly required to respond effectively to VAW in Nepal. Thus, the study recommends that policy and programmatic interventions address the full range of social institutions,

including the family, the community, the market and the state.

The experiences of violence narrated in this study are the personal consequences of structural discrimination against women that stands on four pillars — legal subordination, economic dependency, cultural obligations and social position — and a holistic, systemic approach is needed to address these root causes and their consequences. Thus, we conclude by recommending a multidimensional strategy at the community, program and policy levels using a rights-based approach to address both the individual impact of GBV and the structural causes of women's vulnerability.

## **At the Community Level**

### **1. Raise awareness of GBV**

The study found a low level of community awareness of a number of factors that may contribute to women's vulnerability to VAW and hinder effective responses. A holistic awareness-raising campaign incorporating both mass media and people-to-people outreach (such as through community credit groups, women's groups and community clubs) should be launched. While mass media can be an effective way to disseminate new information, our study found that almost one third of female respondents

were not exposed to media on a regular basis, and media exposure was correlated with age, class, education, economic status, and other variables, requiring a sophisticated approach to tailoring both message and message delivery. Other differences identified by the study, related to risk factors, should also be considered (see "enhance the evidence base," below). Finally, as the study found among women interviewed that a majority of those who had experienced violence either did not report it, or reported it only to friends or family, these protective networks should be utilized and enhanced.

- Develop a variety of targeted outreach messages and mechanisms that effectively reach men and women within their communities, considering mass media accessibility, and taking into account high levels of illiteracy. Key messages would include: 1) the rights of all Nepalese under the specific laws related to VAW and GBV; 2) the important role family members and friends can play in preventing VAW and GBV, as well as helping victims seek assistance and justice; 3) the kinds of assistance available, both generally and locally (e.g., the GBV elimination fund, women's police cells, and the role of Women Human Rights Defenders), since a quarter of woman respondents said they didn't believe reporting would make a difference.

- Develop targeted awareness programs for community leaders (e.g., traditional power holders such as priests, retired politicians/village leaders) and for wider communities, emphasizing women's economic and political roles as agents of development. This message should promote the understanding that women are not responsible for family *ijaat*, and foster a positive image of women as economic actors holding equal rights to men — constitutionally, legally, socially and culturally.

## **2. Develop innovative mechanisms for increasing policy and program accountability**

A key finding from the IDIs and FGDs across a range of stakeholders was the perception that state-mandated mechanisms for addressing violence were not fully implemented, due in part perhaps to the community's lack of knowledge of their rights and entitlements, and in part to a lack of capacity among “street level” bureaucrats to address the issue (Walker and Gilson, 2004). The capacity to implement policies and programs, and accountability for that implementation, must be increased, and we suggest that innovative new mechanisms for increasing accountability be considered. These might include community-led mechanisms, such as those used, for example, to report on the presence

or absence of “front-line workers” (health care workers, teachers, etc) at their posts (see, for example, the work of Ushahidi.com). This would also increase the community's sense of ownership of solutions to VAW, which the study indicated community members felt was appropriate.

- Promote community-led use of mobile phone technologies and community radios to assess and record program delivery and effectiveness.

## **3. Address potential drivers of GBV**

In focus group discussions, in interviews with key decision makers, and among both men and women, the study found a great deal of consensus regarding why violence happens. These views were then echoed in subsequent interviews with key decision makers at the national and district levels. These common views of social and structural dynamics, along with data gleaned from the quantitative study, can be used to identify potential entry points to reduce risks of VAW.

- Increase community-level efforts to advance women's empowerment in order to address some of the potential drivers of VAW, including women's isolation from the rest of the community and limited access to education and employment opportunities.

- Identify potential entry points that reduce VAW risks, and launch pilot interventions, such as creating more opportunities for women to become linked, in ways that are locally appropriate, to other social circles in the communities in which they live.

## **At the program implementation level**

### **1. Improve official awareness and accountability**

Even among staff responsible for implementing specific laws and policies to address GBV, there was misunderstanding and incomplete knowledge of the exact content of the laws and their own responsibility for implementation. Moreover, among some respondents there was a perception that the police in particular do not treat GBV seriously enough, or with enough sensitivity, for women to feel confident reporting to them. Recommended measures to address this include:

- Develop and/or strengthen training programs at the district level and below to raise staff awareness regarding Nepal's VAW- and GBV-related laws and the services available to victims, emphasizing the staff obligation to enforce the law and provide services addressing VAW and GBV.

