KENYA MEDICAL TRAINING COLLEGE-KABARNET CAMPUS
DEPARTMENT OF NURSING

COURSE OUTLINE
SEPTEMBER 2015 KRCHN CLASS

LECTURER: RUGENDO.M.M
COURSE: GENDER ISSUES AND GENDER ISSUES IN RH   30 HOURS

Course objective: This Course is designed to enable learners participate in integration of gender issues in provision and promotion of health care.

COURSE LEARNING OUTCOMES
By the end of this course, the learner should be able to:
1. Describe the social construction of gender.
2. Explain basic gender and development concepts
3. Explain the purpose of gender analysis and its application in health.
4. Discuss gender mainstreaming in provision of health services
5. Discuss gender issues that affect health.
6. Discuss forms of gender based violence and their management.
7. Discuss female genital mutilation and other rites of passage and their relevance to delivery of health care.
8. Discuss legal aspects in gender concepts

Course Content
1. **Social construction of gender:** definition of terms, gender sensitivity, gender discrimination, gender responsiveness, stereotype, gender roles, difference between gender and sex., culture in relation to gender issues.
2. **Basic gender and development concepts:** division of labour, inequality and equality, equity ,gender awareness,
3. **Gender analysis and application in health:** definition, women empowerment, tools in gender analysis.
4. **Gender mainstreaming:** definition, purpose, process.
5. **Gender issues affecting health**: traditional, cultural, religious, factors, poverty, marriage practices, socio-economic factors, legal issues in gender mainstreaming, sexual dimensions organized in on gender lines, education level.
6. **Gender based violence:** definition, types (rape, sexual violence, physical, emotional, abuse), effects, consequences, management, preventive measures, sexual offences Act, Children Act.
7. **Female genital mutilation**: definition, classification, health implications, legal issues, management and preventive interventions.

8. **Rites of passage**: definition, culture and cultural issues on rites of passage, strategies, health implications,
9. **Legal aspects in gender concepts**: Sexual offences act; Children's Act;

Teaching methodologies
❖ This course will be taught through: tutorial, Lectures, small group discussions, brainstorming, class presentation, and self-directed study.

Instructional Materials/Equipment
❖ Computers/laptops, manuals/notes, whiteboard, presentation slides/projector, projection boards, library.

Course Assessment/Performance
❖ Class assignment -   5mks
❖ Individual assignment-   5mks
❖ Sit-in C.A.Ts/ Mid-course examination-   20mks
❖ End of course/semester examinations-   70mks

References/text books
1. George Ritzier (2008).Sociological theories, 7th edition, McGraw –Hill publishers.USA.
2. Ellen Annandale (2014).The sociology of Health and medicine: A critical introduction, 2nd edition.
3. Ellen Kuhlmann and Ellen Annandale (2012).The Palgrave handbook of gender and health, 2nd edition. Palgrave Macmillan publishers
4. GoK, Ministry of Gender, Children and social Development(2008).Training Manual On Gender Mainstreaming.(downloadable from Govt website)

Introduction

❖ Gender refers to a set of characteristics and behavior that are prescribed for a particular sex by society, and are learned through a socialization process.
❖ Gender is assimilated and learned, can change over time and can vary within a given culture.
❖ Culture of a particular community influences gender roles between men and women.
❖ Division of labour between the two sexes is largely determined by one's culture.
❖ Gender cannot be used interchangeably with sex.

Gender
➢ Gender refers to the socially determined roles, responsibilities, behaviour, characteristics of women and men in a given culture.
➢ Gender: refers to the socially defined roles and responsibilities of men, women and boys and girls. Male and female gender roles are learned from families and communities and vary by culture and generation.

Social construction of gender

➢ Refers to how society values and allocates duties, roles and responsibilities to women, men, girls and boys. This differential valuing creates the gender division of labour and determines differences in access to benefits and decision making which in turn influences power relations and reinforces gender roles.
➢ This is done at various levels of gender socialization including family, religion, education, culture, peers and the media

Sex
➢ These are biologically and physiologically determined characteristics that are specific to either human females or men.
➢ These characteristics are permanent and universal e.g. external and internal organs/genitalia.
➢ Each person is born either with a girl's or a boy's body

Differences between gender and sex

GENDER	SEX
• Socially constructed	• Biological
• Dynamic	• Static
• Refers too masculinity or feminity	• Refers to male or female
• Can be changed	• Cannot be changed/permanent
• Not born with(Learned/acquired)	• Born with(Innate)
• Geographical	• It is universal

Gender equality

- ❖ Gender equality means the absence of discrimination, on the basis of a person's sex, in opportunities, in the allocation of resources or benefits or in access to services.
- ❖ Gender equality refers to equal rights, responsibilities and opportunities that all persons should enjoy, regardless of whether one is born male or female
- ❖ Absence of discrimination on the basis of a persons' sex in terms of opportunities and the allocation of resources or benefits or in access to services.
- ❖ It means that W/G and M/B have equal conditions for realizing their full potential and for contributing to and benefitting from economic, social, cultural and political development
- ❖ Gender equality is considered a critical element in achieving socio-economic growth for All Women and Men.
- ❖ Equality between women and men includes the following elements:
  - ➢ Equality of opportunity and treatment in employment
  - ➢ Equal remuneration for work of equal value
  - ➢ Equal access to safe and healthy working environments and to social security
  - ➢ Equality in association and collective bargaining
  - ➢ Equality in obtaining meaningful career development
  - ➢ A balance between work and home life that is fair to both women and men
  - ➢ Equal participation in decision-making at all levels

Gender inequality:-

- ❖ This is the imbalanced treatment of individuals based on their gender which arises from differences in socially constructed gender roles.
- ❖ The gender systems are often dichotomous and hierarchical.
- ❖ Gender binary systems may reflect the inequalities that manifest in numerous dimensions of daily lives.
- ❖ Gender binary describes the system in which a society splits its members of male and female sexes into gender roles, gender identities and attributes.
- ❖ Examples of gender inequalities:-
  - ➢ Disproportional Access to education and career sector
  - ➢ Income disparities linked to job stratification
  - ➢ Gender discrimination in the medical field
  - ➢ Inequalities in education
  - ➢ Inequalities in the labour force
  - ➢ Access to medical care
  - ➢ Law of succession

- ➤ Cultural practices (such as female genital mutilation, polygamy and wife inheritance)
- ➤ Preference for the Male Child
- ➤ Denial to some kind of foods
- ➤ Denial to basic rights by the girl child eg.
  - • Own land or to inherit property
  - • Obtain access to credit
  - • Earn income and promotion in their work
  - • Have access to services that meet their sexual and reproductive health needs

Gender equity:-

- ❖ Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men and often requires women-specific projects and programmes to end existing inequities.
- ❖ This is the process of allocating resources, programs and decisions making fairly to both males and females. This requires ensuring that everyone has access to a full range of opportunities to achieve the social, psychological and physical benefits
- ❖ Implies fairness in access to, and control of, opportunities and resources among sexes
- ❖ Gender equity requires an examination of organizational of girls and women especially on the following aspects:-
  - a) Hiring and recruitment practices: - ensure women have leadership roles and are involved in decision making and are available as role models for other ladies.
  - b) Resource allocation: - to determine how budgets are allocated across programs.
  - c) Facility bookings: - to ensure that both females and males have access to prime slots and prime facilities.
  - d) Participation rates: - to evaluate current programs and services to identify potential barriers.

