OPEN ACCESS

**Scholars International Journal of Obstetrics and Gynecology**

Abbreviated Key Title: Sch Int J Obstet Gynec
ISSN 2616-8235 (Print) |ISSN 2617-3492 (Online)
Scholars Middle East Publishers, Dubai, United Arab Emirates
Journal homepage: https://saudijournals.com

**Original Research Article**

# Gender-Based Violence at the "One Stop Center" Unit of the Fousseyni Daou Hospital in Kayes

Diassana Mahamadou[1,7]*, Malcalou Ballan[1,7], Dembele Sitapha[1,7], Diakite Mamadou[1], Sidibe Alima[2], Goita Lassina[3,7], Diarra Samou[4,7], Dao Seydou, Z[9,7], Haidara Mamadou[5, 7], Kane Famakan[6,7], Camara Fantamady[8], Traore Soumaila[10,7]

[1]Department of Gynecology and Obstetrics of the Fousseyni Daou Hospital in Kayes, Mali
[2]Kayes Reference Health Center, Mali
[3]Anesthesia and Intensive Care Department of the Fousseyni Daou Hospital in Kayes, Mali
[4]Management of Fousseyni DAOU Hospital, Mali
[5]Kalabancoro Reference Health Center, Mali
[6]Bla Reference Health Center, Mali
[7]National Center for Scientific and Technological Research of Bamako, Mali
[8]Kayes Regional Health Directorate, Mali
[9]Reference Health Center of the Commune II, Mali
[10]Gynecology and Obstetrics Department of Sikasso Hospital, Mali

**DOI:** https://doi.org/10.36348/sijog.2025.v08i01.007 | **Received:** 14.12.2024 | **Accepted:** 20.01.2025 | **Published:** 28.01.2025

***Corresponding author:** Diassana Mahamadou
Department of Gynecology and Obstetrics of the Fousseyni Daou Hospital in Kayes, Mali

## Abstract

***Introduction*:** The gender-based violence (GBV) is the set of abuses, means of coercion and physical, sexual, emotional, psychological, economic and educational threats against an individual because of their gender or sexual identity [2]. The objective was to study gender-based violence at the "One Stop Center" unit of Fousseyni Daou Hospital in Kayes. ***Materials and Methods*:** This was a descriptive cross-sectional study that was conducted from January 1 to December 31, 2022, a period of 12 months. The study focused on survivors of gender-based violence received for consultation in the "One Stop Center" unit of Fousseyni Daou Hospital in Kayes. The data were collected on a survey form from medical records, the gender-based violence register, requisitions and medical certificates. Data were entered into Microsoft Word 2016 and analyzed using SPSS version 20.0 software. Each survivor had an identification code. Confidentiality and anonymity were respected. ***Results*:** During the study period, we collected 79 cases of gender-based violence out of a total of 8,404 cases of gynecological and obstetrical consultations, i.e. a frequency of 0.94%. The most affected age group was 11 to 19 years old with 41 cases or 51.9%. The average age was 16.54 years old and the age limits were 2 and 35 years old. In the profession, children and adolescents not in school were the most represented with 29 cases or 36.7%. Women residing in urban areas were the most represented with 55 cases or 69.6%. Single women were the most represented with 53 cases or 67.1%. Eighty-nine percent of survivors came with a requisition against 11%. Rape was the main reason for consultation with 24 cases or 30.4%. Sexual assault was the most common type of violence with 53 cases or 67.0%. In the sample, we recorded 1 HIV positive case, 2 cases of positive Hbs antigen, 2 cases of positive pregnancy test. There were two cases of surgical management with suture for cases of rape with vulvar lesions and a second-degree perineal tear. Twenty-six cases out of the 79 cases collected were prosecuted. There were about ten cases of conviction. ***Conclusion*:** Gender-based violence is a tragedy and can have psychological, physical and even obstetric repercussions in the short, medium and long term because the survivors are mainly fragile minors.

