Research Proposal

KNOWLEDGEAND EXPERIENCE OF GENDER BASED VIOLENCE AMONG SECONDARY LEVEL STUDENTS

A research proposal

Submitted to the Faculty of Humanities and Social Sciences

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TABLE OF CONTENTS

Content   **Page**

APPENDICES

CHAPTER I
INTRODUCTION

1.1 Background of the Study

Gender-Based Violence is an umbrella term used to describe any harmful act that is perpetrated against a person's will and is based on socially ascribed (gender) differences between males and females. It is a gross violation of human rights and a significant public health issue and used to distinguish common violence from violence that targets individuals or groups of individuals on the basis of their gender (Antena Foundation of Nepal, 2017).

GBV as violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life. It is a global pandemic that is inflicted upon men, women and children. Women and girls are the most at risk and most affected by gender based violence. However, boys and men can also experience gender based violence, as can sexual and gender minorities. Regardless of the target, GBV is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, or financial power and control (USAID, 2012).

Gender-based violence is violence against women based on women's subordinate status in society. It includes any act or threat by men or male dominated institutions that inflict physical, sexual, or psychological harm on a woman or girl because of their gender. In most cultures, traditional beliefs, norms and social institutions legitimize and therefore perpetuate violence against women. It includes physical, sexual and psychological violence such as domestic violence; sexual abuse, including rape and sexual abuse of children by family members; forced pregnancy; sexual slavery; traditional practices harmful to women, such as honor killings, burning or

acid throwing, female genital mutilation, dowry-related violence; violence in armed conflict, such as murder and rape; and emotional abuse, such as coercion and abusive language. Trafficking of women and girls for prostitution, forced marriage, sexual harassment and intimidation at work are additional examples of violence against women (Bloom, 2008; UN Women,2013).

Violence against women particularly intimate partner violence and sexual violence is a major public health problem and a violation of women's human rights.Global estimates published by WHO indicate that about 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.Most of this violence is intimate partner violence. Worldwide, almost one third (30%) of women who have been in a relationship report that they have experienced some form of physical and/or sexual violence by their intimate partner in their lifetime.Globally, as many as 38% of murders of women are committed by a male intimate partner (WHO,2017).

According to Nepal Demographic and Health Survey (2011) among women age 15-49, 22 percent had experienced physical violence and 12 percent had experienced sexual violence at least once since age 15. Among married women, one-third had experienced emotional, physical, or sexual violence from their spouse in their marital relationship, and 17 percent had experienced it within the last 12 months. Nearly one-half of Nepalese women have experienced violence at some point in their lives, and three-quarters of the perpetrators were intimate partners, including husbands (NDHS,2011).

The study conducted in Prasuti Griha, Thapathali showed that among 930 women 317(33%) suffered from Gender based violence, women faced sexual violence and the remainder faced all types of violence. Violence was reported during the pregnancy (41%). were perpetrator of the violence for almost one third of the women (34%),followed by mother in law (18%). Joint violence by family members was quiet common (28%).in the joint family of Nepal the verbal abuse is excuse for imposing discipline in the family .in this study gender based violence is perceived as a private matter by women. Marital rape is common contributing to almost 50% of sexual

violence. Family members, particularly in laws, victimize women jointly (Chaudary, Chaudary, & Shrestha, 2010).

Gender-based violence experienced by women and girls includes but is not limited to: battering and other forms of intimate partner violence including marital rape; sexual violence; dowry-related violence; female infanticide; sexual abuse of female children in the household; honor crimes; early marriage; forced marriage; female genital cutting and other traditional practices harmful to women; sexual harassment in the workplace and educational institutions; commercial sexual exploitation; trafficking of girls and women; and violence perpetrated against domestic workers. It cuts across public and private spheres, including: home, school and work, and takes place during peacetime and conflict. It includes violence that is perpetuated or condoned by the state. It is both a human rights and a development issue, with negative consequences for both women and men (USAID, 2009).

The population based cross sectional study conducted by Umubyeyi, Mogren, Ntaganira, and Krantz(2014) found that women were, to a considerably higher extent, exposed to physical, sexual and psychological intimate partner violence than men. Of the women, 18.8 percent reported physical abuse in the past year, compared to 4.3 percent of men, sexual abuse for women and men were 17.4 percent and 1.5 percent respectively, and for psychological abuse were 21.4 percent and 7.3 percent. Findings illustrate that violence against women was recurrent, as the highest frequency more than 3 times dominated in women for the various acts of all forms of violence.Another studies shown that the lifetime exposure to IPV was 65 % among ever-married or ever–partnered women with 34, 18 and 21 % reporting current emotional, physical and sexual violence respectively. Seven percent of women reported having ever physically abused partners. The prevalence of women perpetration to physical IPV was above 10 % regardless to their exposure to emotional, physical or sexual (Kazaura1, Ezekiel, &Chitama, 2016).

Study conducted by Michele, Ybarra, Kimberly, and Mitchell (2013) revealed that nearly 1 in 10 youths (9%) reported some type of sexual violence perpetration in their lifetime; 4% (10 females and 39 males) reported attempted or completed rape. Sixteen years old was the mode age of first sexual perpetration (n = 18 [40%]). Perpetrators

reported greater exposure to violent X-rated content. Almost all perpetrators (98%) who reported age at first perpetration to be 15 years or younger were male, with similar but attenuated results among those who began at ages 16 or 17 years (90%). It is not until ages 18 or 19 years that males (52%) and females (48%) are relatively equally represented as perpetrators. Perhaps related to age at first perpetration, females were more likely to perpetrate against older victims, and males were more likely to perpetrate against younger victims. Youths who started perpetrating earlier were more likely than older youths to get in trouble with caregivers; youths starting older were more likely to indicate that no one found out about the perpetration.Another study done in Malawi among school going girls in 40 schools showed that teachers were key perpetrators of sexual violence. 32 out of the 40 participating 10 schools knew a male teacher who had suggested or coerced a female student to sex. 26 schools out of the 40, had reported a male teacher for impregnating a girl (Columbia et al., 2007).

1.2 Statement of the Problem

Gender-based violence is a global phenomenon that knows no geographical,cultural, social, economic, ethnic, or other boundaries. It occurs across all societies andrepresents a brutal violation of human rights, the worst manifestation of gender-based discrimination and major obstacle to the achievement of gender equality (UNESCO, 2014).GBV violates human rights andpresents a significant public health challenge with civic, social, political, and economic consequences for individuals, communities and whole societies. Different forms of GBV cause physical and mental harm, limit access to education, incur medical and legal costs; reduce productivity, and lower income. Gender-based violenceundermines the safety, dignity, health, and human rights of the millions of individuals who experience it, and the public health, economic well-being, and security of nations(USAID, 2012).

GBV is a global pandemic that is inflicted upon men, women and children. However, women and girls are the most at risk and most affected by gender- based violence. An estimated one in three women worldwide has been beaten, coerced into sex, or otherwise abused in her lifetime(USAID, 2012).Worldwide, an estimated one in three women will experience physical or sexual abuse in her lifetime.The prevalence of

women abuse has been found to be 21% in India{United Nation Population Fund (UNFPA)} (2013) and 8-26% of women and girls report having been sexually abused as children or adults (Holden, 2003). Further evidence of the extent of violence against women comes from a multi-country study which collected data from over 24,000 women across 15 sites in 10 countries. Between 15 and 71% of women reported ever having experienced sexual or physical violence perpetrated by an intimate partner in their lifetime, while violence from a non-partner ranged from 5-65% (WHO, 2005).

Overall, 35% of women worldwide have experienced either physical and/or sexual violence by an intimate partner or non-partner sexual violence, although most is by an intimate partner. (World Health Organization, London School of Hygiene and Tropical Medicine, & South African Medical Research Council,2013). According to a survey by Himalayan Rights Monitor (Him Rights)/Partnership for Protection of Children in Armed Conflict (PPCC) (2012), in seven Terai Districts of Nepal in Kanchanpur, Kailali, Bardiya, Banke, Dang, Parsa and Bara, among the girls aged 13-18 years, 66% girls were unaware about the sexual violence while 34% have heard about it. Girls who have faced sexual violence accounts for 9.8%. The other forms of violence faced are verbal abuse (36.3%), physical violence (26.9%) and emotional violence (3%). While 10.7 percent of the school-going girls experienced sexual violence, the rate for out of school girls is 6.3 percent.

Gender Based Violence is a widespread problem in Nepal, contributing to negative impact on the GBV survivor's health, sense of equality and personnel peace and development. Despite these legal provisions and efforts to reduce and eliminate violence against children, adolescent's violence and abuse are still widespread at home, in schools, and in the community at large in Nepal. Many studies revealing gender based violence focusing only in girls/ women even though the violence occurs in men and adolescent boys also.

In this context, this research attempts to carry out an analysis on knowledge and experience on gender based violence among secondary level students. More specially, it seeks the answers to the following research questions:

) What are the exiting knowledge about Gender Based Violence among the secondary level students?

) What are the types of Violence experience among the secondary level students?

1.3 Objectives of the Study

General Objective

The overall objective of the study is to assess the existing knowledge and experience of gender based violence among the secondary level students of selected school.

Specific Objectives

To assess the exiting knowledge regarding Gender Based Violence among the secondary level students.

To identify the type of Violence experience of among the secondary level students.

1.4 Rational of the Study

GBV is one of the major public health problem and a violation of human rights. GBV results in physical, sexual and psychological harm to both men and women and includes any form of violence or abuse that targets men or women. Unequal power relations between men and women significantly contribute to gender violence. In fact, GBV is intended to maintain gender inequalities and/or reinforce traditional gender roles for both men and women. Although men and boys are also victims of GBV, especially in trafficking, conflict and educational settings, the majority of GBV victims worldwide are female (USAID, 2009).

