Scientific Research Publishing

Open Journal of Preventive Medicine, 2022, 12, 271-280
https://www.scirp.org/journal/ojpm
ISSN Online: 2162-2485
ISSN Print: 2162-2477

Evaluation of the Functionality of the Networking of Sexual and Reproductive Health Rights Services in the Event of Gender-Based Violence in the Commune of Kpomasse in 2022

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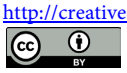
How to cite this paper: Makoutode, P., Azandjeme, C., Capo-Chichi, J., Saizonou, J. and Sopoh, G. (2022) Evaluation of the Functionality of the Networking of Sexual and Reproductive Health Rights Services in the Event of Gender-Based Violence in the Commune of Kpomasse in 2022. *Open Journal of Preventive Medicine*, **12**, 271-280.
https://doi.org/10.4236/ojpm.2022.1212021

Received: September 3, 2022
Accepted: December 27, 2022
Published: December 30, 2022



Abstract

Introduction: In developing countries, gender-based violence (GBV) is a real public health problem. In Benin, GBV affects the majority of women and girls (69%). Benin has implemented strategies and set up integrated centers for the management of violence in order to reduce cases of violence and ensure the holistic management of victims. The objective of our study was to assess the functionality of the network of sexual and reproductive health rights (SRHR) in case of GBV in the commune of Kpomasse in 2022. **Method:** This descriptive and evaluative study was conducted from March 21 to April 11, 2022. The sampling method used was non-probabilistic. Reasoned choice and convenience were the techniques used for the different targets of the study. The functionality of the SRHR service network was assessed first by calculating scores at the structure, process and outcome levels, and then by analysis using the human rights-based approach. **Results:** Out of the 34 GBV victims identified, only one had received a full response and 54% of the victims had no knowledge of SRHR. The lack of knowledge about health care facilities was 41% for victims and 80% for non-victims in the community who participated in the study. In the case of gender-based violence, the community preferred to settle out of court rather than report it. The functionality of the networking of sexual and reproductive health rights services in the event of the occurrence of gender-based violence in the commune of Kpomassè is insufficient. Lack of knowledge of the roles of rights holders (DD) and duty bearers (DO) explains the insufficient functionality of networking. **Conclusion:** Training of SRHR service agents and community sensitization are essential to improve the functionality of SRHR service networking in the commune of Kpomasse.

Keywords

Evaluation, Functionality, Gender-Based Violence, Networking, Services, Sexual and Reproductive Health Rights, Benin

1. Introduction

Human rights are universal legal guarantees that protect individuals and groups from actions and omissions that violate fundamental freedoms, rights, and human dignity [1].

In sexual and reproductive health, rights are ensured by actors divided into services that continuously interact to effectively address community issues, primarily violence. Globally, IPPF is a leading advocate for sexual and reproductive health and rights for all, composed of national organizations working with and for communities and individuals [2]. Although increasingly recognized by the humanitarian community, emergency responses consistently face obstacles in providing health, psychosocial care, and safety services for survivors [3].

In the Central African Republic, Standard Operating Procedures (SOPs), specific procedures and agreements between organizations that define the guiding principles, roles and responsibilities of each organization to prevent and respond to GBV, have been developed in order to ensure quality coordination and multisectoral response for the care of GBV survivors and their communities [4].

In Benin, the integrated care center (CIPEC) for victims of gender-based violence (GBV) allows for a synergy of actions to reduce cases of violence [5]. Coordination between sexual and reproductive health services (SRHR) is sometimes not effective at all levels and information varies from one service to another. Moreover, no single structure or organization has the mandate, capacity or resources to fight against GBV [4]. It is for this reason that we are conducting this study, which aims to assess the functionality of SRHR services' networking in case of GBV in the commune of Kpomasse in 2022.

2. Methods

This study was conducted in the commune of Kpomasse located in the Atlantic department of Benin.

The municipality of Kpomasse has nine (9) districts. Sexual Rights and Reproductive Health interventions were carried out only in two districts: Tokpa-Domè and Kpomassè-centre. These two districts constituted the framework for our study.

This was a descriptive-evaluative study with a qualitative component, conducted from March 21 to April 15, 2022. The study population consisted of sexual and reproductive health rights service providers. They included health center agents, the head of the CPS, agents at the police station, the judge at the Ouidah court, the secretary general of the mayor's office, religious leaders, local media,

and community members (women, men/local elected officials who were not victims, and victims of gender-based violence).

The following targets were included in the study:

- Available at the time of the survey
- Had given their consent to participate in the study

Targets who were unable to complete the survey due to any reason were excluded from the study.