Differences between equality and equity:-

- ❖ There is often confusion about the difference between the concepts of equality and equity.
  - ➤ Gender equality is the process of allocating resources so that males and females have the same, while equity is allocating resources to both fairly.
  - ➤ Equality forces on creating the same starting line for everyone. Equity has the goal of providing everyone with the full range of opportunities and benefits but finally have same finishing line.

Benefits of gender equity:-

- ➢ Attracts more girls and women to the physical activities and other opportunities.
- ➢ Fully represents the population base and tapping the resources of every member resulting to a larger, stronger and more effective organization.
- ➢ Skilled women provide the organization with an important talent pool of administrations, coaches and officials.
- ➢ Working together, women and men can learn to build equal partnerships.
- ➢ Necessary for sustainable human development
- ➢ Promotes Commitments involves obligations.

Gender needs:-

- ❖ These are the practical gender needs women and men identify in their socially accepted roles in society.
- ❖ Gender needs are mainly classified into two major categories:-
  1) Practical needs
  2) Strategic needs
- ❖ Practical needs arise from the actual conditions which women and men experience because of the gender roles assigned to them in society. Eg. women are seen as mothers and therefore they will require needs such as water, firewood etc for them to fulfill these roles
- ❖ Strategic needs are the needs required to overcome the subordinate position of one gender to the other in society, and relate to gender empowerment.eg, education, socio-economic empowerment etc.

Gender sensitivity:-

- ❖ It is the act of being aware of the ways people think about gender so that individuals rely less on assumptions about traditional and outdated views on the roles of men and women.
- ❖ It is the ability to recognize gender issues
- ❖ This is often expressed through people's language choice

Gender responsiveness:

- ❖ Gender responsiveness means that an individual is able address gender issues and hence take action to solve a gender problem
- ❖ This is creating of an environment that reflects an understanding of the realities of men and women and addresses the issues affecting them.
- ❖ Gender-responsive approaches are multidimensional and are based on theoretical perspectives that acknowledge gender issues.
- ❖ These approaches address social (e.g. poverty, race, class, and gender inequality) and cultural factors as well as therapeutic interventions
- ❖ Interventions address issues such as abuse, violence, family relationships, substance abuse and co-occurring disorders. The emphasis is on self-efficacy

Gender stereotype:-

- ❖ It is a thought that can be adopted about specific types of individuals or certain ways of doing things
- ❖ This is a standardized idea or character. Society considers certain characteristics and behavior they expect of women and men to be natural or generally acceptable to a sex. The belief that all people that belong to a certain group, gender, age, tribe do or should act like do not allow for individuality. e.g. women are gentle and men are courageous, women cry and men don't cry.
- ❖ Stereotypes are structured sets of beliefs about the personal attributes, behaviors, roles of a specific social group.
- ❖ These thoughts or beliefs may or may not accurately reflect reality.
- ❖ Examples of gender stereotypes are:-
- ❖ Women are regarded as weak and therefore not able to hold leadership position
- ❖ Men are strong and should not be seen crying in public etc

Gender discrimination:-

- ❖ It is unequal or unfair treatment of men or women based solely on their sex rather than on their individual skills, talents and capabilities.
- ❖ It is prejudice or discrimination based on a person's sex or gender
- ❖ it is a common civil right violation that takes many forms, including pregnancy and unequal pay for women who do the same jobs as men

Gender transformation:-

- ❖ It describes a situation where women and men change their way of thinking from patriarchal towards a gender equality perspective.

Gender awareness:-

- ❖ It is the knowledge and understanding of the differences in roles and relations between women and men, especially in the work place.

Affirmative action:-

- ❖ These are measures targeted at a particular group and intended to eliminate and prevent discrimination or to offset disadvantages arising from existing attitudes, behaviors and structures within a society.

Empowerment:-

- ❖ It is the process of gaining access and developing one's capacities and abilities so as he/she can participate actively in shaping his/her owns life and that of one's community in economic, social and political terms.

Gender diversity:-

- ❖ Refers to fair and equitable representation of men and women in all aspects of community activities

Gender audit:-

- ❖ The analysis, evaluation and taking stock of policies, programmes and institutions in terms of how they apply gender-related issues.

Gender blind:-

❖ It is Ignoring/failing to address the gender dimensions in the society.

Gender gap:-

❖ The gap in any area between women and men in terms of their levels of participation, access, rights, remuneration or benefits.

Gender advocacy:-

❖ Advocacy is the act of pleading for or arguing on behalf of a particular issue, idea, persons or a group of people.
❖ This is an ongoing process aimed at changing of attitudes, actions, policies and laws by influencing people and organizations with power, systems and structures at different levels for the betterment of those affected by the gender advocacy issue.
❖ In advocacy you need to use the persuasive art of lobbying.
❖ Lobbying refers to the art of persuading, influencing and convincing other people to see things/issues your way.
❖ Some of gender issues that may require lobbying includes: property rights, decision making and leadership, gender and culture, Gender and reproductive health rights.
❖ Lobbying requires the following skills:
  ➢ Ability to mobilize the community and developing groups
  ➢ Skills in identifying persons who can help influencing the opinions
  ➢ Skills in selling your point of view and ideas
❖ Strategies for Gender Advocacy includes:-
  ➢ Lobbying
  ➢ Networking and coalition building
  ➢ Media relations
  ➢ Campaigns
  ➢ Publications
  ➢ Conferences and seminars
  ➢ Research
  ▪ **NB:**
    ✓ **Networking** is the process of forming connections among individuals, groups, institutions or associates sharing same interests with an aim of exchanging information, ideas and knowledge.
    ✓ It is the process of creating linkages or relationships among individuals, groups or institutions sharing a common goal.
    ✓ **Coalition building** is the process of forming alliances or partnership of groups in order to achieve a common purpose or to engage in a joint activity.
    ✓ Advantages of networking and coalition building include:-
      a) Increases program visibility

b) Promotes technology transfer among the members of the coalition
c) Promote sharing of information , knowledge, skills, expertise and experiences
d) Increases program efficiency and effectiveness
e) Promotes sustainability of gender related activities or programs
f) Provides opportunity for program/project co-financing
g) Promote cost-effectiveness.
h) It helps in sharing of technical trained manpower.
i) Helps in strengthening advocacy initiatives
j) Promotes credibility and reputation of organizations in the coalition.
k) It opens career and business opportunities to individuals involved.

