

724

SITUATION OF SEXUAL AND GENDER BASED VIOLENCE AMONG THE ROHINGYA MIGRANTS RESIDING IN BANGLADESH

¹Farzana Islam, ²Mohiuddin Hussain Khan, ²Masako Ueda, ³NM Robiul Awal Chowdhury, ¹Salim Mahmud Chowdhury, ²Mshauri David Delem, ¹Aminur Rahman. ¹Centre for Injury Prevention and Research, Bangladesh (CIPRB); ²International Organisation for Migration (IOM); ³Department of Anthropology, Comilla University, Bangladesh

10.1136/injuryprev-2016-042156.724

Background Since the late 1970's, Cox's Bazar district of Bangladesh had an influx of Rohingya refugees from Myanmar in different phases. Cox's Bazar is currently hosting 200,000–500,000 undocumented Myanmar nationals (UMNs), either in cluster settlements or within the host community. The migrants have placed an extra burden on the existing health, water, sanitation and social services. Anecdotal information suggests that women and adolescent girls are at increased risk of domestic violence and sexual abuse. A study was carried out to explore the situation of sexual and gender based violence and the level of awareness about the available support services among the Rohingya migrants.

Methods A qualitative study was carried out in 2015 to explore sexual and gender based violence and context where UMN live and how social norms, ethnicity, power or politics influence the situation. Eight FGDs with men, women, adolescent boys and girls were conducted. The interviews were audio-taped and transcribed. ATLAS ti software was used and thematic analysis was done.

Results The respondents reported that domestic violence (beating wives) was the most common form of violence. They added that there was always a “tension” between the Rohingyas and the host community, and the Bengalis always teased, threatened and sometimes assaulted them physically. The women and adolescent-girl respondents narrated that they were often teased or sexually harassed by the host community men particularly during collecting water from a distant location. The UMN respondents complained they did not get any justice from the local administration when they became victims of violence. It was revealed that the both male and female respondents were not much aware about the support service available for sexual and gender based violence.

Conclusions The study revealed that the UMN particularly females were the victims of sexual and gender based violence and they were not aware of the available support services.

725

DOMESTIC VIOLENCE AND RISK FACTORS AMONG RURAL AND URBAN PREGNANT WOMEN IN NIGER-DELTA, NIGERIA

¹Omolara Tella, ²Charles Tobin-west, ²Seye Babatunde. ¹Department of Community Medicine, University of Port Harcourt Teaching Hospital; ²Department of Preventive and Social Medicine, University of Port Harcourt

10.1136/injuryprev-2016-042156.725

Background Domestic Violence in pregnancy is an issue of immense public health concern. The prevalence is high in low and middle income countries with marked variations within and among such nations.

Methods A cross-sectional comparative study design was used and participants were selected using a multistage sampling technique. Data analysis was carried out using SPSS with p-value of 0.05.

Results The commonest form of DV reported was psychological violence 66.8% (rural 69.3% and urban 64.4%). The least reported form of DV was sexual violence 11.3% (rural 14.2% and urban 8.5%). Verbal violence was 47.9% (rural 46.2% and urban 49.6%) and physical violence was 33.4% (rural 43.6% and urban 23.4%). Intimate partners formed the highest proportion of perpetrators of DV for both groups (rural 59.0% and urban 48.7%). The risk factors identified were geographic location that is residing in a rural area (AOR 2.052 95% C.I: 1.349 – 3.122). Other significant findings on bi-variate analysis were alcohol use by victims; alcohol and other substance abuse and controlling behaviour by intimate partners. Intimate partners of the professionals' category were less likely to perpetrate physical violence in the rural group. Approximately half (46.7%) of the rural group and 38.9% of the urban group sought for help following incidents of DV. Help was mainly sought from informal sources such as family and friends interventions (rural 42.7% and urban 32.7%). Very few women (rural 1.3% and urban 2.5%) sought for formal help from the police. Coping strategies employed were mainly 'keeping silent' (rural 52.9% and urban 36.0%), 'reporting to family and friends' (rural 11.1% and urban 16.9%) and 'staying away from perpetrators' (rural 2.2% and urban 3.8%).

Conclusions This study confirmed that the prevalence of DV against pregnant women was high among pregnant women in rural and urban areas of Rivers state and that victims rarely used formal help-seeking resources.

726

INTIMATE PARTNER VIOLENCE AND HEALTH LITERACY IN ZAMBIA

^{1,2}Sarah Schrauben, ³Gotsang Garechaba, ²Douglas Wiebe. ¹Hospital of the University of Pennsylvania, USA; ²Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania, USA; ³Sbrana Psychiatric Hospital, Ministry of Health, Botswana

10.1136/injuryprev-2016-042156.726

Background Intimate partner violence (IPV) is a worldwide public health problem, especially in low- and middle-income countries. Increasingly, there is research investigating whether health literacy may be protective against certain health problems. We investigated whether health literacy may be protective against IPV, using Zambia as a case study.

Methods We accessed data for Zambia collected through the 2007 Demographic and Health Surveys Program administered by the United States Agency for International Development. We derived a dichotomous measure of health literacy that we have reported previously. Responses to questions regarding verbal, physical, and sexual abuse were used to derive a dichotomous outcome variable representing a history of any IPV. A second measure represented whether victims of IPV had ever sought help. Multivariate logistic regression was used to test the hypothesis that having high health literacy would be protective against IPV.

Results 4,229 respondents between the ages of 15–49 years participated in the survey. 54.1% had experienced some type of IPV and 17.2% of those had sought help. 24.3% had high health literacy. The odds of IPV were higher among: 20–29 year-olds (OR = 1.7, 95% CI: = 1.3, 2.3) and 30–39 year-olds (OR = 1.5, 95% CI: = 1.1, 2.0), women with less than secondary education (OR = 1.5, 95% CI: = 1.1, 2.2), formerly married women (OR = 1.7, 95% CI: = 1.4, 2.1), women living in urban areas (OR = 1.5, 95% CI: = 1.1, 2.0), and did not vary by level of income. After controlling for these characteristics,