

Assessment of Capacity Needs of Health Personnel in Management of Survivors of Sexual and Gender-Based Violence in Rivers State: A Case for Health Promotion in the Era of COVID-19

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Abstract

Sexual and Gender-based violence (SGBV) is a common and serious public health problem affecting millions of Nigerians which COVID-19 has escalated. The capacity of health personnel in managing SGBV survivors should be determined in order to ensure effective health promotion. This paper therefore investigated the capacity needs of health personnel in Rivers State in managing SGBV survivors. The study adopted descriptive survey research design which was carried out during a workshop organized for randomly selected health personnel in the employ of the Rivers State government in August, 2021. The questionnaire was used as the instrument for data collection, administered on 40 respondents which included doctors, nurses, community health extension workers (CHEWs) and medical records officers. Two research questions and two hypotheses guided the study, and data were analysed using mean, percentage and chi-square. The result showed that majority of the respondents (67.5%) needed training on skills of managing SGBV survivors. The hypothesis showed significant difference on the knowledge level of SGBV among nurses and doctors in Rivers State. The study recommended that government and non-governmental organisations should provide health workers in Rivers State with comprehensive capacity training on management of SGBV survivors to achieve health promotion.

Keywords: assessment, capacity needs, health personnel, management, sexual and gender-based violence

Introduction

The term, health promotion is sometimes used interchangeably with health education, or used as Siamese twins. Both terms focus on how to achieve wellness through lifestyle and preventive measures. However, health promotion particularly has been defined as the science and art of encouraging individuals modify their lifestyle towards a state of best possible health (Kumar & Preetha, 2012). The principle behind the idea of health promotion is the fact that lifestyle is a major contributor to disease burden and mortality which can be prevented by eliminating their risk factors. It is against this background that the United Nations' sustainable development goals incorporate health promotion strategies. Consequently, this paper sees health promotion as a key intervention in the elimination of sexual and gender-based violence (SGBV). This thrust can only be achieved if the health worker has the capacity to function effectively.

Recently, the prevalence of sexual and gender-based violence has taken a new dimension in the wake of COVID-19, making humans across tribes and religions an endangered species and has attracted global concerns. To give it the desired attention, the United Nations in 2015 commenced the commemoration of the Elimination of Sexual

Violence and the theme for 2021 commemoration was ***“Building Back Better: Supporting Survivors of conflict-related Sexual Violence in the context of a Pandemic Recovery”***. Sexual and gender-based violence is a common and serious public health problem affecting millions of people each year throughout the world and it is driven by many factors such as stigmatization, inequality, poverty, illiteracy, weak judicial system, negative cultural practices, among others.

Complex social problems such as COVID-19, increasing rate of unemployment, banditry, armed robbery, communal conflicts, political instability, violent protests, and moral decadence, among others have increased the prevalence of sexual and gender-based violence in the world. COVID-19 in particular did not only bring socio-economic burden, it also increased the health and mortality burden of nations. Rape and violence cases increased as a result of lockdown and restrictions in the wake of COVID-19. These acts of violence have implications on the physical health, psychological health and social wellbeing of the survivors. According to United Nations Population Fund (UNFPA, 2020), the victim’s dignity, security and autonomy are undermined. Essentially, the health consequences of sexual violence include forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections, including HIV, and even death (UNFPA, 2020).

Sexual and Gender Based Violence (SGBV) is any act of aggressive behaviour that results in, or likely to result in, physical, sexual, or psychological harm or suffering to an individual including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life as a result of one’s gender (Arango et al. 2014). Here, we adopt the explanation of gender by Scott and Marshall (2005) as the biological and sociocultural dimensions into which individuals are grouped. The biological dimension separates individuals as male and female with distinct natural characteristics such as in procreation. On the other hand, the sociocultural dimension brings to the fore culturally induced unparallel roles, stereotypes and economic/political positions which society places on males and females, resulting in the concepts of masculinity and femininity. The term SGBV, according to World Health Organisation (WHO, 2021), comprises both rape and attempted rape, sexual abuse, sexual exploitation, forced early marriage, domestic violence, marital rape, trafficking and female genital mutilation. These acts have no sex or age barrier; any person can be a victim. However, violations against women and girls are the most prevalent globally. Hence, it is estimated that one in three women will experience physical or sexual abuse in her lifetime (United Nations Population Fund, UNFPA, 2020).

