



FORMATIVE RESEARCH SUMMARY, GENDER BASED VIOLENCE PREVENTION AND RESPONSE PROGRAMME, PHASE II (2020-2024), NEPAL

PURPOSE OF THIS SUMMARY

This formative research report seeks to inform the implementation of the Gender-Based Violence Prevention and Response Programme, Phase II (GBVPR II). The programme is implemented by the United Nations Population Fund (UNFPA) Nepal, its two main partners (Ipas and Voluntary Service Overseas [VSO] Nepal), and their local partners, as well as the Prevention Collaborative acting in an advisory capacity. The geographical focus is eight districts in Province 1 and Sudurpaschim Province.

FORMATIVE RESEARCH

The research consisted of a desk-based literature review on gender-based violence (GBV), gender norms, and migration in Nepal conducted by Prevention Collaborative staff and field research conducted by UNFPA field staff in December 2021 and January 2022. The Prevention Collaborative then analysed the field research and validated the findings in an online workshop. The interviews and focus group discussions were conducted in 10 of the 19 targeted municipalities of the project in Province 1 and Sudurpaschim Province. The mapping of services were conducted in all 19 municipalities.

The literature review for this formative research drew on both academic and nongovernmental organisation research on gender and GBV in Nepal. The field research consisted of four parts, two each for the programme's prevention and response components:

PREVENTION COMPONENT

- ▶ Understanding GBV patterns, gender norms and impacts of migration.
- ▶ Mapping of existing economic empowerment and programmes.

RESPONSE COMPONENT

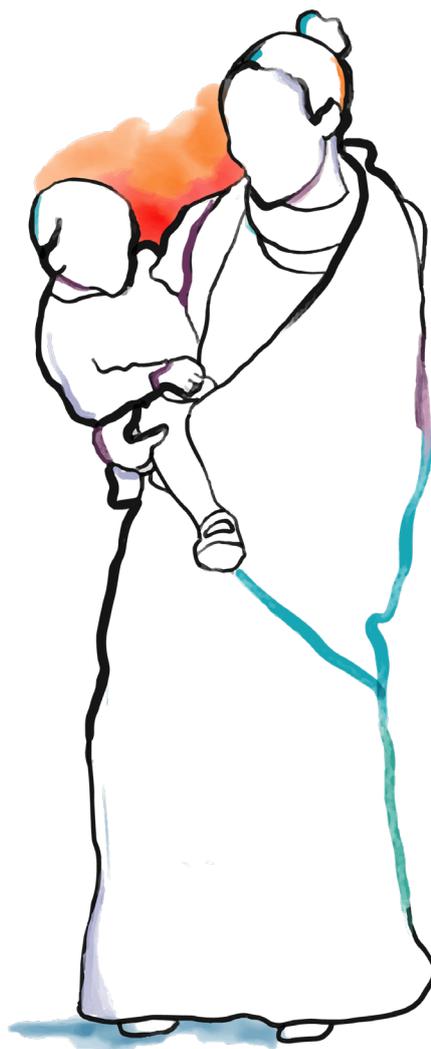
- ▶ Understanding women's experiences of accessing response services.
- ▶ Mapping of existing response services.

The field research consisted of 78 semi-structured in-depth interviews and 72 focus group discussions, which were conducted both remotely (online or phone) and in person. The interviews and discussions were conducted with a range of service providers and organisations working with survivors and/or on GBV prevention. Where they were present in the districts, organisations working with people living with disabilities and those working on the rights of persons of diverse sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC) were interviewed as well.

LITERATURE REVIEW AND RESEARCH FINDINGS

The literature review focused on five key aspects emerging from academic and nongovernmental organisation studies:

- ▶ **The prevalence of patriarchal and heteronormative gender norms and expectations in Nepal:** these norms and expectations affect different women, men, and people of diverse SOGIESC differently, but they tend to privilege men over women, higher caste persons over lower caste and ethnic/religious minority ones, and cisgender people over transgender ones. Public participation, decision-making, and being the main economic provider are linked with masculinity, while women are expected to carry out domestic chores and care work, though they often also have to contribute to household incomes. Labour migration is seen mainly as a male prerogative—or even expectation.
- ▶ **Gender and marital status:** heterosexual marriage and bearing a son, as well as the wife moving in with the husband's family, continue to be the dominant expectations, although attitudes and practices are shifting. So-called 'love marriages' and younger couples eloping have been increasing since the civil war, often with problematic consequences for young women. Widows and divorcées face stigmatisation and, often, increased vulnerabilities.
- ▶ **GBV and attitudes on GBV in Nepal:** GBV is common in Nepal but often underreported. In addition to domestic and intimate partner violence, sexual harassment, and abuse, various gender-based discriminatory and harmful practices persist, such as chhaupadi (the physical segregation of menstruating women and girls or those who have recently given birth). Both being a survivor of GBV and seeking help or reporting it are heavily stigmatised.
- ▶ **Suicide:** In part linked to different forms of GBV, suicide is an issue of concern in Nepal, especially for younger women. However, comparatively little research has been conducted on the links between GBV and suicide.
- ▶ **GBV response systems:** While Nepal has invested heavily in GBV response systems, the literature has identified numerous challenges, including various barriers to help-seeking and accessing services, as well as problematic service provider attitudes.



