

Capacity Building of Pakistani NGOs on Gender Based Violence and Reproductive Health

Findings of the Situation Analysis in Jaffarabad

INTRODUCTION

World Population Foundation (WPF), Pakistan has initiated Population and Reproductive Health Programme, with funding from World Bank to improve the current limited capacity of Pakistani NGOs to develop and implement projects on Gender Based Violence (and Reproductive Health). The project is designed to enhance the limited capacity of partner NGOs to develop and implement projects related to GBV and the Reproductive Health needs of selected communities in districts with a high incidence of GBV in Pakistan.

DISTRICT PROFILE

The district of Jaffarabad was named after Mir Jaffar Khan Jamali, a close friend of Muhammad Ali Jinnah the founder of Pakistan. Jaffarabad lies in the South-East of the province of Balochistan. Its capital is Dera Allah Yar. Presently the population is 0.57 million (estimated for 2008), and a population density is 177 persons per sq. km. The combination of a relatively small size (second smallest), with a relatively big population (fourth biggest) makes Jaffarabad the most densely populated district in Balochistan, after the capital Quetta. The district scores very high in the agricultural sector. It has, despite its relatively small size, the largest cultivated area and the largest agricultural production. This is due to the fact that the district can avail of irrigation water through feeder canals from the Indus, making the area suitable for wheat, rice, oilseeds, cotton, etc. For administration purposes, district Jaffarabad is divided into 4 tehsils. District consists of 36 union councils including 30 rural and 6 urban ones whose elected representatives formulate district and tehsil assemblies. Political constituencies include 1 national seat and 3 provincial seats of legislative assemblies.

FOCUS GROUP DISCUSSION - METHODOLOGY

The Focus Group Discussion in Jaffarabad was conducted in April 2009 with the Society for Community Organization and Promotion of Education (SCOPE) office in Dera Allah Yar, Jaffarabad. Two separate focus groups discussions were held for males and females. There were 6 men and 9 women. The participants in the focus group included social

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workers, CBO representatives, teachers, *panchayat*¹ members. In the female group, all participants with the exception of an NGO coordinator and a nurse, all others were trained Traditional Birth Assistants (TBAs).

FINDINGS FROM THE MALE FOCUS GROUP DISCUSSION

From the male Focus Group Discussions, it was found out that early marriages are common, sometimes even before a girl has reached puberty. This leads to major issues, such as the death of teenage girls due to complications with pregnancy. Sexual intercourse without consent is common and accepted here, and so is intimate partner violence.

Some acknowledged that most violent activities are un-Islamic but are linked with Islam, to authenticate them. There is a dire need to address this issue from the Islamic teaching perspective. *Sabbar, Ittihad, Dostana Mahol* (Patience, Unity and friendly environment) are the keys to address the issue of violence in community in the light of Islam

It was pointed out that usually the birth of a boy is celebrated. But in certain tribes, birth of female is also appreciated or celebrated, only because she can be sold later on and will provide money to the family.

Also, young boys prefer to consult *hakims* and traditional health care providers for their sexual problems. Animal sex by boys is also a common problem in rural and urban areas. It is generally practiced but not acknowledged.

FINDINGS FROM THE FEMALE FOCUS GROUP DISCUSSION

The discussion began with an introduction of WPF, the objectives of the Focus Group Discussion as well as an informal introduction of the participants. The participants said that gender based violence is inherent in their society and included physical, mental and sexual torture.

"For a man, it's very easy to subjugate his wife, sisters or daughters by beating them into submission"

"Women being the weaker sex suffer in silence. Where do they go? Their parents cannot help them and society stigmatizes them. The vicious cycle continues"

¹ Informal justice system, mostly comprised by men, though representing the entire community.

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Going into details, the women said that denial of good food, education and health facilities also made the situation worse for women and this in turn affects their reproductive health in the long run. An elderly Traditional Birth Attendant (TBA) said that due to the physical and mental torture, premature births are common in the area. Also, the number of children born with birth defects (not genetic, like broken limbs or smashed ribs) was also high as men often beat their wives while they are pregnant.

Poor diet is another cause for concern that increased the chances of maternal and infant mortality as well as hampered the growth and development of a person. When the moderator posed the question, if the lack of food is intentional, various responses came to the fore.

"Some women do not like food when they are pregnant. I reduced my food intake while I was pregnant as anything I would eat, I would end up throwing. I did not like the sight of food"

"Poverty is the main cause. If I tell a woman to take a healthy diet, she always tells me that how can I have fruits and meat when I cannot afford to feed my children? It's not always intentional as men in our area are also anemic and suffer from malnutrition"

"For women, their children come first. Their first wish is to feed them well. However, when they do not have the means to do so, the women put their needs on a backburner"

"Women are supposed to eat once the men have finished. Often not much is left for them"

Moving on, talking about marital life and family planning, the participants said that there was no concept of birth spacing or seeking medical help in this regard. They said that once a woman is married, she is her husband's responsibility and has to do whatever he says. On the other hand, when it comes to the birth of children, the whims of family members particularly the mother in law is very important.

"A newly married girl will be practically harassed by her mother in-law within a month of the wedding with the question of, if she is pregnant or not"

"Once a woman is married, people simply expect that she will deliver a baby in nine months"

"The mother in law makes it a point to pester and in many instances resort to beatings and foul language if a girl is not pregnant at the earliest"

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Furthermore, they said that becoming pregnant did not ensure a safe and happy life for a woman. Things get complicated and with each birth, a woman's chances of survival and well being are tested. Talking about the dangers associated with pregnancy, they agreed that women were not careful during their pregnancy and often faced difficulties at the time of delivery.

"Post partum bleeding is one of the leading problems here. Since most births take place at home with the assistance of Traditional Birth Attendants (TBAs) and in some instances just female family members, many women undergo the horrible experience with regards to child birth".

"Hypertension as well as malnutrition also contributes to maternal deaths. Due to poverty, many women avoid seeing a doctor while a trained Traditional Birth Attendant (TBA) can assist them to a certain extent only"

"Still births and ruptured uterus are also an issue; though many a times they can be prevented by seeking timely medical assistance"

LESSONS LEARNT

In the Focus Group Discussions; the major issue faced was the lack of comprehension as well as the lack of participation from the participants. While the Traditional Birth Attendant and nurse was able to relate to the pregnancy related health problems, they could not shed light on other aspects.

From the youth perspective, nothing came forward as almost all the Traditional Birth Attendants (TBAs) were elderly ladies with the exception of one young TBA but she was reserved in her answers. Since all the participants were from the same community/area, they had similar experiences but did not go into details. When questioned what men or their partners thought about GBV-RH, they were unable to answer except for the standard reply that men are strong and hence they can do whatever they want to.

The female participants had limited or no knowledge with regards to health issues like STI/STDs including HIV/AIDS. They were unable to understand the concept of marital rape and not much was said with regards to the issue of intimate partner violence and rape. The issue of abortions (unsafe and otherwise) was skirted away by the TBA who most probably feared that if they admitted to the practice or its 'existence' they might get in trouble. Questions regarding the service delivery mechanism for victims and survivors of GBV remained unanswered as the participants were unaware themselves.

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To improve the situation, awareness should be created regarding GBV-RH. The attitude and mindset of men needs to be changed for any positive change to come. Girl's education should be prioritized. Access and availability of medical facilities should be there.