In order to carry out this study, the sampling method used was non-probability for all targets; the technique was convenience for the judge in court and for individuals (men and women who were not victims) in the community, and the reasoned choice for other targets. Let's note that in the community, men were very interested in participating in the study which explains the higher number of men than women.

We assessed the functionality of networking first using the Varkevisser score method [6]. Indeed, criteria have been defined for each variable of the subcomponents of operationality, activities and results. We assigned the score one (1) when the criterion was present and zero (0) when the criterion was absent. The total subcomponent scores expressed as a percentage served as the basis for measuring the component. The component was measured from the mean of the percentage obtained by each variable. The percentage obtained by each component was assessed according to the measurement scale adapted from Varkevisser:

- "Good" if the average score is greater than or equal to 80%;
- "Acceptable" if the average score is between 60% and 80%;
- "Insufficient" if the average score is less than 60%.

We then used the human rights-based analysis approach (HRBA) to identify the factors underlying the quality of the result obtained. Indeed, the HRBA has made it possible to identify bottlenecks and other factors associated with better functionality through causal analysis (immediate causes, underlying causes, structural causes), analysis of the roles of actors and capacity gap analysis.

With regard to data processing and analysis, the coding and data entry was done in Excel after checking the completeness of the completed forms. The qualitative data was presented in the form of verbatim and we proceeded to transcribe the verbatims from the individual interviews.

The study took into account basic ethical and deontological considerations: obtaining permission for data collection, explaining the objectives of the study to the target population, ensuring that participation was voluntary and that people could withdraw at any time, and guaranteeing confidentiality through individual interviews with women that were conducted out of sight in order to avoid bias due to the influence of community members.

3. Results

3.1. Sample's Description

Our sample was made of 159 people: 34 female victims of GBV living in the commune of Kpomasse; 02 agents from the health centers of Kpomasse-centre

and Tokpa-Dome; 01 secretary from the city hall; 01 agent from the social promotion center; 02 agents from the police stations; 01 judge from the 1st cabinet at the court of first instance in Ouidah; 06 representatives from religious leaders in Kpomasse-centre and Tokpa-Dome; 01 representative from the local media; 70 men and 41 women (non-victims) from the community.

- **Distribution of GBV victims according to the type of violence they experienced (n = 34).**

Figure 1 below presents the distribution of GBV victims according to the type of violence they experienced.

Among the female victims, 47% were victims of sexual violence.

- **Distribution of women according to the type of violence suffered and the reporting structure.**

Table 1 shows that most of violence are sexual and the several cases of GBV (29.4%) are not reported to the SRHR services: the community still does not report violence.

- **Distribution of female victims of GBV according to their knowledge about SRHR.**

Table 2 shows that 54% of victims in the commune of Kpomasse had no knowledge of sexual and reproductive health rights.

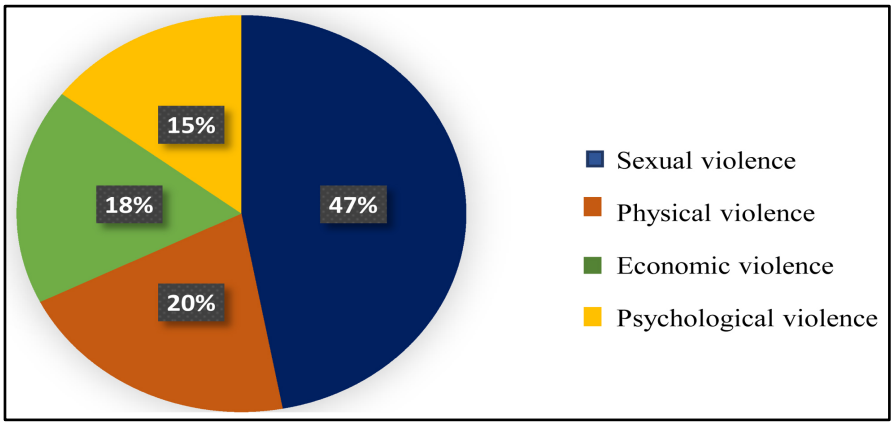


Figure 1. Distribution of GBV victims according to the type of violence they experienced.

Table 1. Distribution of women according to the type of violence experienced and the reporting structure.

Violence suffered	Non-recorded cases	Recorded cases				Total	%
		Delegate	CPS	CS	Police		
Sexual	4	-	3	5	4	16	**47.1%**
Physical	4	1	2	-	-	7	**20.6%**
Psychological	-	-	5	-	-	5	**14.7%**
Economic	2	-	4	-	-	6	**17.6%**
Total	**10**	**1**	**14**	**5**	**4**	**34**	
%	**29.4%**			**70.6%**			

CPS = Social Promotion Centre; CS = Health Centre.