❖ Steps in gender advocacy:
  ➢ Learning skills of advocacy
  ➢ Articulating advocacy issues
  ➢ Evaluating effectiveness of the advocacy
❖ Skills/techniques that can be used in advocacy includes:-
  ➢ Negotiation / bargaining skills- It refers to the process of discussion aimed at reaching an agreement. It is the process through which people settle disputes. It is the process through which parties settle on what each party shall offer or receive.
    o Possible outcomes in negotiation are:
      ▪ Both sides loose
      ▪ One side wins and the other looses
      ▪ Both sides win or at least gain something significant
  ➢ Presentation skills-Presentation refers to a process of conveying ideas, opinions and information in a systematic way for the achievement of desired objectives within a specified timeframe. It relates to convincing the other party about mutual benefits.
    o To make a presentation effective in advocacy, it is important to improve skills in the following areas:
    o Use of information and data to support your presentation
    o Having organized stages in the presentation to facilitate presentation. You can use the following acronym:-
      ▪ Gaining Attention – A
      ▪ Holding Interest – I
      ▪ Arousing Desire – D
      ▪ Obtaining Action - A

Gender neutral:-
  ❖ Having no differential positive or negative impact for gender relations or equality between women and men.
  ❖ Having no gender preferences when allocating resources, duties or responsibility.
  ❖ Using one's abilities to allocate roles other than gender.

Gender division of labour:-

❖ It relates to the different types of work that men and women do socialization and accepted patterns of work within a given context.

Gender impact assessment:-

❖ It is the process of examining policy proposals to see whether they will affect women and men differently, with a view to adapting these proposals to make sure that discriminatory effects are neutralized and that gender equality is promoted.

Sex-disaggregated statistics:-

❖ This is the process of collection and separation of data and statistical information by sex to enable comparative analysis(also sometimes referred to as gender disaggregated statistics)

Women's triple role:-

❖ Women's triple role refers to the reproductive, productive and community managing role. The way these forms are valued affects the way women and men set priorities in planning programs or projects.
❖ The taking or not taking into consideration of these forms can make or break women's chances of taking advantage of development opportunities.

Gender roles

❖ Division of labour is roles and tasks assigned to women and men based on perceived characteristics and attributes, instead of ability and skills
❖ It is a set of societal norms dictating what types of behaviours are generally considered acceptable, appropriate or desirable for a person based on their actual or perceived sex.
❖ Gender roles are based on norms, or standards created by society
❖ Women and girls are assigned household and child-rearing responsibilities
❖ In general, these different roles usually result in women and girls having different and less access and control than men and boys to resources and decision-making processes
❖ Implications for life choices and opportunities
❖ Gender inequality in all areas of life
❖ Gender relations are the often unequal power relations between W/G and M/B in a given society.
❖ Gender roles are masculine or feminine behaviors expressed according to cultural or social customs and norms.
❖ Boys achieve more autonomy, mobility, and power, whereas girls tend to get fewer of these privileges and opportunities.

❖ Boys' power relative to girls' translates into dominance in sexual decision-making and expression, often leaving girls unable to fully assert their preferences and rights and to protect their health.

Gender analysis:-

❖ A systematic way of understanding the roles of both men and women within a given context/society.
❖ It is a close examination of a problem or situation in order to identify the gender issues.
❖ Gender analysis refers to the variety methods used to understand the relationship between men and women, their access to resources, their activities, and the constraints they face relative to each other.
❖ It is a methodology for collecting and processing information about gender. It provides disaggregated data by sex, and an understanding of the social construction of gender roles, and how labour is divided and valued.
❖ Gender analysis in health often highlights how inequalities disadvantage women's health, the constraints women face to attain health and ways to address and overcome them.
❖ It also reveals health risks and problems which men face as a result of the social construction of their roles.
❖ Gender analysis enables us to identify the differences between women and men regarding their specific activities, conditions, needs, access and control over resources, and access to development benefits and decision-making.
❖ It can be used to ensure that men and women are not disadvantaged by development activities, to enhance the sustainability and effectiveness of activities, or to identify priority areas for action to promote equality between women and men
❖ An analysis of gender relations can tell us who has assess, who has control, who is likely to benefit from a new initiative, and who is likely to lose.
❖ Gender analysis asks questions that can lead us in a search for information to understand why a situation has developed the way it as. It can also lead us to explore assumptions about issues such as the distribution of resources and the impact of culture and traditions.
❖ Gender analysis is core in understanding culture (underlying values, norms and beliefs), expressed in the construction of gender identities and inequalities.
❖ Gender Analysis is conducted through a variety of tools and frameworks.

When to Conduct Gender Analysis:-
❖ Gender Analysis should be undertaken at all stages of a program/project cycle, including:
  ▪ Identification- of the project or activity.
  ▪ Planning- or design of the activity.
  ▪ Implementation.
  ▪ Monitoring and
  ▪ Evaluation.

How to Conduct Gender Analysis:-
   ❖ Identify relevant gender issue
   ❖ Collect relevant data.
   ❖ Integrate relevant gender considerations into planning, design and implementation of a proposed development intervention

Information Needed in Gender Analysis:-

   ❖ Collection of Relevant Data: Sex–disaggregated information for analysis (What is the current situation?)
   ❖ Identification of Relevant Gender Issues: Understand the institutional, economic, social, and political contexts (What are the differentials and what are the constraints?)
   ❖ Integration of Gender Considerations into Design and Implementation of a Proposed Intervention: Understand the priorities and needs of both men and women affected by the project (what do they need/want?)

Questions in Conducting Gender Analysis:-

   1) Who does what? Are the roles, responsibilities, and priorities of men and women, both within and outside the household, different?
   2) Who owns what? Who controls what? Who has access to what? Are there differences among women and men?
   3) If there are differentials in the above two areas, what are the institutional, economic, and social factors that underlie, support, or influence them?
   4) Will failure to consider these differences in formulating development policies or designing interventions and implementing programs or projects impact negatively in terms of causing undesirable outcomes for males and/or females? If so, how, and what response is appropriate?

Who should do gender analysis?