- Strengthen accountability mechanisms to improve staff performance. Provide ongoing professional training, and develop sanctions mechanisms if professional standards are breached.
- Address community concerns, through both outreach and heightened enforcement, regarding impunity and/or corruption among police and prosecutors.
- Mobilize local media, particularly community radios, to inform the wider community of legal provisions and mechanisms (e.g., where to report) for obtaining justice regarding VAW and GBV.

### **2. Improve capacity to fully implement laws**

A problem was noted regarding the implementation of the legal requirement for a full medical check-up in cases of sexual assault. Lack of trained medical staff in more remote areas was noted as a particular problem. We recommend:

- Increase victims' access to timely, legally credible, medical screening in cases of reported sexual assault, by having, for example, a centralized, fully trained, specialist medical team (e.g., at district level) able to travel to more remote areas on short notice in cases of alleged sexual assault.

- Mobilize trained Female Community Health Volunteers to help victims get medical services where the assault occurred.

A second area where a lack of program capacity was noted was in shelter homes at the district level. Demand for services outstrips supply, the quality of services is sometimes a concern, and women are not able to stay in the homes as long as they need. We recommend:

- Improve accessibility of shelter homes, and enhance the quality and availability of services offered by them. For example, ensure shelters have adequate financial resources, increase the number of homes available to survivors and/or improve referrals between service providers, and ensure that an extended stay is possible if warranted.
- Mobilize local media, community radios in particular, to disseminate information about availability, locations and procedures for accessing shelter services.

### **3. Develop creative mechanisms to prevent and reduce VAW and GBV**

- Enhance psychosocial and other services available to children of VAW and GBV victims in order to break the potential cycle of violence and victimization, as the study found that a much higher percentage of women who witnessed GBV as children reported experiences with violence, both in their lifetimes and within the last year.
- Create concrete opportunities for greater cooperation and collaboration between government officials and local organizations and individuals combating GBV. For example, government and NGO service providers could work together to develop standards of care for GBV victims, or create simple protocols that guarantee confidentiality.

## **At the Policy level**

### **1. Conduct a policy review of legal gaps and barriers to implementation**

In general, stakeholders at the national and sub-national levels (though not at the community level) felt that VAW and GBV are high on the policy agenda, and that there are many Government-led initiatives to address these issues. The role of the GBV Unit within the

Prime Minister's Office was noted as being particularly important in raising the profile of VAW and GBV as a serious concern. Recent revisions to the laws addressing GBV were viewed positively, but some gaps in the law were noted.

- Revisions to specific laws addressing VAW and GBV are needed to ensure equality before the law (i.e., for people not in heterosexual and/or marital relationships).
- A review is needed of barriers to implementation, particularly focusing on whether police and judicial authorities have sufficient power to investigate accusations of violence.
- A review is needed of educational materials to ensure that they teach respect and equality and are consistent with prevention of VAW.
- A review is needed of policies related to the advertising industry to develop a "gender code of conduct" promoting positive images of women as economic and social agents, rather than helpless victims or male-controlled commodities.

understand and address the problem. We recommend the following areas for future evidence-gathering:

- Compare data from this study with data from the recently released Nepal Demographic and Health Survey (Population Division MOHP, 2012) to identify further risk factors for victims of GBV, as well as risk factors for men to commit GBV (e.g., excessive drinking, lower levels of education). This analysis could improve outreach and micro-targeting of messages, and enhance the delivery and availability of services.
- Conduct more in-depth research to determine whether some localities are at greater risk of GBV. For example, our study indicated that women living in hill regions may be at greater risk due to several factors. A deeper understanding of the risks would allow law enforcement and service providers to better deploy scarce resources.
- Obtain more data about the role that men can play or are playing in preventing GBV, and assess whether and in what ways men are themselves victims of GBV.

## **2. Enhance the evidence base for action**

For some issues, there was a perception that current data are insufficient to fully



- New interventions have been implemented recently in Nepal, such as public advocacy, resource and rehabilitation centers, the GBV fund, telephone hotlines, complaint desks, crisis centers, training programs for service providers, etc. Rigorous evaluations of these interventions would allow policymakers and practitioners to identify what works, where gaps need to be addressed, and which pilot activities should be scaled up to the national level.
- Clarify the causal relationship between GBV and adverse health consequences. Our study found a link (on cross-sectional analysis) between GBV and adverse physical and mental health outcomes, but this link shows correlation not causation.

