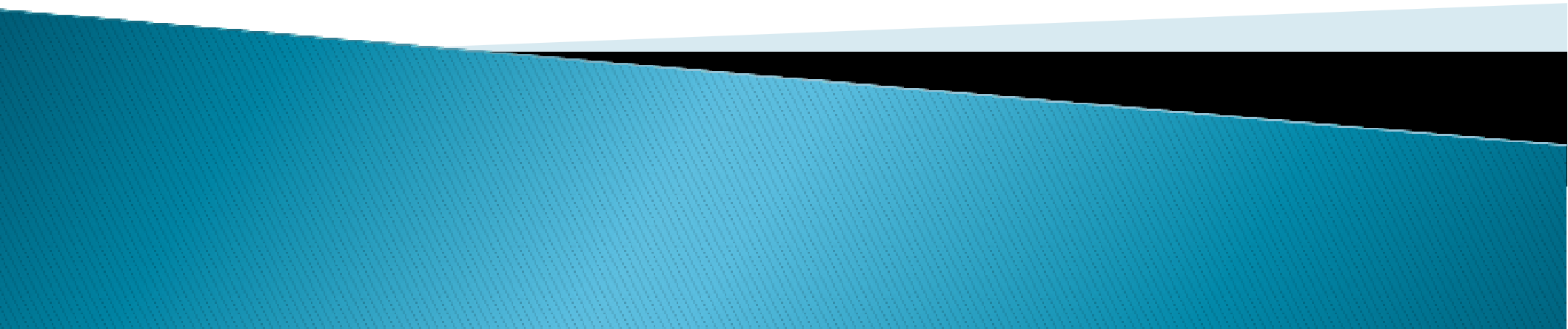
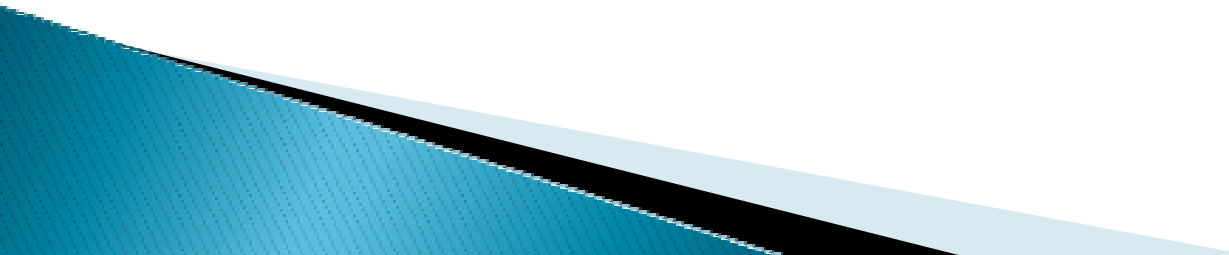


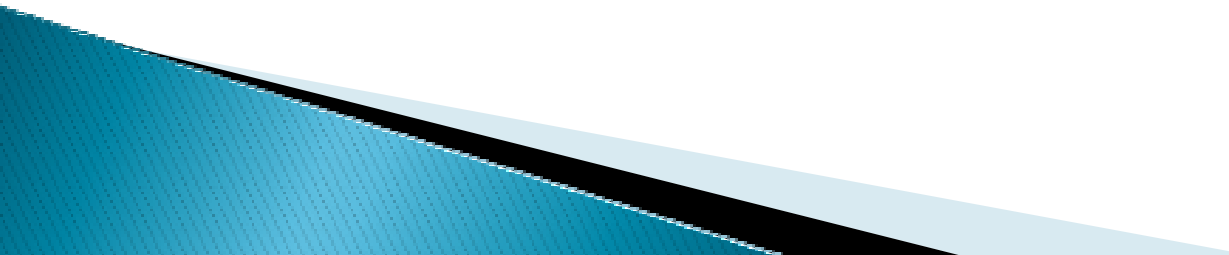
GENDER AND GENDER MAINSTREAMING

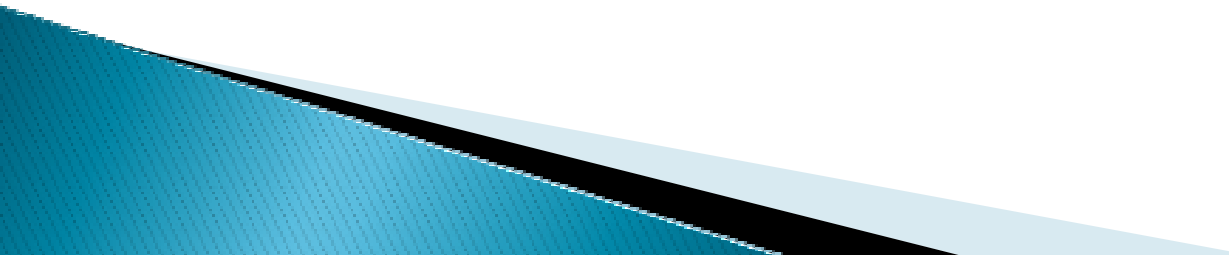
PRESENTER: JEDIDAH KWEYA

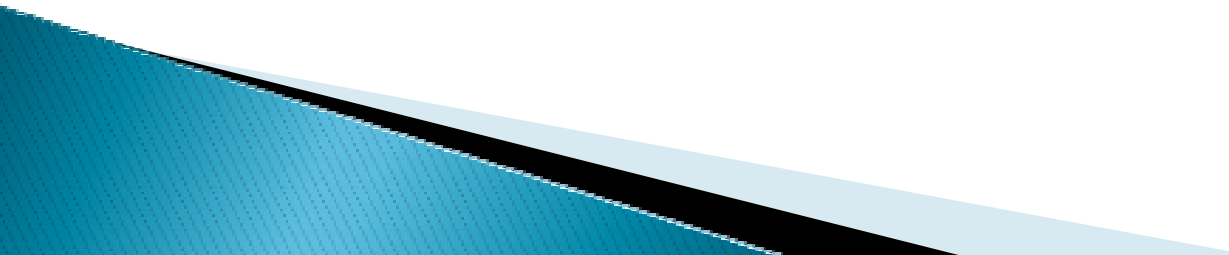


SPECIFIC OBJECTIVES

1. Define terms in relation to gender
 2. Explain the difference between gender and sex
 3. Identify gender role expectations and how they can limit life options
 4. Describe the social construction of gender
 5. Explain basic gender and development concepts
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6. Explain the purpose of gender analysis
 7. Explain the purpose of gender mainstreaming
 8. Discuss gender issues reproductive health services
 9. Discuss forms of gender violence and their management
 10. Define female genital mutilation and classification
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11. Describe female genital mutilation/ cutting practices as a violation of fundamental human rights
 12. Describe female genital mutilation and/ cutting
 13. Describe the management of girls and women with female genital mutilation / cutting complications
 14. Outline strategies for the prevention of female genital mutilation
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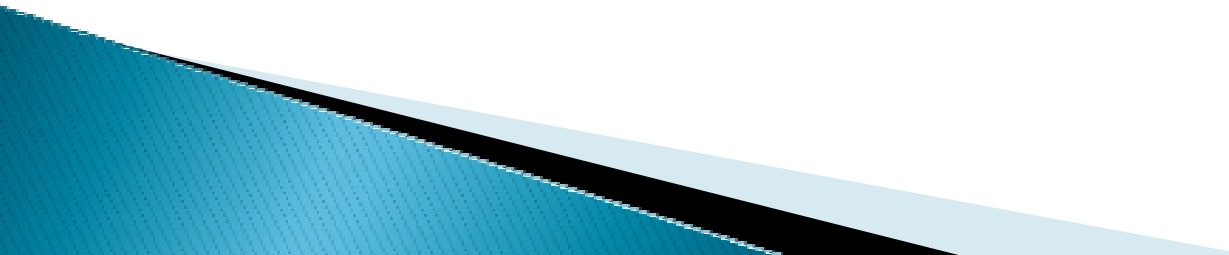
15. State policy legislation and professional ethics in relation to FGM/FGC
 16. Analyze own values , attitudes and biases towards FGM/FGC in relation to human rights and reproductive health complications
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Definition of gender terms

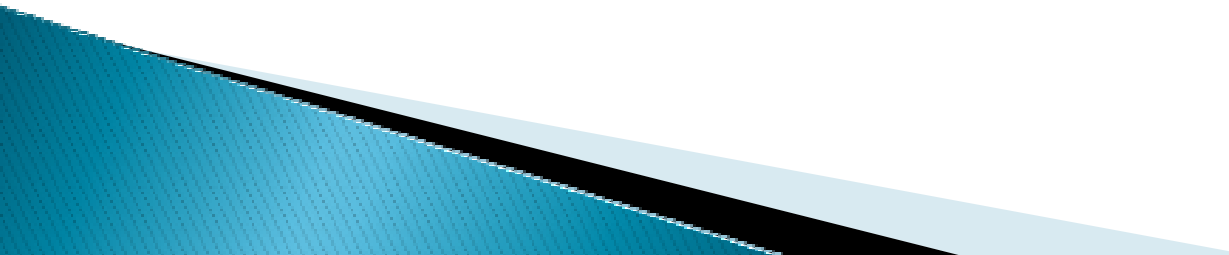
Gender :-

- ❖ The socially constructed roles and responsibilities assigned to women and men in a given culture or location and societal structures that support them
 - ❖ The division of roles by sex, determined by any given society and dictated cultural ,religious or other values that have little to do with the anatomy or genetic make up of a person
- 

Gender Roles

- ❖ Activities assigned to individuals on the basis of socially determined characteristics, as stereotypes, values ,attitudes, beliefs and practices
 - ❖ established through the influence of the family, community, schools, religion, culture/tradition, history, media, policies, peer groups and workplace
- 

Gender stereotypes

- ❖ Is a standardized idea or character.
 - ❖ emerges from confusion between sex roles and gender roles believed that gender roles are based on biological differences rather than social constructed expectations. For example the belief that women are shy and gentle because of their biology rather than their social expectations
 - ❖ It categorizes men and women according to rigid constructs and promote the belief that these differences are biological
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Gender sensitivity

- ❖ ability to recognize gender issues

Gender Responsive

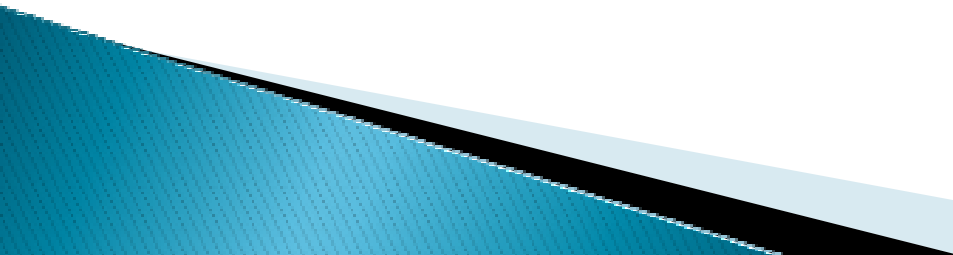
- ❖ A higher level of gender sensitivity where one is not able to recognize but also empowered to address the gender issues and hence take action to solve a gender problem

Gender discrimination

- ❖ It is unequal or unfair treatment of men and women based solely on their sex rather than on their individual skills, talents and capabilities

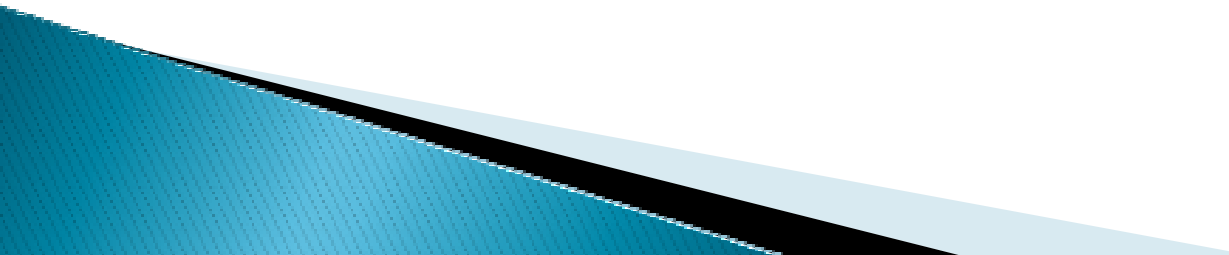
Difference between Sex and Gender

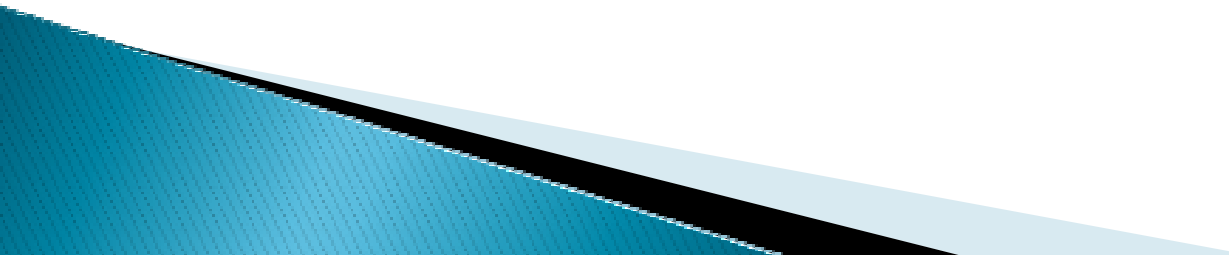
SEX

- ❖ Does not vary
 - ❖ Biological (penis, vagina, ovaries, testes, uterus)
 - ❖ universal (factors related to sex are the same around the world men have penises and women have vaginas in every country)
 - ❖ Born with
- 

- ❖ Generally unchanging (change is now possible with surgical intervention)

Gender

- ❖ varies within and between cultures
 - ❖ socially constructed roles, responsibilities and behaviour
 - ❖ Cultural (elements related to gender vary within and between cultures: the role of men and women in Kenya may be different from the roles of men and women in India)
- 

- ❖ Learned behaviour
 - ❖ changes overtime (in the past ,few women became lawyers and physicians, today it is very common to find women in these professions
- 

Gender role expectations and how they limit life options

- ❖ **Social** - different perceptions of men's and women's social roles:
 - the man is seen as the head of the household and the chief breadwinner,
 - while the woman is seen as a nurturer and caregiver

- ❖ **Political** - differences in the way in which women and men assume and share power and authority.
 - Men are more involved in national and higher level politics,
 - while women are more involved at the local level in activities linked to their domestic roles

- ❖ **Education** - Differences in the educational opportunities and expectations of girls and boys
 - family resources are directed to boys rather girl's education
 - girl's are streamed into less- challenging academic tasks

- ❖ **Economic** - Differences in women's and men's access to lucrative careers and control over financial and other productive resources, such as:
 - credit
 - loans
 - land ownership

Social construction of gender

- ❖ Affects the physical and psychological development of both boys and girls in a number of areas, many of them accelerated by poverty .
- ❖ e.g. Access to food, vulnerability to illness and health care access, education, susceptible to violence and exploitation, labour, the media.

