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Efficiency Measurement of General Activities of One Stop Crisis Centre: A Study on Khulna Medical College Hospital, Bangladesh

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Abstract

The present study was an attempt to find out the efficiency level of general activities of OCC in KMCH. This study based on the primary and the secondary data concludes that the efficient organizational practices can remove the inefficiency of the organization for a long time and vice versa. The author considered eight activities followed by OCC in KMCH. The hypotheses were developed in the light of objectives of this study, where, H_0 = there is no difference between observed mean and expected mean of each organizational activity as well as H_1 = there is difference between mean of each organizational activity. Moreover, z value has been calculated for testing hypothesis by using the formula: $z = \frac{\bar{x} - \mu}{\sigma_{\bar{x}}}$ where three variables (Medical treatment, Social welfare service, Security by OCC police) were rejected and rests of five variables such as Legal examination, Psychological counseling, Legal counseling, Rehabilitation, and Temporary Shelter are accepted. So OCC should improve all of the accepted activities for ensuring the smooth service for the victim.

Key Word: Khulna Medical College Hospital (KMCH), One Stop Crisis Centre (OCC), Violence against Women (VAW)

1. Introduction

Efficiency plays a vital role for any organization. Efficiency in general activities of One Stop Crisis Centre helps to achieve its goal. One Stop Crisis Centre is a multi-sectoral project that deals with violence against women in Bangladesh. One Stop Crisis Centre, a multi sector program on violence against women, started its activities on 19th August, 2001 at Dhaka Medical College Hospital to provide all the sorts of services to the survivors (victim) from a common sector without any cost. Hence it is named as One Stop Crisis Centre (OCC). It is under the Ministry of Women and Child affairs (Lead Ministry) and funded by Royal Denmark Government (DANIDA). Other implementing Ministries are Ministry of Health and Family Welfare, Home affairs, Information and Ministry of Law and Justice and Parliamentary affairs (Ministry of Women and Children Affairs 2009).

Prevention and reduction of violence against women in Bangladesh improved through a coordinated multi sector integrated Ministerial approach. OCC deals with the violence of Sexual assault, Physical assault and Burn etc. One of the significant components of the program is the OCC (One-Stop Crisis Centre) in the Medical College Hospitals (MCHs). The idea behind OCC is to provide all required services for a victim woman in one place. OCC provides the following services to the victim. The services like- Medical treatment, Medico legal examination of the victim at OCC by forensic department, Psychological counseling, Legal counseling and support by lawyer, Security by OCC police, Social welfare service by the social welfare department, Temporary Shelter and Rehabilitation. (www.msppvaw.org.bd/occ.php)

The study addresses the issue of targeting the victim women by helping them through health service, legal support, and justice and so on. It will help to emphasis on Violence against Women (VAW) in Bangladesh so that our women can be more concerned about their rights.

2 Rationale of the Study

Gender violence is a major issue in Bangladesh and, unfortunately, one that is neglected by various government agencies. Women's emancipation in the market and economy has, unfortunately increased the violence against them both in the domestic and public sphere (Khan, S.R 2007). Violence against women is now a universal phenomenon. However, the extent and form of violence differs from one society to another society. In Bangladesh the violence against women depends on different social and cultural concept. For example-gender discrimination, lack of awareness, poverty, illiteracy, the status of women in their family and the social view point in torture and rape.

Violence against women is amongst the most serious threats to overall development and progress in Bangladesh. Widespread violence and repression in numerous forms puts women's lives at risk in almost all parts of the country. This is further compounded by the gender bias against women in the society. Before discussing the nature and extent of violence against women it is important to focus on the general socio-economic and legal rights of women in Bangladesh. Well Known risk factors of violence and sexual assaults are prevalent in Bangladesh, among other illiteracy poverty and lack of education. Very few women are aware of their rights. (Annual Report of One Stop Crisis Centre, 2009)

Being a third world country like Bangladesh is badly affected by the violence against women. What are reasons for increasing the violence against women in Bangladesh? Definitely it is a crucial question in this 21st century. Violence occurring in the family, including Battering, Sexual abuse of female children in the household, Dowry related violence, Marital rape, Non-spousal violence and violence related to exploitation, Female genital mutilation and Other traditional practices harmful to women. Violence occurring within the general community Rape, Sexual abuse, sexual harassment and intimidation at work, in educational institutes and trafficking in women and forced prostitution. (Annual Report of One Stop Crisis Centre, 2009)