In general, child sexual abuse was more common among girls than boys; however, boys also affected as girls. While most studiesfocus on violence against girls and women, it is important to highlight that boys and men also suffer violence. Rape and other forms of violence against men and boys take place in a variety of settings including homes, workplaces, schools, streets. Unfortunately, violence against men is

a very sensitiveand neglected area of study.Therefore, researcher is interested to explore knowledge and experience about gender based violence among secondary level students. This study will help to finds out the situation and existing knowledge about GBV in secondary level students. The study aimed toprovide a baseline with which to measure and evaluate change over the course of the project, as well as building in depth knowledge of gender, violence and education in the project areas in order to inform decision making about community intervention, advocacy and research priorities in the project, and contributing to the international literature on gender violence in schools. Findings of the study will be helpful the sociologist to take appropriate action regarding prevention of violence.

1.5 Limitation of the Study

This study can't be generalized because this study is exclusively academic and sample size and time was extremely limited. The study focused only on the secondary level students; it may not be equally applicable on other group.

1.6 Operational Definitions

Violence/gender based violence- Violence on the basis of gender (boys and girls).

Knowledge –in this study knowledge refers to secondary level student's opinion, familiarity, or understanding and knowledge regarding Gender Based Violence.

Adequate knowledge-It refers to more than 75% correct response of the total questions.

Moderate knowledge-It refers to score between 50-75% correct response of the total questions.

Inadequate knowledge- It refers to less than 50% correct response of the total questions.

Experience of Violence- students faced/experience such type of violence that is physical violence, sexual violence and psychological violence in their life by known and unknown persons.

Secondary level students- it includes both boys and girls who studying in class 9 and 10 in selected school.

1.7 Organization of the Study

The study will be divided into seven chapters. The first chapter is related with the introductory part of the gender based violence containing general background of the study, statement of the problem, objectives of the study, operational definitions rationale and significance of the study and limitation of study. The Second chapter is the literature reviewand, theoretical and conceptual framework. The third chapter covers research methodology, which is further divided into; research design, rational of site selection, nature and sources of data, sampling. The forth chapter deals with socio-demographic characteristics of the respondents under study. Likewise, fifth chapter deals with knowledge and experience about Gender Based Violence.Whereas sixth chapter is summary with major findings, conclusion and recommendation.

CHAPTER II
LITERATURE REVIEW

This chapter presents the literature reviewed on gender based violence among secondary level students. Electronic as well as manual searches were used in locating the relevant literature. The key words used in online search were "Gender, Gender based violence, awareness and experience about GBV. The search included both research as well as non-research literature published. The online websites used for

literature review were Medline, Pub Med, HINARI, Science Direct and Research Gate. The reviewed literature was paraphrased or summarized and organized according to the related variables.

2.1 Concept Review

Meaning of Gender Based Violence

Gender-based violence (GBV) as "any harm or suffering that is perpetrated against a woman or girl, man or boy and that has a negative impact on the physical, sexual or psychological health, development or identity of the person. The cause of the violence is founded in gender-based power inequalities and gender-based discrimination". It includes acts of physical, sexual and psychological violence directed at individuals or groups because of their biological sex and/or their specific gender role in society. It primarily affects women and girls and is usually perpetrated by a male known to the victim, but can also affect men and boys, most notably as rape or sexual assault, particularly in conflict settings{Swedish International Development Cooperation Agency(Sida) (2015)}.

GBV is physical, psychological, or sexual violence perpetrated against an individual or group on the basis of gender or gender norms. The majority of victims of GBV are women, but many victims of GBV are male. Gay, bisexual, and transgendered individuals are often targeted due to their perceived failure to conform to societal gender norms (Stemple, 2009). Forms of GBV include, but are not limited to: economic violence, Intimate partner violence ("IPV"), sexual abuse, sexual assault and rape, violence arising from traditional practices such as dowries and female genital mutilation, honor killings, trafficking in human beings for purposes of sexual exploitation, forced prostitution, sexual harassment and intimidation, and bullying based on failure to conform to perceived gender roles (Cooper,Paluck, &Fletcher,2013).

The concept of gender-based violence means violence inflicted or suffered on the basis of gender differences. However, this concept is commonly used to mean violence against women (VAW). The UN Declaration on the Elimination of Violence

against Women of 1993, Article 1, defines the term 'violence against women' as, any act of gender- based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UNESCO, 2009). Nevertheless, the concept also applies to boys, since groups of boys are also affected by violence because of their gender. Gender-based violence encompasses other descriptions of violence, but it is framed in broader terms with the understanding that the causes and solutions to violence are at once personal, political, economic and social, institutional and interpersonal (Moser, 2001).

2.2 Theoretical Overview

Many theories have existed and evolved over time to attempt to grasp the reasons for unrestrained (and often unrestrainable) violence in human society. This analysis of violence ranges from the macro level (wars, government, repression, etc) to acts between the couple and the individual. Such efforts to define violence, (which integrates complex interrelations of gender and sexuality) need to be investigated within the context of their respective societies.

Social Ecological Model

The ecological model focuses on violence in the interaction among its four distinct spheres: individual, family, communitarian and sociocultural. This model These are superposing causality levels, in which there is not only single determinant, but an interaction of operating factors, favoring violence or protecting the individual against it. These causal factors and their interactions need to be known in their distinct contexts and cultural environments.The ecological model, classified in four levels, makes it possible to analyze the factors influencing people's behavior and factors increasing the probabilities of people turning into victims or perpetrators of violent acts.
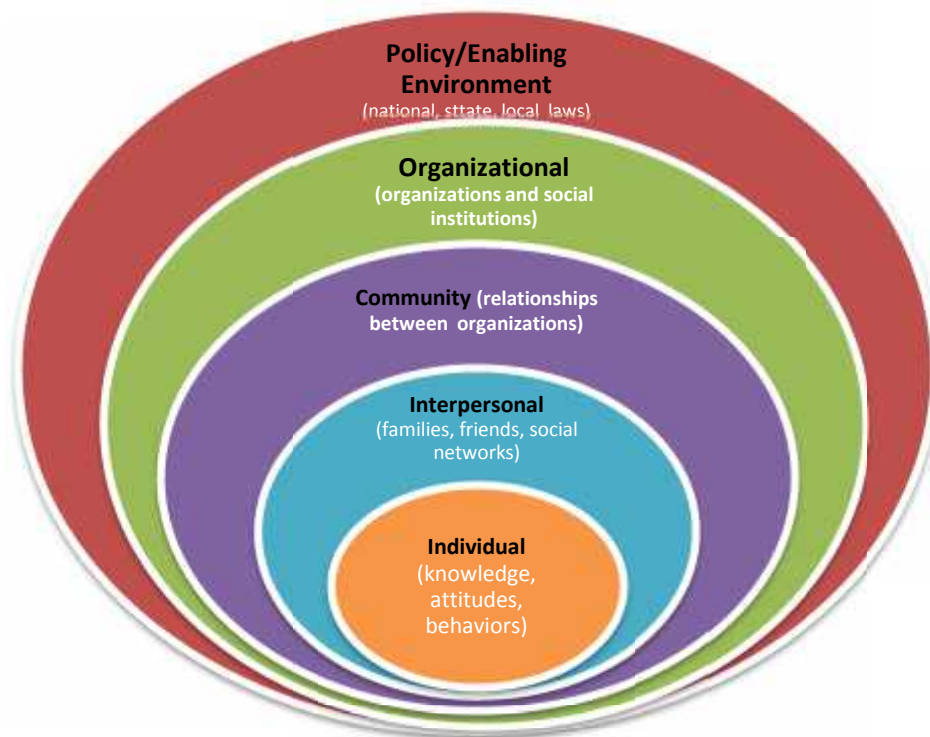
The first level identifies biological and personal history factors- Traceable data include personal and demographic characteristics (age, sex, education, income), antecedents of aggressive or self-devaluation behaviors, mental or personality disorders and substance-related disorders. Personal history and biological factors

influence how individuals behave and increase their likelihood of becoming a victim or a perpetrator of violence. Among these factors are being a victim of child maltreatment, psychological or personality disorders, alcohol and/or substance abuse and a history of behaving aggressively or having experienced abuse.

The second level includes closer *relations*, such as those between couples and partners, other family members and friends. It has been observed that these increase the risk of suffering or perpetrating violent acts. Having friends who commit or incite violent acts can increase the risk that young people will suffer or execute these actions. For example, having violent friends may influence whether a young person engages in or becomes a victim of violence.

The third level explores the community *contexts* where social relations are developed in, such as schools, work places and neighborhoods. Attempts are made to identify the characteristics of these environments, as they can increase the risk of violent acts. The risk can be influenced by factors like mobility of the place of residence, population density, high unemployment levels and existence of drugs traffic in the region.

The fourth level is directed at general factors, related to the structure of *society*. These factors contribute to create a climate that incites or inhibits violence, such as the possibility of obtaining arms due to social and cultural standards. These include standards that prioritize parents' rights over their children's well-being, consider suicide as a personal option more than as a preventable act of violence, reaffirm men's dominion over women and boys, back the excessive use of police force against citizens or support political conflicts. This level also includes other facts, such as sanitary, economic, educative and social policies, which contribute to maintain economic or social inequalities among groups.

Policy/Enabling Environment (national, sttate, local laws)

Organizational (organizations and social institutions)

Community (relationships between organizations)

Interpersonal (families, friends, social networks)

Individual (knowledge, attitudes, behaviors)

Source: Adapted from the Centers for Disease Control and Prevention (CDC), The Social Ecological Model: A Framework for Prevention, http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html

Social-Psychological Theories

This theory account for violent behavior as a learned phenomenon. The diverse social psychological studies analyze the process of learning through experience and exposure to violence, and imitation. Some of them examine how the exposure to violence and experience of it lead to learning of violence-prone norms, while the other focus on learning through viewing violence in an appropriate role model (Bandura, 1977). Bandura's model demonstrates that violent behavior develops through observation and reinforcement. At a behavioral level, he claims, violence becomes more likely response, when nonviolent responses for dealing with conflicting and stressful situations have not been modelled in a person's learning history. thus, as interpreted it, "do not feature as options in the person's current behavioral repertoire". Violence also gets a more likely outcome, when it has been rewarded in the past.

