

## **Are we equipped with serving the right care? Implications for program responses regarding gender-based violence**

*Khaing Nwe Tin<sup>1</sup>, Myitzu Tin Oung<sup>2</sup>, Su Su Yin<sup>3</sup>, Kyu Kyu Than<sup>4</sup>, Kyaw Ko Ko Htet<sup>2</sup>, Kyaw Thu Hein<sup>2</sup>, Hla Mya Thway Eindra<sup>1</sup>*

<sup>1</sup>Maternal and Reproductive Health Division, Department of Public Health, <sup>2</sup>Department of Medical Research (Pyin Oo Lwin Branch), <sup>3</sup>Department of Medical Research, <sup>4</sup>Burnet Institute

Myanmar Health Research Congress, 2017

### **Abstract**

**Background:** GBV is a global public health problem and a violation of women's human right, affecting all socio-economic and cultural groups throughout the world at a high cost to women, their families and society as a whole. The health sector plays a key role in responding to violence against women effectively. This study investigated limitations and challenges of the health care provider in provision of medical services to GBV survivors.

**Methods:** The study was a cross-sectional descriptive study using a mixed-method design. It was conducted in four purposively selected townships, Hlaing Thar Yar, Kawhmu, Sintga and Patheingyi townships, with a high prevalence of GBV cases. Quantitative data was collected by face-to-face interviews with 233 healthcare providers using a structured questionnaire and qualitative data was collected by conducting 14 key informant interviews with healthcare providers.

**Results:** The majority of health care providers (around 80%) had limited knowledge on signs and symptoms of GBV, its negative health consequences and its management. More than half of them (62.7%) had misconceptions about violence against women and unfavorable attitudes towards GBV survivors. Many of them were unaware of certain important components of GBV management like sexual assault examination, sexual assault care, mental health examination and mental health care. Approximately 75% of respondents had an experience of providing services for physical violence and a quarter had provided services for sexual violence. Most of them (75.6%) provided injury treatment to the survivors whereas only 20.7% had provided psychological counseling. The qualitative results showed that the health sector had limited facilities for GBV management, such as absence of standard management guideline, limited supply of medicines, lack of trained and skilled staff, limited facilities for counselling services and lack of systematic linkages with other related organizations.

**Conclusion:** The findings call for actions to strengthen the health system responses to GBV at different level of health facilities by implementing in-service training programs to improve health care providers' knowledge, attitude and practice, to provide standard management guideline that covers all important aspects of GBV, i.e. identification, counseling, clinical assessment, documentation, referral, caring women with crisis or high risk, legal rights and privacy and confidentiality and to establish linkages among organizations that enable health staff to address GBV efficiently.