SGBV hinders national productivity as it occurs amongst people in the productive age group who have to deal with the negative physical and psychological consequences of the act. Therefore, appropriate investments in the services of SGBV have the potential to transform national economies, facilitate the achievement of demographic dividends and engender development. SGBV is an offence punishable under section 218 of the criminal code, cap 37, vol 11, law of Rivers State of Nigeria.

Beyond providing health care services to victims, collaborative effort should be made to exterminate the culture of silence which has encouraged the prevalence of SGBV; culture of silence to avoid stigmatization, culture of silence to avoid litigation because of financial burden and exposure to security risk. Most importantly, the worker who is saddled with the responsibility of managing the victims of SGBV should be spotlighted to determine their capacity needs.

Capacity needs assessment helps to identify gaps and weaknesses that hinder achievement of targets in an area of human endeavour, possibly an institution. Capacity needs assessment is aimed at strengthening services for better outputs. Food and Agriculture Organisation of the United Nations (2021) states that the purpose of a capacity needs

assessment is to provide a clear picture of an institution's competence with regard to their strengths, weaknesses and available assets, focusing on the personnel, the institution and its environment. Capacity needs assessment also exposes actual existing gaps with relation to opportunities, threat and other elements within an institution for the achievement of planned objectives (World Agroforestry Organisation, 2021).

Oxford University Clinical Research Unit (2017) opined that health workers, most of the time, do their work in challenging and stressful environments because of their difficulty in dealing with patients and their families in terms of communication. Consequently, the unit organises capacity building for workers. It is necessary to deal with the challenges which health workers face by assessing their capacity needs in order to address them by relevant authorities.

Allen et al. (2016) assert that, in dealing with patients, health workers need appropriate training, support, supervision, funds and infrastructure for effective health care delivery. Capacity building (also known as capacity strengthening) is a process through which individuals and groups increase their skills to perform fundamental functions, tackle emerging issues and needs in a sustainable manner (Horton et al, 2003). Therefore, assessment needs for capacity building of health personnel in dealing with sexual and gender-based violence survivors could be impactful on health care system of Rivers State.

According to Yousafzai et al. (2014), effective health promotion interventions depend on the capacity of the health care system. They aver that capacity building also includes mobilizing support for the frontline health personnel in order to promote a result-oriented health care system. The import of this paper is underscored by the 2021 theme for the commemoration of elimination of sexual violence which focuses on support for survivors. It is believed that this paper would make a contribution on the way forward on SGBV with particular attention on the health worker.

Available literatures show that few authors have worked on capacity needs assessment of health workers generally. For example, Dussault et al. (2008) assessed the capacity to produce health workers in Rwanda. The results reviewed that physical structures in terms of classrooms were generally good except at the Faculty of Medicine and insufficient budgets were reported by all the investigated institutions. The results also showed that managerial competence was lacking.

Allen et al. (2016) studied capacity building and training of needs for community health workers. The results showed that 80% of the workers agreed that they were well trained to discharge their responsibilities but they spotted communication, advocacy, assurance of service and culturally competent services as their priority areas. The present study on the capacity needs assessment of health worker dealing with SGBV survivors contributes to fill the gap created by paucity of empirical studies on health personnel and SGBV survivors. Consequently, this paper would provide some insight on their professional development needs.

Methodology

The study adopted *descriptive survey* research design which was carried out during a workshop organized for randomly selected health personnel in the employ of the Rivers State government in August, 2021. The questionnaire was used as the instrument for data collection, administered on 40 respondents which included doctors, nurses, community health extension workers and medical records officers. Two research questions and two hypotheses guided the study, and data were analysed using mean, percentage and chi-square.

RESULTS

Research question 1: What is the level of knowledge of sexual and gender-based violence among health personnel in Rivers State?