When applied to violence against women, this theory, more often termed as intergenerational transmission of violence, suggests that violence is learned through socialization practices in the family, which serves as a training ground for violence and provides examples for imitation, and role models (O'Leary, 1988). Besides the family, Bandura (1977) pointed to other two powerful violence- socialization sources: culture/subculture and the media. He argued that the media desensitizes viewers to violence through repeated acts, demonstrates rationalization for committing violent acts, and teaches actual methods of aggression.

Social learning theory–This theory was used to examine how an interaction between victim and offender contributes to the continuance of violence. Leonore Walker (1979) developed a cycle of violence approach, which is based on social learning and reinforcement. She elaborated three stages in man's violence against his intimate partner, wherein tension builds first, then violence takes place, and, finally, the violence reinforcing phase of repentant, respectful, and loving period ensues that is followed eventually by tension building again. The important point here is that violence in longer terms becomes a recurring behavioral dynamic in intimate partners' relationship, consequently increasing in frequency and extremity (Follingstad *et al*, 1992). Furthermore, Walker (1984) introduced the term of women's *learned helplessness*that results from women's unsuccessful attempts to control their abusive partners together with abusers' unpredictable pattern of behavior. It further interferes with the women's ability to leave the relationship (Jasinsky, 2001). With its expressive tension release and instrumental motivation instigators, operating within the broader context of cultural values and beliefs, the social learning discourse is very compatible with other discursive positions discussed above, but, nevertheless, is not reducible to them.

Sex-Role Socialization Theory-This theory highlights the masculine socialization practices that encourage men to be competitive, tough, aggressive, unemotional, and/or objectifying. The appropriate sex role stereotypes as well as men's perceived right to control and dominate in the family also bears directly on the socialization process. Besides it puts a big emphasis on the homophobic nature of masculine ideology, in which an intimacy or support among men are commonly feared to be viewed as too emotional, thus feminine. Women's socialization also has a prominent

meaning in this discourse. Being taught to be obedient and submissive to their husbands, they are often prone to self-blaming and long term suffering within the violent relationship. This is maintained within and supported by the misogynist cultural traditions that devalue women and often overtly regard them with contempt (Bograd, 1988; Dobash & Dobash, 1979). Pornography, for example, encourages the objectification and violence against women. As Valverde (Valverde quoted by Nikolic-Ristanovic, 2001:284) points out, "whether or not violent, porn actually causes violence, women do feel violated by its imaginary". The constructions of images of violence against women and female sexuality (prostitution, trafficking in women, sexual crime) intentionally and powerfully work to undermine femininity. Women are mainly presented as sexual objects or simple goods, performing in offering, provocative and helpless positions, those who enjoy to be subordinated and accept coercion, admiring signs of aggressive masculinity in men, and desperate to be used by them, deprived of their human dimension, and are often morally condemned. The emphasis is usually placed on the important bits of female body for the purposes of male sexual gratification - so that a woman is reduced to nothing but her sexual parts. In case of sexual violence, the traditional opposition between men's uncontrollable sexual needs and women as passive sexual objects, and men's property in marital union, or as a provoking actor in public spheres is constructed and used further to justify the violence, and blame the victim. Men's sexuality and aggression are shown as naturally connected. Femininity is, thus, being constructed around the compliance with women's subordination, and is oriented towards accommodating the interests and desires of men. Women, even when represented in what, on the surface, looks like a purely feminine world (like women's magazines), are in fact always defined under the male surveillance. As Berry (1995) pointed it out, man is everywhere around, he presses on all sides, he makes everything exist; he is in all eternity the creative absence; the feminine world of women's magazines and representations - a world without men, but entirely constituted by the gaze of man.

In this way, the femininity and the cultural construction of hegemonic masculinity perform as being mutually complementary and powerful enforcers to each other. Together these constructions imply the maintenance of practices that institutionalize men's dominance over women, including the gendered violence in the private realm (Connell, 1987). The images of femininity and masculinity in media that represent the

"natural order" also reflect the gender naturalization, or gender difference essentialism. The effect comes not only from the specialized magazines, but is obvious in the culture as a whole, in daily newspapers, advertisements, or movies on TV.

Subcultural Theories of Violence Such as The "Culture of Violence Theory": This theory(Wolfgang and Ferracuti 1987)argue that within large, complex, and pluralistic societies, sub-groups learn and develop specialized norms and values through differential associations and organizations that emphasize and justify the use of physical force above and beyond that which is regarded as "normative" of the culture as a whole. Family and street violence, for example, are viewed as the products of an exaggerated ethos of masculinity or of machismo, characteristic of "lower class" society. The various patriarchal theories have been advanced mostly, but not exclusively, by feminist social and behavioral scientists, who argue that violence is used by men to control women, to suppress the latter's rebellion and resistance to male domination, and to enforce the differential status of men and women that have traditionally been translated into laws and customs, in order to serve the collective interests of men. These theories argue both in the past and present, but less so today, that the unequal distribution of power between the sexes has resulted in societies that have been dominated by men and that most women occupy subordinate positions of power, increasing their vulnerability to violence, especially within the family (Dobash and Dobash 1979).

Sociobiological Theories-these theories used to explain rape, child abuse, infanticide, and other forms of domestic violence (Alexander 1974; Daly and Wilson 1981; and Lightcap, Kurland, and Burgess 1982). These explanations of intimate violence are based on the inclusive fitness theory which postulates that individuals will behave in ways to increase the probability that their genes will be transmitted to future generations. There are, indeed, associations between cases of child abuse and paternal uncertainty, handicapped or stepchild status, and among poor families when the allocations of limited resources require the hierarchal ranking of offspring.

2.3 Review of Previous Related Literature

Knowledge and experience regarding Gender Based Violence

A cross-sectional study conducted by Adika, Agada, Bodise-Ere, and Ojokojo (2013) to determine men's attitude and knowledge towards gender based violence against women in the study area of Bayelsa State, Nigeria in Amarata community shows that 40 percent of the respondents have heard about gender violence. While 60% havenot heard about gender violence practice. Similarly, 60 percentof the respondents knew about fighting or beating up women as gender violence, whereas 40 percent did not know that fighting or beating up women was gender violence. Thirteen percent had knowledge that denying women some basic privileges men enjoy was gender violence, while 87% had no knowledge that denying women basic privileges was gender violence. Only16 percent had knowledge that treating women as second class citizen in the society was gender violence, while 83 percent did not know this. More than half (53%) knew that anydiscrimination on the ground of being females is gender violence, whereas 65%had no knowledge about any discrimination on the ground of being female is gender violence.

A descriptive study was conducted by Rajbanshi (2012) in a Public High School of Kathmanduvalley from grades VIII, IX, and X students. The total numbers of students were 150, out of which 41.3% were sexually abused. Sexual abuse was reported by 44.7% boys and 37.8% girls. Verbal abuse was reported by 79%, indecent exposure by 62.9%, and physical abuse by 46.8%.

The study conducted by Barasa, Wamue-Ngare, and Wanjama (2013) experience of school-related gender-based violence by pupils and the culture of silence: A case of primary Schools in Kasarani District, Nairobi County, Kenya. Result indicated that most pupils were aware of their rights. Using multiple responses, a high proportion (148=97.4%) of pupils knew their rights to education, food and health while 145 (95%) knew about the right to shelter and 146 (96%) knew about their right to love and protection either through their teachers or the media.

A study conducted in selected rural districts of Nepal (Nawalparasi, Makawanpur, Sindhupalchok, Siraha, Dedeldura and Sankhuwasabha) on gender based violence among women found that majority of women (61.3%) were unaware of any laws that address of GBV. Only nine percent of them were aware that rape within marriage is illegal and only 13 percent aware of a specific law against domestic violence. More women were aware of laws combating trafficking (35%) and protecting untouchables (45%). A woman (61.3%) who had experience violence has not shared or discussed their experience with anyone. Family and friends were the most commonly mentioned persons with whom women sought help when they faced violence. Very few sought help from institution such as the police, the health system and NGOs {Centre for Research on Environment Health and Population Activities (CREHPA, 2012)}.

The study conducted to assessment the Sexual Violence especially among the adolescent girls of 13-18 age groups, Himalayan Human Rights Monitor (HimRights) conducted a study in 2012 in seven districts of Terai- Kanchanpur, Kailali, Banke, Bardiya, Dang, Parsa and Bara. Study found that two third of the girls (66.4%) have not heard about sexual violence while around one third of them (33.6%) have heard about it. Only less than half (45.9%) of the girls have heard about domestic violence and understanding of sexual violence is also inadequate, most of them (64%) just considered rape and attempt to rape as sexual violence and did not consider other less severe acts such as unwanted sexual advancement or sexual harassment, forced marriage, forced prostitutions and trafficking of people for purpose of sexual exploitation, denial of rights to use contraception, using vulgar worlds as sexual violence. Additionally, in a narrower sense, the research revealed that one third of the girls (66%) did not hear the term "*youn hinsa*", the phrase used to refer sexual violence in Nepali. This clearly implies that the girls are not familiar with the legal provisions and policies regarding sexual violence (Shakya et al., 2012).

According to National Demographic Health Survey (NDHS) (2011) women age 15-49 have experienced physical violence in 22 percent at least oncesince age 15, and 9 percent experienced physical violence within the 12 months prior to thesurvey. Twelve percent of women age 15-49 report having experienced sexual violence at leastonce in their lifetime. Overall, one-third of ever-married women age 15-49 report ever having experiencedemotional, physical, or sexual violence from their

spouse, and 17 percent report having experienced one or more of these forms of violence in the past 12 months. Among ever-married women who had experienced spousal violence (physical or sexual) in the past 12 months, more than two in five reported experiencing physical injuries. It is not common for women in Nepal to seek assistance from any source for violence they have experienced. Nearly two in three women have never told anyone about the violence they have experienced.

