

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.

Due to factors such as the traditional almajiri system in Northern Nigeria where the child is sent to far-to reach areas to gain knowledge but end up begging on the streets or those sent to work at tender ages or the general level of poverty and ignorance, my community has its share of gender based violence. Three forms of gender based violence that occur in my community include:

1. **Sexual violence:** This is most common among children and adolescents, both males and females and also among family members. Internally displaced persons due to conflicts are also greatly affected. This is due to their vulnerability by being underage, orphaned or poor.
2. **Intimate partner violence:** This is also common in various forms- physical, sexual, financial and emotional. This is usually under-reported because the survivors fear abandonment due to lack of economic empowerment.
3. **Forced /early marriages:** Early marriage is commonplace in my community. This ultimately exposes the adolescent to early/unwanted pregnancy and its complications as well as the consequences of lack of education.

Question 2:

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

Negative consequences of gender-based violence include:

1. **To women and girls:** Sexual violence or intimate partner violence increases the risk of unwanted pregnancies which may force the survivor to seek for unsafe abortions especially in my country where the law only approves of induced abortions on medical grounds. There is also an increased risk of acquiring infections such as HIV or sexually transmitted infections. These forms of violence also expose the victim to physical injury and disability.
2. **To the families:** Gender-based violence exposes the victim to mental health disorders in form of depression, suicidal ideation and attempt and also post-traumatic stress disorders. When there is lack of family support, abandonment/ostracism, members of families suffer from loss of home and security and loss of income. Children of abused women also suffer anxiety and behavioural disorders.
3. **On the communities and society:** The consequences seen within the community is a direct extension of that of the victim. Loss of working hours as a consequence of complications of gender based violence will reduce overall productivity and she/he may withdraw from engaging in public activities within the community. The burden of gender-based violence also translates to high cost of health care provision because health care workers will need to be trained, and infrastructure laid down to cater for those involved.

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 most instances, health care providers have not been trained on recognition and management of gender based violence. Oftentimes they are slow to recognize violence because it is not considered a health problem. If they do, they may not know what to say, how to empathize and help clients that come with the complaints. Society also modifies this thought as it is believed to be the girl or woman's fault that the violence occurred in the first place, not recognizing her rights to be treated with dignity and respect without discrimination. It could also be a hospital limitation where there may be restricted financial resources or few health staff that can be dedicated specifically for management of gender-based violence cases.

In order to improve the effectiveness of service delivery, there will be a need for advocacy visits to relevant stakeholders in government to create awareness on gender-based violence and ensure political commitment for allocation of budgets and resources to provide infrastructure and human resource.

Health care providers need to be trained in order to have the necessary skills for the provision of quality care that is woman centred and gender sensitive to survivors.

Training on violence against women needs to be integrated into pre service and in-service curriculum of health care providers.

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?

These are implementing strategies developed by the World Health Organization as a framework of action to prevent violence against women. Violence against women is rooted in gender inequality therefore interventions targeted through these strategies are essential to combat and reverse the trend. The seven strategies comprising RESPECT include:

R- Relationship skills strengthened: refers to strategies aimed at improving communication skills, conflict management and shared decision making among individuals, couples, or groups.

E- Empowerment of women: refers to economic and social empowerment including inheritance and asset ownership, gender and empowerment training interventions, collective action, creating safe spaces and mentoring to build skills of self-efficacy and confidence

S- Services ensured: refers to the range of services to be provided to survivors such as health, social services, police and legal representation.

P-Poverty reduced: refers to strategies aimed at alleviation of poverty such as cash transfers, savings and loans

E- Environments made safe: refers to provision of safe spaces such as schools, public spaces and work environments.

C- Child and adolescent abuse prevented: by implementing parenting programmes, nurturing family relationships and preventing corporal punishments.

T- Transformed attitudes, beliefs and norms: refers to strategies that challenge harmful gender attitudes, belief and stereotypes that uphold male dominance and female subordination, that justify violence against women and stigmatize survivors.

The 'R' stands for 'Relationship skills strengthened'. This refers to strategies aimed at improving communication skills, conflict management and shared decision making among individuals, couples, or groups.

Studies done in low and middle income countries such as South Africa to show the effectiveness of strengthening relationships observed that an intervention such as group based workshops with men and women promoting healthy relationship showed significant reduction in violence outcomes. This was observed in more than one evaluation. However in high income countries, group based workshops showed improvements in only intermediate outcomes related to violence but more evidence was needed. Couple counseling and therapy in studies among high income countries showed significant reduction in violent outcomes, but only showed improvements in intermediate level outcomes among low/middle income countries.

The 'T' stands for 'Transformed attitudes, beliefs and norms'. This refers to strategies that challenge harmful gender attitudes, belief and stereotypes that uphold male dominance and female subordination, that justify violence against women and stigmatize survivors.

The studies carried out to show the effectiveness on transforming attitudes through interventions such as social marketing, edutainment and group education, group education with men and boys and standalone awareness /single component communication campaigns did not collectively show as much promise. Community mobilization through group based workshops showed significant reduction in violence outcomes in low/middle income countries but was ineffective among high income countries. Social marketing and group education showed some improvements in intermediate outcomes related to violence in both high and low/middle income countries but more evidence is needed to ascertain its effectiveness. Standalone campaigns were ineffective in both high and low income countries buttressing the importance of multiple and community interventions to cater for the complexities surrounding gender based violence. A community intervention carried out in Uganda showed positive attitudes against physical violence compared to control communities.

In Northern Nigeria, sociocultural norms have defined the roles of the girl child in terms of educational attainment and economic independence. Although there has been marked improvement but there is a lot to be achieved. Attitudinal change has to be thought of as a long term achievement.

In order to improve relationships and transform attitudes, beliefs and norms, massive advocacy campaigns need to be carried out to community gate keepers and religious leaders on the burden of violence against women and girls and the negative consequences on the family and community and the development of a positive society as a whole. The importance of girl child education and her role in community development has to be emphasized. This will need to be backed up by evidence from local studies to humanize the importance of this awareness creation. This also provides a forum to critically analyze cultural practices that are harmful to the community.

These advocacy visits will provide opportunities for town hall meetings with heads of households, village heads, women and youth groups where information will be shared and positive contributions made on the importance of reporting and how to prevent gender based violence in communities and also on how to empower women economically by skills building. It is also an avenue to suggest and support regular activities to engage the youths in building positive and healthy relationships. Radio and TV programmes can also be organized at intervals for awareness creation and discussion on gender based violence issues.

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.

In order to fulfill the commitment to reduction of violence against women as targeted in the SDGs, relevant and interpretable data need to be collected. It is well known that gender based violence is under-reported globally and therefore countries can contribute positively by:

1. Countries need to form a technical working group at the national level involving all relevant stakeholders from all ministries, departments and agencies, community leaders and gate keepers, non-governmental and civil society groups to develop policies on the prevention of violence against women. They will also be saddled with the responsibility of developing monitoring and evaluation tools with specific indicators that can fit into the overall health management and information system. This should also align with global short and long term indicators.
2. Countries can also improve the quality of data collection by building the capacity of health care providers and data entry personnel. This involves training in identification of gender based violence and utilization of tools for easy collation of information. This provides an avenue to develop, evaluate and scale-up interventions to prevent or reduce violence against women and girls.
3. Countries can also strengthen routine reporting of violence against women and girls' statistics by collaborating and investing in research with other stakeholders such as non-governmental organizations to establish the burden of the problem. This provides an evidence-base for developing programmes and evaluating already existing interventions.