

Training course in adolescent sexual and reproductive  
health 2019

Violence against women and girls: prevention, support  
and care

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### **Question 1:**

**Name 3 forms of gender-based violence that you are aware of, occurs in your community/country.**

The three forms of gender-based violence (GBV) that I am aware of and occur in my country, Kenya, are, (i) intimate partner violence including sexual, physical and emotional abuse with an estimated prevalence rate of 45% among women and girls aged 15-49 according to the Kenya Demographic and Health Survey (KDHS, 2014)<sup>6</sup>, (ii), female genital mutilation (FGM) with an estimated prevalence rate of 21% among women and girls aged 15-49<sup>6</sup>, and (iii), forced and early marriages<sup>1 2</sup> with an estimated prevalence rate of 23% for girls married before their 18<sup>th</sup> birthday and 4% for girls married before their 15<sup>th</sup> birthday in 2017<sup>7</sup>.

### **Question 2:**

**Gender-based violence has negative consequences to women and girls, their families, and their communities and societies. Name three such consequences.**

First, a negative consequence of gender-based violence (GBV) to women and girls is that they suffer from reproductive health problems<sup>2 3 4</sup> such as genital fistula and miscarriages. Second, a negative consequence of GBV to the families is loss of wages and income<sup>2 4</sup> through absenteeism from work or inability to work. Third, a negative consequence to the communities and societies is loss of participation of women and girls in public life<sup>2</sup> such as lack of women leaders and decision-makers.

### **Question 3:**

**In many places health care providers do not respond effectively and with sensitivity to women and girls who experience gender-based violence. Firstly, in your opinion, why is this so? Secondly, name three things that could be done to change the situation.**

In my opinion, health care providers do not respond effectively and with sensitivity to women and girls who experience GBV because most of them are not trained to identify or recognize signs or consequences of violence, and they do not consider violence to be a health issue. Additionally, women and girls experiencing violence do not

Three things that can be done to change the situation and improve efficient and sensitive communication to women and girls who experience GBV are; (i) provide training and skills in pre and in-service curriculum<sup>2</sup> to health care staff to be able to identify, prevent and effectively respond to GBV and ensure woman and girls get the support and care they deserve, (ii) providing women centered, age-, gender-sensitive and culturally appropriate quality care to survivors<sup>2</sup> such as individual and group psychosocial support, and (iii) improve access to services by integrating care for women experiencing violence into existing health programs and services<sup>2</sup> such antenatal, postnatal care or reproductive health programs.

#### **Question 4:**

**Firstly, what are the seven strategies that comprise RESPECT? Secondly, what do R and T stand for, and what is the evidence of the effectiveness of both? Thirdly, what will it take to implement R and T in your context?**

The seven strategies that comprise RESPECT are; (i) Relationship skills strengthened, (ii) Empowerment of women, (iii) Services ensured, (iv) Poverty reduced, (v) Environments made safe, (vi) Child and adolescent abuse prevented, and (vii) Transformed attitudes, beliefs and norms<sup>4</sup>.

The letter “R” in the RESPECT program stands for *relationship skills strengthened* and “T” stands for *transformed attitudes, beliefs, and norms*.

The effectiveness of relationship skills strengthened is evident in group based workshops with both men and women aged 15-26 in the *Stepping Stone* project in South Africa, where males in the intervention group were less likely to perpetuate intimate partner violence (IPV), rape, and transactional sex compared to the baseline<sup>4</sup>. The effectiveness of transformational attitudes, beliefs and norms, is evident in the *SASA!* project in Uganda that prevents violence against women by shifting the power balance between women and men in relationships, whereby, 76% of women and men in *SASA!* Communities believe that physical violence against a partner is not acceptable while 26% women and men in control communities believe the same<sup>4</sup>.

Group-based workshops would be implemented with women, men, boys, and girls to promote gender equality in terms of having equal rights, shared decision making, and access to and control over resources to build trust between partners to strengthen relationship skills. Transformational attitudes, beliefs and norms would be implemented through community mobilization and creation of support networks amongst men and women in communities to address root causes, risk factors, types, consequences of violence, and develop gender-sensitive (solutions that work for both men and women) and culturally appropriate solutions (using existing structures such as tribunals to address GBV) from the community to ensure ownership, accountability, and sustainability.

#### **Question 5:**

**Gathering and using data on violence against women and girls is important. Identify three actions that you believe all countries could carry out immediately.**

*First*, countries should establish baselines for prevalence on GBV through population-based surveys and integrate violence against women and girls’ modules in recurring population-based surveys as a benchmark to assess whether proposed interventions addressing GBV are effective<sup>2</sup>. *Second*, countries should strengthen routine reporting of violence against women and girls’ statistics by including indicators and collection of data in health information and surveillance systems<sup>2</sup> by using gender sensitive indicators as part of the Sustainable Development Goals (SDGs) such as prevalence of intimate partner violence in the last 12 months among women aged 15 years and older (SDG target 5.2- eliminate all forms of violence against women and girls)<sup>4</sup>. *Third*, conduct and support the collection, analysis, and use of age, and sex-disaggregated data on violence against women and girls<sup>2</sup> to address trends in prevalence and put in place corrective measures.

## **References**

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