- the society and culture create the roles and the roles are generally ideal or appropriate behaviour for a person of that specific gender e.g. access to food, status in relationships & labor participation based on norms & belief.
- Gender is socially constructed through activities like: songs, stories, games, proverbs etc.

-

From birth, the female is trained the female gender roles .e.g. encouraged to be co-operative, compassionate, caring, nurturing.

- female are expected to help in the kitchen intended to prepare her as a wife or mother.

- male are encouraged to be independent, assertive, competitive, suppress emotions and feelings especially the ones that are tender.

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-the should nurture the spirit of achievement by understanding their differences from girls.

- Boys are bought toys & tracks to encourage a daring spirit

- Dolls given to girls to promote the gender role caring

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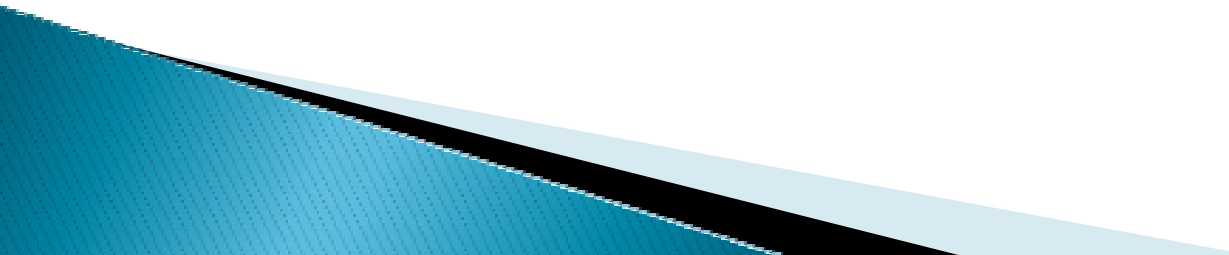
-Girls names are supposed to be feminine, soft, pretty, and symbolic of goodness, sweetness and beauty e.g. Susie, Betty, jeddy.

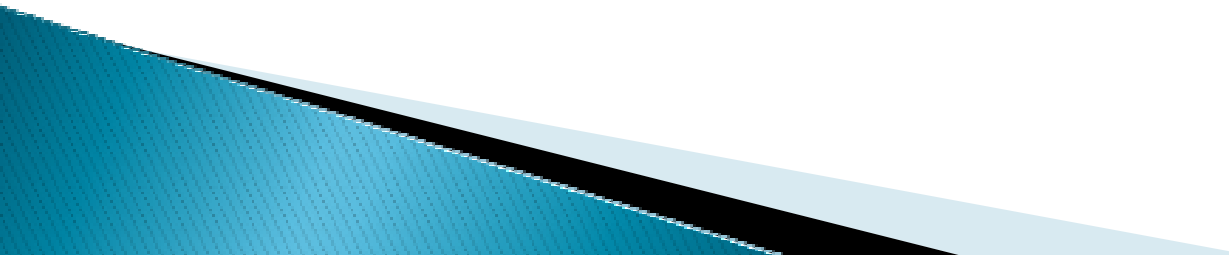
-Boys names are supposed to be masculine-short, harder in tone, symbolic of strength, determination and intellect i.e. Dan, Tony, Davie.

-Names are also the beginning of practices that socialize the young into culturally prescribed gender roles e.g. Wafula ,Nafula in Bukusu culture.

- other cultures state that : crying in boy infant is a sign of strength and lust for life while crying in girl infant is a sign of a complaining personality

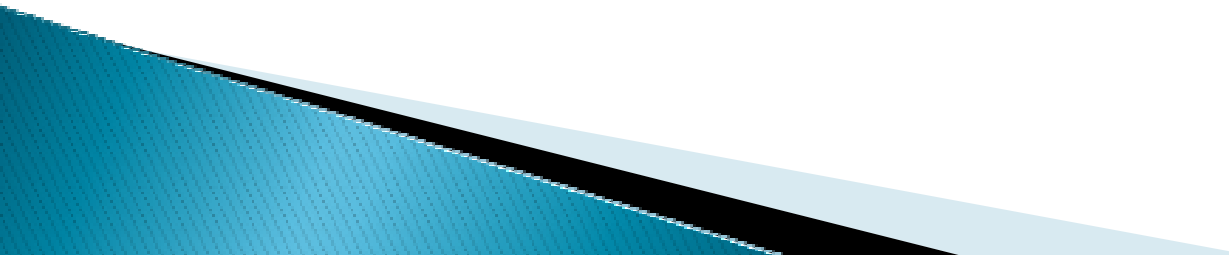
Concepts of Gender

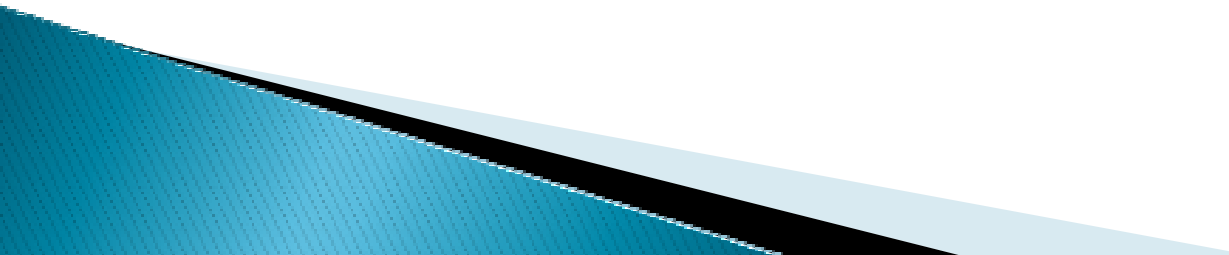
- ❖ **Gender analysis** :- a systematic gathering and examination of information on gender differences and social relations in order to identify, understand and redress inequities based on gender
 - ❖ **Gender discrimination** :- a systematic , unfavorable treatment of individuals on basis of gender which denies them the right, opportunities and resources
- 

- ❖ **Gender division of labor** :- socially determined ideas and practices which define what roles and activities are viewed appropriate for men and women
 - ❖ **Gender equality** :- denotes that women having similar opportunities in life as men including ability to participate in the public sphere
- 

- ❖ **Gender equity** :- equivalence in life outcomes for women and men recognizing their different needs and interests and requiring a re- distribution of power and resources i.e.
 - being fair to women and men
 - fairness in access to opportunities

- ❖ **Gender mainstreaming:-** an organizational strategy to bring a gender perspective to all aspects of an institutions policy and activities through building gender capacity and accountability

- ❖ **Gender needs** :- shared and prioritized needs identified by women that arise from their common experiences as a gender.
 - ❖ **Gender planning** :- technical and political processes and procedures necessary to implement gender sensitive policies
 - ❖ **Gender relations**:- hierarchical relations of power between women and men that tend to disadvantage women .e.g. position, control & power
- 

- ❖ **Gender training** :- a facilitated process of developing awareness and capacity on gender issues to bring about personal and organizational change for gender equality.
 - ❖ **Gender violence**:- any act or threat by men or male dominated institutions that inflict physical , sexual or psychological harm on a woman or girl because of their gender
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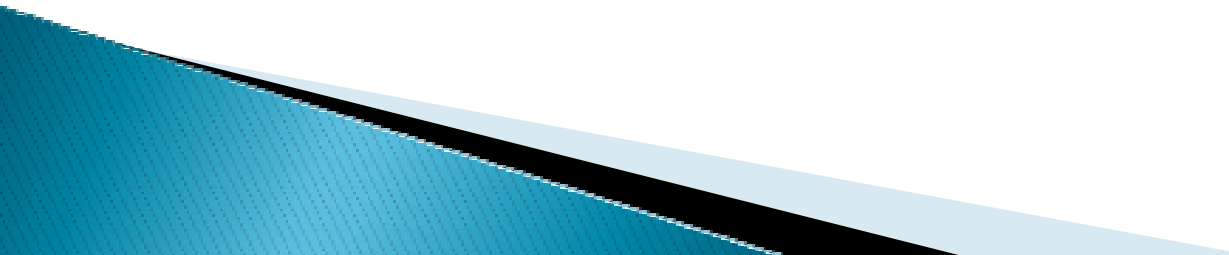
- ❖ **Gender stereotypes:-** beliefs attitudes about masculinity and femininity or simplistic generalizations about gender attributes, differences and roles of individuals and groups

GENDER ROLES

- A. **Male gender roles:-** in the African community, male circumcision was and still is an important rite of passage.
 - ❖ In the recent past, research has shown that it is an practice that should be emphasized especially for medical reasons e.g. prevention of incidences of STIs and HIV/AIDs. This assigns, a circumcised man in the African set up had several responsibilities

These include:-

- ❖ **Reproductive role** :- they produce many children .
e.g. the Maasai set up
- ❖ **Provider role** :- the man is to provide for the family .e.g. traditionally, men could go hunting to put a meal on the table for their families. In the modern society, they earn money to provide for their families

- ❖ **Protector role** :- Males are assumed to be strong, fearless, aggressive and risk takers.
 - ❖ **Leaders** :- A circumcised male was expected to take up leadership roles
 - ❖ **Role model** :-Males were expected to be of good character so that their juniors would emulate them
- 

B. Female gender roles :- The female in the African set up has been discriminated upon in many ways.

The existence of female genital mutilation (FGM) made it worse for the female gender. It was during the period was FGM was treasured that the woman could not get formal education, get good and well paying jobs or even be a leader.

Pieces of literature have been written to show how this act of violence made life miserable among woman in the African set up.

Therefore, the roles of a woman include:-

- ❖ **Reproductive role** :- to reproduce and care for the household including pregnancy, childbirth, breastfeeding and child rearing

- ❖ **Productive role** :- include all tasks that contribute to income and economic welfare and advancement of the household and community .e. g.
 - cash & substance farming,
 - home based industries
 - formal sector employment

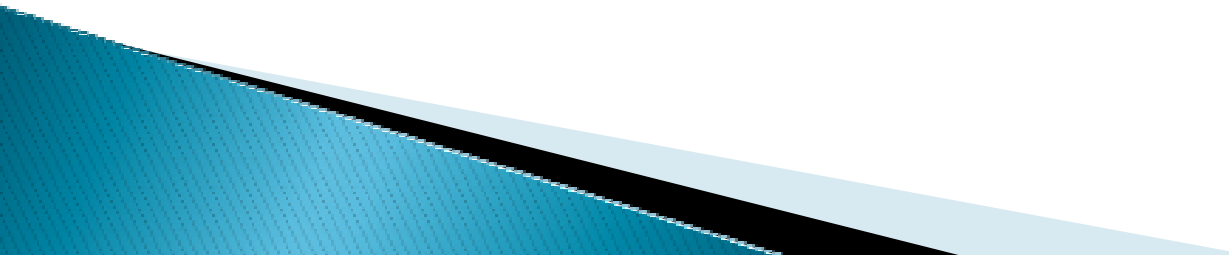
- ❖ **Household and community services** :- this are services which must be carried out daily to meet the family's and community's basic needs .e.g.
 - fuel & water collection
 - education
 - health care

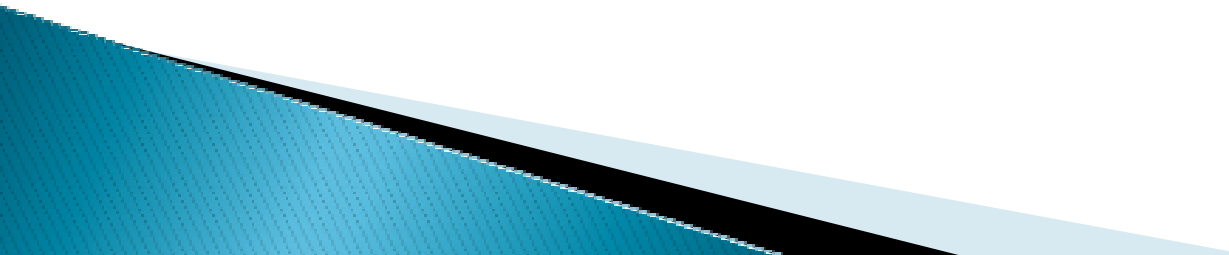
- ❖ **Community management and political activities :**
 - this is the management and conservation of resources for collective community participation in cultural and religious ceremonies
 - formal informal political activities
 - involvement in development organization .e.g. NGOs and women groups
- 

Gender Analysis

- is a systematic way of exploring the current and potential roles and responsibilities of men and women
- and their access to and control over resources and benefits within a particular setting.