      ▪ Government
      ▪ Policy makers
      ▪ Donors
      ▪ Program Managers
      ▪ Development Staff
      ▪ Field workers, etc.
   ❖ Gender analysis should be participatory involving key stakeholders from the field where the intervention is to take place
   ❖ Gender Analysis can be conducted through a variety of Tools and Frameworks

Steps in gender analysis:-

   ❖ STEP 1 - Identifying, defining and refining the issue.
   ❖ STEP 2 - Defining desired goals and anticipated outcomes
   ❖ STEP 3 - Defining the information and consultation inputs
   ❖ STEP 4 - Conducting research
   ❖ STEP 5 - Developing and analyzing options
   ❖ Step 6 - Making recommendations

❖ STEP 7 - Communicating policy
❖ STEP 8 - Assessing the quality of analysis

STEP 1 - Identifying, defining and refining the issue.

❖ Policy analysis usually begins with identifying a problem or an opportunity requiring policy development or analysis. This stage involves determining the nature, scope and importance of the issue within the context of the current policy environment that warranted placing it on the policy agenda.

STEP 2 - Defining desired goals and anticipated outcomes

❖ In this stage, desired goals and anticipated outcomes for the policy are proposed. An analysis of intended/unintended outcomes usually examines the degree to which the policy can meet or hinder other policies or government objectives. Outcome indicators, monitoring processes, partners in defining outcomes, and accountability for achieving outcomes are usually considered in this phase.

STEP 3 - Defining the information and consultation inputs

❖ This step is most often done along with the research phase. It looks at what knowledge is needed, and what sources can best provide it. Available and relevant data sources and partners in data gathering and analysis are identified.

STEP 4 - Conducting research

❖ This stage clarifies the research design, and the type of analysis to be done (e.g. cost/benefit, social impact, relationships to government etc.).
❖ It is here that tasks and methods of analysis and approaches to data presentation are discussed

STEP 5 - Developing and analyzing options

❖ An analysis of options and their outcomes and implications are articulated and refined.
❖ The relationship of options and their impact on existing policies, programs and legislation are also studied for example: economic, social, equity, community, environmental etc.
❖ Impact analyses are developed preferably for each option while responsibility for implementation and the resources required are also examined.

Step 6 - Making recommendations

❖ Recommendations are suggestions of what should be done to address a particular issue

LECTURE NOTES: GENDER ISSUES AND GENDER ISSUES IN RH ©Rugendo.M.Morris(2018)

❖ The recommendation of options is often a collaborative effort, and sometimes draws directly on public input and consultation.
❖ The rationale for the recommendations is derived from the analysis of options, and presents the recommendation in terms of its favorable and unfavorable impacts, implications, and the policy environment

STEP 7 - Communicating policy

❖ This stage involves disseminating information regarding analysis findings and recommendations to key stakeholders.
❖ Communicating the recommended policy can play a significant role in its acceptance and implementation.
❖ Timing, choice of media, language, and public involvement are important to ensure that government intent and the impacts of the policy, program and legislation are understood.
❖ The participation and acknowledgement of partners and consulting groups can be a key part of communicating policies inside the government and to the public.

STEP 8 - Assessing the quality of analysis

❖ This is monitoring and improving the process, and making sure that all the standard procedures are followed and ensuring that all the problems are found and dealt with.
❖ It is important to review the analysis process to ensure that the analysis is free from errors.

Other things to consider when conducting gender analysis

❖ When conducting gender analysis, you should look at gender issues in the following context.
   a) Influencing factors: social, economical, political, environment, legal, cultural, etc.
   b) Gender division of labour/roles: seasonal distribution, time use, workload, reproductive/productive, community management/policies, paid/unpaid.
   c) Access to/control over resources: natural, physical, market
   d) Decision-making capacity: household level political level, community and formal and informal community organizations.
   e) Gender needs: practical and strategic needs.
   f) Institutional policies and structures: policy and services organizational structure staff qualifications/personnel
   g) Policy approach: welfare, equity, anti-poverty, efficiency empowerment
   h) Level of participation :Decision making, enjoyment of benefits, contribution of labour
❖ Gender analysis is practical tool for analyzing the nature of gender differentiation.
❖ It builds by asking questions who does what? Where? When? And with what resources?
❖ Gender analysis tries to answer the following questions?

a) Who does what?(i.e. What is the actual division of labour between men and women in the project area?)
b) Who has what? (I.e. Who has access to and control over resources in the project area?)
c) What influences to access and control of resources?(i.e. What social, cultural, economic, political influence gender differentiable rights of access and control?)
d) How are resources distributed and who gets what?

Gender analysis frameworks and tools

Gender analysis frameworks
Gender analysis frameworks include:-
1. Harvard gender analysis framework
2. Gender planning in the third world countries (By Caroline Moser)
3. Gender equality and empowerment framework (By Sarah Longwe)
4. People orientated planning (UNHCR)
5. Social Economic of Gender Analysis (SEGA) and Capacities and Vulnerabilities Analysis framework.
6. Gender Analysis Matrix (GAM)
7. Social relations approach
❖ Student to read and understand each of the above listed framework

Gender analysis tool

They include:-
1. Daily activity schedule(24 hr daily calendar) tool
2. Activity profile tool
3. Access and control profile tool
4. Influencing factors tool
5. Gender analysis Matrix
1. Daily activity schedule(24 hr daily calendar)

❖ This explains how women and men spend a typical day from the time they wake up until they go to bed.
❖ This tool describes how women, men, boys and girls spend their time during a typical 24 – hour day.
❖ The purpose of this tool is to analyze the roles women, men, boys and girls are involved in so that it can be taken into consideration when planning and implementing projects.

Illustration of a Daily activity schedule

WOMEN/GIRLS		MEN/BOYS	
TIME	**ACTIVITY**	**TIME**	**ACTIVITY**

2. **Activity profile tool.**

   ❖ This is an explanation of the gender division of labour.
   ❖ This tool is used in categorizing activities as productive, reproductive or communal.
   ❖ It shows who does them, when and where who do what and for how long?
   ❖ It helps to understand the gender division of labour.

Illustration of an activity profile tool

Type of activity	Who(Gender) age	Where	How often	When	How	Why
Productive						
Reproductive						
Community management work						

3. Access and control profile

❖ This tool is used for analyzing the resources available and what benefits accrues to the people involved.
❖ It further analyses which sex has access and who has the final decision making power (control) over them but based on their gender roles.
❖ The tool is a data collection and analytical tool.
❖ It helps in determining power relations and interests.
❖ This tool assess:-
  ▪ who has access to resources (eg. land, equipment, capital etc.)?
  ▪ who has access to benefits (eg. education, health services, political power etc.)?
  ▪ who has control over resources and benefits?

