

Gender-based violence: inclusion in the MBBS curriculum

✉ Sharma B¹, Gurung S²

1. Department of Community Medicine, Devdaha Medical College & Research Institute, Rupandehi, Nepal
2. Department of Forensic Medicine, Devdaha Medical College & Research Institute, Rupandehi, Nepal

This issue is dedicated towards the awareness of Gender-based Violence (GBV), as a period of sixteen days from 25 November to 10 December runs an activity for elimination and awareness of GBV. GBV refers to any harmful act perpetrated against a person based on socially ascribed gender differences between males and females.¹

The United Nations defines Violence Against Women (VAW) as any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.² Often, VAW and GBV are used interchangeably. Forms of GBV include physical, mental, sexual, and emotional abuse, forced marriages, and economic abuse. Intimate Partner Violence (IPV) is a major public health problem affecting many women worldwide.²

World data shows that “1 in 3 women have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime”.³ In Nepal, women experienced violence (23%), controlling behavior from their husbands (35%), and IPV (27%).⁴ Similarly harmful traditional practices such as chhaupadi, dowry, child marriage, witchcraft allegations, and female feticides are still practiced in Nepal.⁵ They eventually, end up in hospitals or health care centers sooner or later, diagnosed either as any health conditions or GBV. Hence, the majority of these cases go under-reported; yet, their prevalence is increasing gradually.

The Government of Nepal leads numerous initiatives to combat GBV, including the implementation of Sustainable Development Goal (SDG) 5 (Gender Equality) and various laws, regulations, action plans, and policies. The responsible body for GBV is the Geriatric and GBV Management Section of the Nursing and Social Security Division (NSSD) at the Department of Health Services (DoHS). The NSSD has established 97 One Stop Crisis Management Centers (OCMC) in 77 districts of Nepal to provide comprehensive, integrated services—including medical, legal, and psychosocial support—to the survivors. The OCMC Operational Guideline 2025 ensures that one Medical Officer is assigned to each OCMC center.⁶ The National Health Training Center (NHTC) primarily provides training for Medical Officers on GBV clinical management, medico-legal examination, counseling, referral coordination, survivor-centered care, and refresher training to develop competent human resources.

Most Medical Officers working in OCMC centers are employed temporarily, which may have led to a high turnover of trained human resources. However, manpower remains insufficient. This highlights the need for inclusion of GBV in the medical curriculum. After the gap analysis in the curriculum, it is now recommended that pre-service education for MBBS students be provided.⁷ Integrating GBV into the MBBS curriculum can help future physicians identify violence early, respond empathetically, provide clinical care, and ensure timely referrals. This initiative will ultimately strengthen Nepal’s commitment to achieving Sustainable Development Goal 5 (gender equality) and contribute to the prevention of GBV, even at the primary healthcare level.

GBV remains a major yet often overlooked public health and human rights concern. As healthcare professionals are frequently the first point of contact for survivors, integrating GBV into the MBBS curriculum is essential to equip future physicians with the reasonable skills and knowledge. The scars of survivors should no longer go unattended or unhealed.

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