A studies show that 12 percent of women have ever experienced sexual violence. Younger women (age 15-19) are less likely to report sexual violence than older women (age 30-49). Women who are employed for cash are more likely to have ever experienced sexual violence (18%) than women who are employed but not for cash and women who are not employed (11 % each). Women who are divorced, separated, or widowed are more likely to have ever experienced sexual violence (22%) than currently married women (15%) and never-married women (2%). Differences in the experience of sexual violence are also seen by residence and region. Rural women are somewhat more likely to have experienced sexual violence (13%) than urban women (11%). Women in the terai are more likely to have experienced sexual violence (15%) than women in the mountain (13%) and hill (10%) zones. The experience of sexual violence decreases with education from 17 percent among women with no education to 7 percent among women with an SLC and higher education. Among ever-married women, the current husband is the most commonly reported perpetrator of sexual violence (87%). The next most common perpetrator is a former husband (6%). Among all women, 3 percent have experienced sexual violence perpetrated by a stranger and 2 percent by a relative (NDHS, 2011).

A study conducted by Action Aid International (2013) Stop Violence against Girls in School, a cross- country analysis of change in Ghana, Kenya and Mozambique found that 83% of girls in Ghana, 90% of girls in Kenya and 80% of girls in Mozambique saying that they have experienced some forms of violence in the past 12 months. The most common form of violence in girls' recent experience is whipping or caning, with other forms of punishment like kneeling for long periods and beating also commonplace.Sexual violence is experienced less but still 26% of girls in Ghana, 22% in Kenya and 39% of girls in Mozambique have experienced some form of sexual violence in the past 12 months. Physical punishments are very common at

home and at school, and are frequently taken for granted by girls and boys, despite recent legislative changes sexual violence was less commonly reported by girls but still by a significant minority of girls (between two and three in ten).

The study conducted by Barasa et al. (2013) shows that GBV against boys and girls in schools took the forms of sexual abuse, physical and even psychological abuse. About 9.6% of the respondents reported that they had been sexually assaulted at one time within the school environment. While more than half (53%) reported that they had experienced one form of psychological abuse or the other, 75% had suffered physical violence. Some of the female pupils who reported having been abused mostly experienced forced sex, unwanted sexual comments, touching and pinching of breasts and other private parts, perpetrated by boys and sometimes by their teachers. While boys stated that girls engaged in name calling, girls on their part were from time to time teased by boys, which sometimes extended into physical fights. Out of the 156 pupils, only 15(9.6%) confirmed that they had been sexually abused. For those who had suffered sexual abuse, 13(87%) girls were abused by male perpetrators while 2 (13%) boys were assaulted by female molesters. All the victims could identify the perpetrators as people whom they knew very well. While 67% of the pupils who were sexually assaulted were forced into sex, 33% consented to sexual advances voluntarily.Overall, boys appeared more vulnerable to beatings and fights while girls were found to be more prone to sexual and psychological abuse.

The study conducted to explore the reality of Domestic Violence in and its prevalence in Turkish women found that, overall the prevalence rates 58.7%) of the participants had experienced domestic violence at least once in their lifetime. Male partner was the primary violent person (49.5%), followed by mother and/or father (14.1%). The type of violence seen most was a combination of physical and psychological violence (45.5%). More than half of the women (58.6%) were experiencing domestic violence frequently and continuously. Reasons given for this violent behavior were economic hardship (18.9%), followed by alcohol consumption by the violent person (18.5%), and inadequate family relations (15.8%). Of the victims 43.8% accepted this violence, but 26.6% reacted with violence. Women were not willing to abandon their relationships despite marital violence, because of their children (48.2%). Women's

and men's higher educational attainments did indicate a decrease in the prevalence of domestic violence (Alper, Ergin, Selimoglu,& Bilgel, 2005).

The study conducted by Barasa et al. (2013) found that in Physical Abuse in Schools out of 156 respondents, a substantial proportion 46.2% reported to have involved themselves in at least one aggressive fight during the current and the previous terms, with 51.2% of these comprising males while 48.8% were females. Among those who had fought, 44% accounted for male pupils who fought with fellow male pupils, and 46% females having fought with fellow female pupils. Notable was the small number of inter-gender fights where 6% male pupils agreed to have engaged at least once in a fight with a female pupilwhile 4% female pupils agreed to have similarly engaged in at least one fight with a male pupil. About more than half (51.3%) male pupils admitted to have beaten up other children whether provoked or unprovoked compared to 48.7% female who also admitted to have beaten up other pupils. In Psychological Violence includes threats, belittling statements, bullying and emotional manipulation. It also involves verbal abuse that usually takes the form of name calling among children and adults. It was found that 22% girls admitted to have been called names by boys while 12% boys admitted to have been called names by girls. There were a few cases of pupils who reported to have been called unpleasant names by teachers of the opposite sex. More than three quarters (120 =77%) of those pupils indicated that they would report the perpetrator to teachers, 14(9%) fight back, while 8(5%) said they would report to parents. A mere 8 (5%) pupils would keep quiet rather than report to teachers or parents after previous reports having yielded nothing. Another 6 (4%) would keep quiet as the perpetrators are known to them.

A cross-sectional survey of drug use and sexual behavior in vocational school students of ages from 15 to 21 years in Thailand (n = 1725) by Manopaiboon et al. (2003) to assess Sexual coercion using audio-computer assisted self-interview. Sexual coercion was reported by 6.5% of males and 21% of females. Mean age at first occurrence was 16 years (range 8-20) among males and 17 years (range 5-21) among females. Most perpetrators were male (52% among males; 98% among females) and known by the participants. Among females, associated factors were history of pregnancy, selling sex, marijuana use, perceived risk of STD, two or more lifetime sexual partners, and living away from family. Among males, associated factors were

homo- or bisexual self-identification, parents living together, and ulcerative STD history.

Sexual violence takes place more often out of school, and is perpetrated mainly by community members andboys. Girls in the project area in Kenya appear to be more vulnerable to many forms of sexual violence, and are more outspoken about violence than girls in Mozambique and Ghana. Protecting family honour, shame and embarrassment, and fear of repercussions hinder girls from talking about violence. Girls are expected to refrain from any sexual activity, and yet sexual harassment in the form of unwanted sexual remarks and touching is common. Sex in exchange for goods is seen as a direct consequence of poverty, and by some respondents as symbolizing the disruptive effects of modernity on girls' behavior. Girls are seen both as victims and to blame for the violence they experience(Action Aid International, 2013).

The result of this study on how gender violence is practiced in the community shows that gender violence is perpetrated through fighting/beating of women, not allowing women to express their sexual desires in a man/ woman relationships, not allowing women tohandle leadership positions, and believing that women are supposed to serve men even when they are sick. This implies that generally, respondents think that gender violence against women is not just fighting and beating up women only, but that women are also expected to play a subservient role to a man which is socially acceptable in the community (Action Aid international, 2013). United Nation statements which note that in some countries close to 60% of women may be subjected to physical violence at least once in their life time (United Nations, 2005). Another studyfound that 15 to 71% of women experience physical or sexualviolence or both from their intimate partners in their lifetime (García-Moreno et al., 2005).

A cross- country analysis of baseline research from Ghana, kenya and Mozambique found that the different types of physical, sexual and psychological violence. They illustrate that whipping/caning is very high and the most common form of violence in all countries, these findings illustrate thatoverall, girls tend to be more vulnerable to sexual violence and boys to physical violence. Most types of physical violence appear to be experienced less by girls and boys in older age groups in Kenya. Sexual violence

tended to be reported more by girls in older age groups, who are reaching sexual maturation, in particular touching, sexual comments and forced or coerced sex in exchange for goods. However, significant numbers of girlsin the 8-10 age group reported peeping and touching, around 7-11% of girls in Ghana and Mozambique. Meanwhile 24% of the youngest girls in Kenya reported peeping and 16% touching, and in Kenya peeping was reported the most by this age group. Psychological violence also seems to increase with age in all three countries. This may be in part linked to teachers and parents using less physical and more verbal forms of punishment as girls get older (Parkes & Heslop, 2011).

A large percentage of women (61.3%) who had experienced violence had notshared or discussed their experiences with anyone. Women who faced economic violence were more likely to share their experiences with someone than those who faced sexual, emotional or physical violence. Family and friends were the most commonly mentioned persons with whom women sought help when they faced violence. Very few sought help from institutions such as the police, the health system, and NGOs. This pattern was repeated in the qualitative surveys, with most womenstating that they had sought help from members of their own family, whilepolice, lawyers or health providers were consulted only infrequently. Womenwho had experienced violence but did not seek care most commonly cited *laaj*(embarrassment) (52.5%), belief that help would not be forthcoming (25.2%), fear of rejection (12%) and fear of further violence (CREHPA,2012).

The Comparative Education Society of Nepal (CESON) surveyed 1,000 students from 25 schools in five districts to assess children's ways of dealing with conflict and violence. Result revealed that, out of the consulted students, 33% indicated that in the previous six months prior to the survey they were physically or non-physically attacked by either classmates or friends in their neighbourhood and victims and their attackers usually know each other. Over a period of 12 months, 72% of the students were victims of non-physical violence, whereas 23% stated that they experienced physical violence. Half of the students reported that they have attacked others within the last month by pressuring, discriminating, abusing, exploiting, and harassing them. Findings also demonstrated that over a period of a year, 70% of the students were committing non-physical violence, while 23% of the students were perpetrators of

physical violence. Many students reported being victims as well as perpetrators of both physical and non-physical violence. Boys were more likely to be victims or perpetrators of physical violence than girls. Twenty-eight percent of the boys reported being perpetrators, while only 18 % of the girls mentioned the same. At the same time, 28% of the victims of physical violence were male and 18% were female. Only three percent of girls were both victims of physical violence and perpetrators of physical violence, whereas 10% of boys accounted for both. However, more girls than boys were victims and perpetrators of non-physical violence. 80% of the girls stated that they have been victims of non-physical violence and 74% stated that they have used nonphysical violence against others (Pfefferle &Chou, 2014).