Purpose of gender analysis

- ❖ Helps ensure that both women and men participate in and benefit from development.
 - ❖ Looks for the root causes of gender inequality and enables us to address them
 - ❖ look at equity of impact
 - ❖ Focuses on transforming attitudes and practices to bring about change
- 

- ❖ Helps to ensure that traditional power imbalances do not work against women and men advancement
 - ❖ Enhances effectiveness of health services
 - ❖ Ensures long –term sustainability by addressing underlying obstacles to development
- 

Application of gender analysis in health

In order to undertake gender analysis, gender analysis tools (framework) are used for example:

- ❖ **Harvard Analytical Framework** :- one of the first gender analysis models,
 - it uses three diagnostic tools to develop a description and analysis of gender roles and relations in the community

- A fourth component applies the gender analysis to a needs assessment, proposal, project, evaluation or other activity
- It focuses on describing women's and men's roles and their relative access to and control over resources
- it aims to anticipate the impact of projects on both reproductive and productive roles
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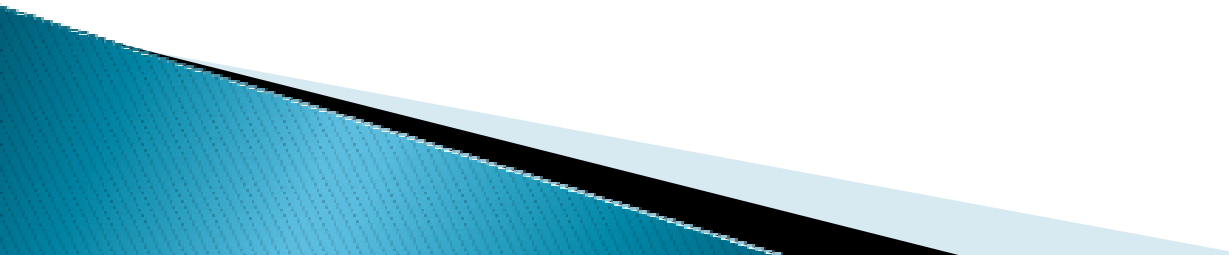
- it takes the household rather than the breadth of the institution as the unit of analysis and tends to assume women are homogenous category

- ❖ **Women's Empowerment Framework** :- This model emphasizes women participation and women's issues at every stage of the development cycle, with the overall goal of overcoming women's inequality

- it consists of a five level scale of increasing equality and empowerment

- ❖ **Change, Accessibility and Perception tool (CAP)**

- The CAP is a gender analysis tool designed to guide the development of gender sensitive IEC activities and ensure that they actively promote gender equity and equality

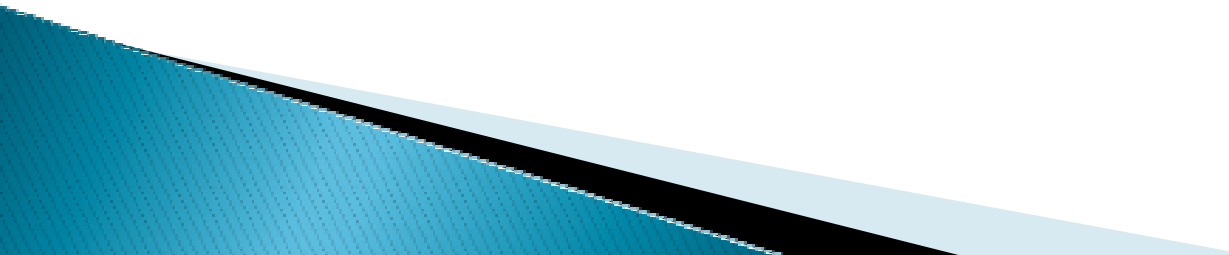
- it is a simple tool consisting of three broad components and associated questions designed to promote dialogue on gender issues
 - The CAP components are change, Accessibility/Control, and Perception
- 

- ❖ Other tools :-
 - Gender analysis matrix
 - Gender and Development Framework

Gender Mainstreaming

❖ **Background:-**

In July 1997, the United Nations Economic and Social Council (ECOSOC), defined the concept of gender streaming as follows “ Mainstreaming a gender perspective is process of assessing the implications for women and men of any planned actions , including legislation, policies or programmms, in any area at all levels.

- It is a strategy for making the concerns and experiences of women as well as men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal sphere, so that women and men benefit equally and inequality is not perpetuated.
 - The goal is to achieve gender equality
- 

Gender mainstreaming in provision of health services

There are 3 approaches to gender mainstreaming:-

❖ **Gender neutral approach:-**

- These do not account for differences between women

- do not consider how women and men may be marginalized, harmed or may not benefit from research, programmes and policy

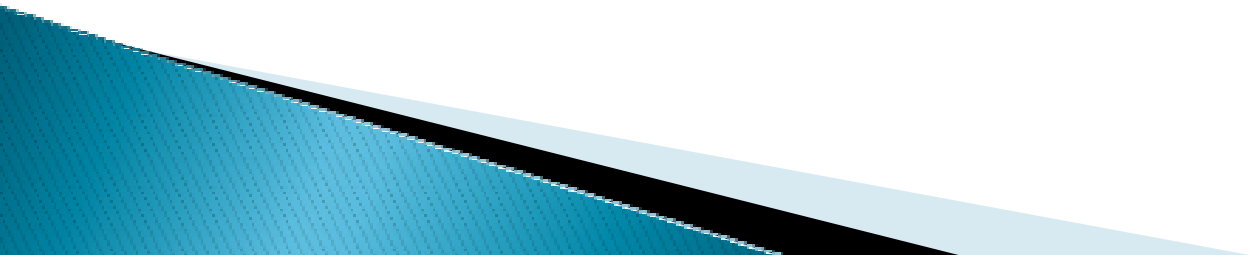
❖ **Gender awareness/Responsive approach :-**

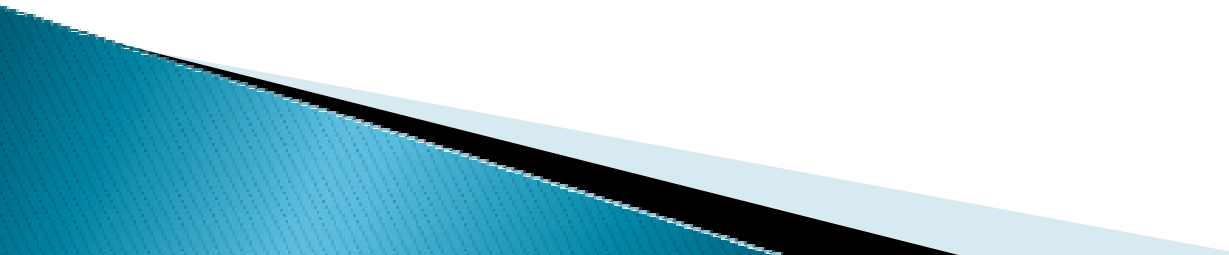
- Designed to meet both women and men's needs.

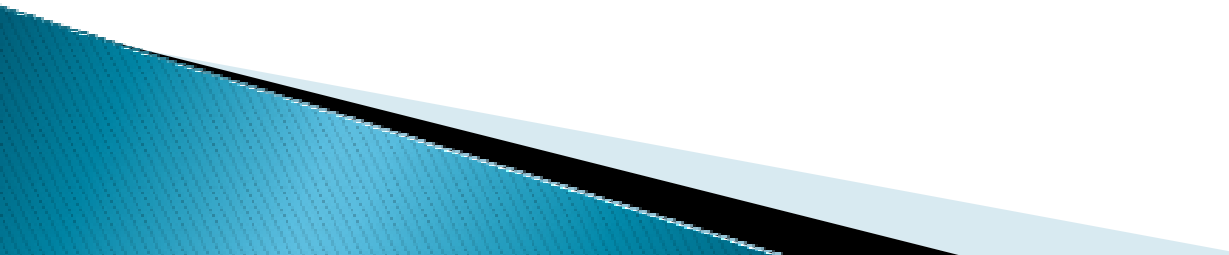
-These approaches ensure both women and men will benefit and neither be harmed by research, programmes and policy

- ❖ **Gender transformative approach :-**
 - Actively strive to examine, question and change rigid gender norms
 - and the imbalance of power as a means of achieving development goals as well as meeting gender equity objectives

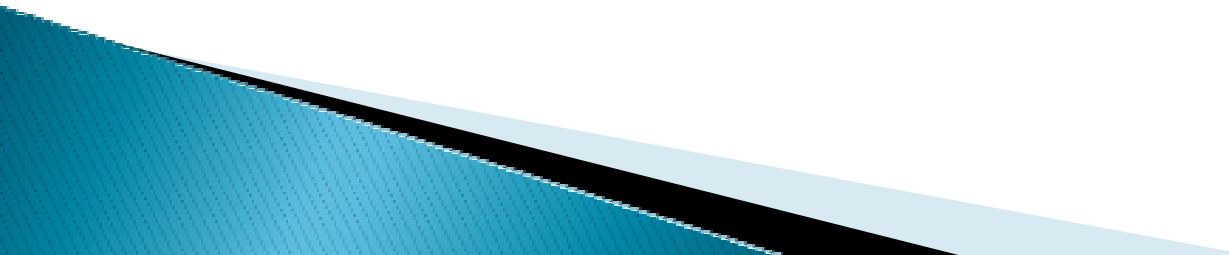
Basic principles of mainstreaming

- ❖ Adequate accountability mechanisms for monitoring progress need to be established
 - ❖ The initial identification of issues and problems across all areas of activity should be such that gender differences and disparities can be diagnosed
 - ❖ Assumption that issues or problems are neutral from a gender equality perspective should never be made
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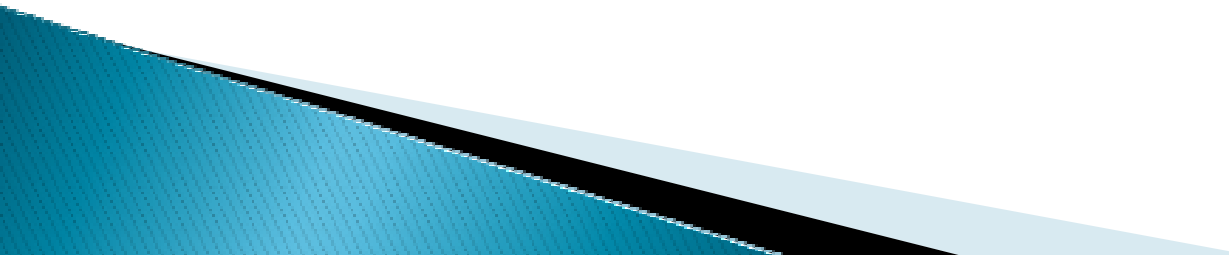
- ❖ **Gender analysis** should always be carried out
Clear political will and adequate allocation of resources for mainstreaming including additional financial human resources if necessary, are important for translation of the concept into practice
 - ❖ **Gender mainstreaming** requires that efforts be made to broaden women's equitable participation at all levels of decision making
- 

- ❖ Mainstreaming does not replace the need for targeted ,
 - women specific policies and programmes and positive legislation
 - nor does it do away with the gender units or focal points
- 

Importance of gender mainstreaming

- ❖ Makes full use of human resources by involving men and women (equality & women's empowerment)
 - ❖ Takes into account the diversity among men and women (ones interest protected)
 - ❖ Equal access to resources, benefits and services
- 

Limitations

- ❖ Lack of appropriate tools, methods and techniques for implementation of gender mainstreaming
 - ❖ Lack of training for the actors involved result in non implementation of procedural changes needed
 - ❖ Lack of resources
- 

Gender issues affecting health

POVERTY:-

- ❖ **Education attainment** - educating girls and women improves their health and that of their children
 - high literacy among women reduces infant mortality ,increases health services, prevents diseases, delays marriage and child bearing,

- increases use of family planning, increases decision making power & participation in training.
- Despite the above, many girls in some Kenyan communities do not go to school or leave school early reasons given for these include:-
 - to assist in productive work
 - lack of money to pay school fees

- families reluctant to invest in girls as they will be married off and a belief that topics taught in school are inappropriate or not useful or the girls will be exposed to wrong ways of living
- ❖ **Access and control over resources** – Very few women in Kenya have say in how to spend money even if they helped earn it

- A woman without money will not be able to attend antenatal care, get medicines or buy food needed especially during pregnancy
- Women have little access to other resources .e.g. machines, training, equipment which can make their work easier, technical advice.
- In some Kenyan culture a woman is allowed to have custody of children, inherit property ,earn income or participate in public affairs without permission of her husband, father & mother

- ❖ **Decision making** -Women are not consulted when major decisions (family planning use, when to deliver, how many children to have, when to get married and to who) are made about them the family or the community

- ❖ **Nutrition and health** - In many families men and boys eat first and have the biggest share followed by girls and finally the mother.
 - If the family is poor this means that the girls and the mother will not have enough to eat.
 - Under nutrition makes one weak and vulnerable to diseases and predisposes them to complications and problems during pregnancy

MARRIAGE PRACTICES :-

- ❖ **Early marriage** – Women in Africa tend to marry at a very early age (in some areas even at 12years old) because poor families want to have dowry, to be relieved the burden of caring and to avoid risk of illegitimate birth.

Most of these girls are married to older men which prevents them from making RH decisions as they are either shy or dependent on their husbands

- ❖ **Forced marriages:-** women are not involved in decision making .e.g., who to marry them and when.
- ❖ **Polygamy marriages :-** women may not access resources when their husbands have other wives
-They may be predisposed to harmful practices to impress the man .e.g. give birth to many boys

- ❖ **Wife inheritance** :- when women are widowed a man is selected by the family to inherit her without her consent
- ❖ **Dowry** :- Dowry is seen as a source of income.
 - Physical, psychological and sexual abuse by the husband may occur because he has paid dowry to the woman's family.

Low social, legal and economic status

- ❖ The status of women in most African communities depends on how many children she has
 - Desire for status makes women to continue having children even when pregnancy and childbirth cause serious health risk
 - Women do not have access to money , training, credit and other resources and freedom to make decision for themselves and their families

Sexual dimensions organized on gender lines

- ❖ Sexual partnership :- Society assumes men cannot control their libido and thus allows them to have many partners as they want
 - Men unlike women are allowed to make a choice of who to marry and when to marry.
 - Men can be allowed to change their sexual partners frequently and as many times as possible which predisposes them to infections, .e. g. STIs/HIV

- ❖ **Sexual art** :- Women are expected to be in full control of their sexuality all the time, not to initiate sex and do not express sexual enjoyment
- Sex is centered on pleasure and satisfaction of men and this predisposes women to harmful practices .e.g. FGC, use of herbs to satisfy men, etc. In case of infertility among either of the partner women are always blamed.