Illustration of access and control tool

RESOURCES	ACCESS		CONTROL	
	WOMEN	**MEN**	**WOMEN**	**MEN**
Resources Land; Equipment; Labour; Cash; Education; Training; Other				
Benefits Income; Ownership; Basic needs; Education; Political power; prestige; Other				

Illustration of access and control tool

Resources	ACCESS				CONTROL			
	FC	**FA**	**MC**	**MA**	**FC**	**FA**	**MC**	**MA**
Land								
Equipments								
Livestocks								
Credit services								

KEY
FC-FEMALE CHILD   MC-MALE CHILD   FA-FEMALE ADULT MA-MALE ADULT

4. Influencing factors tool

❖ This Identifies factors that determine the gender differences –
  ➢ Political, economic, cultural etc.
  ➢ Communtiy norms, social hierachies
  ➢ Training and education
  ➢ Attitude of community towards external development workers
  ➢ Past and present influences
  ➢ Opportunities and constraints

Illustration of Influencing factors tool

Influencing factors	Opportunities	Constrains

5. Gender analysis Matrix

❖ Helps determine the differing impacts of development interventions on women & men.
❖ Provides a community based technique for identification and analysis
❖ Initiates a process of analysis that identifies and challenges gender roles within the community in a constructive manner.
❖ It determines differing impacts of interventions on women & men.

	Livelihood activities, roles, relations	Assets, Capabilities	Power and Decision-making	Needs, Priorities	Institutions, Mechanisms, Governance
Women	What activities they do? Where? When?	What assets, capabilities, opportunities they have? What are different vulnerability? What are their different coping mechanism?	What decision making do men and women participate in? What decision making they control? What constraints they face?	What are women's needs and priorities What are their aspirations for future	How markets work differently for women and men? Do governance takes into account women's concerns
Men					

S.W.O.T analysis in gender analysis.
- ❖ The SWOT Analysis framework is a very important and useful tool to use in gender analysis process.
- ❖ As a basic tool, its mastery is a fundamental requirement for the implementers of gender related issues.
- ❖ A clear understanding of SWOT is required gender programmes and activities.
- ❖ SWOT is an acronym that refers to: Strengths, Weaknesses, Opportunities & Threats
- ❖ A scan of the internal and external environment is an important part of the strategic planning process.
- ❖ Internal factor influencing gender issues are classified as strengths (**S**) and weaknesses (**W**).
- ❖ External factors that influence gender issues are classified as opportunities (**O**) or threats (**T**).
- ❖ Such an analysis of the strategic environment is referred to as a **SWOT analysis**.
- ❖ **Strengths** may include:-
  - ▪ Strong social and leadership structures
  - ▪ Good reputation among community members
  - ▪ Availability of resources
  - ▪ Exclusive access to natural resources
  - ▪ Good access to distribution of social institutions and social system.
- ❖ **Weaknesses include:-**
  - ▪ A weak social and leadership systems
  - ▪ Mistrust among community members
  - ▪ High cost structure in realization of gender activities
  - ▪ Lack of access to best natural resources
  - ▪ Lack of access to distribution of key infrastructures and social institutions
- ❖ **Opportunities** include:-
  - ▪ An unfulfilled gender needs
  - ▪ Availability of new approaches
  - ▪ Enactment of favorable laws and regulations
  - ▪ Global treaties on gender equity and equality
  - ▪ Established groups to advocate gender issues.
- ❖ **Threats** include:-
  - ▪ Existence of cultural practices and beliefs
  - ▪ Infighting among key groups in the community

Women empowerment:-
- ❖ Empowerment refers to increasing the spiritual, political, social or economic strength of individuals and communities.
- ❖ The manifestation of redistribution of power that challenges patriarchal ideology and male dominance.

- ❖ It is a process aimed at changing the nature and direction of systematic forces which marginalize women and other disadvantaged sections in a given context.
- ❖ Women's and men's division of labour and access and control over resources is different
- ❖ There is a global gender inequality in favour of men
- ❖ Men's work do is considered more important and hence paid better than women for the same job
- ❖ Due to gender discrimination women do not get their fair share of opportunities and benefits

Why women need empowerment:
- ➢ Educational problems among girls where boy education is preferred
- ➢ Societal perception about girl child eg the belief that a girl child will be married and go away from parental home.
- ➢ Low confidence among women
- ➢ Lack of unity among women
- ➢ Problems relating with health among women especially reproductive health
- ➢ Poverty and economic isolation among women
- ➢ Traditional barriers and Cultural beliefs and practices.

Crimes against women
- ➢ Acid throwing
- ➢ Domestic violence
- ➢ Dowry
- ➢ Female infanticide and sex-selective abortion
- ➢ Rape
- ➢ Sexual harassment
- ➢ Wife inheritance
- ➢ Window cleansing
- ➢ Trafficking of women and girls
- ➢ Justice system and succession laws(eg succession)
- ➢ Social opinion on female gender
- ➢ Intimate partner violence

Levels of empowerment:-

a) Welfare
b) Access
c) Conscientisation
d) Participation
e) Control

These are described in details as follows:-
- ❖ Welfare: This when a woman's material needs such as food ,income, medical care are met

- ❖ Access: This is when women are able to gain access to resources such as land, marketing facilities, labour, credit ,public services and benefits on equal bases as men.
- ❖ Conscientization: when women believe that gender roles can be changed and gender equality is possible.
- ❖ Participation: when women have equal participating in decision making in all programs and policies.
- ❖ Control: when women and men have equal control over factors of production and distribution of benefits without dominance or subordination.

The Women's Empowerment Framework (WEP)

Sector	projects	Welfare	Access	conscientisation	Participation	Control
Agriculture						
Health						
Education and training						
Commerce and industry						

- ❖ There are three levels of recognition in terms of the extent to which a women equality has received in the design of the project, namely :-
- ❖ Negative: Project objectives make no mention of women's issues.
- ❖ Neutral:-Recognize women's issues, but concerns remain that the project intervention does not leave women worse off than before.
- ❖ Positive:-Concerned with women's issues, and with improving the position of women

Level of recognition tool

	Level of recognition		
Level of equality	Negative	Neutral	Positive
Control			
Participation			
Conscientization			
Access			
Welfare			

Facilitating factors for women empowerment:-
- ➢ Existence of women's organizations
- ➢ Availability of support system
- ➢ Availability of funds
- ➢ Feminist leadership
- ➢ Networking
- ➢ Favourable media coverage
- ➢ Favourable policy climate

Constraining factors for women empowerment:-
- ➢ Heavy work load for women
- ➢ Isolation of women from each other
- ➢ Illiteracy
- ➢ Traditional views limit participation
- ➢ No funds
- ➢ Disagreements/conflicts among women groups
- ➢ Negative and sensational coverage media

Advantages of women empowerment:-
- ➢ Improves productivity
- ➢ Overall community development
- ➢ Reduction in gender based violence
- ➢ Financial burden of man can be shared with her
- ➢ Family can be more strong because of both working hands
- ➢ When financial problems will be shared than results of conflict
- ➢ Promotes women self esteem and confidence
- ➢ Enables women to make their own choices and decisions,
- ➢ Ensures that women have equal rights to participate in social, religious and public activities.
- ➢ Ensures that women have equal social status in the society.
- ➢ Promote equal opportunity for education for girls and boys
- ➢ Women get equal employment opportunity without any gender bias.
- ➢ Women are able to get safe and comfortable working environment.

