Training course in adolescent sexual and reproductive health 2021

Violence against women and girls: prevention, support and care

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Question 1.1

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

Gender-based violence refers to violence directed against a woman because she is a woman or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion, and other deprivations of liberty (1). Among ever-partnered girls aged 15–19 years, the lifetime prevalence of IPV is 29% (2) Previous studies from Nigeria have shown the prevalence of IPV to range from 31 to 61% for psychological/emotional violence, 20 to 31% for sexual violence, and 7 to 31% for physical violence. Furthermore, studies conducted in different regions in Nigeria have reported prevalence of IPV ranging from 42% in the North, 29% in the South West [9], 78.8% South East, to 41% in the South South. (3) The prevalence of child sexual abuse worldwide is estimated to be approximately 18% for girls and 8% for boys (4). Gender- based violence is rooted in gender inequality as attitudes justifying violence against women and girls are often widely held by women and men, and sexual harassment is widespread, including in institutions assumed to be safe, such as schools (5,6).

- 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.
- 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.
- 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 1.2

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.

To ensure that health care providers have the necessary specialized knowledge and skills to provide appropriate care for GBV victims and refer cases of GBV to provide health, psychosocial, protection or legal services, an entire framework and strategy should be developed. It should include:

- Strategy and program for awareness raising and sensitizations Capacity building of medical personnel and first responders and establish pool of skilled health care providers
- Advocacy for adaptation of package of health services in hospitals to include GBV care, development of a standard treatment protocol in line with protocols for other health issues.
- Establishment of integrated multi-sectorial system, funding mechanism and monitoring and evaluation

Question 1.3

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

- Robust reporting system: Strengthen routine reporting of violence against adolescent girls statistics by including indicators and collection of data in health information and surveillance systems.
- Focus on research: Conduct research to develop, evaluate and scale up health systems interventions to prevent or reduce violence against women and girls.
- Strengthened data analysis mechanism: Conduct or support analysis and use of disaggregated data on violence against women and girls.

Question 2

Firstly, what do R and T in the RESPECT framework stand for? Secondly, what is the evidence of the effectiveness of both R and T? Thirdly, what will it take to implement R and T in your context?

The framework by World Health Organization contains a set of action-oriented steps that enables policymakers and health implementers to design, plan, implement, monitor and evaluate interventions and programmes using seven strategies to prevent Violence against women. The strategies are summarized in R.E.S.P.E.C.T, with each letter representing one strategy.

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. Community based HIV prevention programme in 70 villages (clusters) in the Eastern Cape province of South Africa called 'Stepping Stones' was implemented with an aim to improve sexual health by using participatory learning approaches to build knowledge, risk awareness, and communication skills and to stimulate critical reflection. Stepping Stones significantly improved a number of reported risk behaviors in men, with a lower proportion of men reporting perpetration of intimate partner violence across two years of follow-up and less transactional sex and problem drinking at 12 months (7).

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. SASA, a community intervention in Uganda, show that in communities where the intervention was implemented, 76% of women and men believe physical violence against a partner is not acceptable while only 26% of women and men in control communities believe the same. Moreover, at the cost of US$ 460 per incident case of partner violence averted in trial phase, intervention is cost-effective and further economies of scale can be achieved during scale-up. (8)

In Nigeria, most especially Northern region, 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 3

What are the three intervention types that have been found to be effective at preventing violence against women and girls in a recent rigorous review, when well designed and executed?

- Combined economic and social empowerment programmes targeting women.
- Parenting programmes to prevent IPV and child maltreatment.
- Couples' interventions (focused on transforming gender relations within the couple, or addressing alcohol and violence in relationships).

Question 4.1

What are three specific initiatives for institutional reforms in a health sector that have shown promising impact on level of violence or the health and wellbeing of survivors? (1.5 marks)

- Policies, procedures and protocols to improve the health care response.
- Sensitization and training of health professionals.
- Development of information systems such as epidemiological surveillance, and morbidity statistics on violence.

Question 4.2

What according to you makes "life-skills programs" for adolescent boys effective against gender-based violence?