❖ **Sexual meanings** :- This is the process by which sexual thoughts behaviors' and conditions .e.g. . virginity are interpreted and ascribed cultural meaning.

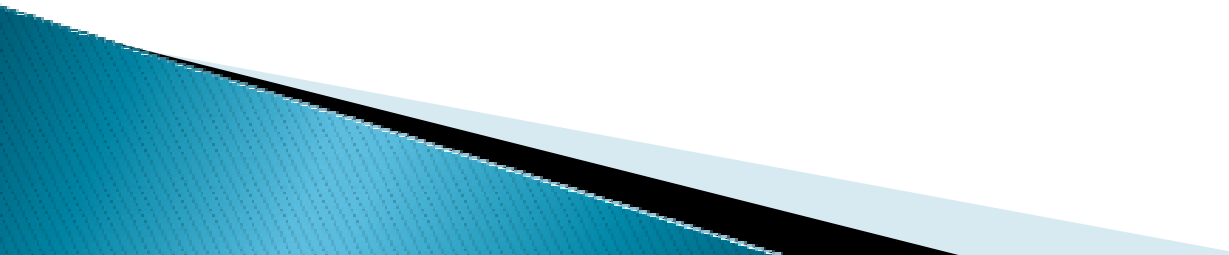
- Perception of pleasure shows the nature of the body , what is considered erotic and when to talk about sexuality and with who. Men are supposed to demonstrate virility at all times.

- ❖ **Sexual drives and enjoyment** - it includes men and women knowledge of the body's sexual and reproductive capacities and the ability to obtain physical and emotional pleasure from fantasy, sexual encounters or self stimulation .
 - it involves formation of sexual identities, social conditioned sex drives and perception of pleasure

Gender based violence

- ❖ Acts of violence with power inequities (between women & men, girls and boys) that result in or are likely to result in physical,
 - sexual or mental harm or suffering, including threats of such acts,
 - coercion, arbitrary deprivation of liberty whether occurring in public or private life

TYPES OF GENDER VIOLENCE

- ⊠ Sexual violence e.g. rape, incest, sexual harassment, female genital mutilation (FGM)
 - ⊠ Physical violence e.g. domestic, violence. Husband/wife beating
 - ⊠ Psychological violence e.g. early marriages, abuse, distribution of resources
- 

Effects and consequences of violence to individuals, family or community

- Separation/divorce
- Death
- Physical injuries
- Psychological trauma
- Delinquency
- Prostitution
- Unwanted pregnancy
- Infection with HIV

Common examples of gender-based violence in Kenya:

- ⊠ Rape/sexual violence
- ⊠ FGM

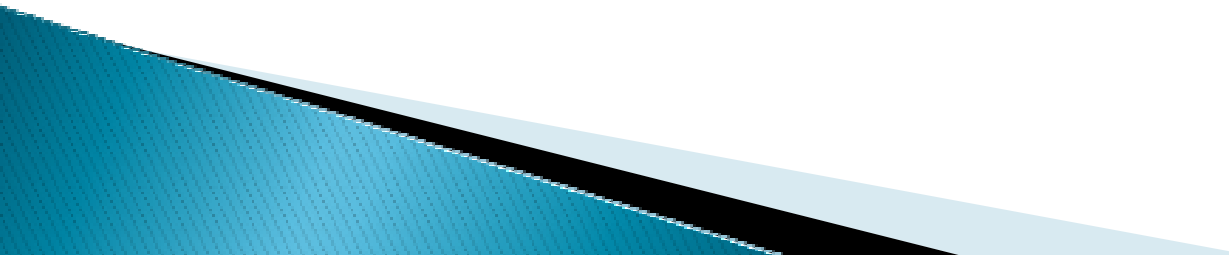
Sexual violence

There is no generic definition of sexual abuse in law but a general definition is:

- Any sexual act, attempt to obtain a sexual act, unwanted sexual comments

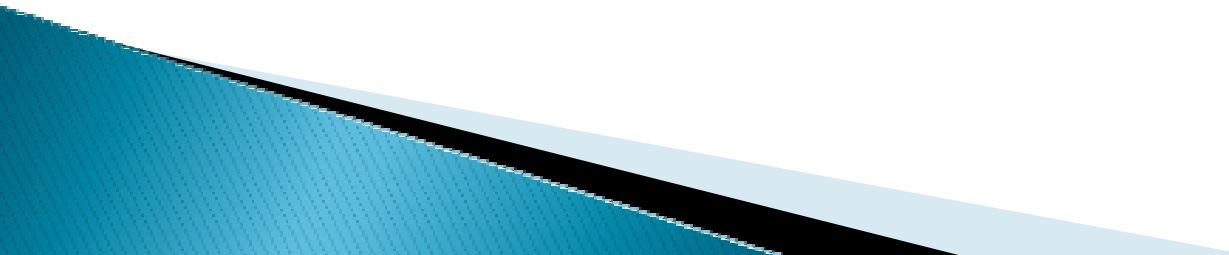
- ⊠ or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force by any person regardless of relationship to the victim, in any setting including but not limited to home and work.

- ⊠ Sexual violence is the use of physical sexual contact
- ⊠ or erotic non-contracepted sexual exposure by one person to another against his or her will and may include acts such as rape (sex against a person's will), kissing, touching the private parts of a person (such as the penis or vagina), oral sex (placing the mouth or tongue on a person's vagina or penis),

- ⊠ anal intercourse (placing the penis inside the buttocks opening),
 - ⊠ dry intercourse (the rubbing of a penis against another person's body) and performing such act with an animal.
 - ⊠ However, the law defines each of these activities differently
- 

Rape

- ⊠ Rape is having sex with a woman or girl without her consent or with her consent if obtained under threat, force or intimidation of any kind, fear of bodily harm or misrepresentation as to the nature of the actor by a person impersonating her husband.
- ⊠ If the girl is less than 16yrs then she is deemed incapable of consenting to sex in law and therefore sex with her is considered rape even with her consent.

- ⊠ Technically in law the rape of a girl below 16 years is termed defilement.
 - ⊠ For the act to be considered as rape or defilement there must be penetration of the vagina with the penis.
- 

Attempted rape

- ⊠ If someone tries to rape a girl or woman but fails then this is still an offence called attempted rape.
- ⊠ it is punishable by life imprisonment.
- ⊠ In attempted rape, there is no penetration.

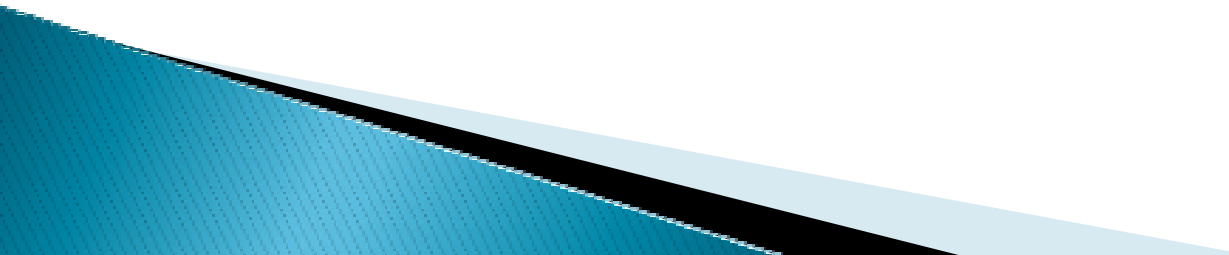
Penetration

- ⊠ This is the partial or complete insertion of the penis into the vagina or anus
- ⊠ No ejaculation is necessary for penetration to be considered to have occurred

Steps in post rape management

- ⊠ **Medical Management**
 - **Pregnancy prevention** – in view of psychological consequences of conceiving after being raped, every non-pregnant woman girl of childbearing age not covered by a reliable form of contraception ,should be offered emergency contraception (EC).

- ⊠ Should include all girls who have started menstruation, or show secondary characteristics and at risk of precocious puberty
- ⊠ EC can be given up to 120 hrs after rape and more effective the sooner it is given
- ⊠ Administer the 1st dose along with the 1st dose of PEP e.g. postinor2 two tablets in a single dose, Eugynon or Neogynon- two tablets then repeat after 12 hours

- ⊠ Microgynon or Nordette –four tablets stat then repeat after 12 hours
 - ⊠ Anti-emetic should be given with EC to reduce the chances of vomiting
 - ⊠ Explain to the woman that emergency contraception is to prevent pregnancy and is NOT a form of abortion
- 

- ⊠ In case of pregnancy, a baseline pregnancy test should be performed
- ⊠ A follow up pregnancy test at six weeks should be offered to all women who return for follow up.
- ⊠ In case of pregnancy as a consequence of rape counseling should be offered as this is usually accompanied by emotional effects
- ⊠ Termination of pregnancy could be offered in accordance to the law

HIV prevention

- ⊠ The risk of HIV infection is higher than from unprotected consensual sex as a result of violent penetration and lack of lubrication, resulting in both microscopic and visible mucosal tears.
- ⊠ children who have been raped are at risk due to the immaturity of their mucosal linings size disproportion resulting in increased trauma.
- ⊠ Likewise, forced anal penetration of both adults and children carries a higher risk of

Post Exposure Prophylaxis (PEP

- ⊠ Post Exposure Prophylaxis (PEP) is the administration of one or a combination of Anti-Retroviral drugs (ARV's) for 28days after the exposure to HIV.
- ⊠ use of duo- therapy is recommended (i. e. two ARV drugs) for 28 days if the risk of HIV infection from a sexual assault involving oral , vaginal and anal penetration but if is deemed to be negligible (e.g. forced kissing but with no penetration) then PEP is not indicated

PEP Regimens for adults

- ⊠ AZT +3TC Twice a day for 28 days
(Zinovudine 300mg+Lamuvudine 150mg
or
- D4T +3TC Twice a day for 28 days
(Stavudine 40mg + Lamuvudine 150mg

N.B D4T 30mg for adults < 60kg

Syrup Based Regimens for children

⊠ Dose is calculated from the weight or surface area for children under 10kg

⊠ AZT + 3TC Twice a day for 28 days
(Zinovudine 2mg/kg +Lamuvudine 4mg/kg

or

D4T + 3TC Twice a day for 28 days

Stavudine 1mg/kg +Lamuvudine 4mg /kg

N.B D4T liquid requires refrigeration

Tablet Based Regimens for children

Where syrups is not available tablet regime is used based on weight bands

| Weight Band | Dose AZT | 3 ZT |
|-------------|----------------------|--------------------------------|
| 10- 20 kg | 100mg 3 times a day | ½ 150mg tab twice a day (75mg) |
| 20-40kg | 2* 100mg twice a day | 1* 150 twice a day(150mg) |

OR

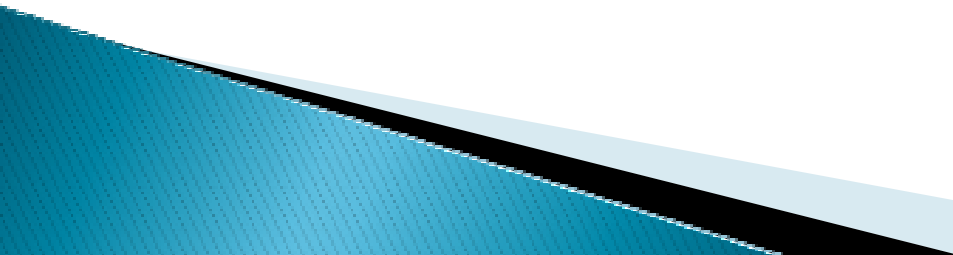
| Weight band | Dose D4T | Dose 3ZT |
|-------------|------------------------|--------------------------------|
| 10-14kg | 1*15mg cap twice | ½ 150mg twice a day (75mg) |
| 15-19kg | 1*20mg cap twice a day | ½ 150mg tab twice a day(75mg) |
| 20-60kg | 30mg cap or adult | 1*150mg tab twice a day(150mg) |

Management of physical injuries

- ⊠ Depends on the age of the survivor
- ⊠ Children should be admitted and examined under anaesthesia or given first aid and then referred
- ⊠ Clean abrasions and superficial lacerations with antiseptic, dress or paint with tincture of iodine
- ⊠ A vaginal wash with a appropriate antiseptic should be done **AFTER** all specimen have been taken

- ⊠ Tetanus toxoid 0.5mls should be given in the case of any physical injuries that result in breakage of the skin
- ⊠ Minor injuries to the vulva and perineum are managed as above
- ⊠ In cases of any suturing should be under sedation or under general anaesthesia
- ⊠ High vaginal vault, anal, oral tears and 3th/4th degree perineal injuries should be assessed under general anaesthesia by a gynaecologist or personnel & analgesics

STI prevention

- ⊠ STI prophylaxis should be offered to all rape survivors
 - ⊠ Should not be given same as initial doses of PEP and EC as the pill burden can be intolerable
 - ⊠ Given within 24hours
 - ⊠ an –emetic should be given
- 