**Keywords**: Gender-based violence, Hospital, Kayes (Mali).



## INTRODUCTION

Gender-based violence (GBV) has been recognized for decades as a phenomenon reflecting historically unequal power relations between men and women, leading to domination and discrimination often exercised by the former over the latter. This violence particularly hinders the advancement of women and violates their fundamental freedoms. It partially or totally prevents women and girls, who are victims and who are not sufficiently protected, from enjoying their

rights. GBV is one of the main social mechanisms of subordination of one category of people to another [1]. GBV constitutes all abuses, means of coercion and physical, sexual, emotional, psychological, economic and educational threats against an individual because of their gender or sexual identity [2]. Violence against women has recently been recognized as a problem of violation of women's rights [3]. The United Nations Declaration on Violence against Women defined violence in its Article 1 as "any act of gender-based violence that results in and/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" [4]. Men are exposed to it from birth to death, in times of peace as well as in times of war; specific sexual violence can have direct or indirect consequences on a woman's sexual and reproductive health: unwanted pregnancies, frigidity, clandestine abortions and its complications, sexually transmitted infections and HIV/AIDS (Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome) [5]. The number of reported cases of gender-based violence (GBV) increased from 2,021 cases from January to July 2019 to 2,981 cases from January to July 2020; an increase of 47 percent. These data reveal that 99 percent of those affected are women and 36 percent of GBV are sexual violence. According to the GBV Information Management System (GBVIMS), last year (2020) 4,617 incidents were recorded, of which 97 percent of the survivors were women and 45 percent were girls under 18 years of age [6]. In South Africa, the South African Institute for Race Relations states that in 2003, 147 women were raped every day. Violence against women worldwide led to the adoption of the Convention on the Elimination of All Forms of Discrimination against Women by the United Nations General Assembly on December 18, 1979, which came into force in 1981 [10].

In Mali, among women who have suffered physical or sexual assault, 68% have never sought help and have never spoken to anyone, 12% have never sought help but have spoken to someone and only 19% have sought help to end this situation [11].

In 1993, the United Nations General Assembly set the tone with the declaration on the elimination of violence against women [12]. The United Nations Population Fund in 1999 declared that violence against women is a health priority [12]. Due to the seriousness and traumatic consequences of these GBVs on survivors, we considered it appropriate to initiate a study on the epidemio-clinical aspects of GBV at the one stop center unit of the Fousseyni Daou hospital in Kayes.

## METHODOLOGY

The Kayes region is located in western Mali. It covers an area of 120,760 km2 and has 2,338,999 inhabitants. The Fousseyni DAOU hospital in Kayes is a 2nd reference public hospital establishment with a capacity of 160 beds. The One Stop Center unit in Kayes: A building built in July 2021. This center is located next to the obstetrics and gynecology department in order to avoid stigmatization of GBV survivors. It is made up of four offices (a room for medical care, a room for psychosocial care and also the case manager's office, a room for security and legal care, a games room). The staff is made up of (the Case Manager, three "gynecologist-obstetrician" medical referents, three legal referents, four psychosocial referents, six security referents. Access to the center is via either the:

- Security or judicial (police station, court, brigade)
- Health (gynecological consultation)
- Psycho-social (Promotion of women)
- Or even (come directly to the center). The care in the center is holistic, involving health, security, social assistance, justice agents and free of charge for all cases of GBV survivors accompanied by the provision of a dignity kit, a post-rape kit.