Rights of women:-
- ➢ The right to work as a human being
- ➢ The right to the same employment opportunities
- ➢ The right to free choice of profession and employment
- ➢ The right to social security
- ➢ The right to protection of health and to safety

Empowerment of women:-

1. Economic empowerment
  - Poverty eradication
  - Micro credit
  - Women and economy
  - Globalization
  - Women and agriculture
  - Women and industry
  - Support service
  - Occupation integration
  - Equal pay for equal work

2. Social empowerment of women
  - Education for women
  - Health care for women
  - Participation of women in development of science and technology
  - Nutrition of women
  - Drinking water and sanitation
  - Housing and shelter
  - Environment

3. Political empowerment
  - Affirmative actions eg political posts for women
  - Promoting women leadership
  - Women friendly policies
  - Education and training
  - Creating enabling environment for women to engage in politics
  - Empowering women by increasing awareness regarding the rights of an employee

4. Cultural empowerment of women
  - Advocacy against harmful cultural practices
  - There should be a change in mind set of society on a fundamental level.
  - Cultural empowerment as such can be achieved only when women are treated as human beings first and foremost

Women's empowerment principles
  - Establish high-level corporate leadership for gender equality.
  - Treat all women and men fairly at work – respect and support human rights and nondiscrimination.
  - Ensure the health, safety and well-being of all women and men workers.
  - Promote education, training and professional development for women.
  - Implement enterprise development, supply chain and marketing practices that empower women.
  - Promote equality through community initiatives and advocacy.
  - Measure and publicly report on progress to achieve gender equality.

Culture in relation to Gender issues

- ❖ Culture is the whole complex of knowledge, attitude, norms, beliefs, values, habits, customs, traditions and any other capabilities and skills acquired by man as a member of society.
- ❖ Culture refers to people's way of life, systems of beliefs, values, rituals, interaction patterns and socialization which determine attributes, roles, responsibilities, and expectations in a society
- ❖ It is the sum total way of life of a society.
- ❖ Culture determines what the society wants and expects from women, men, girls and boys.
- ❖ It defines the status and power relations between women, men, girls and boys.
- ❖ Gender concerns are as a result of cultural context and socialization in society.eg. Preference for a boy to a girl child, Initiation ceremonies, Marital practices, Gender based violence etc
- ❖ Culture – means intellectual and creative products, including literature, music, drama and painting – also describes the beliefs and practices of another society, particularly where these are seen as closely linked with tradition or religion
- ❖ Gender is shaped by culture
- ❖ Gender issues – is interdisciplinary and cross-national in scope focusing on gender and gender equity.
- ❖ **Cultural traits (practices)-**These are the smallest elements by which a culture can be described. They are peculiar features of character or mind.
- ❖ **Cultural diversities** are different patterns the cultural universals take, depending on the society.
- ❖ Cultural traits (practices) are classified into two:-
    1. **Material cultural traits**
    2. **Non-material cultural traits**
- ❖ There are cultural traits that are shared by individuals regardless of their origin. These are called **cultural universals.**
- ❖ Examples of cultural universals includes:-Cooking, Courtship/marriage, Learning, Housing, and Dancing.

Characteristics of a culture:

1. **Culture is symbolic**. It is an abstract way of referring to, and understanding ideas, objects, feelings or behavior
2. **Culture is shared**. People in the same society share common behavior patterns and ways of thinking through culture. For example people living in a society share the same language, dress in similar styles, eat much of the same food and celebrate many of the same holidays.
3. **Culture is learned**. A person must learn culture from other people in a society. For instance, people must learn to speak and understand a language and to abide by the rules of a society.
4. **Culture is adaptive**. People use culture to adjust flexibly and quickly to changes in the world around them. For instance a person can adjust his diet when he changes an area of residence.

5. **Culture is unique to each society**: Culture varies from one community to another

Terminologies related culture

1. **Enculturation**: The process of giving one culture. It starts as soon as one is born (e.g. when a child is born there are a number of ululations made and the type of dress the baby is clothed with is according to gender. Then, as the child grows, he/she learns language through interactions.
2. **Sub-culture**: it is a certain unique culture in a bigger culture. It has some distinct trait that differentiates it from the bigger society e.g. religions, societies, organizations university students, etc.
3. **Ethnocentrism**: this is the belief that one's culture is superior to others.
4. **Cultural relativity**: this is respect for one another's culture; it disagrees with ethnocentrism. It believes that environment and biological factors dictate the culture of people. This avoids conflict between different cultural groups, for there is no culture that criticizes the other
5. **Social control**: this deals with rewards and punishments to things done by individuals in the society.
6. **Aculturation**: This is where people get assimilated into cultural traits of other groups different from their own.
7. **Culture loss**: This is where a certain culture is totally replaced by another
8. **Social stratification**: means ranking of the society members into different social strata (classes).
9. **Norms** are social rules that specify appropriate and inappropriate behavior in given situations. They tell us what we should and must do as well as what we should not and must not do. For Example, We often regard greeting as a social norm to be conformed among members who know each other.
10. **Laws:** these are established and written rules of conduct that are enforced by special authorized agents in larger society, e.g. country laws enforced by police men. Also called **governmental social norms**, because they are enforced by the state.
11. **Taboos:** these are practices that are culturally prohibited and are associated with superstitions
12. **Belief** is a conviction that a phenomenon or object is true or real. Beliefs deal with people understands of themselves and their environment. People usually do not know whether what they believe is true or false. They are usually derived from our parents, grandparents, and other people we respect. Beliefs may be helpful, harmful or neutral. If it is not certain that a belief is harmful, it is better to leave it alone. For example, a certain society may have the following beliefs:
    - Drinking salty water by mothers during postpartum (Neutral)
    - Diarrhea may end up with death (helpful)
    - Polio vaccine is laced with birth control elements and should not be given to children (harmful)
13. **Values** are broad ideas and widely held assumptions regarding what are desirable, correct and good that most members of a society share. Values provide us with criteria and conceptions by which we evaluate people, objects

and events as their relative worth, merit, beauty or morality. Vales are conception in which a prestige is placed on them.

14. **Attitudes** are relatively constant feelings, predispositions or set of beliefs directed towards an object, person or situation. They are evaluative feelings and reflect our likes and dislikes. They often come from our experiences or from those of people close to us. They either attract us to things, or make wary of them.

15. **Custom** represents the group behavior. It is the pattern of action shared by some or all members of the society.

16. **Traditions** are behaviors that have been carried out for a long time handed down from parents to children.

17. **Morals** this is judgement of whether a behavior is right or wrong.