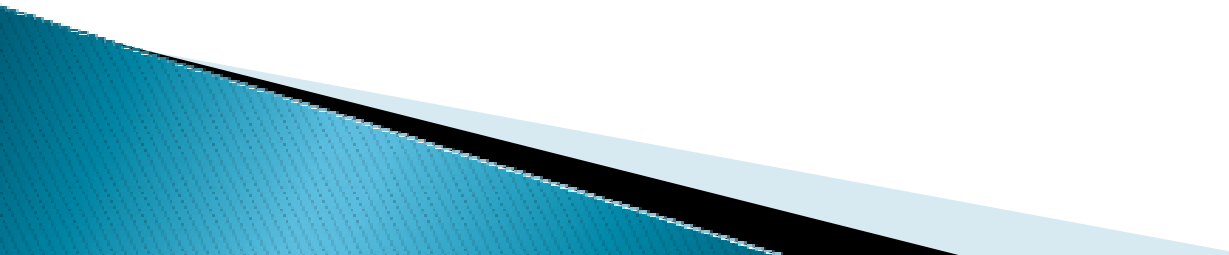
Drugs used for STI Prophylaxis

| | |
|--|--|
| Non-pregnant adults (male & female | Norfloxacin 800mg stat Doxycycline 100mg BD one week |
| Pregnant adults or and | Spectinomycin 2g stat Amoxicillin 3g stat Probenicid 1g stat Erythromycin 500mg QDS one week |
| Children | Amoxicillin 15mg/kg TDS one week Erythromycin 10mg/kg QDS one week |

Hepatitis B prevention

- ⊠ Hepatitis B vaccines do not provide any protection from infection if given after an exposure(e.g.) sexual assault)but they do provide protection from future exposures.
- ⊠ Administration of the toxoid provide some protection after the exposure has occurred

- ⊠ **Psychological support/Counseling**
 - Trauma counseling on going support
 - Priority for survivors is to reduce immediate rape trauma disorder and long term posttraumatic stress disorder
 - explore the survivors fears and feelings without undue cross-examination

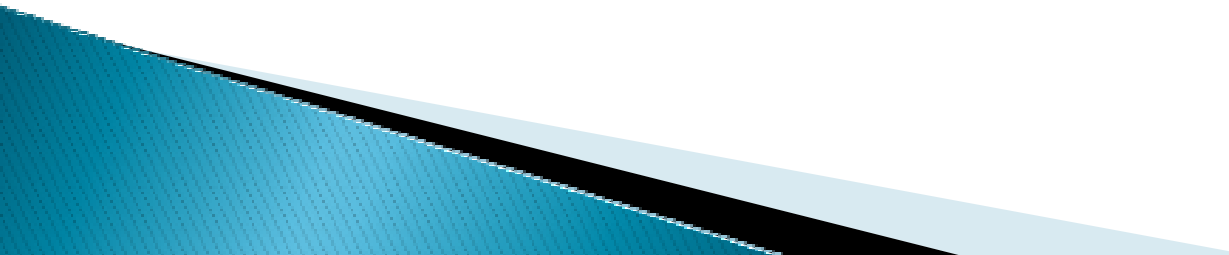
- clients who present after 72 hours and eligible for PEP should be given initial counseling and long term on –going support for themselves and their family
 - Refer for medical management including STI prophylaxis or management
- 

pre and post test counseling

- Provide information to the client & clarify the following information:
 - PEP : many patients cannot understand why if they are HIV negative they are given HIV drugs, whereas if they test positive these drugs are stopped

- **The Window period** (during the time between exposure to and testing positive for HIV negative which is approximately 6-weeks a person will show a HIV negative result if tested but have and can transmit HIV)
- **Emergency contraception-Termination** of pregnancy as an option incase conception occurs as a result of rape
Safe sex should be advised condoms provided until follow up testing has been

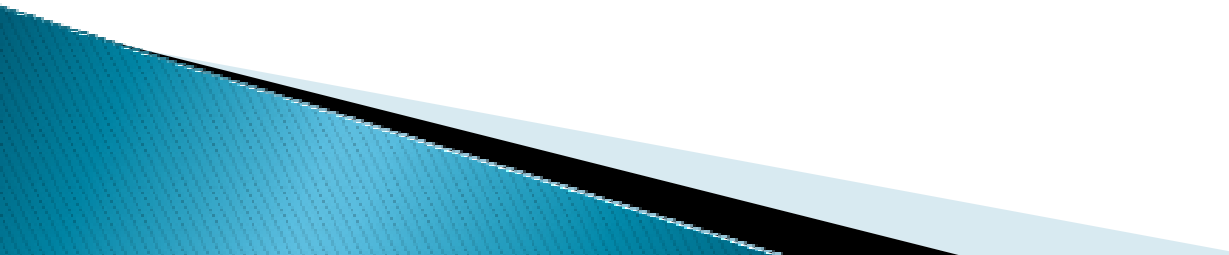
PEP Adherence counselling

- ⊠ Continue with subsequent counseling sessions for clients particularly those on rape.
 - ⊠ Communicate that PEP only reduces the chances of HIV infection and does not definitely prevent HIV
- 

FEMALE GENITAL MANIPULATION

- ⊠ Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.
- ⊠ The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths

- ⊠ Increasingly, FGM is being performed by health care providers.
- ⊠ FGM is recognized internationally as a violation of the human rights of girls and women.
- ⊠ It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women.
- ⊠ It is nearly always carried out on minors and is a violation of the rights of children.

- ⊠ The practice also violates a person's rights to health,
 - ⊠ security and physical integrity,
 - ⊠ the right to be free from torture and cruel, inhuman or degrading treatment,
 - ⊠ and the right to life when the procedure results in death.
- 

Classification of Female genital mutilation

- ⊠ Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
- ⊠ Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

- ⊠ Infibulations: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.
- ⊠ Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area.

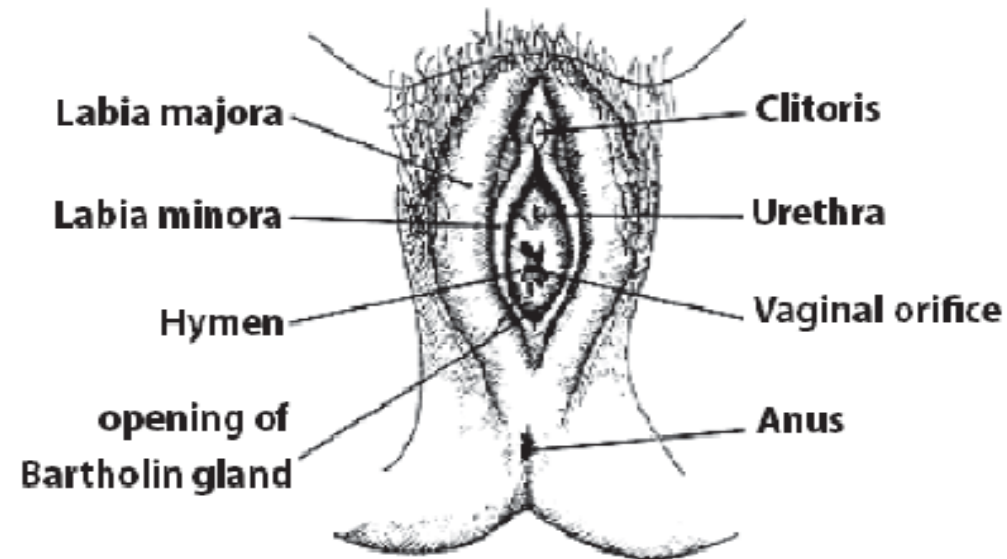
No health benefits, only harm

- ⊠ FGM has no health benefits, and it harms girls and women in many ways.
- ⊠ It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies.
- ⊠ Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby

- ⊠ the need for later surgeries. For example, the FGM procedure that seals or narrows a vaginal opening (type 3 above) needs to be cut open later to allow for sexual intercourse and childbirth.
- ⊠ Sometimes it is stitched again several times, including after childbirth, hence the woman goes through repeated opening and closing procedures, further increasing and repeated both immediate and long-term risks.

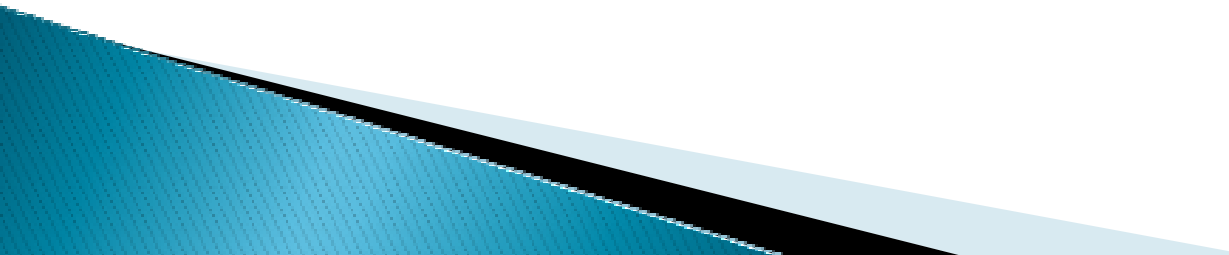
External Female Genitalia

External Female Genitalia



- **Vulva:** The general term to describe all the external female sex organs.
- **Pudendum or Pubes:** The area in the body where the sex organs are located.
- **Mons Pubis:** A mound of fatty tissue which covers the pubic bone. At puberty this area is covered with coarse pubic hair. The mons contains many touch-sensitive receptors.

Labia Majora: (large lips)

- Two folds of skin running from the mons pubis to below the vaginal opening.
 - They meet and fold together forming protection for the genitals.
 - They are covered with pubic hair and contain many touch-sensitive receptors.
- 

Long-term consequences

Long-term consequences can include:

- ⊠ recurrent bladder and urinary tract infections;
- ⊠ cysts;
- ⊠ infertility;
- ⊠ an increased risk of childbirth complications and newborn deaths;

Who is at risk?

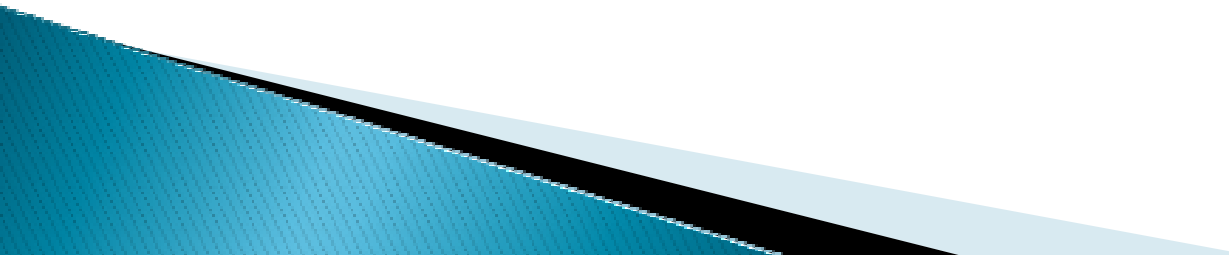
- ⊠ Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. In Africa, about three million girls are at risk for FGM annually.
- ⊠ Between 100 to 140 million girls and women worldwide are living with the consequences of FGM. In Africa, about 92 million girls age 10 years and above are estimated to have undergone FGM.

- ⊠ The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among certain immigrant communities in North America and Europe.

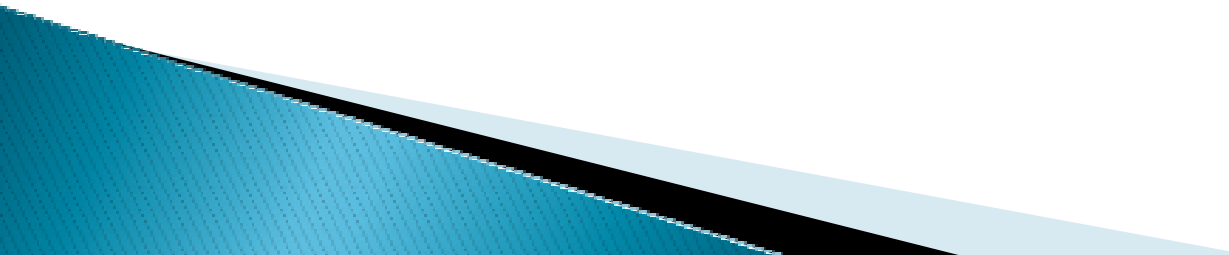
Cultural, religious and social causes

The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities.

- ⊠ Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a strong motivation to perpetuate the practice.
- ⊠ FGM is a necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage.

- ⊠ FGM is often motivated by beliefs about what is considered proper sexual behaviour, linking procedures to premarital virginity and marital fidelity.
 - ⊠ FGM is in many communities believed to reduce a woman's libido, and thereby is further believed to help her resist "illicit" sexual acts.
- 


- ⊠ When a vaginal opening is covered or narrowed (type 3 above),
- ⊠ the fear of pain of opening it,
- ⊠ and the fear that this will be found out, is expected to further discourage "illicit" sexual intercourse among women with this type of FGM.

- ⊠ FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are “clean” and “beautiful” after removal of body parts that are considered “male” or “unclean”.
 - ⊠ Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- 

- ⊠ Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination.
- ⊠ Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice.

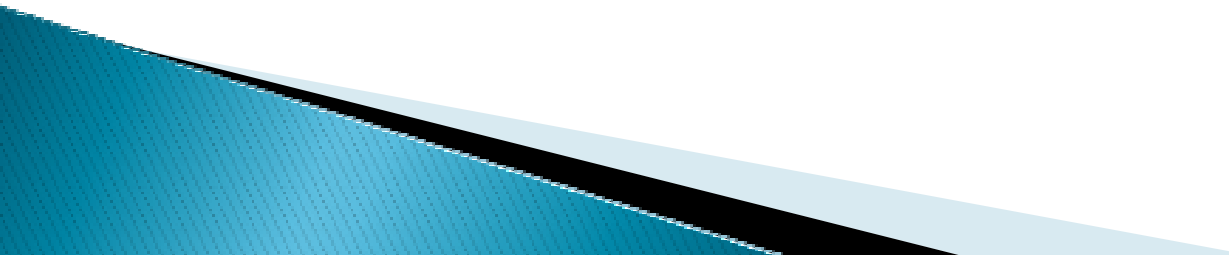


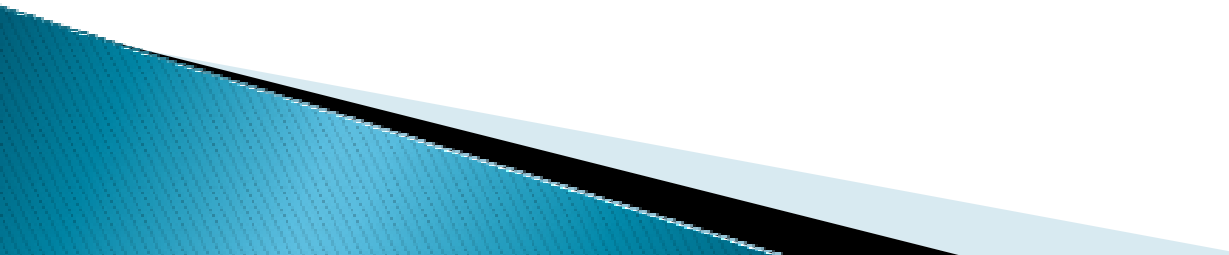
- ⊠ In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation.
- ⊠ In some societies, FGM is being practiced by new groups when they move into areas where the local population practice FGM.
- ⊠ In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups.

