URBANISATION, INSECURITY AND VIOLENCE: A SYSTEMATIC REVIEW

IMPLICATIONS OF EVIDENCE FOR SOUTH ASIA-CONTEXUALISATION REPORT [May 2018]

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Use of maps

Maps used in this report serve a purely descriptive purpose. The representation of political boundaries in the maps do not necessarily reflect the position of the Government of UK.

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SUMMARY

Four studies were found from Nepal which were derived from the EPPI-Reviewer database analyzed during scoping review. Due to unmet inclusion criteria, none of the studies were included at the second stage for the in-depth review. However, three studies (both experimental and quasi experimental studies) reporting and describing lessons learnt from interventions addressing Intimate Partner Violence (IPV) (Krishnan et al., 2016; Saggurti et al., 2014) and gender based violence (GBV) (Miller et al., 2014) were found from India. Considering similar kind of socio- economic, religious and urbanisation characteristics in South Asia we sought to appraise lessons from India in the context of Nepal.

Nepal is a developing country of South Asia and Kathmandu is the capital city where rapid urbanisation is a visual feature. The country is growing with the fourth highest proportion of the population living in urban slums (Deuba et al., 2016). Here, a unique culture has built up with a religious diversity among the population where 81.3% follows Hinduism, 9% follows Buddhism followed by other (Muslim, Kirant and Christian) religion (CIA World Fact book, 2017). Due to economic hardship and faced with natural disaster rural people migrated from their habitat towards cities where most of the citizen opportunities are not available. Mostly these people live in squatter settlements commonly known as slums (National Planning Commission, 1998). Gender inequality, male dominance, discriminatory and negative social norms and structures often trigger violence against women. These are familiar features of Nepal (Oshiro et al., 2011). It was found from the study of Deuba et al. (2016) that women faced severe physical violence for denying a request to have sexual intercourse, or if their husband came home intoxicated or if they gave birth to daughters. It was reported in Demographic Health Survey of Nepal, 2011, that one in three women aged 15–49 years has experienced physical abuse. Early marriage among girls is not a rare picture in Nepal as girls are considered as an economic burden to their parents. Twenty nine percent of adolescent girls get married at the age of 15–19 years and 77% of young women get married at the age of 20–24 years (MoHP, 2011). In addition to that, dowry is another evil of this society (Aryal, 2007). The prevalence of physical violence by husband was 33.8% among the urban poor population. Along with these, poverty or poor economic conditions increase the rate of IPV. Alcohol dependency among men is another common feature among Nepalese urban slum settlements which also triggers IPV. A strong association was found between the husband's inebriation and IPV (Oshiro et al., 2011). Another influencing factor of IPV is giving birth to girls. "The determinants of son preference, especially in Nepal and India, are rooted in both economic and religious reasons" (Deuba et al., 2016).

Urbanisation characteristics, types and characteristics of violence were very much similar to Nepal in the included studies derived from India at second stage in-depth analysis. It was found, in India, the main causes of IPV are alcoholism, orthodox gender norms and male dominance (Krishnan et al., 2016; Saggurti et al., 2014). If similar interventions like India could take then it might help to reduce the IPV and other forms of violence in Nepal. The two countries share cultural norms including a similar type of religious belief (Hinduism is the major religion in both the countries) .

COMMUNITY MOBILISATION

Through community mobilisation activities people can be aware of IPV or other forms of violence. In Bengaluru, India, it was found, due to husband's alcoholism, women became victim of IPV. So a campaign was undertaken on certain themes such as gender and violence against women, understanding alcoholism, sexual and reproductive health (SRH Campaign activities), and based on HIV/AIDS programme. The campaign activities included static standee exhibition, information flyers distributed among employees, mass awareness programme in collaboration with referral service

providers using interactive street plays, experience-sharing sessions, interaction with experts, health camps, etc. and creation and strengthening of referral linkages. These activities decreased the rate of IPV (Krishnan et al., 2016) among the target population. Again, in Mumbai, India, it was found through group sessions that the community women's marital issues (alcohol, violence, sexual infidelity) were documented and portrayed to stimulate group discussion on problem-solving issues related to alcohol, violence, and sexual infidelity, marital communication and negotiation (Saggurti et al., 2014). Nepal faces similar kinds of violence due to alcoholism and negative gender norms towards women. Similar interventions could be applicable and useful in Nepal to address IPV and sexual violence as well.

SUPPORT SERVICE

We found that when provided with different support services, IPV could be reduced, which could influence a husband's drunken behaviour. Support services like counselling could be a good option to reduce a husband's dominating or abusive behaviour. Through individual sessions, women could learn different problem solving related lessons and skills for marital communication, to resolve conflict issues around alcohol, violence, financial stress, poor health of the family and enable the, to draw and implement action plans. In addition to this, health camps or referral card services could be good support options (Saggurti et al., 2014). As Nepal poses similar causes and pathways of IPV, these support services could be adopted as useful support services to principal activities addressing IPV and could be of great help to the victims.

TRAINING

A study was conducted in Mumbai, India by Miller et al., (2014) among students in a school setting to increase gender-equitable attitude, and to reduce disrespectful abusive behaviour against women. Behaviour training was conducted among participating athletes. Men were encouraged to improve self-efficacy and develop skills for speaking out and standing up against any disrespectful and abusive behaviour among peers. This intervention mainly focussed on students aged 10-16 years old. In Nepal, similar social and gender norms, beliefs, religious practice are prevalent. If children and teenagers could be trained from childhood or adolescence about these issues then they could learn to become a good and empathetic partner or friend during their lives.

Other approaches showed significant outcomes in other low and middle income countries, which might also be applicable in South Asian countries, particularly Nepal. Though these countries are different in certain aspects, there are commonalities in the pattern of urbanisation, nature of violence and responses to interventions. It is therefore intuitively apprehended that the success of an approach in Nepal would probably need to be have multicomponent approaches, applicable across the systems and probably based on existing community based organization or health programmes (as in HIV/AIDS programme) or microfinance systems (common in India, Nepal and Bangladesh).

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