In many ways, the formative findings from the field research echo the issues listed above from the literature:

GENDER NORMS

In terms of gender norms, participants highlighted women's multiple burdens and comparative lack of mobility, as well as the policing of women's behaviour. Men are expected (and expect themselves) to be providers and decision-makers, and they often migrate for work. Among respondents, there was very little questioning of norms around masculinity and male behaviours or how these might relate to GBV, with the exception of alcohol abuse. Respondents reported the persistence of son preference and a privileging of men, though these were often seen as being less prominent than in the past. Patrilocality¹ often remains the norm, and in-law relations are often a source of friction and different forms of violence for wives, as are tensions related to dowry payments. Respondents saw elopement and 'love marriages' of young women and men as being increasingly common, often leading to early marriage and pregnancies due to the pressures of social norms. Women generally—and Dalit women and young mothers especially—cited not being able to grant citizenship to children as an issue of concern. In terms of understandings of gender, participants often demonstrated significant gaps around intersectionality, the links between gender and disabilities, and diverse SOGIESC perspectives.



GBV

When asked about GBV, much of the respondents' focus tended to be on rape—especially recent, high-profile cases of transgressive violence, such as rapes of children or of women with disabilities—and on husband-wife physical violence. Respondents made comparatively little mention of controlling behaviour or of emotional or economic violence, and they made no mention of marital rape. Misunderstandings of what GBV is were somewhat common among respondents, and key gendered drivers of GBV, in particular, were not clearly understood, nor were the multiple forms of intersectional discrimination and vulnerability. The majority of respondents blamed a lack of education, alcohol abuse, and poverty for GBV or resorted to ethnic, class, caste, and/or regional stereotypes. Only a few cited gender norms and patriarchal values, attitudes, and behaviours, and none named men's sense of privilege or entitlement. Participants repeatedly raised suicidality and child sexual abuse as issues of concern.

LABOUR MIGRATION

While labour migration is very much the norm, especially for men, no single dominant mode or pattern of migration clearly emerged. Women whose husbands had migrated were often under intense scrutiny not only from their husbands (e.g., via phone or social media) but also from family and community members, and these women said their mobility and decision-making, including household economic choices, is often tightly controlled. Respondents often referred to the trope of 'unfaithful wives' as causing tensions and GBV in the context of migration, with little to no questioning of men's controlling behaviour during migration and men's sense of gendered entitlement as potential drivers of GBV. Migrant men were seen as expecting—and deserving—time for 'rest and relaxation' when they return, and there was far less empathy for their wives' multiple burdens, even among some women's rights activists interviewed.

¹ Patrilocality: residence of a couple especially of the newly married with the husband's family.

RESPONSE AND REFERRAL SYSTEMS

With respect to response and referral systems, respondents highlighted challenges and barriers to reporting, especially in rural areas. They cited costs and difficulty of access and, especially, social pressure, shame, and stigma related to reporting and seeking help. This has spilled over into community resistance to service providers and into local authorities' lack of willingness to act on GBV cases. On the whole, respondents—including service providers—showed a moderate degree of confusion about services, referral pathways, responsibilities, and costs. The justice sector and police mostly only deal with the most extreme cases of GBV, as many cases that are seen as 'less egregious' or with more intense pressure not to report would not make it far in the system, respondents said. They also cited service provider attitudes as problematic, saying survivors often fear a lack of confidentiality. The former was highlighted as often being an issue with the police, and the latter with at least judicial committees, but also occasionally other service providers. Respondents felt local authorities often deprioritise funding for GBV services, and teachers emerged as a key group requiring training on GBV; sexual harassment, exploitation, and abuse (SHEA); and nonjudgmental, survivor-centric responses.

