

Training course in adolescent sexual and reproductive  
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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.**

Consequences of Gender-based violence:

1. Women and girls suffer e.g.: physical injuries, disabilities, mental, sexual and reproductive health problems including unintended pregnancies and induced abortions (unsafe), acquisition of HIV and STIs, suicidal attempts and depression.
2. Families suffer e.g.: children anxiety, depression and behavior problems such as unsafe sex, alcohol misuse and substance use, loss of home, search for safe space, loss of wages and income.
3. Communities and societies suffer e.g.: lost productivity, loss of women's and girls' participation in public life (1, 2).

### **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.**

From my experience and view: We are still facing lack of trained health staff that are not prepared to deal, recognize, report and respond to violence and sexual abuse, also they hesitate to discuss physical or sexual violence with patients, also they think that violence is a social problem rather than health issue therefore the health care providers don't respond effectively.

1. Strengthen health service delivery and health providers' capacity to respond to violence against women and girls including implementation of protocols and guidelines to provide quality care for all women and survivors and improve access to integrated care services.
2. Strengthen health system leadership and governance. Laws & policies, prevention strategies & their implementation, & access to high quality care & support services need to be strengthened.
3. Strengthen programming to prevent violence against women and girls also strengthen information collection and evidence (1, 2).

### **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.**

All countries are obliged to immediately pursue all appropriate means of eliminating gender-based violence. This can be by strengthening routine reporting of violence against women and girls' statistics by including indicators and collection of data in health information and surveillance systems. Due to the underreporting, there is also need to establish baselines for prevalence through population-based surveys and integrate violence against women and girls.

Also Facilitate efforts by others to research violence against women and girls, to know gaps and evaluate interventions.

## **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?**

R: Relationships skills strengthened: refers to strategies aimed at individuals or groups of women, men or couples to improve skills in interpersonal communication, conflict management and shared decision-making.

T: Transformed attitudes, beliefs, and norms: refers to strategies 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. These may range from public campaigns, group education to community mobilization efforts.

Evidence of effectiveness “Implementation of strategies”

R. Group-based workshops, in the two-year period following the implementation of Stepping Stones in South Africa with female and male participants aged 15–26 years, men were less likely to perpetrate intimate partner violence, rape and transactional sex in the intervention group compared to the baseline.

T. Community Mobilizations, community intervention in Uganda that prevents violence against women by shifting the power balance between men and women in relationships. Studies show that in SASA communities 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.

In our country we need community mobilization and awareness for transformation, also to empower women, and financial resources. We are lacking of baseline data, as well as capacities and skills in recognition and reporting of VAWG. The social awareness and political advocacy is important to implement RESPECT strategy.

## **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?**

What Works to Prevent Violence against Women and Girls program which was implemented from 2013 to 2019. The assessment of the evidence-base was by Randomized Controlled Trial (RCTs), quasi-experimental, or pre-post-tests, one was on social marketing campaigns and two studies of female sex worker interventions and the most effective interventions as presented and as indicated in the table:

- Parenting programs to prevent intimate partner violence (IPV) and child maltreatment.
- School-based interventions to prevent dating consequently sexual violence and for peer violence.
- Community activism and community based interventions to shift harmful gender attitudes, build equitable gender norms & attitudes in boys & girls and social norms.
- There are also other interventions not mentioned in the presentations, such as:
- Interventions that work with individuals and/or couples to reduce their alcohol and/or substance abuse (with or without other prevention elements).
- Couples' interventions (focused on transforming gender relations within the couple, or addressing alcohol and violence in relationships).
- Interventions with female sex workers to reduce violence by clients, police or strangers (i.e., non-intimate partners) through empowerment/collectivization or alcohol and substance use reduction.

### **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?**

Most initiatives work on policies, procedures and protocols to improve the health care response, sensitization and training of health professionals, routine screening and referral systems, development of information systems such as epidemiological, surveillance, and morbidity statistics on violence, survivor services (counseling, support groups), improved coordination and referrals other sectors, curricular changes in training of nurses and medical personnel. The initiatives are:

1. The “systems approach” to improving the health care response to violence against women: these initiatives include changes in norms, policies and protocols, infrastructure upgrades to ensure private consultations, training all staff (including managers).
2. Routine screening (also called routine enquiry): Research indicates that without routine screening, providers typically identify only a fraction of women requiring assistance with physical or sexual abuse.
3. Community-based networks and multi-sectoral collaboration: Many health care organizations have joined community-based networks with other governmental and non-governmental institutions, such as legal aid, criminal justice institutions, social welfare, education, and social services.

### **Question 4.2**

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

Life-skills program can be more effective for adolescent boys through changing and improving attitude and behaviors towards gender-based violence by school-based, community-based and peers' education, to increase respect and support for girls and women, while helping males to improve their own lives. Moreover, improving attitudes, knowledge, skills and practices of

educators and school-based sexual abuse prevention programs, as there are cases of violence reported at the school.

### **Question 4.3**

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

Durbar effects on the communities: a) raised awareness of abuse, b) increased willingness of parents to report abuse, and c) 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: family members (43%) were the major, followed by father/stepfather (29%) and teachers (15%), while neighbors (20%) were the major perpetrators of sexual violence during childhood, followed by someone from another clan (18%) and strangers (15%). Among men, commonly reported perpetrators of physical violence during childhood the major were father/stepfather (43%), followed by teacher (35%), family members (24%), while perpetrators of sexual violence included father/stepfather (34%) were the major, followed by family friend (16%) and other individuals (16%) (3).

### **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.**

Factors for lifetime IPV & NPV are:

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

### **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?**

From my knowledge the violence in Yemen are such as:

- Domestic violence, physical, verbal, psychological abuse: having large families, low economic resources, low education level and alcohol & drugs abuse by mainly father.
- High rates of child marriages: women and girls who are married as children are more likely to experience Gender-Based Violence (GBV), low education level.

- Female Genital Mutilation (FGM): to conserve and protect virginity.
- Sexual Harassment: women are not empowered, low economic status and increase internal displacement, low education level.
- Social norms and stigma against women
- Sexual exploitation abuses and rape: belonging to a minority clan, women are not empowered, low economic status and increase internal displacement
- Children labor: low economic status, having large families and increase internal displacement.

In Yemen women are subjected to various forms of violence, including physical and psychological abuse within the family, deprivation of education, early marriage, forced marriage, exchanged marriage, sexual harassment, abuse and violence, restrictions and control over freedom of movement, exclusion from private and public decision-making roles and processes, forced pregnancy, denial of inheritance, deprivation of utilizing from health services, and female genital mutilation/cutting. There is Safe Motherhood Law, the age of marriage which is illegal until 18 years of age or more, also the FGM not conducted by medical doctors due to ministerial decree issued by the Ministry of Health (MoH) that prohibits this act (4). There are initiatives working on GBV e.g.: Women National Committee (WNC), NSMA, National network (SHIMA) and Oxfam-GBV. There is the National Strategy for Woman Development which includes women empowerment including GBV also Development and Poverty Reduction Plan. Moreover, the MoH is adopting GBV guideline for health providers to build their capacities and identifying the reporting means.

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