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Programmes, Interventions and Services Provided by Community Based Organisations for Sexual and Gender-Based Violence in Vhembe and Capricorn Districts of Limpopo Province

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ABSTRACT The purpose of this study was to determine the programmes, interventions and services that are provided by Community Based Organisations for Sexual and Gender-Based Violence in Vhembe and Capricorn districts of Limpopo Province, South Africa. A qualitative, exploratory, descriptive and contextual research method was used. The population consisted of all the Community Based Organisations working in Capricorn and Vhembe districts in Limpopo Province. Purposive convenience sampling was used to include 4 available Community Based Organisations for the focus group interviews and 15 individuals who provided services for the Community Based Organisations. Four focus group interviews and 15 individual interview sessions were conducted until data saturation was reached. Data analysis followed open coding method. Two themes emerged from the data analysis namely; Description of the existing programme interventions and services provided and knowledge of staff related to Sexual and Gender-Based Violence programmes and interventions. The study recommended more community awareness campaigns and dialogues which are arranged related to Sexual and Gender-Based Violence. Community members should be encouraged to utilise the available services.

INTRODUCTION

Sexual Gender-Based Violence (SGBV) is an existing power imbalance between men and women. This is a human rights problem that is dominant in all societies as was identified by United Nations. SGBV result to individual experiencing emotional, physical and sexual problems and this affect one-third of women at some point in their life time (Decker et al. 2015; Tavara 2006). Additionally SGBV result in eroded self-esteem, injury, long-term risk of developing chronic pain, depression and alcohol and drug abuse, adverse pregnancy outcomes and increased risk for unintended pregnancy (Heise et al. 2002). Other multitude of health consequences that results from SGBV were listed by Jina and Thomas (2013) as including physical, reproductive and psychological in nature which have significant health burden and must be addressed by the health service providers, government authorities and non-governmental agencies. Even though this has been identified as an issue research still indicates the low levels of statistics reported on SGBV by health care professionals which might result from the fact that there is stereotypy related to SGBV especially in rural communities as this is perceived as normal (Lazenbatt et al. 2005). Since SGBV has been identified as a serious public health problem it is suggested that the primary healthcare institutions including nurses in the primary health care facilities have an obligation to make sure that they play an important role in providing relevant service to the victims of SGBV (Alsafy et al. 2011; Syanemyr et al. 2015).

In 2008 Government of Gautemala formulated and published the guidelines on how to treat victims of Gender-Based Violence (GBV) which included family violence as whole. However, in Honduras, the health sector had limited specific policy on care of SGBV victims but that of adolescent victims of sexual violence (Reyes et al. 2012). It was recommended by Reyes et al. (2012) that services must be provided for the victims of sexual assault because this might assist them to disclose. Services that must be available for GBV amongst abused women should include screening tools which are culturally appropriate to assist health care providers to assess the risk of

each female victim. There should be modification of the national health information system which must include systematic data collection and its consequences to women. The government should develop consistent referral system and inform the medical personnel about the mechanism so that they know how to further assist the victim (Diop-Sedibe et al. 2006).

According to the study conducted by Petersen et al. (2005) about "Sexual violence and youth in South Africa: The need for community-based prevention interventions" it was recommended that there is a need for sexual violence prevention programs to be comprehensive and community-based in order to address the multiple levels of risks. Kim and Motsei (2002) conducted the study in South African rural communities related to attitudes and experiences of GBV among PHC nurses and recommended that there should be training provided which must focus on healthcare workers' attitudes and beliefs. It was further indicated that an attempt must be to raise awareness and sensitivity regarding prevalence, nature and consequences of such violence (Jewkes et al. 2015). Based on this background the study was aimed at determining programmes, interventions and services provided by Community Based Organisation (CBO) for SGBV in Vhembe and Capricorn District of Limpopo Province, South Africa.

METHODOLOGY

Research Design

The study was conducted at the four CBOs that provide SGBV services in the Capricorn and Vhembe districts of Limpopo Province, South Africa. A qualitative, exploratory, descriptive and contextual research method Brink (2006) was used, which focused on the describing and exploring programmes, interventions and services provided by CBOs for SGBV in Vhembe and Capricorn districts of Limpopo Province.