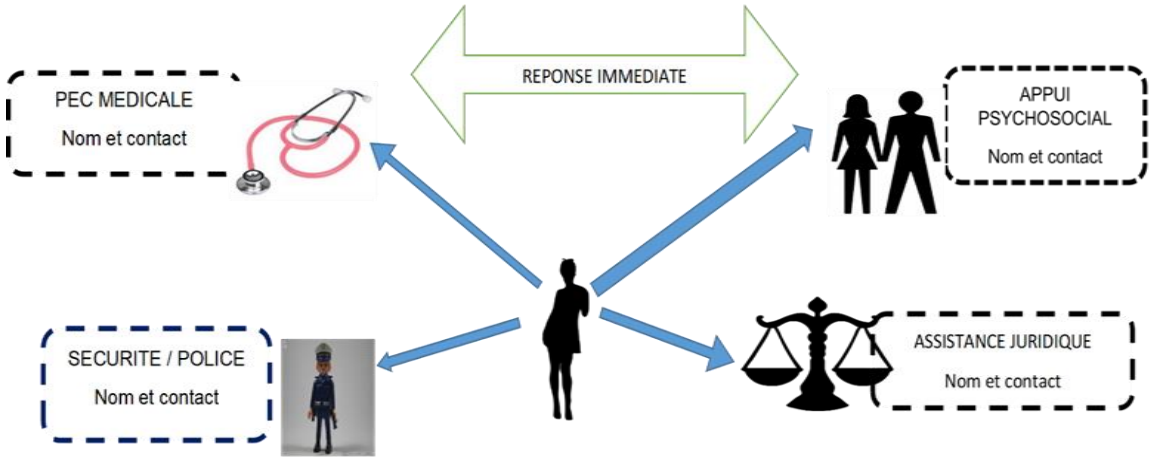


**Figure 1: One Stop Center Referral Map, Holistic Care of a GBV Survivor**

This was a descriptive cross-sectional study that was conducted from January 1 to December 31, 2022, a period of 12 months. The study focused on survivors of gender-based violence received for consultation in the "One Stop Center" unit of Fousseyni Daou Hospital in Kayes. The data were collected on a survey form from medical records, the gender-based violence register, requisitions and medical certificates. The data were entered into Microsoft Word 2016 and analyzed using SPSS version 20.0 software. Confidentiality and anonymity were respected. Each survivor had an identification code. The physical examination of the patients was carried out confidentially with informed consent. The medical certificates established after examinations were sent in sealed envelopes to the various judicial authorities concerned. The data sheets were anonymous.

## RESULTS

During the study period, we collected 79 cases of gender-based violence out of a total of 8,404 cases of gynecological and obstetrical consultations, i.e. a frequency of 0.94%. Eighty-nine percent of survivors came with a requisition against 11%. Twenty-six cases out of the 79 cases collected were the subject of legal proceedings. There were about ten cases of conviction.

**Table I: Socio-demographic characteristics of survivors**

| Socio-demographic characteristics | Effective (N= 79) | % |
|---|---|---|
| **Age** | | |
| Under 10 years | 9 | 11,4 |
| Between 11 and 19 years | 41 | 51,9 |
| Between 20 and 30 years | 22 | 27,8 |
| ≥ 31 years | 7 | 8,9 |
| **Occupation** | | |
| Housewife | 15 | 19,0 |
| Saleswoman/Tradeswoman | 5 | 6,3 |
| Student/Housekeeper | 20 | 25,3 |
| Children and adolescents not in school | 30 | 38,0 |
| **Residence** | | |
| Urban | 55 | 69,6 |
| Rural | 24 | 30,4 |
| **Marital status** | | |
| Single | 53 | 67,1 |
| Married | 26 | 32,9 |
| **Total** | 79 | 100 |

The most affected age group was 11 to 19 years with 41 cases or 51.9%. The average age was 16.54 years and the age limits were 2 and 35 years. In the profession, children and adolescents not in school were the most represented with 30 cases or 38%. Women residing in urban areas were the most represented with 55 cases or 69.6%. Single people were the most represented with 53 cases or 67.1%; among the single people, 23 were children who were not of marriageable age.

**Table II: Distribution of survivors according to reason for admission**

| Reason for admission | Effective | % |
|---|---|---|
| Rape | 24 | 30,4 |
| Kidnapping | 7 | 8,9 |
| Voluntary assault and battery (CBV) | 22 | 27,8 |
| Sexual violence | 17 | 21,5 |
| Pedophilia | 3 | 3,9 |
| Abduction of a minor | 2 | 2,5 |
| Family of deceased refuses to give inheritance to wife | 2 | 2,5 |
| Husband refuses to let wife go to work | 2 | 2,5 |
| **Total** | **79** | **100** |

Rape was the main reason for consultation with 24 cases or 30.4%.

**Table III: Distribution of survivors by type of GBV**

| Type of VBG | Effective | % |
|---|---|---|
| Sexual assault | 53 | 67 |
| Physical assault | 16 | 20,3 |
| Forced marriage | 6 | 7,6 |
| Denial of opportunity | 4 | 5,1 |
| **Total** | **79** | **100** |

Sexual assault was the most common type of violence with 53 cases or 67.0%. Vaginal penetration was the most common type of penetration with 30 cases or 37.9%. There was ejaculation in 30.4% of cases (24/30); there was 1 anal penetration or 1.3%, in 48 cases (60.8%) there was no penetration. In 25.3% (20/79) of cases the survivors had had sexual intercourse only once and in 13% (11/79) of cases the survivors had had sexual intercourse twice or more. Four percent (3/79) of cases the survivors were touched. Thirteen survivors out of 79 (16%) were caressed. In 51.9% the survivors waited more than 72 hours before consulting, 26.6% consulted between 24 and 72 hours and only 17 cases or 21.5% consulted before 24 hours. In 32.9% (26/79) of cases the survivors had a previous defloration of the hymen, in 5.0% (4/79) of cases there was a new defloration and in only 1 case (1.3%) the hymen was intact.