- ⊠ Sometimes it has started as part of a wider religious or traditional revival movement
 - ⊠ In some societies, recent adoption of the practice is linked to copying the traditions of neighbouring groups.
 - ⊠ Sometimes it has started as part of a wider religious or traditional revival movement
- 


International response


- ⊠ In 1997, the World Health Organization (WHO) issued a joint statement with the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA) against the practice of FGM.
- ⊠ A new statement, with wider United Nations support, was then issued in February 2008 to support increased advocacy for the abandonment of FGM.

- ⊠ The 2008 statement documents new evidence collected over the past decade about the practice.
 - ⊠ It highlights the increased recognition of the human rights and legal dimensions of the problem
 - ⊠ and provides current data on the frequency and scope of FGM.
- 

- ⊠ It also summarizes research about why FGM continues, how to stop it,
 - ⊠ and its damaging effects on the health of women, girls and newborn babies.
 - ⊠ Since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy.
- 

Progress at both international and local levels includes:

- ⊠ wider international involvement to stop FGM;
 - ⊠ the development of international monitoring bodies and resolutions that condemn the practice;
 - ⊠ revised legal frameworks and growing political support to end FGM; and
- 

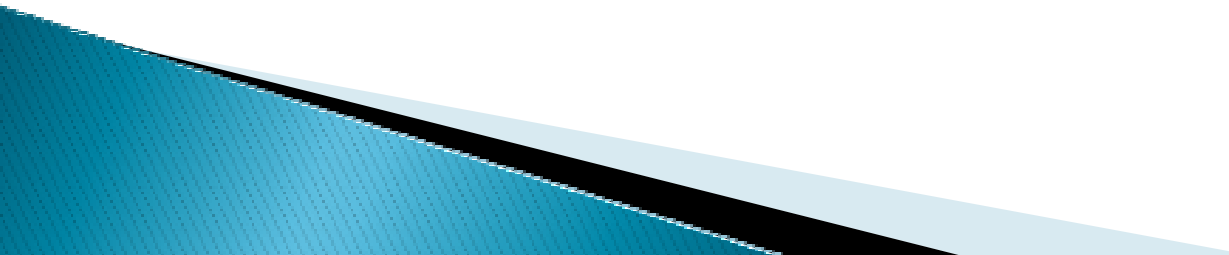
- ⊠ in some countries, decreasing practice of FGM, and an increasing number of women and men in practicing communities who declare their support to end it.
 - ⊠ Research shows that, if practicing communities themselves decide to abandon FGM, the practice can be eliminated very rapidly.
- 

WHO response

- ⊠ In 2008, the World Health Assembly passed a resolution (WHA61.16) on the elimination of FGM, emphasizing the need for concerted action in all sectors - health, education, finance, justice and women's affairs.



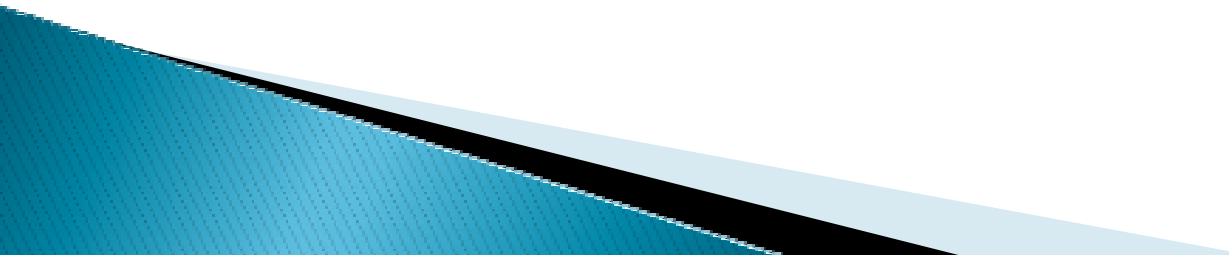
WHO efforts to eliminate female genital mutilation focus on:

- ⊠ **advocacy:** developing publications and advocacy tools for international, regional and local efforts to end FGM within a generation;
 - ⊠ **research:** generating knowledge about the causes and consequences of the practice, how to eliminate it, and how to care for those who have experienced FGM;
- 

- ⊠ **guidance for health systems:** developing training materials and guidelines for health professionals to help them treat and counsel women who have undergone procedures.
- ⊠ WHO is particularly concerned about the increasing trend for medically trained personnel to perform FGM.
- ⊠ WHO strongly urges health professionals not to perform such procedures.

Prevention of female genital mutilation

- ⊠ Behavioral scientists have demonstrated that in changing of any behavior, an individual has to go through a series of steps:
- ⊠ Awareness
- ⊠ Seeking information
- ⊠ Processing the information and personalizing it
- ⊠ Examining options
- ⊠ Reaching a decision

- ⊠ Trying out the behavior
 - ⊠ Receiving positive feedback or reinforcement
 - ⊠ Sharing the experience with others
 - ⊠ This implies that there should be a step by step approach
- 

Two strategies in prevention of FGM

There are two strategies that are of utmost importance in prevention of FGM:

- ⊠ Strategies involving the community i.e. men, women and youths
- ⊠ Strategies involving the government and political leaders

STRATEGIES INVOLVING THE COMMUNITY

Three categories of community members are discussed here:

MEN

- ⊠ In the involvement of men, the following should be done:
 - Identify all appropriate forums for meeting the target group,
 - for example men's organizations, social groups, and contact with relevant people


- Use community leaders and other influential people as an entry point
- Give clear information about the health effects and human rights implications of the practice of FGM for children and women,
 - and indentify and discuss misconceptions
 - Use film shows or posters, appropriately

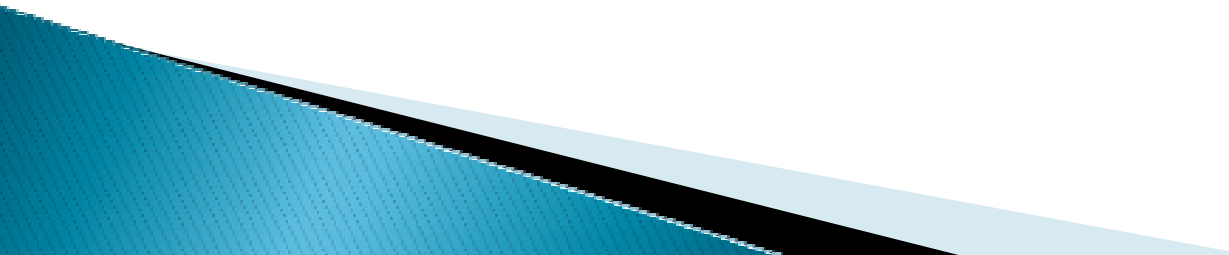
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- encourage everyone to participate in the discussions.
- Assist the men with developing their own strategies for prevention

WOMEN

- ⊠ In the involvement of women, the following should be done:

- ⊠ Identify appropriate forums for meetings with target group, and make contact with relevant people
 - ⊠ Give the woman an anatomy of FGM
 - ⊠ Give clear information about the anatomy and physiology of the female genitalia, the health effects and human rights implications of FGM, and identify and discuss misconceptions
- 

- ⊠ Use participatory approach
 - ⊠ Address women's lack of power and self-esteem by teaching self-awareness, assertiveness, and
 - ⊠ Problem solving skills
- 

YOUTHS

In the involvement of youths,, the following should be done:

- ⊠ Identify appropriate forums for meeting with young people, such as in youth clubs, schools, colleges, and make contact with relevant people
- ⊠ Identify appropriate forums for meeting young girls separately, in order to address sensitive issues of direct relevance to them, including teaching basic life skills aimed at empowering girls.

- ⊠ Give clear information about the health effects and human rights implications of the practice, and identify misconceptions
- ⊠ Use participatory approach
- ⊠ Advocate for the issue of FGM to be addressed in school health programmes, and included in the curricula of schools
- ⊠ Provide special support to girls who have already undergone FGM
- ⊠ Establish peer education (i.e. youth to youth) programmes


STRATEGIES INVOLVING GOVERNMENT AND POLITICAL LEADERS

The involvement of political and government leaders in the efforts to eliminate FGM is very important as they are major opinion-leaders

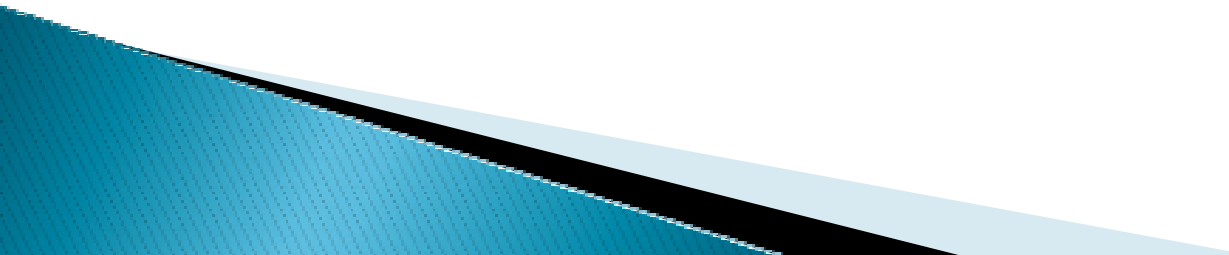
and decision-makers in society and are responsible for policy and law making.

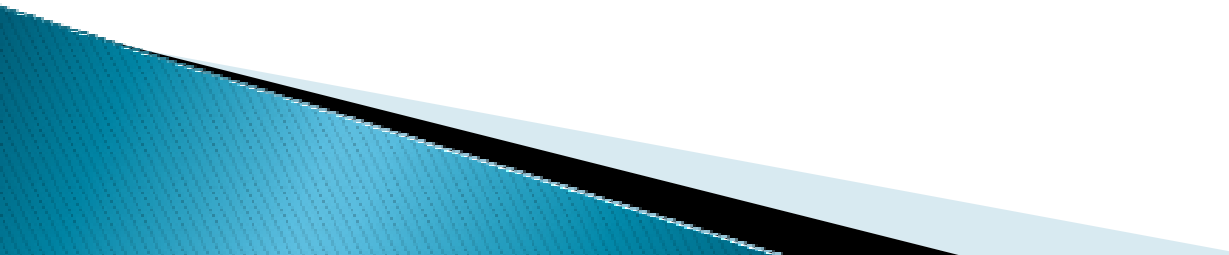
The following should be done:

- ☒ Identify influential people in local and national politics and civic structures

- ⊠ Make contact with relevant people and organize seminars or workshops to inform people of the issues surrounding FGM,
 - e.g. its health consequences & human rights implications
 - Lobby influential people in all relevant forums (e.g. political gatherings, professional conferences) to encourage them to pass laws
- 

- ⊠ Develop policies, and become actively involved in efforts to eliminate FGM.
- ⊠ Lobbying means applying means applying pressure to try t influence people's opinions and actions.
- ⊠ It is frequently a slow, painstaking process, requiring great patience and persistence on the part of the lobbyist

- ⊠ Advocacy in order to win support from the leaders.
 - ⊠ Advocacy means speaking up, in favour of a specific cause in order to win support for it.
- 

- ⊠ The most important strategies in advocacy are:
 - Building coalitions with people, e.g. NGOs or institutions with similar interest
 - Effective use of mass media
 - Working with communities
- 

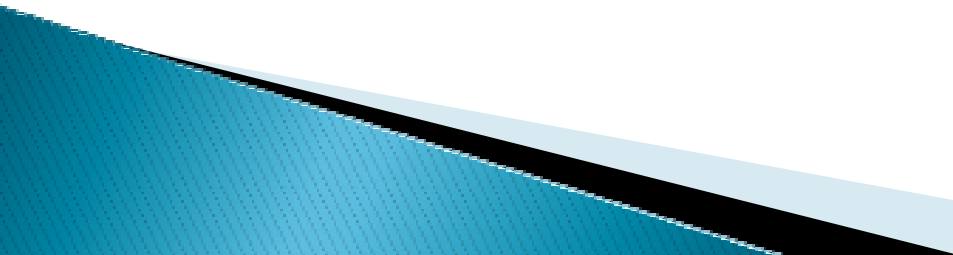
COMPLICATION OF FGM

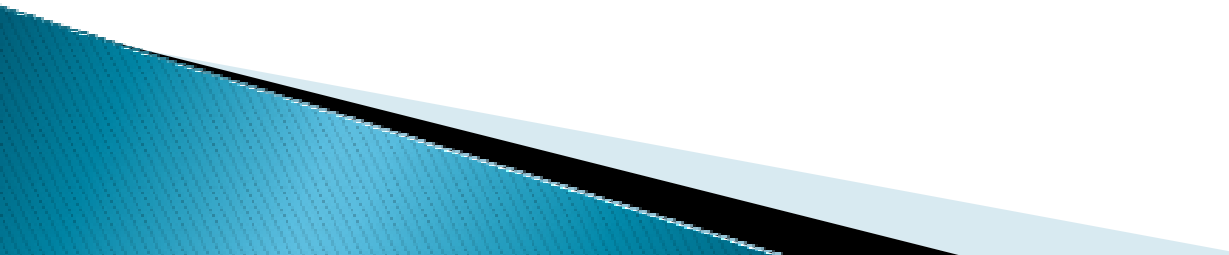
Physical complications

⊠ Short-term physical complications

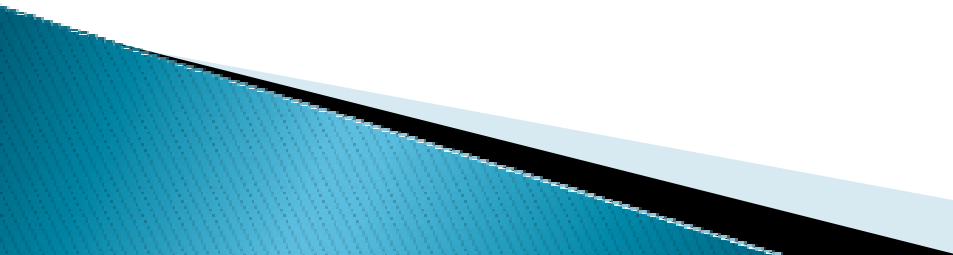
- Severe pain
- Injury to the adjacent tissue of urethra, vagina, perineum and rectum
- Haemorrhage
- Shock
- Acute urine retention
- Infection
- Failure to heal & Death