A study conducted among young migrant workers from carpet and garment factories in Nepal showed that one in ten young women reported having experienced sexual coercion (Puri et al., 2007). An exploratory study on sexual violence among young couples showed that one in every two young married women (19 out of 39) reported experiences of forced sex from their husband (Puri et al., 2010).Another study conducted among 1,296 women from four major ethnicities in Nepal found that 46% of young married women aged 15-24 years had experienced sexual violence by their husbands, and 31% of them had experienced sexual violence in the past 12 months (Puri et al, 2011).

Factors associated with experience of GBV.

Women abuse is prevalent in the urban areas with various socio-demographic factors responsible for its occurrence. The cross-sectional study was conducted among 350 women in the age group of 15–45 years in the urban areas of Bengaluru showed that prevalence of abuse was 12.6% with majority suffering from physical violence (93.1%). Majority of the abused women were Hindus (81.8%), belonging to middle class (52.3%) and living in nuclear families (70.5%). Most common reason for abuse was back answering by the victim (40.9%), with slapping being the most common form. Significant association with women abuse was found only in contribution of the women to the family income ($p < 0.05$), the husband's educational status ($p < 0.05$),

and the witnessing of violence in the woman's parental house ($p < 0.000$) (Thangaraj,Dominic, & Rao, 2015).

A study conducted in intimate partner violence among adolescents and young women to investigate prevalence and associated factors in nine countries (Bangladesh, Brazil, Ethiopia, japan, Namibia, Peru, the United Republic of Tanzania, Samoa, Serbia and Thailand) on 24000 women found that the proportion of young women aged 15 to 24, whoever experienced IPV is high (50% or above prevalence) across all society sites. The lowest is 19% in the urban site in Serbia and the highest is 66% in the site in rural Peru (Stockl, Pallitto, Garcia-Moreno & WHO Multi –country Study team, 2014).

The descriptive study of sexual violence against 546 (10-19 years) adolescent girl and 572 adult (>20 years) adult women from the metropolitan areas of Sao Paulo, Brazil found that the crimes without penetration were five times more frequent in adolescents than adult women. Majority of adolescent victims were aged <14 years. Uncle and stepfather perpetrators were frequent among adolescent. In most case the approach occurred in public place (Blake et al.,2014).

A National study on violence against children in Tanzania was done to find out the perpetrator of violence. The study findings indicated that the major perpetrators of sexual violence for girls were neighbor (32.2%) and stranger (32%) while major perpetrators of male were dating partner (47.9%) and stranger (25%). Children are physical abused mostly by parents and teachers. Sixty percent of girls and boys who report physical abuse name a relative as the source in which father and mother were the most common perpetrators. The level of physical abuse by teacher is alarmingly high (52.6% of girl and 50% of boys) all before turning of age (UNICEF, 2011).

The percentage of women who have experienced physical violence since age 15 increases with age from 10 percent among women age 15-19 to 30 percent among women age 40-49. Ever-married women are more likely than never-married women to have experienced physical violence, indicating that in Nepal violence perpetrated by spouses is more prevalent than violence perpetrated by other individuals. Twenty-eight percent of women who are divorced, separated, or widowed and 26 percent of currently married women have experienced physical violence since age 15, as

compared with 6 percent of never-married women. Currently married women are more likely to have experienced physical violence in the past 12 months (12%) than formerly married women (5%). Rural women (22%) are more likely to have ever experienced physical violence than urban women (19%). However, experience of physical violence in the 12 months prior to the survey is similar in urban and rural areas (9 % each). Experience of physical violence decreases with education, from 33 percent among women with no education to 9 percent among women with a School Leaving Certificate (SLC) and higher education. Similarly, only 3 percent of women with an SLC and higher education reported experiencing physical violence in the 12 months preceding the survey, compared with 14 percent of women with no education (NDHS,2011).

Perpetrators identified in the study involved a wide range of people in the community Including mothers, fathers, elder brothers and older boys in the neighborhood. The policewere identified particularly by street children. Teachers were accused of this by relatively fewer respondents. The study also identified some causes of violence. Some of these include failure to enforce law, lack of awareness of children's rights, urban migration and family breakdown. Some of the effects identified include: emotional distress and unhappiness, body injury, dropping out of school, unwanted pregnancy and HIV/AIDS. The most commonly reported perpetrators of the violence against girls on the way to and from school. Male students and non-school boys are ranked the highest by the three groups while friends are ranked as third(Addis Ababa, 2008).

The type of perpetrators at school are teachers (26.3%), school principal (29.2%), unit leaders (10.8%), class monitors (12.9%), guards (28.1%), student record keepers (13.6%), male students (7.1%), female students (54.3%), guidance officers (34.9%) and others (3.9%). Similarly, type of perpetrators at Home wereFathers (61.5%)Mothers (60.9%)**,** Elder brothers (32.6%)**,**Elder sisters (19.3%)**,**other family members (17.9%)**,**Relatives (20.4%)**,**House maids (9.6%)**,**Guards (6.9%)**,**Neighbors (30.2%)**,**Old men in community (26.8%)**.** The general, picture emerging from the quantitative data concerning perpetrators is that both male and female are perpetrators and that the main perpetrators are those relatively close to the girls including family, friends and follow school boys and girls (Addis Ababa, 2008).

Both girls and boys can be victims or perpetrators of school related gender based violence(SRGBV), but girls are at greater risk of sexual violence, harassment and exploitation, while boys are more likely to experience frequent and severe physical violence. Boys are more commonly perpetrators of physical bullying, while girls are often more likely to use verbal or psychological forms of violence (Action Aid International, 2013).

The risk factors for sexual violence can be individual (including: age of the girl, alcohol and drug abuse, violence in the family, etc). They can also be relationship factors such as emotional unsupportive family relations association with sexually aggressive peers, among others. The risk factors can also be at community level, for instance; lack of institutional support from police and the administrative system, tolerance of sexual violence within the community as well as weak community sanctions against sexual violence perpetrators. At the societal sphere, factors like poverty, gender inequalities and society norms that are lenient or secretive towards sexual violence also propagate sexual violence (Acierno et al., 2009).

A study carried out in seven Sub-counties of Terai, Nepal among 2000 adolescent girls showed that 65.8% of the victims of sexual violence reported it mainly to relatives (mostly mothers) and friends. Out of those who reported only 0.9% reported to the police or any legal office. Reasons cited by those who failed to report included fear of being exposed and subsequent victimization as well as fear of stigma attachedto victims of sexual violence (Himalayan Human Rights Monitors, 2013). In a study carried in Zambian schools on sexual violence against adolescent girls, only 3 out of 105 victims of sexual violence had reported to any authority (teachers, principals, and police). The reasons cited for under-reporting included: unawareness of the procedures for reporting sexual violence, not perceiving some acts as sexual violence as well as fear of stigma and perpetrator retaliation (Avon Global Centre for Women and Justice, 2012).

Cross-sectional study of violence against women in Turkey determined that score averages of 30.0% of women from the scale of domestic violence against women were above the score average of the scale (71.38 ± 10.71) and they were exposed to violence more than the others. A statistically significant difference was obtained in the statistical analysis made between score averages from the scale of domestic violence against women

and such variables as age, education, employment status, social insurance, immigration status, place of residence, marital age, year of marriage of women; age, education status, employment status of husband; and whether the husband has another wife ($p < 0.05$)(Sen & Bolsoy,2017).

Associated factors regarding knowledge of GBV

Studies shows that, those who have heard of sexual violence were asked about understanding of sexual violence. More than two third of them (64.1%) considered the act of making or attempting forceful sexual relationship or rape as acts of sexual violence,most of the participants of girls mentioned 'rape orsexual contact against someone's will' and 'sexual contact between young girls and boys which is illegal/not accepted by the society' as sexual violence. On the other hand, 20.1 percent of them considered 'attempt to forceful sexual relationships' as sexual violence. Relatively low proportions of them considered other acts like 'touching of sexual organs of a girl without consent' (11.5%), and 'verbal abuse' (10.6%) as acts of sexual violence. A mere nine percent of the girls consider 'eve-teasing' as sexual violence and three percent of them consider 'staring at sexual organs' as a sexual violence. Furthermore, 72 percent of the girls with SLC or higher education have heard of sexual violence. Similarly, around two third of each of Dalits (31.3%), disadvantaged Janajati (31.3) and relatively advantaged Janajati were found to have knowledge on sexual violence. Girls from religious minorities have lowest percentage of knowledge on sexual violence (13%) (Shakya et al., 2012).

The prevalence of women abuse was 12.6%. Among these, 93.18% suffered physical violence and theremaining 6.72% suffered from verbal abuse. About 91% of women claimed they were abused in the domestic environment and the rest nine percent said that they were abused in public. Among the women abused, (81.8%) were Hindus, (11.3%) were Muslims, and (6.9%) were Christians. About 47.7% belonged to the lower socioeconomic status and 52.3% belonged to the middle class. About 70.5% of the women, who were subjected to violence, belonged to nuclear families and the rest of them (29.5%) to the joint families.that the most common reason for subjection to violence was back answering (18) followed by disobeying (13), dowry (9), poverty (7), intoxicated state of husband (6), having no male child (4), relationship of the

husband with other women (4), mistakes in the kitchen (4), provocation by in-laws (2), abused woman coming late from work (8), and presence of bedridden patient at home (1). Among the 44 women abused, 29 (65.9%) said that the assailants were intoxicated at the time of the episode. More than half of the women gave history of multiple episodes (>10) of abuse in the past 1 year. The most common characteristic of abuse was slapping (41) and others included kicking (15), pulling by the hair (13), shoving (11), hitting with objects (11), punching (4), hitting with stick (4), throttling (2), and scratching (1). The most recent incident experience in violence in the home/ community than in the school. The incidents of sexual violence described by girls always involved boys or men(Parkes & Heslop, 2011).

According to Action Aid International, (2013) boys and girls experiencesimilar levels of physical and psychological violence,with just over 80% of boys in each of the countriessaying they have experienced physical violence inthe past 12 months. Boys experience lower levels ofsexual violence than girls, though close to 1 in 5 boyssay they have recent experiences of some form ofsexual violence. Boys' recent experiences of whipping/caning and kneeling have increased. In Mozambique, as withgirls, there has been an increase in many forms ofphysical and psychological violence, but a reduction in whipping and caning.