**Table IV: Correlation between sexual assault and age of survivors**

| | | Sexual assault | | Total |
|---|---|---|---|---|
| | | yes | No | |
| **Age** | Under 10 years | 9 | 0 | 9 |
| | Between 11 and 19 years | 36 | 5 | 41 |
| | Between 20 and 30 years | 8 | 14 | 22 |
| | ≥ 31 years | 0 | 7 | 7 |
| **Total** | | 53 | 26 | 79 |

P=0,01

**Table V: Correlation between sexual assault and marital status of survivors**

| | | Sexual assault | | Total |
|---|---|---|---|---|
| | | Yes | No | |
| **Marital status** | Married | 3 | 23 | 26 |
| | Single | 50 | 3 | 53 |
| **Total** | | **31** | **48** | **79** |

P=0,03

**Table VI: Distribution of patients according to physical aggression**

| physical aggression | Effective (N= 79) | % |
|---|---|---|
| **Material used** | | |
| Fist | 11 | 13,9 |
| Foot | 3 | 3,8 |
| Stick | 2 | 2,5 |
| None | 63 | 79,8 |
| **Nature of the trauma** | | |
| Wound | 5 | 6,3 |
| Scratch | 2 | 2,5 |
| Bruise | 5 | 6,3 |
| None | 67 | 84,9 |
| **Seat of trauma** | | |
| Face | 9 | 11,4 |
| Upper and/or lower limbs | 5 | 6,3 |
| Trunk | 2 | 2,5 |
| None | 63 | 79,8 |

**Table VII: Distribution of patients according to additional examinations**

| Additional examinations | Effective (N= 79) | % |
|---|---|---|
| **HIV result** | | |
| Positive | 1 | 1,3 |
| Negative | 58 | 73,4 |
| Not done | 20 | 25,3 |
| **Result of AgHbs (Hbs antigen)** | | |
| Positive | 2 | 2,5 |
| Negative | 57 | 72,2 |
| Not done | 20 | 25,3 |
| **Urinary Beta HCG Result** | | |
| Positive | 2 | 2,5 |
| Negative | 13 | 16,5 |
| Not asked | 64 | 81 |

Positive results are subject to specific management.

**Table VIII: Distribution of patients according to pelvic ultrasound**

| Echographie | Effective | % |
|---|---|---|
| Asked and done | Pregnancy ≤ 10 week of amenorrhea (n=2)<br>Pregnancy ≥ 11 week of amenorrhea (n=6)<br>Normal (n=10) | 2,5<br>7,6<br>12,7 |
| Asked and not done | 12 | 15,2 |
| Not requested | 49 | 62,0 |
| **Total** | 79 | 100 |

In our series, 19.0% of GBV survivors received emergency contraception; these were survivors who came for consultation within the first 72 hours. Survivors received drug treatment in 97.5% of cases. There were two cases of surgical management with suture for cases of rape with vulvar lesions and a second-degree perineal tear. All survivors received psychosocial support.