RECOMMENDATIONS

The formative research has resulted in the following key recommendations for UNFPA, the GBVPR II donors and partners and others who want to conduct violence prevention programming in these areas. Implementers should:

PREVENTION COMPONENT

UNDERSTANDING GBV

- ▶ **Make understanding the different forms of GBV, as well as their key gendered risk factors and drivers, a central focus of the prevention work**, including critically questioning men's behaviour and attitudes. This includes working with men and women on tackling notions of entitlement to control others, to police the 'honour' of the family, and to sex, as well as on overcoming the multiple ways in which men and manhood are privileged over women and femininity. This work should also involve leveraging many men's ambivalence towards using violence and promote more equitable sharing of household and care work. Training needs to cover sexual, physical, and emotional intimate partner/domestic violence (including marital rape and controlling behaviour), SHEA, non-partner GBV, and social media-/internet-based cyber violence, GBV and SHEA.
- ▶ **Critically engage with and debunk harmful GBV-related stereotypes** based on class, caste, and ethnicity.
- ▶ **Continue to tackle harmful practices**, such as chhaupadi, by confronting myths around menstruation, challenging accusations of witchcraft, and addressing tensions caused by dowry practices.

- ▶ **Work more comprehensively to help people understand and address various forms of online GBV**, their risks, and the particular vulnerabilities of different demographic groups—without succumbing to moral panic.
- ▶ **Train teachers on GBV and SHEA.** Teachers urgently need training on GBV and SHEA, and this training should, at a minimum, include educators at the schools where the Rupantaran package will be rolled out as part of GBVPR II. Training should include a focus on biases and on avoiding judgmental attitudes and behaviours.
- ▶ **Improve child sexual abuse prevention mechanisms.** Greater awareness is clearly needed on the links between violence against women and violence against children, as is reinforcement that preventing violence against children in this generation can help reduce violence against women in the next. Family- and community-based dialogues can be an entry point to initiating these discussions at the community level. Additionally, GBVPR II is well placed to address violence against children, including child sexual abuse, through the Rupantaran roll-out in schools. Indeed, the Rupantaran intervention can be used as an initial platform for open discussions on issues related to violence against children, such as corporal punishment and the need to transform social norms that legitimise the use of violence or support gender inequality and male authority over women. Rupantaran sessions can help adolescents develop prevention/safety mechanisms for their own safety at school, at home, and in the community.

INTERSECTIONALITY

- ▶ **Ensure work with adolescents addresses issues of sex education, elopement, pressure to enter ‘love marriages’, and early and unwanted pregnancies in easily understandable, nonjudgmental ways.** This work should be reinforced by ensuring teachers are better allies who are encouraged to move away from the understanding that their ‘role is to control and rule’.
- ▶ **Address the multiple forms of discrimination and additional vulnerabilities** to different forms of GBV faced by women living with disabilities, women of diverse SOGIESC, women heads of household, and other historically marginalised women.



MIGRATION

- ▶ **Integrate a stronger migration perspective into prevention work**, including through shifting narratives of allegedly spendthrift and unfaithful wives and through working with couples to overcome the jealousy and mistrust that lead to controlling behaviour.
- ▶ **Remember that engaging migrant labourer men while they are in their home villages will likely require additional efforts** to convince them to participate during their downtime.

LINKS WITH RESPONSE COMPONENT

- ▶ **Strive to overcome stigmas associated with accessing services**, including possible barriers to accessing psychosocial support services and other mental health services to address suicidality.

RESPONSE COMPONENT

- ▶ **Conduct further work with community members, teachers, female community health volunteers, and local administrative staff** to ensure they understand what GBV services are available, how to access them, and what the referral pathways are.
- ▶ **Continue to work with GBV responders at all levels** to improve their understanding of key gendered drivers of GBV and how to tackle these.
- ▶ **Continue to work with service providers to reduce explicit or implicit victim-blaming and to improve service-provision attitudes and practices**, including on speaking with survivors, being nonjudgmental and ensuring confidentiality, and helping reduce other obstacles to reporting. These topics need to be integrated into manuals and trainings.
- ▶ **Improve psychosocial support services**, including those related to suicide prevention, and reduce social barriers to accessing these.
- ▶ **Continue and broaden trainings on GBV response**, with a particular view to also providing services to particularly vulnerable groups, survivors of different ages, survivors living with disabilities, and survivors of diverse SOGIESC.



PREVENTION
COLLABORATIVE

Prevention Collaborative works to strengthen the ability of key actors to deliver cutting edge violence prevention programmes informed by research-based evidence, practicebased learning and feminist principles. For more information go to www.preventioncollaborative.org

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