According to WHO (2017) associated factors with intimate partner and sexual violence occur at individual, family, community and wider society levels. Some are associated with being a perpetrator of violence, some are associated with experiencing violence and some are associated with both. Risk factors for both violence include low levels of education, exposure to child maltreatment, witnessing family violence, antisocial personality disorder, harmful use of alcohol, suspect of infidelity, and attitudes of accepting violence and gender inequality.VAW is not a new phenomenon nor are its consequences on women's physical, mental, and reproductive health. It includes injuries that could be fatal; unintended pregnancy; induced abortions; low birth weight; sexually transmitted infections such as human immunodeficiency virus; and mental health disorders such as depression, anxiety, and suicides. Children growing in such environment may suffer from a range of behavioral and emotional disturbances. One of the main causes why VAW prevails and continues is the lack of

alternatives among the victims. The victims keep hoping for improvement, but it is observed that violence only gets worse

The study conducted by Shakya et al. (2012) shows that when respondents were asked to list the places where survivors of sexual violence could visit for help to understand their exposure to the existing services and programs available in their community. More than one third of the girls (36.3 %) said that the survivors of sexual violence should go to 'police' to seek help and report the case and 6.5 percent of them were of them suggested to go to 'Court' for legal action and seek justice. Large proportion of girls (69.2%) in Parsa was of the opinion that the survivors should go to police in contrast, 61 percent of the girls in Dang were not aware of any such places to recommend. However, there are only few cases reported to police. An out of school girl from Banke shared how cases of sexual violence should be reported, shows that 15.6 percent of the girls felt that they should talk to their family members and meet different organizations (11.1%). Although one-third of the girls (36.3%) responded that they should go to the police and report cases of violence, a majority of such cases go unreported or are only shared by the survivors to either mothers or friends. In Makwanpur, the police women said no cases of sexual violence are filed within her working period. The representative of Women and Children Service Center of Banke highlighted on community perception on reporting cases of sexual violence especially rape.

Consequences of Gender based Violence

A study conducted by Barasa et al. (2013) effects of GBV on Boys and Girls in schools describe thatthe effects of GBV on girls and boys are costly, intense and long lasting. It is important toremember that all forms of gender-based violence are a violation of the rights of the child. They also have negative impacts on the girls' and boys' health and their social development and they perpetuate power inequalities in interpersonal relations and within society. However subtle the violence may be, it has no less devastating effect on the child.According to a UNHCR (2003) report, physical effects of sexual violence include pain, contracting STIs, in cases where the assailant is infected, mutilated genitalia, unintended pregnancy, abortion, or infanticide, unwanted children or even death. Psychological trauma is also known to result in

paralysis and terror to emotional pain, sense of denial, depression, mental disorder, and sometimes suicide. The victim can also experience nightmares and be haunted by fear and feelings of shame and guilt. The problem is further compounded by the culture of silence, where girls and boys opt to suffer quietly or comply for fear of reprisals. It is on this basis that this research therefore recognizes urgency in establishing evidence base on the effects of GBV and sustainable intervention strategies.

A WHO Multi-Country study conducted in Women's Heath and Domestic violence against women conducted in Bangladesh, Brazil, Ethiopia, Japan, Nambia, Peru, the United Republic of Tanazania, Samoa, Serbia and Thailand found that health consequences of GBV includes difficulty in walking and carrying out daily activities, pain, memory loss, dizziness and vaginal discharge, mental health problems, emotional distress and suicidal behavior, miscarriage and induced abortions, less use of antenatal and postnatal health services (Garcia-Moreno et al., 2005).
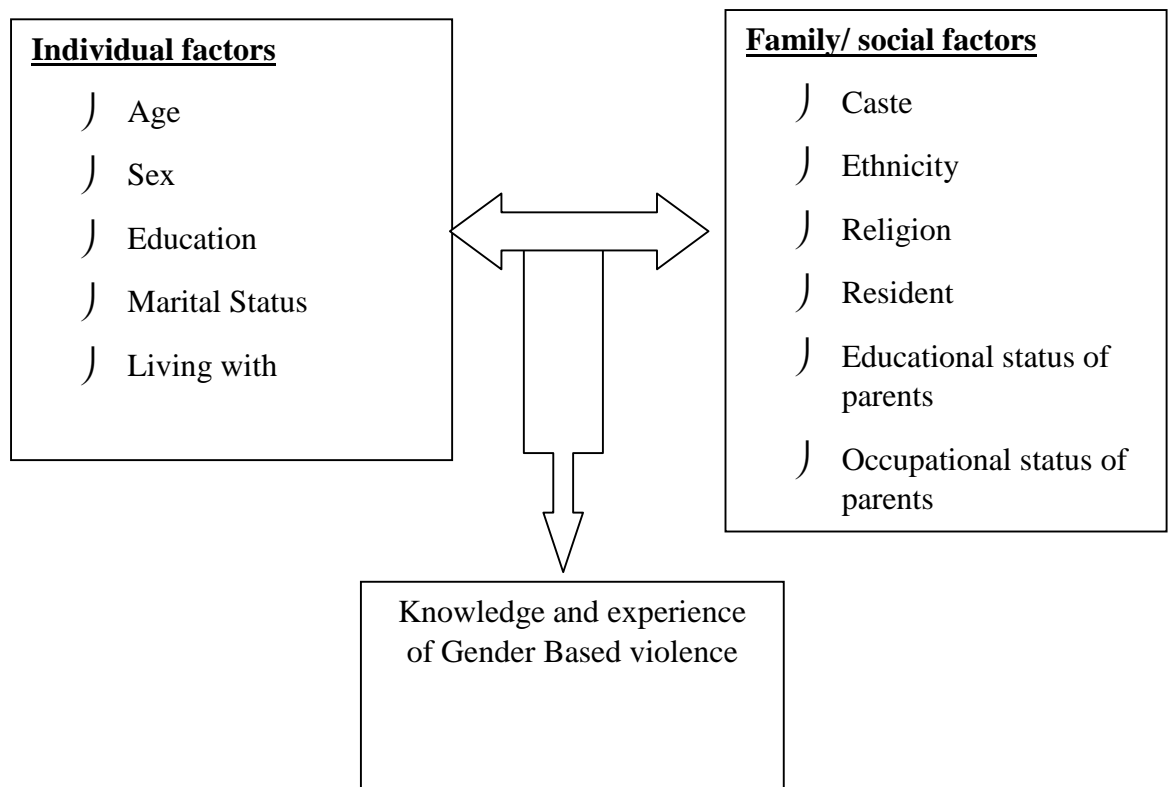
Childhood violence and its consequences on health and psychosocial well-being can be severe, and includes low self-esteem, depression, increases risk of suicide, high risk sexual and drug-using behavior, poor physical health, and post-traumatic stress disorder. And further consequences include obesity, while high-risk sexual and drug-using behavior can result in the acquisition of sexual transmitted infections or other communicable disease including hepatitis. Further, adolescent pregnancy can lead to the abandonment of education and complications during birth (UNESCO, 2014).

Negative consequences of violence are common and can be serious.Women who had experienced violence reported a range of symptoms and problems more frequently than women with no experience of violence. Problems included psychological issues (fear, tension, depression and suicidal ideation, with 1 in 25 attempting suicide); reproductive health problems, symptoms associated with sexuallytransmitted infections, and other physical ailments (CREHPA, 2012).

Study conducted in seven district in Nepal among 2000 girls found that 63.8%have faced psychological problems. Almost one third of them (31.5%) mentioned that they have faced psychological problems lie fear (75.4%), tension (25.7%), quick temper

(23.8%) and depression (12.1%). Few have attempted to commit suicide 2.1%. five percent of the girl have sustained physical injuries and problems. Among them has scratch marks (46.9%), sustained wound or injuries (16.3%), had cut marks (14.3%) and have also fractured body parts (12.2%). Two percent of the girl who have undergone the experience of violence have faced social problems like people talked bad about them and made snide remarks (35%), they were blamed for what they experienced (30%), were humiliated by other (20%) and people looked down upon them (Shakya et al., 2012).

2.3 Conceptual Framework

Individual factors
- Age
- Sex
- Education
- Marital Status
- Living with

Family/ social factors
- Caste
- Ethnicity
- Religion
- Resident
- Educational status of parents
- Occupational status of parents

Knowledge and experience of Gender Based violence

CHAPTER III

RESEARCH METHODOLOGY

This chapter presents the methodology that was used to address the research question for this study. It includes research design, study setting and population, sampling, instrumentation, data collection and data analysis procedure.

3.1 Study Area and Rational for Site Selection

Gender Based violence is a common issue but very few studies have been conducted in the field of violence in Nepalese context. In general, child violence was more common among girls than boys; however, recent studies have found boys to be as affected as girls. Violence against men and boys,while this information sheet focuses on sexual violence against girls and women, it is important to highlight that boys and men also suffer sexual violence. Gender based violence against men and boys take place in a variety of settings including homes, workplaces, schools, streets. Unfortunately, = violence against men is a very sensitive and neglected area of study.Lack of knowledge about Gender based violence school level students suffering from different types of violence. So it is important to address this gap. This study will be carried out in Shree Chhorepatan Higher Secondary School, Pokhara as students from different ethnicity, socio economic status, religion and from different background study here which is believed to be fruitful for this study.

3.2 Research Design

Descriptive cross-sectional and exploratory research design willbe adopted to find out the knowledge and experience of violence among secondary level students in selected school.

3.3 Nature and Sources of Data

Most of the information will collected in quantitative form and few will collect in the qualitative form to support the information from quantitative data. The study was based solely upon the primary data collected by the researcher to provide the possible clear picture on the study objectives. The primary data will have collected from field using interview schedule. The secondary level students were the only source of primary data.

3.4 Universe and Sampling Procedure

The study populations of the research were secondary level students who are studying in the class 9 and 10 in Shree Chhorepatan Higher Secondary School, pokhara. The total number of secondary level students of class 9 and 10 will the universe of the study. The total number of the student who participants in the studying in sample. Purposive sampling technique will be used for the study.

