

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?

In Ethiopia, the 3 most common forms of gender based violence are: *female genital mutilation, child marriage, and intimate partner violence*. More than one-third of ever-married women (35 percent) report that they have experienced physical, emotional, or sexual violence from their husband or partner at some point in time. Twenty-four percent of women report that they experienced emotional violence, 25 percent experienced physical violence, and 11 percent experienced sexual violence. Similarly, intimate partner violence, female genital mutilation, and early and forced marriage are observed forms of GBV in my community (Dire Dawa).

Question 2:

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

The violence experienced by women and adolescence girls rooted from gender inequality has resulted in a negative consequence to:

- 1) Women and girls: injuries to genitalia and disabilities of all forms including incontinent, fistula, and Sexual and reproductive health problems such as unintended pregnancies, induced abortion (often unsafe), the acquisition of HIV and STIs, and mental health problems of adverse outcome beyond predisposing them to unhealthy behavior during adolescence & adulthood
- 2) Their family's experiences anxiety and feeling of insecurity to enforce them to fled away for safe space abandoning their routine ways of living income.
- 3) Their communities and societies are affected by high cost of services due to lack of participation of affected women and girls in public services.

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 general, health services are slow to recognize violence for victims (women and girls) are ashamed of seeking care for lack of support but stigma from families and community. However, challenges such as: lack staff trained on violence and limited resources. Hence untrained providers lack a knowledge and skill to consider violence as a health problem and proactively probe and talk about it and help once GBV being recognized by care providers. Thus, the following three intervention would change the situation;

- 1) Train health care providers and integrate training on violence against women and girls in pre- and in-service curriculum for all health professionals

- 2) Implement protocols for providing quality care, using WHO guidelines/tools
- 3) Improve access to services by integrating care for women experiencing violence into existing programme and services

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?

- 1) The seven strategies to prevent violence against women that comprises RESPECT are: strengthening Relationship skill such as interpersonal communication of women and girls , social and economic Empowering of women, ensuring the range of Services, reduce the Poverty of women at household, Create safer Environment, Establishing a child and adolescence abused preventive nurturing family relationship, and Transforming the attitudes, beliefs, and norms
- 2) The R and T in the seven strategies stands for:
 - R stands for strengthening relationship skill such as interpersonal communication, conflict management and shared decision-making skills of individual and group of women, men or couple through:
 - Group-based workshops with women and men to promote egalitarian attitudes and relationship (*promising in low but more evidence required in high income countries for its effectiveness*) and
 - Couples counselling and therapy (*promising in high but more evidence required in low income countries for its effectiveness*).
 - T stands for transformed attitude, beliefs, and norms that challenge harmful gender attitudes, beliefs, norms and stereotypes that uphold male privilege and female subordination, that justify violence against women and that stigmatize survivors. Strategies such as:
 - community mobilization: (*promising in low but no evidence in high income countries for its effectiveness*)
 - group-based workshop: (*promising in low but more evidence required in high income countries for its effectiveness*)
 - Social marketing or edutainment: (*more evidence required both in low- and high-income countries for its effectiveness*)
 - Group based workshop: (*promising in low but more evidence required in high income countries more for its effectiveness*)
 - group education: (*conflicting evidences in low while more evidence required in high income countries for its effectiveness*)
 - Stand-alone awareness campaigns/single component communications campaigns to efforts can be used as a strategy: (*conflicting evidences both in low, and high-income countries more for its effectiveness*)
- 3) This refers to selection of evidence-based interventions to implement strategies of R: group-based workshops with women and men to promote egalitarian attitudes and relationship, while to implement T: community mobilization, and group-based workshop.

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?

The three actions to gather and using data on violence against women and girls by countries would be:

- 1) Strengthen routine reporting of violence against women and girls' statistics by including indicators and collection of data in health information and surveillance systems
- 2) Establish baselines for prevalence through population-based surveys and integrate violence against women and girls' modules in recurring population-based surveys
- 3) Conduct or support analysis and use of disaggregated data on violence against women and girls