18. **Social structure**: it is a term applied to the particular arrangement of the interrelated institutions, agencies and social patterns as well as the statuses and roles which each person assumes in the group.

19. **Status**: it entails ones position in the society. It is the position held by an individual in the society e.g. teacher, nurse, doctor .Status are classified into two:-
    a) Ascribed status gained through birth and one has no control over it, including race, gender and age
    b) Achieved or acquired or acquired status This is gained or earned by ones effort e.g. a teacher, nurse, clinical officer through education

20. **Role**: is a behavior or set of rights and obligations of an individual's particular status.

21. **Role conflict**: facing two incompatible roles at the same time.
    It arises when one is faced by demands of two roles which are not compatible e.g. girl who is a student as well as a mother.

22. A **role set:** it is the different roles associated with a particular status.

23. **Role strain** occurs when a person has difficulty fulfilling the role of one status.

24. **Role exit** is the process people go through to detach from a role that was previously central to their social identity.

25. A **social institution** is a system of statuses and roles organized to satisfy one or more of society's basic needs.

26. **Social power**: It is the ability to force will on others. It can also be seen as ability of **one entity** to control the ability of another entity even against its resistance.   Means through which power is exercised include:-
    ➢ **Coercion:** one is deprived of something in case he disagrees to comply with the dominant group (e.g. political party swallowed up by a stronger one)
    ➢ **Influence:** it is use of persuasion of some kind and no threats are used at all (Democracy)
    ➢ **Force:** Here there is no room for choosing what you want. The minority group would follow what majority group want (Autocratic rule)

- ➢ **Authority;** It is power which belongs to a status in a social structure. It is an exercised legitimate power (power that's socially accepted by people).
  - ❖ Authority can have the following forms:
    - ➢ **Traditional authority**: This occurs in royal families whereby authority was passed from one person to another (e.g. from father to son)
    - ➢ **Charismatic power: It** arises from one's own gifts or qualities. It is not passed on to the next office bearer.
    - ➢ **Legal authority**: This is whereby power lies in the office of positions held but not the person holding the position. (e.g. MPs given power in the government, when demoted or sacked they can no longer exercise those powers)

Factors that influence distribution of power:-
- ❖ Sex (gender) e.g. females are discriminated in some activities due some factors such as pregnancy.
- ❖ Age, children are not given responsibilities of power until they have grown up.
- ❖ Ethnicity: it's a human collection whose members are bound together by common cultural ties regardless of their current national political or social identity. Some ethnic groups may be considered more unique than others.
- ❖ Locality especially if the members are living in a place where it is unique natural resource or economic zone
- ❖ Occupation: power may be given to people who hold certain occupation/profession

Culture and social change:
- ❖ This is the process by which a certain culture undergoes modifications.
- ❖ Some cultural practices vanish completely, i.e. new traits, ideas, beliefs, emerge and become part of the society. For example, education system, housing systems, dressing styles, and means of communication get modified now and then, etc.

Reasons why culture change:
- ❖ Advancement in technological innovations
- ❖ War and civil unrests
- ❖ Illnesses and deaths
- ❖ Personal interest

Factors influencing culture change:
- ❖ **Population**: increase in population make people tend to move to other areas which makes them to change in their cultures.
- ❖ **Education**: it makes one to be exposed to more knowledge,which leads to attitude change.
- ❖ **Industrialization**: urbanization makes people to acquire new living styles; leads to acquire modern things e.g. Cars, cooking facilities, housing.

Ways through which culture change:
1. Through invention or discovery
2. Through Diffusion

3. Through Aculturation
4. Through Culture loss
5. Through planned change
6. Through evolution
7. Through revolution
8. Through transformation.

1. **Through invention or discovery:-**
   ❖ It could either primary or secondary.
   ❖ In primary, we have accumulation of new knowledge.
   ❖ In secondary, it deals with building on already accumulated knowledge.

2. **Through Diffusion:**
   ❖ The process by which a cultural item spreads from group to group or society to society.
   ❖ This is where a culture borrows some cultural traits from another group who want to come together.
   ❖ Borrowed culture can be modified.
   ❖ Cultural diffusion is transmitted through books, mass media, lectures, internet etc.
   ❖ Selectivity may occur in culture diffusion i.e. choosing to copy the best culture that suits one

3. **Through Aculturation:**
   ❖ This is where people get assimilated into cultural traits of other groups different from their own.
   ❖ For aculturation to take place, the people must be in close contact with other parties/groups for a long period of time.

4. **Through culture loss:-**
   ❖ This is the disappearance of a community culture either through modernization, technological advancement or death of all those who subscribed to that culture.

5. **Through planned change:-**
   ❖ This is whereby a need to adopt a certain cultural practice is communicated purposefully to cause change

6. **Through evolution:-**
   ❖ This is a gradual and continuous change that occurs through the process of socialization leading to acquisition of new cultural traits or abandonment of old cultural practices.

7. **Through revolution:-**
   ❖ This is abrupt and sudden change that occurs within a community culture.

8. **Through transformation:-**
   ❖ This is where a change agent inspires or motivates the community to change from certain practices to the desired behavior. Members of the community acquire a common desire to change.

Gender issues that affect health
   ▪ Poverty
   ▪ Marriage practices

- Traditions, cultural and religious factors
- Social and legal factors
- Succession issues
- Educational level
- Sexual dimension organized on gender lines
- Socio-economic factors.

a. **Poverty :**
- ❖ Poverty prevents individuals from accessing resources.
- ❖ Poverty also affects
  - ➢ **Decision making** – Women are not consulted when major decisions are made about them by the family or the community. (FP use, when to deliver, how many children to have,etc)
  - ➢ **Nutrition and health status –** In many families men and boys eat first and have the biggest share followed by girls and finally the mother. This is due to the fact that families do not have sufficient finance to purchase food. Under nutrition makes the weak, vulnerable to diseases and complications during pregnancy
  - ➢ **Access to health services** –Poverty create a barrier for the families and individuals in accessing health services.
- ❖ Poverty reduction strategies that have been applied by the government include:-
  - Facilitating sustainable and rapid economic growth
  - Improving governance and security
  - Improve equity and participation
  - Establishment of special funds for youths and women
  - Equitable distribution of national resources and development initiatives
  - Supporting SMEs
  - Increasing funding for key sectors
  - Supporting value addition in production sectors such as agriculture.