Sample size calculation

The following simple formula (Daniel, 1999) will be used:

$n=(z^2 p(1-p))/d^2$

$=(1.96)^2 \times 0.5(1-0.5)/(0.1)^2 = 3.8416 \times 0.25/0.01$

$= 96.025$ (about 96)

Adding 10% non response $=9.6$ =Total sample size =106

where n = sample size,

Z = Z statistic for a level of confidence, (95%)

P = expected prevalence

and d = precision (in 10%, d = 0.1).

3.5 Data collection instruments

Self-administer Questionnaire schedule and Case Study will be used as data collection instruments to collect primary data from respondents. For questionnaire, self-

administer questionnaire technique willbe used. Case study method will be used in this study for the depth study of the cases. Ten case studies will be conducted fordepth informationin the course of study.

3.6 Reliability and Validity

Reliability of the instrument will be established by administering the Nepali version instrument in 10% of the sample size meeting the criteria in similar setting.

Necessary modification will be done after pretesting in order to ascertain the relevancy, consistency and completeness of instruments.

The validity of the instrument will be ascertained by consultation with peers, research advisors and subject matter experts.

The collected data will be checked by the investigator for errors and emission and later on correction will be done before data collection.

Related literature will review.

3.7 Pretest of the Tools

Pretesting will be conducted in at least 10% of the sample size meeting the criteria in similar setting.

After collection of data, necessary correction will be made in questionnaire schedule in order to get required relevant data depends on research objectives. The collected data will be checked by the investigator for errors and emission and later on correction will be done before data collection. Pretest aided on incorporating new questions, correcting old questions and omitting unnecessary questions.

3.8 Ethical Consideration

The following ethical consideration will be taken for this study.

) Formal permission will be taken from the authorized organizations i.e Prithivi Narayan campus, Department of sociology and Anthropology.

⟩ Permission will be taken from the Principal of Shree Chhorepatnn Higher Seconadary School.

⟩ Permission and Informed consent will be taken from the respondents prior to distribution of questionnaire;

⟩ Objectives of the study will be explained to the respondents;

⟩ The collected data will be kept confidential and the name of the respondents will not have associated with their answer;

⟩ The data will not personalize and confidentiality pf the data will maintained and use for the study purpose only;

⟩ Respondents will not influence by any means to participate in the study.

3.9 Method of Data Presentation and Analysis.

This study will design and modulated as a descriptive study based on qualitative and quantitative data organizing from primary source. All the data and information collected from the field through questionnaire were systematically arranged, summarized, processes and presented in ta tabular forms. Data entry and analysis will carry out through SPSS. The processeddata and information with analysis will presented and described in a separate chapter.

Work –Plan

References:

Acierno, R., Resnick, H., Kilpatrick, D.G., Saunders ,B.,&Best, C.L. (2009). Risk
factors for rape, physical assault and post-traumatic stress disorder in women:
examination of differential multivariate relationships. *Journal of Anxiety
Disorders*;13:540.

Action aid international (2013). *Stop Violence Against Girls in School*. Available
from:http://www.actionaid.org/sites/files/actionaid/svags_success_stories.pdf

Adika, V. O., Agada, J.J., Bodise-Ere ,K., & Ojokojo, M. (2013). Men's attitude and
knowledge towards gender based violence against women in Yenagoa,
Bayelsastate. *Journal of Research in Nursing and Midwifery* (JRNM), 2(6):77-
83, DOI: http:/dx.doi.org/10.14303/JRNM.2013.055

Alper, Z., Ergin, N., Selimoglu, K., & Bilgel, N (2005).Domestic violence: A study
among a group of Turkish women.*European Journal of General
Practice, 11*(2),2005. Published online: 20 Mar
2010https://doi.org/10.3109/13814780509178237

Avon Global Center for Women and Justice. (2012). *"They are Destroying our
Futures": Sexual Violence Against Girls in Zambia's Schools*. Lusaka: Cornell
Law School International Human Rights Clinic, 2012.

Barasa, S.F., Wamue-Ngare, G., & Wanjama, L. (2013). Experience of school-related
gender-based violence by pupils and the culture of silence: A case of primary
Schools in Kasarani District, Nairobi County, Kenya. *International Journal of
Education and Research, 1*(3).

Blake,M.T.,Drezet.J.,Vertamatti,M.A., Adami,F.,Valent,V.E., Paiva,A.C., & Abreu,

L.C. (2014). Charaeteristics of sexual violence against adolescent girls and adult women .*BioMedCenter Women's Health,14*(15), 1472-6874.doi:10.1186/1472-6874-14-15

Bloom, S. (2008). *Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators*, Chapel Hill, NC: MEASURE Evaluation.

Centre for Research on Environment Health and Population Activities (CREPA). (2012). *A study on gender-based violence conducted in selected rural areas of district of Nepal.* Retrieved from Government of Nepal Office of the Prime Minister and Council of Ministers website: http://asiafoundation.org/resources/pdf/OPMCMGECUGBVResearch Final.pdf.

Chaudary, P., Chaudary, S. K., & Shrestha, M. (2010). Prevalance of Gender Based Violence among Pregnant Women :Ahospital Based study. *Nepal Journal of Gynaecology, 5*(2), 17-22.

Columbia, R.H., Kadzamira, E., & Moleni, C. (2007). *The Safe Schools Program: student and teacher baseline report on school-related gender-based violence in Machinga Sub-county, Malawi*. Retrived from http://www.basiced.org/wp-content/uploads/publication_Library/DevTech-Safe_Schools_Program_2007.pdf.

Cooper, L.B.,Paluck, E.L., & Fletcher, K.E. (2013). Reducing Gender-Based Violence. *Sage Handbook on Gender and Psychology*. London: Sage. Available from http://wws.princeton.edu/system/files/research/documents/paluck_reducing_gender_based_violence.pdf

García-Moreno, C., Jansen, H.A., Watts, C.H., Ellsberg, M., & Heise, L. (2005). WHO Multi-country Study on Women's Health and Domestic Violence against Women Study Team. *WHO Multi-Country Study on Women's Health*

and Domestic Violence Against Women: Initial Results On Prevalence, Health Outcomes and Women's Responses. Geneva: WHO.

Holden, G.W. (2003). Children exposed to Domestic Violence and child abuse: terminology and taxonomy. *Clinical Child and Family Psychology Review,6*(3):151 – 160. Available from : http://www.afn.org.np/GenderSite.aspx.

Kazaura1, M.R., Ezekiel, J.M., &Chitama, D. (2016). Magnitude and factors associated with intimate partner violence in mainland Tanzania. *Biomedcentral Public Health 16*:494. doi:10.1186/s12889-016-3161-3.Available from: https://link.springer.com/content/pdf/10.1186/s12889-016-3161-3.pdf

Manopaiboon,C.,Kilmarx,P.H., Limpakarnjanarat,K.,Jenkins,R.A., Chaikummao, S., Supawitkul,S., & Griensven,F.V (2003). Sexual coercion among adolescents in northen Thailand:prevalence and associated factors. *The Southeast Asian Journal of Tropical Medicine and Public Health, 34*(2),447-457. Retrieved from http://www.researchgate.net/publication/10569137_Sexual_coercion_among_ adolescents_in_northen_Thialand_prevalance_an_ associated _factors.

Michele, Y., & Kimberly, M. (2013). American adolescents as perpetrators of sexual violence. *JAMA Pediatrics.*

Moser, C. (2001). The Gendered Continuum of Violence and Conflict. An Operational Framework, in C. Moser and F. Clark (eds.), *Victims, Perpetrators or Actors: Gender, Armed Conflict and Political Violence*. London: Zed Books.

Nepal Demographic andHealth Survey (NDHS)(2011): *Preliminary Report*..
Population Division,Ministry of Health and Population, New Era and ICF
international Calverton, Maryland US.Available
from:https://dhsprogram.com/pubs/pdf/FR257/FR257[13April2012].pdf

Parker, J.& Heslop, J. (2011). *Stop Violence Against Girls in school: A cross-
country analysis of baseline research from Ghana, Kenya and Mozambique*.
London: ActionAid International.Available from:
.http://www.actionaid.org/sites/files/actionaid/svags_-
_a_cross_country_analysis_of_baseline_research_from_ghana_kenya_and_m
ozambique.pdf

Puri, M., & Cleland, J. (2007). Assessing the factors sexual harassment among
youngfemale migrant workers in Nepal. *Journal of Interpersonal Violence*,
22(11): 1363-1381.

Puri, M., Frost, M., Tamang, J. & Shah, I. (2011). Prevalence and determinants of
sexual violence against young married women by husbands in rural Nepal. A
paper presented at the Annual meeting of the Population Association of
America, 31 March- 2 April 2011, Washsington, DC.

Puri, M., Tamang, J. & Shah, I. (2010). Exploring the Nature and Reasons for Sexual
Violence Within Marriage Among Young Women in Nepal. *Journal
ofInterpersonal Violence*. 25:1873-1892.

Rajbanshi, L.(2012). Prevalance of sexual abuseamong school children. *Journal of
Chitwan Medical College,1*(2). Retrived from
http://www.cmc.edu.np/image/gallery/Orginal%20 Articles/y FOVC20.pdf.

Reza, A., Breiding, M.J., Gulaid, J., Mercy, J.A., Blanton, C., Mthethwa, Z., Bamrah,

S., Dahlberg, L.L., Anderson, M. (2009). Sexual violence and its health consequences for female children in Swaziland: A cluster survey study. *The Lancet*, 373 (9679):1966-1969.

Sen, S., & Bolsoy, N. (2017). Violence against women: prevalence and risk factors in Turkish sample. *BioMedCentral Women's Health*, *17* (100). doi.10.1186/s12905-017-0454-3.Available from:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5670523/

Shakya, A., Tamang, J., Thapa, P., Shrestha,K.K., AaryalBhattarai, P., Chaudhary, R.,Dhakal,S.(2012).Sexual Violence assessment in Seven District of Nepal a Study conducted in Kanchanpur, Kailali, Bardiya, Banke, Dang, Parsa and Bara. Retrived from Himalayan Human Rights Monitors/PPCC Supported by the Enabling State Programme (ESP/DFID) website: http://www.himrights.org/download/12_1633811810.pdf.