Long term physical complications

- ⊠ Difficulties in passing urine
 - ⊠ Recurrent urinary tract infections
 - ⊠ Pelvic infections
 - ⊠ Infertility
 - ⊠ Keloid scar
 - ⊠ Abscess
 - ⊠ Cysts and abscesses on the vulva
 - ⊠ Clitoral neuroma
- 

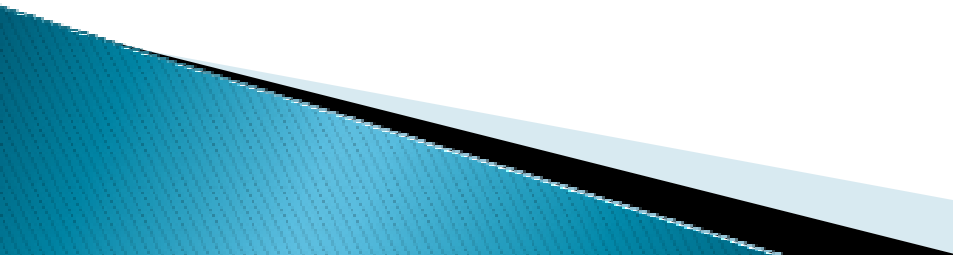
- ⊠ Difficulties in menstrual flow
 - ⊠ Calculus formation in the vagina
 - ⊠ Vesico-vaginal fistula (VVF)
 - ⊠ Recto vaginal fistula (RVF)
 - ⊠ Problems in childbirth
 - ⊠ Failure to heal
- 

Psychosocial consequences

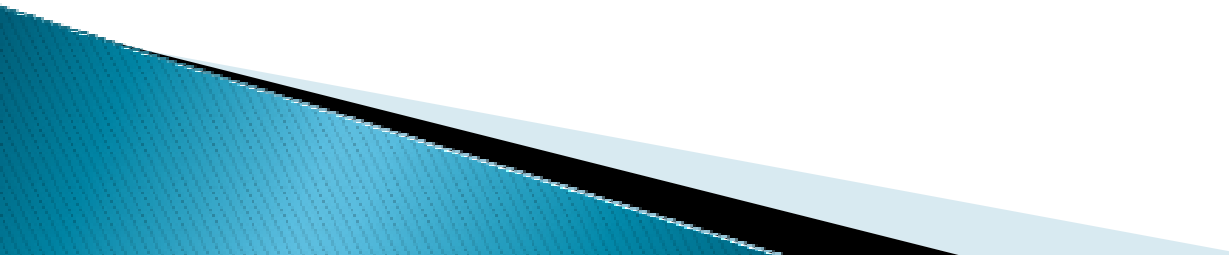
- ⊠ Fear, submission, inhibitions and suppression of feelings
 - ⊠ Reported pain during sexual intercourse and menstruation
 - ⊠ Emotional pain following the personal experience
 - ⊠ Feeling of betrayal, bitterness and anger
- 


- ⊠ For some girls and women the experiences are comparable to rape
- ⊠ Reported disturbances in eating and sleeping habits and in mood and cognition
- ⊠ Girls who have not been excised may be socially stigmatized,
- ⊠ rejected by their communities
- ⊠ and unable to marry locally which also causes psychological trauma

Sexual complications of Female Genital Mutilation

- ⊠ Various forms and degrees of sexual dysfunction
 - ⊠ Painful sexual intercourse (dyspareunia) because of scarring, narrowing of the vaginal opening
 - ⊠ Vaginisms may result from injury to the vulva area and a repeated sexual acts
- 

Management of Girls and Women with FGM complications

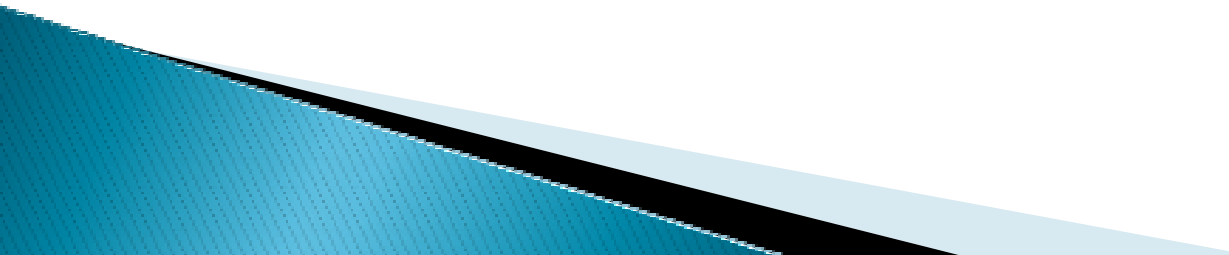
- ⊠ Assessment to identify physical complication due to FGM
 - ⊠ Managing immediate and short term complication
 - ⊠ Managing long-term physical complication
- 

- ⊠ Managing girls and women with psychosocial and sexual complication of FGM\
 - Identification of the problem by history taking
 - Counseling to help her identify the real problem and accept it
 - Referral for more specialized care if needed
- 

- ⊠ Use of appropriate family planning methods in the presence of FGM
 - Opening up of type IIIFGM
 - ⊠ Management of women with complication due to FGM during pregnancy
 - Assessing problem associated with FGM
 - Identify complications due to FGM during pregnancy
- Manage according to type of FGM

- ⊠ Management of obstetric complication due to FGM during labour and delivery.
 - Assessment
 - Identify complication due to FGM during labour and delivery e.g., infibulations.
 - Open it and stitch each side separately so that the raw areas do not come together.

Manage according to type of FGM

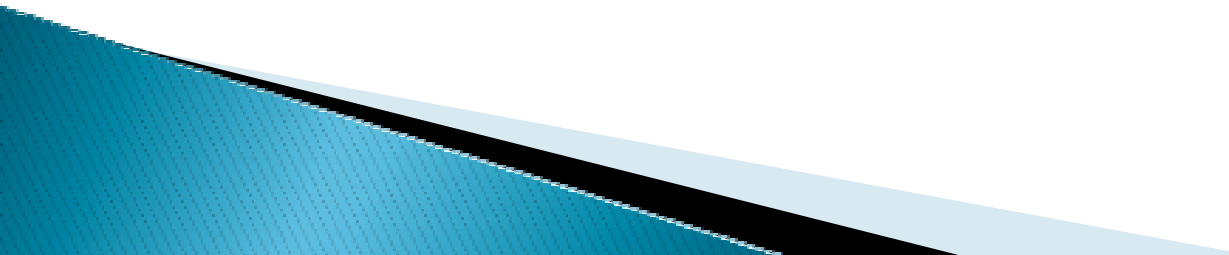
- ⊠ Management of women with complication due to FGM during pregnancy
 - Assessing problem associated with FGM
 - Identify complications due to FGM during pregnancy
 - Manage according to type of FGM
- 

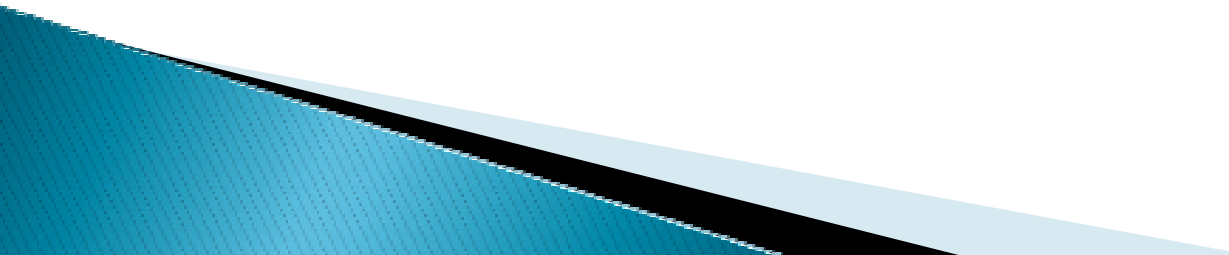
- ⊠ Management of women with FGM during the post partum period
 - Identify the problems
 - ⊠ Immediate care.
 - Haemorrhage – suture
 - Neonatal asphyxia - resuscitate
 - ⊠ Post partum follow-up
 - Post partum care
- Information, counseling and support

Strategies for prevention of FGM

Community involvement

- ⊠ Integrate education and counseling against FGM into health care service provision activities at community level.
- ⊠ Involve and collaborate with influential leaders and other key individuals and groups within the community as change agents against FGM
- ⊠ Visiting individual people or groups in the community as appropriate

- ⊠ Establishing focus groups discussions on FGM
 - ⊠ Assist the people to think through the practice of FGM and its gender and human rights dimensions
 - ⊠ Identify and mobilize resources in the community that could be used in the prevention programme
- 

- ⊠ Suggest strategies for changing practices e.g. culturally acceptable alternative rite of passage and teaching women problem solving skills
 - ⊠ Supporting individuals and families to cope with the problems of FGM and with adjusting to change
- 

Involvement of political and government leaders

- ⊠ Identification of influential people, both locally and nationally
- ⊠ Make contacts with relevant people and organize seminars or workshops
- ⊠ Lobby influential people in all relevant forums
- ⊠ Advocacy in order to win support from the leaders
- ⊠ Identify providers' values, attitudes and biases towards FGM.

Gender rights

- ⊠ Gender rights are expressed under the “international bill of gender rights” (IBGR) which strives to express human and civil rights from a gender perspective
- ⊠ All the sections of IBGR are universal rights which can be claimed and exercised by every human being.

The rights

Right to Define Gender Identify

- ⊠ All human beings carry within themselves and unfolding idea of who they are and what they are capable of achieving
- ⊠ The individual's identity and capabilities cannot be circumscribed by what society deems to be masculine or feminine behaviour.
- ⊠ Individuals have the right to define, and to define as their lives unfold, their own

identities without regard to chromosomal sex, genitalia, assigned birth sex, or initial gender role
e.g. gay people, lesbianism

The rights to Freedom from Psychiatric Diagnosis or Treatment.

- ⊠ Given the right to define one's own gender identity, individuals should not be subject to psychiatric diagnosis or treatment solely on the basis of their gender identity or role.

- ⊠ individual shall not be subject to psychiatric diagnosis or treatment as mentally disorders or deceased solely on the basis of a self defined gender identity or expression thereof

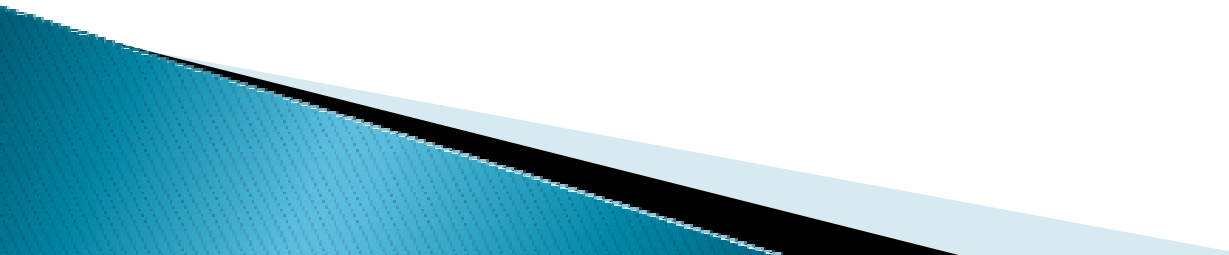
The Right to Sexual Expression

Given the right to a self defined gender identity every consenting adult has a corresponding right to free expression therefore we need to:

- ⊠ Express it in the right institution – consenting adults and should be mild because women do not have this right 100% to express.
- ⊠ Do I have a right to have four husbands or wives? Look at ethical, moral and medical issues why do men marry

The Right to Form Committed, Loving Relationship and Enter into Marital Contracts

- ⊠ Should be consenting adults not children.
- ⊠ Given that all human beings have the right to free expression of self defined gender identities, and the right to sexual expression as a form of gender expression, all human beings have a corresponding right to form a committed,

- ⊠ loving relationships with one another and to enter into marital contracts, regardless of their partners chromosomal sex, genitalia, assigned birth sex, or initial gender role.
 - ⊠ Therefore, individuals shall not be denied the right to form committed, loving relationship with one another or
- 

- ⊠ to enter into marital contracts by virtue of their own or their partners 'chromosomal sex genitalia, assigned birth, or initial gender role, or on the basis of their expression of self defined gender identity.

The Right to Conceive, Bear, or Adopt Children; the Right to Nurture and have Custody of Children and to Exercise Parental Capacity.

- ⊠ Given a right to form a committed, loving relationship with another to enter into marital contracts, together with the right to express a self –defined gender identity and the right to sexual expression, individuals have a corresponding rights to conceive and bear children

⊠ , to adopt children, to nature children, to have a custody of children, and exercise parental capacity with respect to children, nature or adopted, without regard to chromosomal sex genitalia, assigned

The Right to free expression of gender identity.