Available data from the Police Department give some indication of the extent of these types of violence. This data indicates that in 2004 there were 3081 crimes for dowry, 3083 women were raped, and 198 women were injured from acid attack. The most significant part of this data is only one seventh (5584) of the total (34061) number of accused were arrested. In 2009 violence was the cause of death for twice as many women as those who died of tuberculosis, leprosy, skin diseases, tumor and cancer combined. (Bangladesh Bureau of Statistics 2009)

From available research and other documents, it is clear that violence against women in Bangladesh is a grave problem. However, this understanding has done little to redress the devaluation of women in the Bangladeshi culture. The general attitude is reflected in the lack of will to assist women effectively when they seek help. The research is initiated to understand role of One Stop Crisis Centre to stop violence against women in Bangladesh. In the aspect of Bangladesh, it is very important to know the present condition of violence against women (VAW) and how the One Stop Crisis Centers (OCC) are playing role to prevent the violence and establish women right all over the Bangladesh. In the above context, the research work is more important one.

3. Objectives of the Study

The main objective of the study is to find out the efficiency of general activities of OCC on Khulna medical college hospital (KMCH)

The secondary objectives are as follows:

- To know the present condition of violence against women (VAW)
- How does OCC play role to prevent the violence

- To provide guidelines how OCC can improve their services
- More specifically, the some of the hypothesis of this study regarding some organizational variables are as follows

H_0^1 : The medical treatment of OCC is not satisfactory.

H_1^1 : The medical treatment of OCC is satisfactory.

H_0^3 : OCC does not conduct sufficient psychological counseling

H_1^3 : OCC conducts sufficient psychological counseling

H_0^5 : OCC does not provide sufficient security by OCC police.

H_1^5 : OCC provides sufficient security by OCC police.

H_0^7 : OCC does not arrange temporary shelter for the victim.

H_1^7 : OCC arranges temporary shelter for the victim.

4. Sources of Data and Methodology

A research design is simply a framework or a plan for a study that may be used as a guide in collecting and analyzing data (Gilbert A. Churchill 2003). Given the nature of present study, data have been collected both from the primary and the secondary sources. But the study is mainly based upon the primary data.

Primary Sources of data

Mainly the primary data were collected by the structured questionnaire for the study. The 100 samples were taken from the population as Employees of One Stop Crisis centre, KMCH 6, Medical Students 20, Victims family 20, and Victims 54. The 100 samples were taken from directly and indirectly related to the One Stop Crisis Centre, Khulna Medical College Hospital. Interview technique was used for the collection of primary data. The questionnaire consists of eight questions which were related to general activities of OCC. Seven point Likert type scale has been used in the questionnaire to measure the efficiency of general activities of OCC where 7 for strongly good and 1 for strongly bad have been given in order to analyze data.

Secondary Sources of data

Secondary data were collected from the books, Internet and different articles published in the journals, magazines, and Annual report of the One Stop Crisis Centre.

Descriptive statistics was used to analysis the data. Tabulations, cross tabulation, graphical presentation, and statistics such as mean, standard deviation were mostly used for the analysis of this study. Moreover hypothesis test was also conducted, if the calculated value (z) is greater than critical value (z_c), then it rejects the null hypothesis and accepts the alternative hypothesis. The analysis and its findings are described below.

5. Data Analysis and Major Findings

5.1 Profile of the respondents:

The age of the respondents was 20 to 50 and most of the victims were within 20-35. The education level of the respondents were graduation to masters 29%, SSC to HSC 41% and rest of the respondents were illiterate. The study found the partial scenario of violence against women in Bangladesh as well as general activities of One Stop Crisis Centre, Khulna Medical College Hospital (KMCH).

5.2 Statistical data about OCC activities of KMCH

Insert Table 1 here

The above table shows that the different category of activities offered by OCC from 2001 to 2011

5.3 Overall activities of OCC at KMCH

One of the significant components of the program of KMCH is the OCC (One-Stop Crisis Centre). The idea behind OCC is to provide all required services for a victim in one place. The OCC provides the following services:

Insert Figure 1 here

a) Medical treatment: Administration or application of remedies to a patient or for a disease or injury; medicinal or surgical management; therapy (www.thefreedictionary.com/treatment). As the concept of madness as a physical disease gained ground, it became common practice to try to cure such patients with traditional heroic medical therapies, including cupping, purging, and bleeding. On the basis of the opinion of respondents; the efficiency level of this variable is 75% that is satisfactory.

b) Medico legal examination of the victim at OCC by forensic department: The series of steps that is usually required for a medicolegal autopsy include: (1) an examination of the scene of the death (such as taking photographs of the body and the surrounding area), (2) an identification of the body (with the help of photographic identification cards and acquaintances of the victim), along with appropriate tagging of the body, (3) an external examination of the corpse (including a detailed description of all injuries and wounds), (4) a dissection and internal examination (including skeletal and dental characteristics), along with a recorded verbal account of the autopsy, and (5) a toxicological examination of all body fluids, organs, and tissues (for evidence of alcohol, drugs, poisons, and other relevant forensic substances) (www.enotes.com/forensic-science/medicolegal-death). 46 respondents found that medico legal examination of OCC was good but others 22% found bad and rest of the respondents was neutral.