N= 40

S/N	Statements	SA	A	D	SD	\bar{X}	S	Decision
1	Gender-based violence is any act of violent behaviour that results in, or likely to result in, physical harm.	31	9	0	0	3.8	0.18	Accepted
2	Gender-based violence is any act of violent behaviour that results in, or likely to result in, sexual harm.	30	10	0	0	3.8	0.16	Accepted
3	Gender-based violence is any act of violent behaviour that results in, or likely to result in, psychological harm.	14	24	2	0	3.3	0.31	Accepted
4	Gender-based violence includes threats of coercion because one's weakness.	13	24	3	0	3.3	0.31	Accepted
5	Gender-based violence includes arbitrary deprivation of liberty.	16	22	2	0	3.4	0.30	Accepted
6	Gender-based violence occurs in public or in private life as a result of one's gender.	7	17	10	6	2.6	0.89	Accepted
7	Forced early marriage is a type of SGBV.	14	16	10	0	3.1	0.35	Accepted
8	Cultural harmful practices are forms of SGBV	15	18	5	2	3.2	0.30	Accepted
9	Withdrawal of financial support is a type of SGBV.	5	7	20	8	2.2	0.83	Rejected
10	Threats, false accusation, intimidation and public ridicule are forms of SGBV.	7	9	17	7	2.4	0.87	Rejected
Grand mean						3.11	0.45	Accepted

Research questions 2: What are the capacity needs of health personnel in combating SGBV in Rivers State?

S/N	Statement	Percentage Responses	
		Yes (%)	No (%)
1	Strategies to be applied to ensure safety of the survivor.	35 (87.5%)	5 (12.5%)
2	Strategies to be applied to ensure confidentiality.	20 (50%)	20 (50%)
3	Strategies to be applied to ensure respect of the survivor.	26 (65%)	14 (35%)
4	Strategies to be applied to ensure non-discrimination of the survivor.	24 (60%)	16 (40%)
5	Strategies to be applied to ensure non-judgemental attitude towards the survivor.	28 (70%)	12 (30%)
6	Knowledge of implementation of multi-sectorial response to SGBV (including health, psychosocial support, security, and legal responses).	29 (72.5%)	11 (27.5%)
7	Knowledge of the principles of case management.	29 (72.5%)	11 (27.5%)
8	Knowledge of critical analysis of context, trends and vulnerabilities related to SGBV	31 (77.5%)	9 (22.5%)
9	Knowledge of advocacy/outreach activities to sensitize communities on SGBV.	25 (62.5%)	15 (37.5%)
10	Knowledge of communication skills with SGBV survivors.	26 (65%)	14 (35%)
Mean		27 (67.5%)	13 (32.5%)

Hypotheses 1: There is no significant difference between the knowledge level of SGBV among nurses and doctors in Rivers State.

Statement	SA	A	D	SD	Total	$\sum \frac{(O - E)^2}{E}$	X_c^2	P	df	α	Decision
1	20 (10.7)	8 (10.7)	0 (4.6)	0 (2)	28	8.76					S
2	18 (10.7)	10 (10.7)	0 (4.6)	0 (2)	28	5.03					
3	14 (10.7)	12 (10.7)	2 (4.6)	0 (2)	28	2.65		0.0000			
4	10 (10.7)	15 (10.7)	3 (4.6)	0 (2)	28	2.34		1			
5	10 (10.7)	16 (10.7)	2 (4.6)	0 (2)	28	2.31			2	0.0	
6	6 (10.7)	10 (10.7)	7 (4.6)	5 (2)	28	7.86	78.0		7	5	
7	10 (10.7)	12 (10.7)	6 (4.6)	0 (2)	28	0.64	0				
8	10 (10.7)	11 (10.7)	5 (4.6)	2 (2)	28	0.09					
9	4 (10.7)	6 (10.7)	10 (4.6)	8 (2)	28	30.60					
10	5 (10.7)	7 (10.7)	11 (4.6)	5 (2)	28	17.72					
Total	107	107	46	20	280						

(S = Significant, P = P-Value)

The P-Value is < .00001. The result is significant at $P < .05$. Based on the chi-square calculated $X_c^2 = 78.00$ with $df = 27$ gives P-value = .00001 which is less than $\alpha (0.05)$ showed significant difference on the knowledge level of SGBV among nurses and doctors in Rivers State.