- ⊠ Given the right to define one's own gender identity, all human beings have the corresponding right to free expression of a self-defined gender identity.
- ⊠ Therefore, all human beings have the right to free expression of their self – defined gender identity; and no individual shall be denied human or civil rights by virtue of the expression of a self – defined gender identity.

The Right to Secure and Retain Employment and Receive Just Compensation.

- ⊠ Given the economic structure of modern society, all human beings have eight rights to train for and to pursue an occupation or profession as a means of providing shelter, sustenance, and the necessities and bounty of life for themselves and for those dependent upon them

- ⊠ to secure and retain employment and receive just compensation for their labor regardless of gender identity, chromosomal sex, genitalia, assigned birth sex, or initial gender role, or on the basis of a self-defined gender identity or for expression thereof.

The Right of Access to Gendered Space and Participation in Gendered Activity.

- ⊠ Given the right to define one's own gender identity and the corresponding right to free expression of a self - defined gender identity, no individual should be denied access to a space or denied participation in an activity by virtue of a self defined gender identity which is not in accord with chromosomal sex,

- ⊠ genitalia, assigned birth sex or initial gender role.
- ⊠ Therefore, individuals shall be denied access to a space or denied participation in an activity by virtue of a self defined gender identity which is not in accord with chromosomal sex, genitalia, assigned birth sex or initial gender role e.g. democratic political space, classroom.

The Right to Control and Change One's Own Body

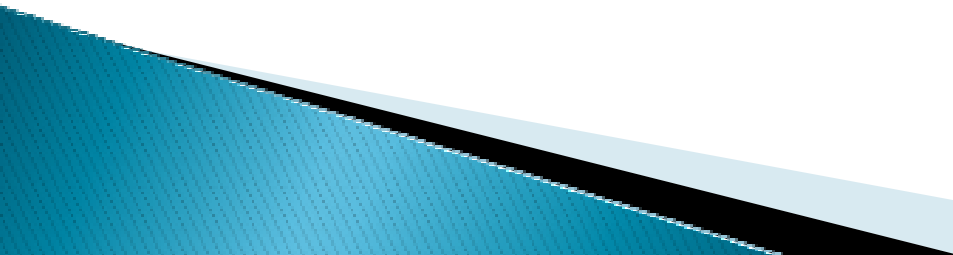
- ⊠ All human beings have the right to control their own bodies which include, having a particular appearance i.e. using cosmetics and plastic surgery.
- ⊠ Abortion is it –
 - ethically right
 - morally right
 - -medically right

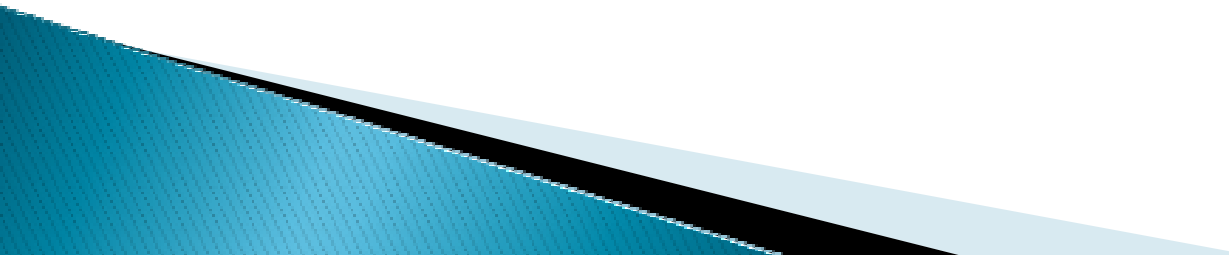
The Right to Competent Medical and Professional Care

- ⊠ People in rural areas do not receive competent professional care. Women should be empowered financially and be supported.
- ⊠ every right has an obligation hence one has to look at the impact of exercising your right on the others.

- ⊠ Women being “weak” are a human perception and interpretation of (Koran and bible).

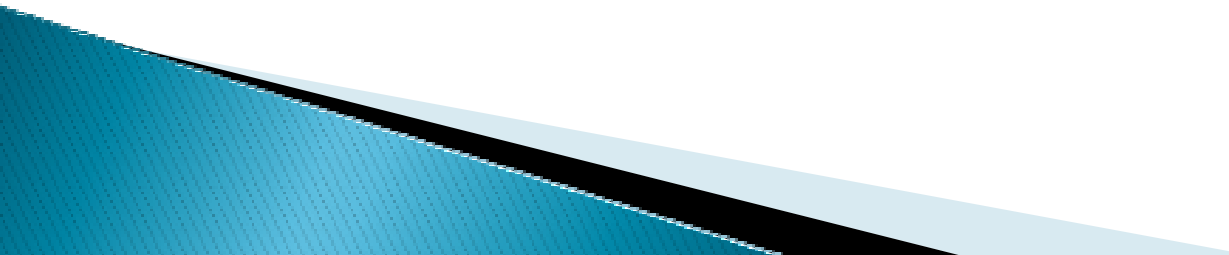
Sexual rights

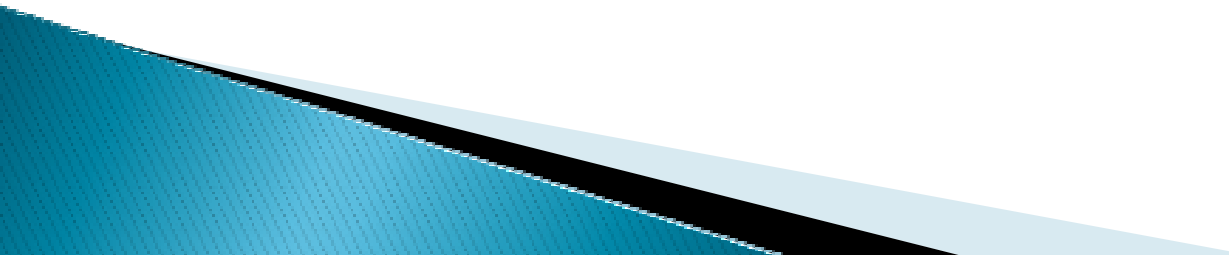
- ⊠ Access to sexual and reproductive health care services
 - ⊠ seek, receive and impart information in relation to sexuality
 - ⊠ Sexuality education
 - ⊠ Respect for bodily integrity
 - ⊠ Choice of partner
 - ⊠ Decide to be sexually active or not
- 

- ⊠ Consensual sexual relations
 - ⊠ Consensual marriages
 - ⊠ Decide whether or not and when to have children
 - ⊠ Pursue satisfying, safe and pleasurable sexual life
- 

Legal policy & professional ethics

- ⊠ Reproductive decision-making, including voluntary choice in marriage, family formation and determination of the number, time and spacing of one's children; and the right to have information and means needed to exercise voluntary choices.


- Equality and equity for men and women, to enable individuals to make free and informed choices in all spheres of life, free from discrimination based on gender;
 - Sexual and reproductive security, including freedom from sexual violence and coercion, and the right to privacy.
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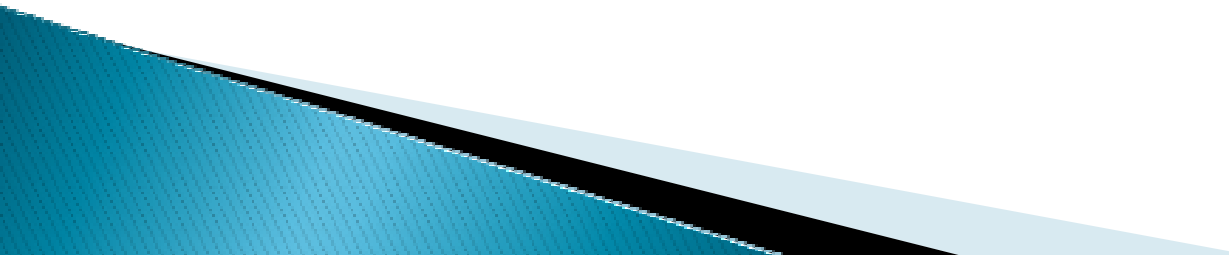
- ⊠ The neglect of sexual and reproductive health and rights lies at the root of many problems the international community has identified as in need of urgent action.
 - ⊠ These include gender –based violence, HIV/AIDS, maternal mortality, teenage pregnancy, abandoned children and rapid growth in population.
- 

- ⊠ This massive denial of human rights causes the death of millions of people every year; many more are permanently injured or infected especially women.
- ⊠ Sexual rights and health are not just an individual concern, they can have direct impact on the economy of a country – as clearly evidenced in the African countries hardest hit by the AIDS pandemic.

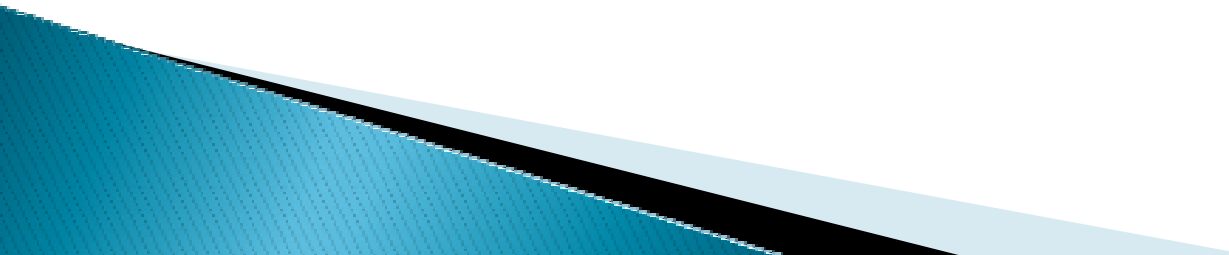
The United Nation Conference of the 1990s agreement

- ⊠ **Reproductive Health:** is a state of complete Physical, mental, social well-being (not merely the absence of diseases or infirmity) in all matters related to the reproductive system and to its functions (FWCW platform for action, paragraph 94; ICPD programme of Action, paragraph 7.2)

- ⊠ **Sexual health:** means that people should be able to have safe and satisfying sex lives.
 - ⊠ Gender relations should be equal, responsible and mutually respectful.
 - ⊠ Sexual health encompasses behaviors essential to countering sexually transmitted diseases (STDs) including HIV/AIDS.
- 

- ⊠ Sexual health aims at the enhancement of life and personal relation,
 - ⊠ sexual health service should not consist merely of counseling and care related to reproduction and sexual related diseases (FWCW platform for Action, paragraph 98; ICPD programme of Action, paragraph 7.2)
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- ⊠ **Reproductive rights:** include “the basic right of all couples and individual to decide freely and responsibly the number, spacing and timing of their children and have the information and means to do so.
- ⊠ Also their right to make decision concerning reproduction free of discrimination, coercion, as expressed in human right document. ”(FWCW platform for Action, paragraph 95)

- ⊠ **Sexual rights:** include “the human right of woman to have control over and decide freely and responsibly on matters related to their sexuality,
 - ⊠ including sexual and reproductive health, free coercion, discrimination and violence.”
(FWCW platform for Action paragraph 96)
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My values, attitude & opinion

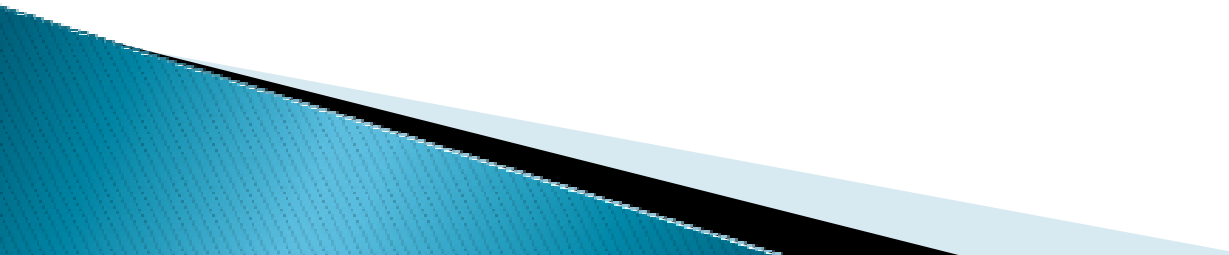
- ⊠ Government to harmonize national laws and constitutions in line with regional and international commitments and standards to avoid inconsistencies. Article 8 (f)
- ⊠ Establishment and support services to respond to the needs of survivors of gender-based violence and girls and assist towards full recovery and reintegration into society,

including legal aid economic support and livelihood assistance. Article 2 (2)e and (f). article 5 (c) Article 8 (b)

- ⊠ Implement national legislation and policies prohibiting harmful customary or traditional practices and all other harmful practices that violate women's and girls' human rights. Article 2 (b) Article (5) and d;

- ⊠ Research, document and disseminate information on women's human rights violations to policy makers and all other stakeholders.
- ⊠ The research should focus on root causes including external, factors ,extend , causes and data and statistics on its economic and social costs its consequences. Article 4 (2).Article 5 (a)

- ⊠ Encourage, support and implement measure aimed at increasing knowledge and understanding of gender-based violence and other violations of women's human rights,
- ⊠ Through gender analysis and gender sensitive training for personnel in the administration of justice, law, enforcement agencies, security, social and health care services and ensure accountability. Article 4 (2) b. article 8 (c)

- ⊠ Introduce legal literacy programmes to make women aware of their rights and methods of seeking protection under the law , Article 8 (c);
 - ⊠ Introduce public awareness and advocacy strategies seeking to make gender based-violence a critical concern to everyone . Article 2 (2)
- 

- ⊠ Government to direct special attention to the long term health needs of women affected by armed conflict including:
 - psychological needs arising from trauma and the effects of violation of the reproductive rights and HIV&AIDs infection Article 2 (2)k. article 10;

- ⊠ Ensure that women particularly those who bear the brunt of conflict, are integral and meaningful part of every peace process.
- ⊠ They should be involved in all conflict prevention, resolution, and management efforts at all efforts at all levels as provided for in the UN Security Council Resolution 1325. Article 10. Article 11;