c) Psychological counseling: The treatment of mental and emotional disorders through the use of psychological techniques designed to encourage communication of conflicts and insight into problems, with the goal being personality growth and behavior modification (medical-dictionary.thefreedictionary.com/Psychological+counseling). This is an important function by the OCC for the victim but the level of efficiency of this function is only 62%

d) Legal counseling and support by lawyer: Counseling in the public health setting can be a challenging, frustrating, and rewarding process: challenging because it requires the use of skills such as assessment, treatment planning, counseling methodology, and referral; frustrating due to high caseloads and increased paperwork due to managed care and low client motivation; and rewarding when a counselor sees individuals regain control of their lives. Knowledge of mental illness and of chemical dependency treatment and recovery issues will enhance a counselor's ability to improve people's lives and their communities (www.answers.com/topic/counseling-psych-in-encyclopedia). About 40% respondents found that legal counseling and support by lawyer of OCC was good but others 30% found bad and rest of the respondents was neutral.

e) Security by OCC police: Public security is the function of governments which ensures the protection of citizens, organizations, and institutions against threats to their well-being – and to the prosperity of their communities (en.wikipedia.org/wiki/Public_security). This is one of the functions of OCC in KMCH which is found at very satisfaction level.

f) Social welfare service by the social welfare department: Social welfare is about how people, communities and institutions in a society take action to provide certain minimum standards and certain opportunities. It is generally about helping people facing contingencies (www.socialpolicy.ca/cush/m1/m1-t3.stm). On the basis of the opinion of respondents; the efficiency level of this variable is 73% that is satisfactory.

g) Temporary Shelter: Temporary shelter means the process of arranging shelter of the victim at any place for the short time by the OCC. Though this is the function of OCC, but OCC does not arrange properly temporary shelter for the victim. That is why; the level of efficiency of this variable is 58%.

h) Rehabilitation: The process of restoring an injured person to the level of physical fitness enjoyed before the injury. In the past, rehabilitation usually followed the treatment of an injury, but now treatment and rehabilitation tend to take place simultaneously. The aim of rehabilitation is to restore athletes to full fitness safely and in the shortest possible time so that they can train and compete at a standard as high as, or even higher than, before the injury. Speedy rehabilitation is particularly important to ageing athletes because the longer they are unable to train properly, the harder they must work to regain full, competitive fitness. It takes about twice as long for an athlete aged 60 to recover from an injury as someone aged 20. A rehabilitation program should include all aspects of physical fitness, especially flexibility, strength, endurance, balance, muscle coordination, agility, and skill. In this respect, it is similar to a conditioning program. However, in every phase of rehabilitation recovery from injury must have prime consideration and additional stress to the injured area must be avoided. If an athlete returns to competition before complete rehabilitation, there is a high risk of recurrence of the injury or development of a new one (www.answers.com/topic/rehabilitation). About 36% respondents found that legal counseling and support by lawyer of OCC was good but others 34% found bad and rest of the respondents was neutral

5.4 Test of Hypothesis

(The opinions of the respondents have been analyzed in the following):

Insert Table 2 here

From the above table, the hypotheses are tested by using differences between the observed mean and expected mean. The calculated 'z' values on above table are determined by using the following formula:

$$Z = \frac{\bar{x} - \mu}{\sigma_{\bar{x}}}$$

Where,

Z = Calculated value

\bar{X} = The mean value of each organizational variable of One Stop Crisis Centre

μ = The expected mean of each organizational variable of One Stop Crisis Centre

$\sigma_{\bar{x}}$ = Standard deviation of each organizational variable of One Stop crisis Centre

At 5% level of significance, the critical value of z for two tailed test is ± 1.96 . If the computed value of z is greater than +1.96 or less than -1.96, then reject H_0 , otherwise accept H_1 . Moreover, the above table represents that 05 variables are accepted among 08 variables and rest 03 variables are rejected that means there is significant different among the 03 variables whereas, there are no significance differences among 05 variables.