Stemple, L. (2009). Male rape and human rights. *Hastings Law Journal*, 60, 605-647.Available from:http://scienceblogs.de/geograffitico/wp-content/blogs.dir/70/files/2012/07/i-e76e350f9e3d50b6ce07403e0a3d35fe-Stemple_60-HLJ-605.pdf

Stockl, H., March, L., Pallitto, C., Garcia-Moreno, C., & WHO Multi-country Study team (2014). Intimate partner violence among adolescents and young women : prevalaence and associated factors in nine countries: a cross-sectional study. BMC Public Health, 14 (751),1471-2458.doi: 10.1186/1471-2458-14-751

Swedish International Development Cooperation Agency (Sida) (2015).Gender-Based Violence and Education. Available from:https://www.sida.se/contentassets/3a820dbd152f4fca98bacde8a8101e15/genderbased-violence-and-education.pdf

Thangaraj, S., Dominic .N., & Rao A. A cross-sectional study on women abuse in the
urban areas of Bengaluru. Intrnational Journal of Medical Science and Public
Health 2015;4:713-716.

The Social-Ecological Model: A Framework for Violence Prevention available from;
https://www.cdc.gov/violenceprevention/pdf/sem_framewrk-a.pdf

Umubyeyi, A., Mogren, I., Ntaganira, J., & Krantz, G. (2014). Women are
considerably more exposed to intimate partner violence than men in Rwanda:
results from a population-based, cross-sectional study. *Bio Med Central
Women's Health*, *14*, 99. http://doi.org/10.1186/1472-6874-14-99

UNESCO (2009). *Education in Emergencies: The Gender Implications: Advocacy
Brief*. Bangkok,Thailand: UNESCO.

UNESCO (2014). School   related Gender   based Violence A global review of
current
issues and approaches in policy, programming and implementation responses
to School   Related Gender   Based Violence (SRGBV) for the Education
Sector. Available from:
www.unesco.org/fileadmin/.../HQ/.../SRGBV_UNESCO_Global_ReviewJan2
014.pdf

United Nations. (2010). *The World's Women 2010: Trends and Statistics*. UN
[Internet]. [cited December 12, 2011]. Available at:
http://unstats.un.org/unsd/demographic/products/
Worldswomen/FactSheet2010.pdf.

UN Women. (2012). Report of the expert group meeting on prevention of violence
against women and girls. Retrieved from http://www.unwomen.org/-
/media/headquaters/Attachments/Sections/Library/Publication/2012/11/reports
-of-the-EGM-on -prevention-of-violence-against-Women-and Girls.pdf.

USAID. (2009). A Guide to Programming Gender-Based Violence Prevention and
       Response Activities. Available
       from:http://pdf.usaid.gov/pdf_docs/Pnado561.pdf

USAID. (2012).Strategy to Prevent and Respond to Gender-Based Violence
       Globally. *Cost of Violence Against Women (COVAW)* implemented by CARE
       Bangladesh. Available from
       https://www.usaid.gov/sites/default/files/documents/2155/GBV_Factsheet.pdf.

WHO. (2005). WHO Multi-Country Study on Women's Health and Domestic
       Violence against Women. *World Health Organization*. Geneva. Accessible
       at:http://www.who.int/gender/violence/who_ multicountry_study/en/

World Health Organization. (2012). *Understanding and Addressing Violence Against*
       Women. Available at: http://apps.who.int/iris/
       bitstream/10665/77433/1/WHO_RHR_12.35_eng.pdf.

World Health Organization. (2013). *Global and Regional Estimates of Violence*
       Against Women. Available at: http://apps.who.int/iris/bitstre
       am/10665/85239/1/9789241564625_eng.pdf?ua=1

World Health Organization. (2013). London School of Hygiene and Tropical
       Medicine, & South African Medical Research Council. *Global and regional*
       estimates of violence against women: Prevalence and health effects of intimate
       partner violence and non-partner sexual violence. Geneva: World Health
       Organization. Available from
       http://apps.who.int/iris/bitstream/100665/85239/1/9789241564625-eng.pdf.

World Health Organization. (2014). *16 Ideas for Addressing Violence Against Women*
       in the Context of the HIV Epidemic. WHO [Internet]. 2013 [cited November
       22, 2014]. Available at: http://
       apps.who.int/iris/bitstream/10665/95156/1/9789241506533_ eng.pdf?ua=1

World Health Organization (2017). Violence against women; intimate partner and

    sexual violence against women. Available from:

    http://www.who.int/mediacentre/factsheets/fs239/en/

UNFPA, Gender-based violence

.Available from: http://www.unfpa.org/gender-based-violence

Himalayan Human Rights Monitors/PPCC   Supported by the Enabling

    State Programme (ESP/DFID)   December (2012). Sexual Violence
    Assessment in Seven Districts of Nepal
    A study conducted in Kanchanpur, Kailali, Bardiya, Banke, Dang, Parsa and
    Bara . Available
    from:http://www.himrights.org/download/12_1633811810.pdf

APPENDIX A

Questinnaire

Part –I

Socio- Demographic information;

1. Age (in complete Year)………………..
2. Sex

    1. Male   2. Female
3. Class………………..
4. Address (Permanent) …………..
5. Ethinicity (caste)………………..
6. Religion

    1. Hindu   2.Buddhist

    3. Muslim   4. Christian

    4. Other (Specify)……………..

 7.Marital status……………….

     1. Married   2. Ummarried

8. Types of family

   1. Nucler   2. Joint   3. Extended

9. Educational status of father

    1. Illiterate   2. Literate

If literate the level of education

      1. Informal education2. Primary level

      3. Secondary level   4. Higher secondary level

5. Bachelor and above

10. Educational status of mother

      1.   Illiterate   2. Literate

If literate the level of education

      1. Informal education2. Primary level

      3. Secondary level   4. Higher secondary level

5. Bachelor and above

11. Occupational status of father

      a.   Labour   2. Service

      b.   Business   4. other (specify)

12. Occupational status of mother

      a.   Labour   2. Service

      2.   Business   4. other (specify)

 5. Housewife

13. Live with

      a.   Parents   2. brother/sister

      3.Relatives   4. friends

      5. Alone   6. work in others home

      7. other (specify)…….

Part –II

Knowledge related questions:

14. Do you heard gender based violence?

a. Yes   2.No

15. What do you understand by Gender based Violence?

    a. Violence against male

    b. Violence against female

    c. Violence against both male and female

    d. Violence against female by male

16. Do you heard following types of genderbased violence?

                                    Yes   NO

    a. Marital rape

    b. Force sex

    c. Dowry

    d. Early marriage

    e. Infanticide

    f. Beating

    g. Not allowing basic needs (food , cloth , health and education)

    h. Mental and sexual harassment during dating

    i. Force marriage

    j. Human trafficking

    k. Forced prostitution

    l. Untouchable

    m. Unequal payment for same work

    n. Denial of decision making right in household

    o. Keeping separately (in dark room) during menstruration

    p. Accuse as witch

    q. Polygamy

    r. If other (specify)……………..

17. In your opinion, what night be a causes of gender based Violence?

	YES	NO	Don't know
1.Gender inequality			
2.Lack of education			
3.Alcoholism			
4.Cultural and traditional			
5.Low economic status			

6.Law/policies 7.Witness of violence during childhood 8.Acceptance of violence 9.If other (specify)			

9. In your opinion, what are the consequences occurs in gender based violence?

	YES	NO	Don't know
1.Suicidal attempt, suicide and death 2.Physical injuries and disability 3.Psychological problems 4.Reproductive health problems 5.STDs including HIV/AIDS 6.Self-harm behavior like smoking, drinking 7.Other (specify)………………..			

10. In your view, where should be reported if suffering from violence?

    a. Family   2. Friends

    3. Police administration   4. Other (specify)……………..

11. Do you know about following provision (law) present in Nepal?

                                                                     Yes   No

    a. Domestic violence crime and punishment Act

    b. Human trafficking and transportation control act

    c. Bill against untouchables

    d. Bill against sexual harassment

    e. Law that guarantees property right to daughters.

Part III

Question related to experiences

Question related to physical violence

12. Have you ever faced following violence and who were the perperators ?

(multiple reponse)

	Family member	Teacher	Boyfriend/gir lfriends	Frineds	Unknown person	Other(spe cify)
1.Beated with hands 2.Beated with weapons 3.Pushed 4.Slapped 5.Pulled hair 6.Twist hand 7. If other (specify)						

If you have experience

21.1. When it occurred in first (first occur age) …………….

21.2. it is occurring within 6 months?........................

21.3 what are the effects of those physical violence to you? Explain it…

Question related to psychological violence

13.Have you ever faced following violence and who were the perpetrators?

(multiple response)

	Family member	Teacher	Boyfriend/gir lfriends	Friends	Unknown person	Other(spe cify)
1.Yelled at 2.Degradeldishonoured 3.humiliated						

4.Insulted 5.Threated at 6.Irritated 7.If others(specify)						

If you have experience

    22.1. When it occurred in first (first occur age) ……………

    22.2. it is occurring within 6 months?........................

    22.3 what are the effects of those psychological violence to you? Explain it…

Question related to sexual violence

    14. Have you ever faced following violence and who were the perperators ?

    (multiple reponse)

	Family member	Teacher	Boyfriend/ girlfriends	Friends	Unknown person	Other(specify)
1.Forced Sex 2.Attempted to force sex 3.Touched in inappropriate way 4.Teased 5.Looked at in appropriate way 6.other (specify)						

If you have experience

    23.1. When it occurred in first (first occur age) ……………

    23.2. it is occurring within 6 months?........................

    23.3 what are the effects of those sexual violence to you? Explain it…