## DISCUSSION

In this work we collected 79 cases of gender-based violence out of a total of 8,404 cases of consultations, or 0.94% of all consultations in the Gynecology and Obstetrics department during the study period. Haidara T [10] found a frequency of 0.53% at the one stop center unit in commune V in 2020. Sidibé K [11] found that sexual violence represented 3.36% of consultations in gynecological emergencies and 54.62% of all gender-based violence (GBV) at the "One Stop Center" unit at the Reference Health Center in Commune V of Bamako in 2021. This rate is low and does not reflect the extent of the problem. It is difficult to make a valid judgment on this rate since many reasons can explain the low frequency, including: the survivors' lack of knowledge of legal texts relating to women's rights, the prejudices of family and social circles, the aggressor's profuse threats, the attack on the honor of the family and the victim herself, the lack of awareness among the population by public authorities, NGOs (non-governmental organizations) and associations defending women's rights, who are themselves stigmatized, the fear of stigmatization by society. In our sample, the most affected age group was 11 to 19 years old with 41 cases or 51.9%. The average age was 16.54 years old and the age limits were 2 to 35 years old. This can be explained by the fact that it is the period of adolescence, therefore difficult for survivors to have good discernment in order to avoid exposing themselves to dangers. Children and adolescents not in school were the most represented with 30 cases or 38.0% followed by pupils/students with 20 cases or 25.3%; housewives with 15 cases or 19.0% and home helps with 7 cases or 8.9%. Dakouo H [3] found 55% for housewives in Bamako in 2011 and Traoré A [13] found 14.8% at Gabriel Touré Hospital, about 115 cases, medical thesis, Bamako, 2002. This result is explained by the high number of children and adolescents not in school in our society who are the most vulnerable to GBV. Women residing in urban areas were the most represented with 55 cases or 69.6%. Haidara T [10] found 44.44% for commune V at the one stop center unit in 2020 and 30.8% for commune VI. These results can be explained by the fact that the city is expanding, there are uninhabited houses, places that lack lighting, unfinished houses and underpopulated neighborhoods but also drug use at this age. In this series, single women were the most represented with 53 cases or 67.1% with 23 children and teenage girls who were not of marriageable age. Married women represented 32.9% of survivors. Single status can be considered as a factor of exposure to gender-based violence (P = 0.03). In this work, 89% of survivors came with a requisition against 11%. Haidara T [10] found 87.2% of survivors had consulted with a requisition against 12.8% at the one stop center unit of commune V in 2020. Diallo A [12] found 85% with a requisition against 15% at the health center of commune V in 2015. This could be explained by a good organization of the system for managing this violence (therefore the recording of cases) and the referral of victims to the one stop center unit by other

competent services (Police, Gendarmerie, Morals Brigade, Court). Rape was the main reason for consultation with 24 cases or 30.4% followed by intentional assault and battery with 22 cases or 27.8% and sexual violence with 17 cases or 21.5%. The rate found by Traoré A [13] is 92.2% for rape at the Gabriel Touré Hospital in Bamako, 2002. Haidara T [10] had found that rape with 46.2% was the main reason for consultation. Intentional assault and battery were 38.5%, pedophilia 5.1%, sexual assault 4.3%, attempted rape 4.3% at the one stop center unit of commune V in 2020. Sexual assault was the most represented type of GBV with 53 cases or 67.0% followed by physical assault with 16 cases or 20.3% followed by forced marriage with 6 cases or 7.6% and cases of denial of opportunity with 4 cases or 5.1%. Similarly Diallo A [12] found 59% of sexual violence, 41% of physical assault at the health center of commune V in 2015. Vaginal penetration was the most represented route of penetration with 37.9% and anal penetration represented only 1.3%. There was ejaculation in 30.4% of cases. Sidibé K [11] found 98% of penetration into the vagina with ejaculation at the "One Stop Center" unit at the Reference Health Center of Commune V of Bamako in 2021. Therefore, genital penetration is the preferred route of the aggressors. Survivors who waited more than 72 hours before consulting represented 51.9% of cases and 26.6% consulted between 24 and 72 hours and only 17 cases or 21.5% consulted before 24 hours. This could be explained by the survivors' lack of knowledge of the legal texts relating to women's rights and the lack of awareness of the population by the public authorities. It was found in 25.3% of cases that the survivors had had sexual intercourse only once and only in 13.9% of cases did the survivors have had sexual intercourse twice or more. In 32.9% of cases, survivors had a previous defloration of the hymen, in 5.0% of cases there was a new defloration and in only 1 case the hymen was intact. Sidibé K [11] found 76.77% of old hymenal lesions. Recent hymenal tears were found in 8.80%. In 4% of cases, survivors were touched, in 16% of cases there was caressing and in 11% of cases there was a vulvar lesion. Haidara T [10] found 37.5% of caressing and 62.5% of touching. In 19.9% of cases, survivors were assaulted by punches, in 3.8% by kicks; There were wounds and bruises in 6.3% of cases; scratches in 2.5% of cases; The face is the most affected part of the body with 11.4% of cases followed by the upper and lower limbs with 6.3%. Haidara T [10] found that wounds and contusions represented 19.7%; bruises 5.1%; scratches 4.3%; scratches 3.4% and burns 1.7%. The face is the most affected with 40% of cases followed by the upper limbs with 22.5% at the one stop center unit of commune V in 2020. This study found 73.4% of HIV negative against 1.3% of HIV positive, i.e. 1 case. The Beta HGC test was positive in 2 cases and negative in 13 cases, the BW was negative in 100% cases, the AgHbs test was negative in 72.2% of cases. We found 8 cases of pregnancy confirmed by ultrasound. Haidara T [10] found 1 case of HIV2 at the one stop center unit of commune V in 2020. Diallo A [12] found 1 case of HIV positive at the health center of commune V in 2015. Survivors received drug treatment in 97.1%; 19.0% of survivors received emergency contraception; these were survivors who came for consultation within the first 72 hours and 97.5% of survivors received drug treatment with antibiotics, anti-inflammatories, antiseptics and anti-retrovirals for HIV positive cases. There were two cases of surgical management with suture for cases of sexual assault with vulvar lesions and a second-degree perineal tear. Dressings for 12.6% of survivors of physical violence with wounds and/or abrasions. The vital prognosis was good in 100% of cases. Security assistance is provided by the police. A police section permanently ensures the security of the center and the survivors. Only 26 cases out of the 79 cases collected were the subject of legal proceedings. There were only about ten cases of conviction. This low rate can be explained by the desire of the survivors or their families for an amicable resolution of the problem. Sidibé K [11] had found 160 cases out of 443 cases. Psychosocial assistance for survivors of gender-based violence remains an essential point in the holistic care of survivors. Psychological support by a psychologist is essential for survivors after such a tragedy. It is a necessary step in the care for the reconstruction and rehabilitation of survivors. We have developed a method to ensure psychological safety as follows: attentive listening by showing empathy without judgment, which allowed us to establish an initial psychosocial diagnosis. This method allowed us to provide counseling for social integration, assess needs, revalue and rebuild self-esteem and relational skills with a view to fulfillment and well-being.