6. Recommendations and Conclusion

6.1 Recommendations

Efficiency of the general activities of One Stop Crisis Centre in Khulna Medical College Hospital is more important to run its activities successfully on violence against women in Khulna Division. From the survey, the present study shows that there are five variables of OCC which is required to improve. The suggestion for the study are given below

- Medico legal examination of the victim at OCC by forensic department should be improved
- Psychological counseling of OCC should be increased and arrange different types of psychological counseling program for the victim
- Most of the victims are not conscious about the legal right. So legal counseling and support by lawyer should be increased by OCC
- Rehabilitation and Temporary Shelter facilities of OCC should be increased for the victim

6.2 Conclusion

Violence against Women (VAW) has become a national issue in Bangladesh and it is a daily and often deadly fact of life for millions of women and girls (Heris, Lori 1998). From the facts and findings, the real picture of the efficiency level of general activities of One Stop Crisis Centre in Khulna Medical College Hospital is in satisfactory level (67%) but in Z-test, the present scenario not satisfactory in some of the variables. For being efficient in general activities of One Stop Crisis in Khulna Medical College Hospital depends on the proper planning, strategy and getting help from the different organization is required. So they should take proper steps for improving the quality of services to the victim.

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Table 1: One-Stop Crisis Centre (OCC) Statistics in KMCH (OCC Clients up to February, 2011)

Category	OCC, KMCH
Physical Assault	1236
Sexual Assault	175
Burn Assault	36
Total	1447
No. of Filed Cases	186
No. of Judgement Announced	05
Cases when Penalty Imposed	00

Source: <http://www.mspvaw.org.bd/occ.php>

Table 2: Test of Hypothesis

S.N	Organizational Variables	$\bar{X} - \mu$	$\sigma_{\bar{x}}$	Calculated Z value	(5% level of significance) Critical Z value	Result of H ₀
1	Medical treatment	1	0.108972	9.176629	1.96	Rejected
2	Legal examination	0.24	0.136011	1.764563	1.96	Accepted
3	Psychological counseling	0.07	0.143443	0.487997	1.96	Accepted
4	Legal counseling	-0.06	0.147442	-0.40694	1.96	Accepted
5	Security by OCC police	1.38	0.097627	14.13546	1.96	Rejected
6	Social welfare service	0.89	0.138578	6.422353	1.96	Rejected
7	Temporary Shelter	-0.16	0.152378	-1.05002	1.96	Accepted
8	Rehabilitation	-0.24	0.145255	-1.65227	1.96	Accepted

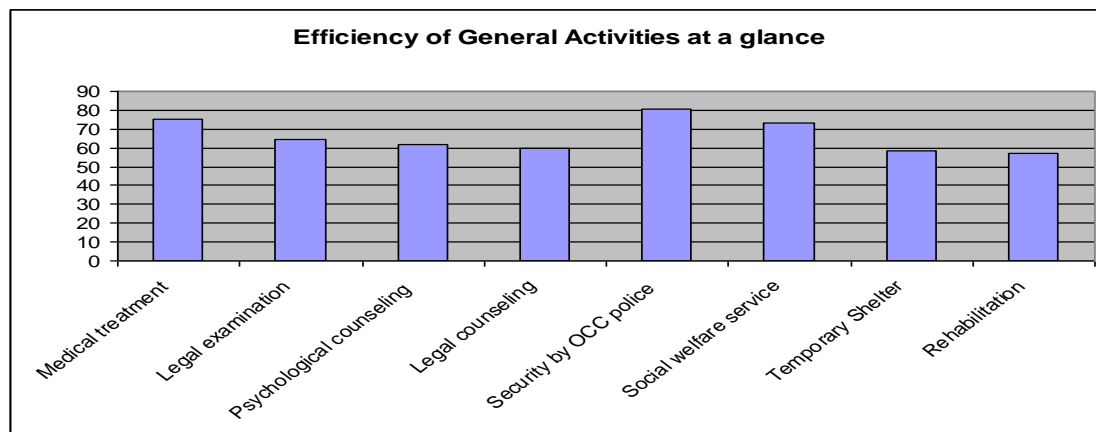
Source: Field Survey

Table 3: Field Survey Data

Organizational Variables	Strongly Good	Very Good	Good	Neutral	Bad	Very Bad	Strongly Bad	Mean	SD
Medical treatment,	16	25	29	28	2	0	0	5.25	1.089725
Legal examination	8	17	21	32	15	6	1	4.49	1.36011
Psychological counseling	7	13	25	30	13	9	3	4.32	1.434434
Legal counseling	5	17	18	29	18	9	4	4.19	1.474415
Security by OCC police	20	36	34	7	3	0	0	5.63	0.976268
Social welfare service	18	25	30	12	10	5	0	5.14	1.385785
Temporary Shelter	6	12	21	29	16	10	6	4.09	1.523778
Rehabilitation	4	12	20	30	18	11	5	4.01	1.452549

Source: Field Survey

Figure-1



Source: Field Survey

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