Sampling

The sample was selected from the target population of CBOs in Capricorn and Vhembe districts Limpopo Province. Purposive convenience sampling was used to include four CBOs, two from each district. From each CBO 15 participants were conveniently and purposively sampled based on the fact that the CBOs and participants were providing SGBV programmes' interventions and services. The research method entailed detailed data collection from the participants during the four focus groups interviews and 15 individual interview sessions conducted in order for the researcher to better understand the problem studied (Botman et al. 2010). Permission to conduct Focus Group Discussion (FDG) was granted by CBOs. Participants were guaranteed confidentiality and anonymity and voluntarily gave consent to participate. Data collectors were four holders of Master's Degree in Healthcare Science field. The data collectors were trained prior commencement of data collection process. Data were collected through 4FDG of 9 participants at each interviews session. Probing questions were asked based on the interview guide in order to generate more information. Clarity seeking questions were also asked to clear aspects which the researchers didn't understand (Creswell 2009; de Vos et al. 2006). Field notes were written to document the participants' responses.

Measures used to ensure trustworthiness were based on Guba's model as outlined in Babbie and Mouton (2009). Credibility was ensured by having prolonged interview sessions with the CBOs until data saturation was reached. Dependability was ensured by training the data collectors who were all having a Master's Degree in Healthcare Science field and have conducted interviews before. Transferability was ensured by the thick description of the research method used in this study and by utilising purposive convenience sampling to include participants during the focus group interview sessions and individual interviews (Botman et al. 2010).

Data Analysis

Tesch's open coding data analysis method as outlined in Cresswell (2009) was used to analyse collected data. The researcher read through the field notes and wrote down ideas as they came to mind. The most interesting ideas on the field notes were highlighted and the thoughts were written in the margin. A list of topics was written and information was clustered together according to similarities. The most descriptive wording for the topics was suggested and turned into themes and sub-themes (Creswell 2009; De Vos et al. 2006) as presented in Table 1

RESULTS AND DISCUSSION

Table 1 present the themes and sub-themes reflecting SGBV programmes' intervention and services provided by CBOs in Vhembe and Capricorn districts of Limpopo Province, South Africa.

Table 1: Themes and sub-themes

Themes	*Sub-themes*
1 Description of the Existing Programme Interventions And Services Provided	3.1.1 1.1 Programmes inter vention and services guided by NGOs 1.2 Awareness dialogues conducted1.3 Awareness of availability of SGBV programmes 1.4 Involvement of the organisation related to integration of SGBV with HIV programmes
2 Knowledge of Staff Related to SGBV Programmes and Interventions	2.1 Knowledge related to ac tivism schedule days 2.2 Knowledge versus utili sation of youth and adult programmes about SGBV

Two themes and sub-themes emerged during qualitative data analysis related to theprogrammes' interventions and services provided by CBOs on SGBV in Vhembe and Capricorn districts of Limpopo Province. The results are presented in a narrative format with participants' direct quotations written in italics, and supplemented by literature to embed and re-contextualise the results in existing literature.

Theme 1: Guidance for Implementation of SGBV Programme Interventions and Services Provided

The findings indicate that CBOs implement the programmes of SGBV programmes' intervention and services through the guidance of the different existing NGO's activities. The provision of these services has their focus on the provincial and national strategic plan's goals.

Sub-theme 1.1: Programmes Intervention and Services Guided by NGOs

The CBOs who operates in different communities are guided by the NGOs which assist them with the funding. The findings revealed that the following activities campaigns, door-to-door, community mobilization and advocacy were done when implementing SGBV programmes' intervention and services. The NGOs are said to be guided by the provincial health department health calendar activities. This was confirmed by the participant who said *"Through the guidance of our NGO who assist us with the funding the GBV programme was introduced for dialogues and awareness with different stakeholders are conducted through door to door campaigns resulting in referring people to SAPS and Social workers were a need arise. Support is provided to GBV victims".* According to Peterson et al. (2005) SGBV intervention must be implemented in a comprehensive approach and this should be done at the community level and be guided by the government principles. The American Psychological Association recommends that SGBV programmes must include several elements to address the problems and it is further stated that Americans should take personal responsibility for themselves, their families and their communities (Michau et al. 2015; O'Donnell et al. 1999).

Sub-theme 1.2: Awareness Dialogues Conducted

The results revealed that several awareness dialogues are conducted in the communities in order to empower community members with regard to issues related to the issues of SGBV programmes' intervention and services that exist in communities. These are aimed at making community members aware of the services that exist were they are staying. It was evident by a participant who stated: …. *"We have sessions were we create time with community members and talk about issues of SGBV because this is also our main focus. These dialogues are really helpful because most of the people become aware of the SGBV activities which they thought were normal if experienced as influence by our culture."* Another participant verbalised this by saying: ….. *"The dialogues that we conduct they are helpful to SGBV victims because after each and every session you find that victims are ready to speak up and that encourages us that they have effect. We always encourage community members to assist one another in this aspects especially those who have overcome such experience to assist those who are still in*

such situations". Tolhurst et al. (2012) outlined that there must be participatory documentation needed in order addresses voices and debates related to gender mainstreaming issues in the international. Additionally they called for political and social support on this participatory initiative.