## CONCLUSION

Gender-based violence is a tragedy and can have psychological, physical and even obstetric repercussions in the short, medium and long term because the survivors are mainly fragile minors (aged 11 to 19) who are the most affected by this scourge of gender-based violence and who are sometimes inflicted with lifelong after-effects. Good education and awareness-raising on violence could greatly contribute to reducing the number of cases of violence.

## REFERENCES

1. Ndeye Amy NDIAYE Gender-based violence in West Africa: the case of Senegal, Mali, Burkina Faso and Niger.
2. Agarwal, A., & Golwalkar, R. Gender-based violence. Language guide. Engenderhealth. Washington, D.C.
3. Dakouo, H. (2011). Epidemiological and clinical study of trauma by blows and intentional injuries perpetrated on women in homes based on 100 cases, medical thesis, Bamako 2011 n°78.
4. Rashid, S., Daruwalla, N., & Puri, M. (2012). United Nations Declaration on violence against women.

5. Lansac, J., & Plecom, T. E. (2018). 5th Edition, Edition Masson; Childbirth and obstetric care; 2018, n° 175.
6. MINUSMA press briefing of November 26, 2020.
7. Resolution of the general assembly. Pub: Côte d'Ivoire n˚34/180 of December 18, 1979. 6- Barret P. Sexual assaults: CNOF update, Paris 2004; 275-2819.
8. EDSM-VI. (2018). National Institute of Statistics (INSTAT), Planning and Statistics Unit for the Health-Social Development and Family Promotion Sector (CPS/SS-DS-PF) and ICF. 2019. Mali Demographic and Health Survey 2018. Bamako, Mali and Rockville, Maryland, USA: INSTAT, CPS/SS-DS-PF and ICF. Page 643.
9. World Health Organization (UN) The United Nations Declaration on the Elimination of Violence against Women (1993). Page 52 rue des pâquis CH-1201 Geneva, Switzerland.
10. Haidara, T. (2020). Gender-based violence: epidemio-clinical study at the one stop center unit of commune V 20M33/2020.
11. Sidibé, K. (2021). Gender-based sexual violence at the "One Stop Center" unit at the Reference Health Center of Commune V in Bamako/Mali 21M312/2021.
12. Diallo, A. (2015). Epidemiological-clinical study on violence against women in the gynecology and obstetrics department received at the health center of commune V, medical thesis, Bamako, 2015.
13. Traoré, A. (2002). Sexual violence: clinical aspect in gynecological consultation in the gynecology-obstetrics department of Gabriel Touré Hospital, about 115 cases, medical thesis, Bamako, 2002, n˚152.