## **Removing the structural causes of VAW and GBV**

Despite all efforts to date, VAW is still prevalent. Continued efforts going forward must include political commitments, substantial resources, and well coordinated monitoring. In order to effectively eliminate VAW and GBV, however, the structural cause must be addressed: gender inequality.

The experiences of male violence against women recounted in this

study are the result of institutionalized discrimination and male power over women. Women's narratives and stakeholders' accounts analyzed in this study suggest that women's legal subordination, economic dependency, cultural obligations and social position are the key structural factors creating a context in which VAW can become widespread. So the study recommends:

- Change current citizenship requirements for women to establish women's autonomous citizenship independent of endorsement by men.
- Give women the legal right to control family resources, particularly land.

## **Institutional mechanisms**

The study found clear gaps and overlaps in the roles and responsibilities of implementing institutions. Analysis of stakeholder data also suggests a need to clarify roles and responsibilities to make institutional responses more effective. Existing institutional mechanisms should be reviewed carefully to ensure efficient utilization of limited resources and effective decision-making throughout the chain of command from central to local units, in order to improve women's access to GBV services, including provision for reporting violent incidents, practical services (e.g., shelter, medical care,

counseling) and the means to bring perpetrators to justice. Regarding practical services, the capacity of shelter homes should be increased, by increasing both the number of homes and the length of time that women can stay there. The study acknowledges that current institutional mechanisms addressing gender and GBV have a crucial role to play. To implement existing policy more effectively and guide the process of identifying and removing structural barriers, the study suggests:

- Strengthen the policy role of OPMCOM as a central unit to coordinate ministerial actions on VAW and GBV.
- Strengthen the Ministry of Women, Children and Social Welfare by providing sufficient human and financial resources to plan, coordinate and implement initiatives on gender, VAW and GBV.
- Transform the National Women's Commission into a constitutional body empowered to monitor VAW and GBV.

- Possible causal connections between GBV and health outcomes. Cross-sectional analysis found a link between GBV and adverse physical and mental health outcomes. Such a link shows correlation, but not causation. Studies that are prospective in design are needed to more fully explore this link, and highlight for purposes of community and policy advocacy the exact toll of violence on women's health.
- Evidence of promising practices. Nepal has recently implemented a number of new interventions such as public advocacy, resource and rehabilitation centers, the GBV fund, telephone hotlines, complaint desks, crisis centers, training programs for service providers, and others. Rigorous evaluation is needed to identify which are working effectively and which should be scaled up to the national level.

## **More evidence needed**

On some issues, there was a perception that insufficient evidence currently exists to fully understand and address the problem. We believe that the following two areas particularly deserve further study:



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## **Annex 1. Categories of Ethnicity/Caste in Health Management and Information System (HMIS) of Ministry of Health and Population, Nepal**

### **1. Dalit**

Hill: Kami, Damai, Sarki,  
Gaine, Badi

Terai: Chamar, Mushar, Dhusah/  
Paswan, Tamta, Khatway, Bantar,  
Dom, Chidimar, Dhobi, Halkhor

### **2. Disadvantaged Janajatis**

Hill: Magar, Tamang, Rai, Limbu,  
Sherpa, Bhote, Walung, Byansi,  
Hyolomo, Garti/Bhujel, Kumal,  
Sunsar, Baramu, Pahari, Yakkah,  
Chhantal, Jirel, Darai, Dura, Majhi,  
Danuwar, Thami, Lepcha, Chepang,  
Bote, Raji, Hayu, Raute, Kusunda

Terai: Tharu, Dhanuk, Rajbansi,  
Tajpuriya, Gangai, Dhimal, Meche,  
Kisan, Munda, Santhal/Satar, Dhangad/  
Jhangad, Koche, Pattarkatta/Kusbadiay

### **3. Disadvantaged non-Dalit Terai caste**

**groups:** Yadav, Teli, Kalwar, Sudhi,  
Sonar, Lohar, Koiri, Kurmi, Kanu,  
Haluwai, Hajam/Thakur, Badhe,  
Bahae, Rajba, Kewat, Mallah, Nuniya,  
Kumhar, Kahar, Lodhar, Bing/Banda,  
Bhediyar, Mali, Kumar, Dhunia

### **4. Religious Minorities:** Muslims, Churoute

### **5. Relatively advantaged Janajatis:** Newar, Thakali, Gurung

### **6. Upper caste groups:** Brahman (hill), Chhetri, Thakuri, Sanyasi, Brahman (Terai), Rajput, Kayastha, Baniya, Marwadi, Jaine, Nuraang, Bengali



## **Contact**

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