Sub-theme 1.3: Awareness of Availability of SGBV Programmes

The findings revealed that awareness campaigns are held related to SGBV intervention and services provided which are fully supported by the NGOs and government. The following is an explanation which confirmed that awareness programmes are held. The participant outlined that by saying ….. *"The 16 days of activism also is being observed and activities related to the days are performed. Love Life focus on youth, where peers teach one another, Takalani assist in training all the CBOs on SGBV victims so that they can assist them and transfer to relevant health professionals who will provide relevant assistance. Community base-carers are involvement through Buo and dialogue seminars were awareness is created that they know on all aspects that they will be dealing with in communities."*

Community mobilization can be used to target the broader community, and can be effective to gain a deeper understanding of people's attitudes and beliefs and to generate evidence, which can then be communicated to policy makers (Michau 2007; Jewkes et al. 2015).

Theme 2: Knowledge of Staff Related to SGBV Programmes and Interventions

The study findings pointed the staff members working in the CBOs have knowledge related to SGBV programmes' intervention and services that they are offering even though they still need more training on the aspects that are changing in these programmes. This was outlined in the sub-themes of this theme.

Sub-theme 2.1: Knowledge Related to Activism Schedule Days

The following explanation confirmed that staff members who are working in the CBOs have knowledge related to the scheduled days of activism which is indicated in the calendar of important days of the national government. A comment by a participant which reflected the knowledge related to the days of activism …… *"The activities related to days of activism are observed and we are guided by the NGOs which activities are we supposed to do. They also provide us with resource to make sure that we execute the activities well. We sometimes go to the communities and talk with women and children and also encourage them to speak up."* Another participant who confirmed that there are activities that they do at community level said ….. *"In our centre staff have knowledge which were gained through workshops attendance, share information with clinic health professionals and group discussions are conducted on issues of SGBV"*. On contrary to the study results by Alsafy et al. (2011) who outlined that due to lack of knowledge related to domestic violence issues there is a need to include this aspect in the curricula during nurses training which will assist in creating a positive picture related to the issue as it will be addressed.

Sub-theme 2.2: Knowledge versus Utilisation of Youth and Adult Programmes about SGBV

The CBOs staff explains that some community members have knowledge and utilise the SGBV programmes interventions and services whereas other community members were not aware of these services. A participant described the knowledge versus utilisation of youth and adult programmes by saying the following. *"This community know what we offer in terms of SGBV and they always come and ask advices but others seem not to do know what we offer because they don't come even when they have the problems. We just hear from those who come that others also have the same problem and we will always to penetrate them were possible in order to assist them. In some cases we succeed and provide care and support which include community and family support."* The study findings was supported by Lazenbatt et al. (2005), Syanemyr et al. (2015) who stated that the midwives must be trained on issues to prevent SGBV because it will be appropriate for them to give an on-going information that will empower and support the victims of SGBV so that they can make their own informed choices.

CONCLUSION

The study findings confirmed that in Limpopo Province there are CBOs who are providing SGBV programmes' intervention and services in Vhembe and Capricorn districts of Limpopo Province, South Africa which are based on the Provincial Department of Health's health calendar activities on SGBV and are also guided by the NGOs who fund the CBOs. There are also several activities that are taken into cognisance which include the dialogues which are conducted in the communities to make the communities about the available services for SGBV. However, some community members were not aware about the availability of these services.

RECOMMENDATIONS

SGBV is not just a women's issue, but it affects all community members. Based on the results of this study, it is recommended that there must be strengthening of more community mobilization campaigns and dialogues which are arranged related to SGBV because some community members are not utilising the available services. The community dialogue can be an effective way to engage people in a discussion about issues that affect the community and can generate new ideas and inspire community members to think about SGVB from a different perspective. Secondary schools and other youth can be excellent partners in community mobilization work. Youth can be involved in drama, music, dance, and community events or other activities. Support networks should be planned for SGBV victims and be viable in the community in order to reach everyone in need of the services through other members. Research should be conducted by health workers with regard to the reasons why certain individual still don't report issues of SGBV whilst indicating that it is influenced by culture.

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