Table 2. Distribution of GBV victims according to their knowledge of SRHR.

Knowledge of SRHR	Number	Percentage (%)
No rights	20	54
One right	10	33
Two or more rights	4	13
Total	**34**	**100**

- Distribution of female victims of GBV according to their knowledge of health care facilities.

Figure 2 below presents the distribution of female victims of GBV according to their knowledge of care structures.

As a result, women who are victims of gender-based violence in the commune do not know which facilities are available to help them in case of abuse.

- **The various SRHR services involved in the care of victims.**

In the event of GBV, several SRHR services are available in the commune:

- The health center.
- The social promotion center.
- The police station.
- The court.
- The media.
- The community circle.
- The circle of the community and the family.

- **Mechanisms implemented that have an impact on the networking of services.**

These include the training and supervision of service providers, the creation of a GBV monitoring committee, the creation of the sexual and reproductive health for teenagers and young people consultation framework and the involvement of Doctors of the World in the locality.

- **Appreciation of the main component.**

Table 3 presents the summary of the scores obtained respectively by the sub-component and the main component according to the Varkevisser scale.

Out of an expected total score of 120, the score obtained was 65.54%, which is <60%.

In conclusion, the functionality of networking in the commune of Kpomasse was insufficient.

3.2. Application of the Human Rights-Based Analysis Approach (HRBA)

The functionality of the network obtained through the use of the Varkevisser scale was insufficient. We therefore proceeded with the analysis using the HRBA, which is better adapted to describe SRHR issues, including GBV. The HRBA clearly presents the interactions between the different actors, their roles and the

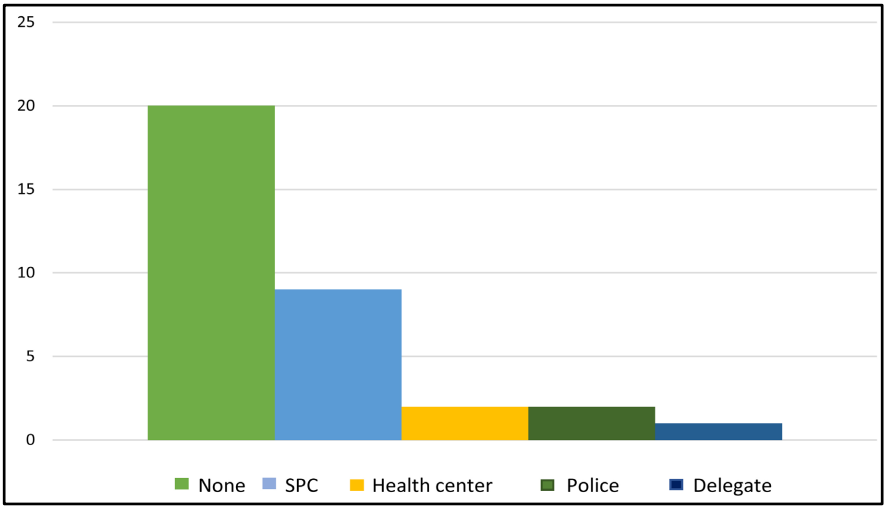


Figure 2. Distribution of female victims of GBV according to their knowledge of care structures.