Effectiveness of life skills programs on boys is to enhance attitudes, knowledge and practices in regards to gender discrimination, sexual violence and sexual harassment against the opposite sex, promoting gender-equitable norms and nonviolence. Life skills programs takes into account psychosocial competencies and interpersonal skills that help to take right decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with managing their lives in a healthy and productive manner.

Increase awareness of sexual harassment and violence at the community level, Strengthen legal and administrative sanctions against sexual harassment in schools and communities.

Question 4.3

What three effects did the Durbar community mobilization activities have on the communities?

- Community workshops and theatre raised awareness of abuse,
- Increased willingness of parents to report abuse, and,
- Allowed the community to confront the problem of abuse without putting individual girls at risk of retaliation.

Question 5.1

Who were identified as major perpetrators of physical and sexual violence among men and women in the Somalian study during their childhoods?

Perpetrators of physical violence during childhood among women included family members (43%), father/stepfather (29%) and teachers (15%), while neighbours (20%), someone from another clan (18%) and strangers (15%) were reported as perpetrators of sexual violence during childhood. Among men, commonly reported perpetrators of physical violence during childhood were father/stepfather (43%), teacher (35%) or family members (24%), while perpetrators of sexual violence included father/stepfather (34%), family friend (16%) and other individuals (16%).

Question 5.2

Of the following factors, identify two factors that were associated with lifetime intimate partner violence (IPV) and non-partner violence (NPV) victimization among women as well as lifetime violence victimization and perpetration among men.

- Belonging to a minority clan.
- Having a history of migration or displacement.

Question 6

What according to you is the most prevalent form of gender violence in your country and why? Is there any initiative that has been targeting GBV or laws and policies supporting victims?

The most common acts of violence against women in Nigeria include sexual harassment, physical violence, harmful traditional practices, emotional and psychological violence, socio-economic violence and violence against non-combatant women in conflict situation. "Women and girls may suffer violent acts in the household and within the family which could be habituated by socio-cultural attitudes and traditions," these factors also range from husbands

preventing their wives from working or denying them funds for necessities such as children's school fees, health services and even food.

The Nigerian legal system is plural: there is statutory and sharia law in the northern zones coexisting with customary law in rural areas. The simultaneous application of this three-tier system creates varied degrees of protection for the rights of women and children. The country has an active federalist political system; and both the federal and state governments have the prerogative to pass laws affecting women and children. A state must pass (domesticate) a law for it to be legally binding in that state. The federal government of Nigeria has ratified multiple international laws and conventions to address the historical discrimination and marginalization of women and girls, including GBV. (9)

Reference

1. Convention on the elimination of all forms of discrimination against women: general recommendation no. 19. New York: United Nations; 1992.
2. Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner violence. Geneva: World Health Organization; 2013.
3. Benebo FO, Schumann B, Vaezghasemi M. Intimate partner violence against women in Nigeria: a multilevel study investigating the effect of women's status and community norms. BMC women's health. 2018 Dec;18(1):1-7. Available at: https://doi.org/10.1186/s12905-018-0628-7
4. Stoltenborgh M, van IJzendoorn MH, Euser EM, Bakermans-Kranenburg MJ. A global perspective on child sexual abuse: meta-analysis of prevalence around the world. Child Maltreat. 2011;16(2):79–101.
5. Understanding and addressing violence against women: sexual violence. Geneva: World Health Organization; 2012.
6. Attitudes and social norms on violence. New York: United Nations Children's Fund; 2017.
7. Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, Duvvury N. Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. Bmj. 2008 Aug 7;337. doi: 10.1136/bmj.a506.
8. Abramsky T, Devries K, Kiss L, Nakuti J, Kyegombe N, Starmann E, Cundill B, Francisco L, Kaye D, Musuya T, Michau L. Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. BMC medicine. 2014 Dec;12(1):1-7.
9. Al-Kyari FM, et al. "Institutional assessment for the Nigeria for Women Project." Washington, DC: World Bank Group; 2018. Available at: http://documents1.worldbank.org/curated/en/731521555064925144/pdf/Gender-Based-Violence-An-Analysis-of-the-Implications-for-the-Nigeria-for-Women-Project.pdf