Hypotheses 2: There is no significant difference between the knowledge level of SGBV among nurses and community health extension workers in Rivers State.

Statement	SA	A	D	SD	Total	$\sum \frac{(O - E)^2}{E}$	X_c^2	P	Df	α	Decision
1	17(9.2)	7(10.6)	0	0	24	7.83					
2	16(9.2)	8(10.6)	0	0	24	5.67					
3	12(9.2)	10(10.6)	2(2.4)	0	24	0.95					
4	13(9.2)	11(10.6)	0	0	24	1.59					
5	4(9.2)	14(10.6)	4(2.4)	2(1.8)	24	5.23	48.88	.006113	27	.05	Significant
6	3(9.2)	13(10.6)	4(2.4)	4(1.8)	24	8.48	8	3			
7	4(9.2)	12(10.6)	5(2.4)	3(1.8)	24	6.74					
8	5(9.2)	11(10.6)	5(2.4)	3(1.8)	24	5.56					
9	8(9.2)	12(10.6)	0	4(1.8)	24	3.03					
10	10(9.2)	8(10.6)	4(2.4)	2(1.8)	24	1.80					
Total	92	106	24	18	240						

(S = Significant, P = P-Value)

The P-Value is $< .00001$. The result is significant at $P < .05$. There is significant difference between the knowledge level of SGBV among nurses and community health extension workers (CHEW) in Rivers State. Based on the chi-square calculated $X_c^2 = 48.88$ with $df = 27$ gives P-value = $.006113$ which is less than $\alpha (.05)$ showed significant difference on the knowledge level of SGBV among nurses and CHEW in Rivers State.

Discussion of Findings

The findings showed that the respondents’ knowledge level of what constitute SGBV was high (mean = 3.11). However, item analysis of the variables showed that the respondents had poor knowledge about economic and psychological/emotional variants of SGBV having had mean scores of 2.2 and 2.4 respectively. The findings also showed that health personnel in Rivers State needed further training on skills of managing SGBV survivors. The hypothesis showed significant difference on the knowledge level of SGBV among nurses and doctors in Rivers State on one hand, and on another hand, among nurses and Community Health Extension Workers.

The findings on the respondents’ level of knowledge of sexual and gender-based violence are similar to the position of Allen et al. (2016), where health personnel showed good knowledge of their responsibilities. The fact that health workers in Rivers State showed good knowledge of forms of SGBV is an indication that collaboration between NGOs working on SGBV and the SGBV Unit in the Ministry of Health is yielding positive results. The findings, however, disagree with the study carried out by Dussault et al. (2008) which assessed the capacity of health workers in Rwanda. The results showed that managerial competence was lacking.

The findings that majority of the health workers needed capacity building in terms of appropriate skills in different areas of eliminating SGBV or managing the survivors were not surprising because Rivers State had not domesticated the national action plan on the

elimination of SGBV. This gap is what the findings of this paper have exposed. Recalling Yousafzai et al. (2014), effective health promotion interventions depend on the capacity of the health workers. Consequently, capacity building which includes mobilizing support for the frontline health personnel is important for promotion of a result-oriented health care system.

Conclusion

Capacity building of health workers in Rivers State towards the management of SGBV survivors is critical. It is also a key intervention strategy in health promotion that would lead citizens and communities into wellness through reduction of risk factors associated with not only SGBV, but also general lifestyles that constitute disease and economic burden in society in the era of pandemics.

Recommendations

1. Health workers in Rivers State should be given further training on silent variants of SGBV such as economic and psychological variants by NGOs and Ministry of Health.
2. They should also be given comprehensive capacity training on management of SGBV survivors to achieve health promotion.
3. Communities should be given health promotion and education by NGOs and government agencies on the dangers of SGBV and the encouragement to reduce its associated factors in order to promote wellness.

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