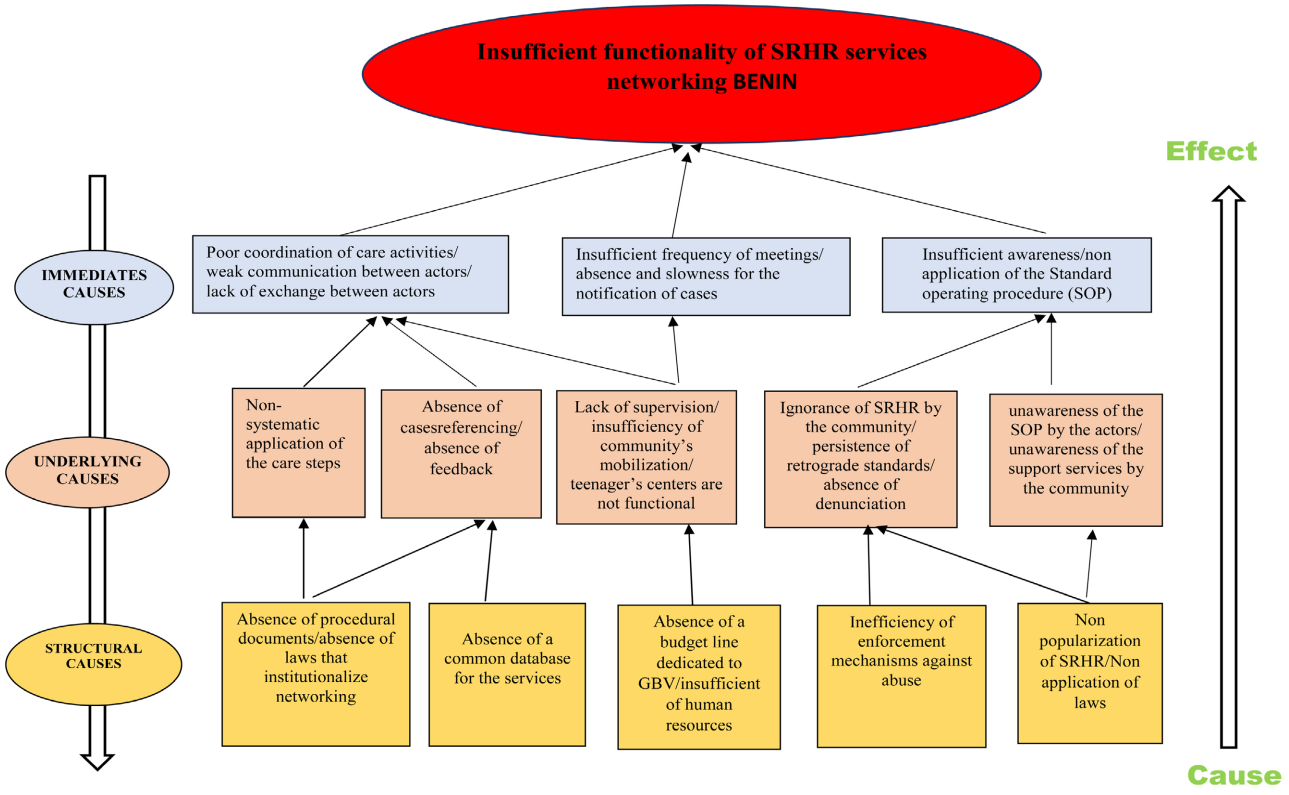


Figure 3. Causal analysis related to the insufficient functionality of networking in the municipality of Kpomasse in 2022.

resources they have at their disposal to provide support or ensure the management of the problem.

Figure 3 presents the causal analysis related to the insufficient functionality of the network obtained.

This figure shows that the causes of the low functionality of DSSR service networking in the event of GBV occurrence are essentially:

Table 3. Summary of scores for the sub-component and the main component.

Component	Expected Score	Achieved Score	Criteria	Rating
Operational	46	29	60 à 80%	Acceptable
Activities	45	28	60 à 80%	Acceptable
Results	29	8	<60%	Insufficient
Overall	**120**	**65**	**<60%**	**Insufficient**

- As regards the immediate causes, we can cite the poor coordination of PEC activities as well as the low awareness of the latter in relation to the SOP.
- The underlying causes mainly mentioned are the weakness in respecting the steps of the PEC, the referencing of the victims, the ignorance of the SOPs as well as the ignorance of the SRHR by the communities.
- Finally, among the structural causes mentioned, we note the absence of documents of standards and procedures/absence of laws that institutionalize networking, absence of a budget line dedicated to GBV in municipalities, non-popularization of SRHR.

The analysis of the roles shows that respectively the holders of rights as well as the debtors of opinion misunderstand their roles.

The capacity analysis shows a low level of knowledge of opinion holders about SRHR and SOP as well as insufficient resources to play their role. the same tendency is also observed among rights holders who are unaware of their rights and do not have the resources to enjoy their rights.

4. Discussion

The different sampling methods and techniques as well as the different data collection techniques and tools were in line with the objectives and allowed us to collect the necessary information from the different targets of our study. To minimize bias, we first carried out pre-tests, then obtained the consent of GBV victims by explaining to them the objective and interest of our study. We also explained to the actors of the SRHR services the benefit to be drawn from the results of the study and the impact of this study on the improvement of the PEC and the management of GBV cases in the commune.

The limitations of our study were related to the small sample size (159). The collection period was relatively short and the study took into account data from the year 2020, which made information bias possible. Also, the complaint registers of the various services were not correctly filled in. This makes it non-replicable.

The human resources available at the various health facilities and police stations included in our study were sufficient in number. On the other hand, at the level of the social promotion center, there was a shortage of human resources, as the number of agents needed at the social promotion center for a population of 80,000 inhabitants being 05, as indicated in the document on norms and stan-

dards for the provision of services in social actions [7]. This state of affairs is described in the strategic plan that has been developed to ensure compliance with the norms and standards of social protection [8], where the shortage of human resources is particularly acute for the decentralized structures. The social promotion centers operated with an average of 11% of the planned staff and some centers had no permanent staff. This situation slows down the activities carried out for victims. It could also explain the reluctance of women to go to the services that provide care in case of abuse. This situation is comparable to the survey on the determinants of obstacles to the care of women victims of rape in Abidjan [9] where the lack of qualified human resources is present at all levels of the circuit set up by the PAVVIOS center, which often confronts victims with poor reception and treatment.

As far as informational resources are concerned, the medical certificates in case of complaints of sexual violence, although available at the health center, weren't mostly filled out completely. This situation represents an obstacle to the care of the victim, since the certificate is the main piece of evidence for the continuation of the treatment; it is the document on which the police rely to continue the procedure.

There is also a lack of procedure manuals in the health centers, police stations, and the court. The procedure manuals establish and detail at each stage the interventions that are essential for proper management. The referral forms at the level of these different services were not available, which does not allow us to know how the victim was taken care of, which is necessary in order to ensure that she was effectively taken care of at the level of each of the services (networking of services ensuring the overall care of the victim). They also make it possible to accurately identify the service responsible for the poor care.

Regarding financial resources, there is no budget allocated to GBV-related activities, neither at the health center nor at the police station. The only structure that has a budget dedicated to GBV issues is the social promotion center, which nevertheless believes that the budget is insufficient to cover all cases.

Continuous training of human resources guaranties quality care for victims. Thus in the commune of Kpomasse, we noticed that the social promotion center regularly provides training on GBV and SRHR. However, police officers and health center staff do not receive any training on GBV. This situation contributes to the deterioration and failure of the care system. In their study on the adequacy of staff training needs [10], Ousmane S, Ahmed K and Herve H. explain the importance of training members, emphasizing the fact that with a constantly evolving public health system and complex public health problems at the local, national and international levels, continuous training must be an essential component of the public health system. This is also elaborated in the Guidelines for Mobile and Remote GBV Service Delivery [3], where the importance of training is demonstrated at length, particularly with regard to practical role-playing techniques to facilitate understanding by agents.

Supervision of the actors on the different activities carried out in the commu-

nity is important because it aims at improving the actor's performance by acting on their competence, motivation and working conditions. Supervision should be carried out on a regular basis, but we have to admit that in the commune, supervision specifically related to GBV is not carried out for health and social services providers. In addition to training and supervision, it is important to raise awareness about GBV in the community. All agents involved in SRHR services are able to raise awareness about the consequences of GBV and the facilities that can help them in case of abuse. The lack of awareness in the community by SRHR services is even more pronounced due to the current health context, the covid-19 pandemic, which is marked by restrictions set by the government to avoid contamination. This is also mentioned in the document on the complaints management mechanism for the implementation of the NIGER-LIRE project [11], where it was noted that the health and security situation, covid-19 (in connection with the realities of Niger) made it impossible to bring communities together.

Victims do not have any knowledge about GBV and even less about SRHR and do not know how to deal with violent situations. The community does not report cases and usually settles them out of court. They withdraw into themselves and protect the victim as best they can. Women in general develop resilience to the phenomenon. Violence is no longer perceived as an evil or an abuse to be punished but rather as a situation that can be accommodated. According to a study conducted on domestic violence [12], among women victims of physical and/or sexual domestic violence in France in 2017, 28% went to the police station and less than one woman in five filed a complaint. Whatever the context, reporting is not systematic.

The concept of victim management involves the different services of the DSSR, mainly health centers, social promotion centers and police stations. Out of the 34 GBV victims identified in the municipality, only one was able to benefit from a holistic approach (health, psychological, legal and judicial care). This situation is the result of the inadequacies identified in the structure and the process. According to a study conducted on the reception of women victims of domestic violence at the Saint-Denis women's center [13], 30% of women victims in 2017 consulted a psychiatrist or psychologist, 27% consulted a doctor, 14% called on social services, 9% called on an association, 8% called on a victim support platform, and 44% of women victims of domestic violence in 2017 did not take any of these steps.

5. Conclusions

Our study allowed us to identify and describe the functioning of sexual and reproductive health services (SRHR) used in occurrence of GBV in the commune of Kpomasse, to assess the mechanisms in place that impact the networking of these services and to determine using the human rights-based approach (HRBA), the causes as well as the responsibilities and interactions of the different SRHR

service providers, which explain the lack of networking (54%).

For the networking of SRHR services to function properly, it is necessary to combined actions of the various actors at all levels, to promote continuous communication between actors and to involve the community.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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