b. **Marriage practices:**
- ❖ Marriage is a union between spouses that establishes obligations and rights between these spouses. Major types of marriages include:-
  - a) Customary marriage-This is a marriage that is practiced based on community customs and traditions.
  - b) Religious marriage-This is where marriage is conducted within the doctrines of the religion that the partners subscribe to.
  - c) Civil marriage –it is a form of marriage performed, registered and recognized by the government through the office of the attorney general.
- ❖ Some of the marriage practices that affect health include:-
  - a) Early marriage
  - b) Forced marriages
  - c) Polygamy
  - d) Wife inheritance

e) Window cleansing
- ❖ These marriage practices can lead to:-
  - ▪ Domestic /gender based violence
  - ▪ Emotional/psychological problems
  - ▪ Obstetrical complications
  - ▪ Increased risk of sexually transmitted infections including HIV
  - ▪ Increased school drop-out rate
  - ▪ Denial to make decision on childbearing and other basic rights

c. Traditions, cultural and religious factors

- ❖ Traditions and cultural beliefs have been found to affect health. Some cultures do not allow pregnant women to take some form of food. They belief that such food may affect the development of the foetus. This may end up affecting nutritional status of the pregnant woman.
- ❖ Some religions also discourage their members from seeking health services from the formal health care facilities and this affect health of these members.

d. Social and legal factors:-

- ❖ Social determinant of health such as occupation, residence, environment, income, social support systems and gender affect health in many aspects. These aspects may include:-
  - ▪ Occupation of an individual may expose one to risk factors to some diseases and conditions
  - ▪ Physical environment predispose one to environmental toxins
  - ▪ Greater social support system from families, friends and community is linked to better health.
- ❖ Legal factors such as existence of effective health policies and laws have been found to increase government focus and attention on matters relating to health financing, provision and management of health services.
- ❖ Enactment of favourable legal frameworks on health matters improves government commitment in financing health care system.

e. Educational level:-

- ❖ Education is the process of facilitating acquisition of knowledge, skills, values and beliefs with an aim of helping an individual to understand life phenomena and solve problems.
- ❖ Education helps in achieving the following:-
  - ➢ Delayed marriages
  - ➢ Delayed sexual debut
  - ➢ Promotes effective decision making
  - ➢ Helps in challenging community culture and customs
  - ➢ Increased level of independence
  - ➢ Acquisition of meaningful employment hence reducing poverty
  - ➢ Improved healthy literacy-Health literacy is the aspect of an individual being able to read, understand and interpret health related messages.
  - ➢ It empowers women to plan for their pregnancy and child birth.
  - ➢ It promotes gender equity
  - ➢ Helps in behavior change and modification

- High literacy rate among women reduces infant mortality.
- Increases use of health services
- Help in disease prevention

f. Socio-economic factors:-

❖ The **social determinants of health** are the conditions, in which people are born, grow, work and live.

❖ These wider set of forces and systems are important in shaping the conditions of daily life among individuals.

❖ These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

❖ Peoples' way of life has been seen to influence health outcomes.

❖ Examples of social determinants of health include:-
- Social exclusion
- Education
- Housing
- Early childhood development
- Food safety
- Gender
- Risk behaviors
- Religion factors
- Cultural belief, traditions, customs, societal values etc.

❖ **Economic factors** that may affect health include:
- Costs of health services
- Employment
- Governmental economic activities
- Income
- Occupation
- Health care financing

g. Sexual dimension organized on gender lines:-

❖ Sexual dimensions are features that define how sexuality is viewed or perceived.

Definition of terms in sexual dimensions:

- **Sexual partnership –** Society assumes men cannot control their libido and thus allows having as 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. This predisposes to infections, e.g., STIs/HIV

- **Sexual art –** These are sexual behaviours and actions that ate expected from each gender. Women are expected to be in full control of their sexuality all the time, not to initiate sex and not to express sexual enjoyment. Sex is centred on pleasure and satisfaction of men and this predisposes women to harmful practices e.g., FGM, use of herbs to satisfy men, etc. In case of infertility among either of the partner women are always blamed.

- **Sexual meanings** – This is a process by which sexual thoughts behaviours and conditions e.g. virginity are interpreted and ascribed to cultural meanings.

Perception of pleasure shows the nature of the body, what is considered erotic and when to talk about sexuality and with whom. 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 identity**:-Refers to the personal and private conviction each individual has about being a male or a female.
- **Sexual behaviour:** These are observable actions that illustrate how individuals present themselves sexually eg, how they talk, how they act etc.
- **Sexual ideologies:** These are people's ideas and perception about sexuality. It includes cultural understandings of what men and women are and how they interact (or should interact) with one another.
- **Sexual experience:** Refers to sexual encounters and how one respond to these encounters. It also includes how these sexual encounters shape an individual's sexual behavior. Sexual experience can lead to the following:-
  - ➤ Anxieties
  - ➤ Self image
  - ➤ Satisfaction with oneself
  - ➤ Self assurance
  - ➤ Confidence
  - ➤ Certainty
  - ➤ Sense of belonging
  - ➤ Happiness
  - ➤ Love
  - ➤ Fear
  - ➤ Frustrations
  - ➤ Anger
  - ➤ Hate

❖ There are five(5) major dimensions of human sexuality, namely:-

1) Physical dimension
2) Psychological dimension
3) Orientation dimension
4) Behavioral dimension
5) Relationship dimension.

1. **Physical dimension:-**
   ❖ This is the capability of both men and women to reproduce and conceive.
   ❖ Production of male and female gametes.

2. **Psychological dimension:-**
   ❖ Consists of one's emotions. Such emotions include; joy, excitement, pleasure, love and affection.
   ❖ It is also the conscious and unconscious beliefs that guide the interpretations of experience and generate behaviors designed to meet one's sexual and relationship needs.

3. **Orientation dimension:-**
   ❖ It is the propensity to be sexually and romantically attracted to members of a particular sex.

- ❖ People with a same sex orientation are known as homo-sexual. People with other sex orientation are known as heterosexuals.
- ❖ People whose orientation is for either sex are referred to as bisexual.

4. Behavioral dimension:-
- ❖ It includes activities intended to produce a sexual experience.
- ❖ Sexual abstinence is when someone may have interest in and desire for sex, but chose not to engage in sexual activity.

5. Relationship dimension:-
- ❖ This consists of the tendency to behave sexually in interpersonal relationships characterized by feelings of love, intimacy and emotional closeness.
- ❖ Intimacy is the feeling of closeness, trust and openness with another person.

Issues that may arise in sexual dimensions:-
- ❖ Physical dimension:-
    - ▪ Infertility among females causing them to be viewed as unworthy in the community and even could be cast out of the community.
- ❖ Psychological dimension:
    - ▪ Divorce among failed marriages that have misunderstandings.
    - ▪ Depression comes as a result of emotional damage.
    - ▪ Infidelity among married couples due to being unsatisfied.
- ❖ Orientation dimension:-
    - ▪ Discrimination towards homosexuals especially in the work places and communities and they cannot get certain services like adoption because is a man is not believed to bear and take care of children. That is considered as a woman's responsibility.
    - ▪ Multiple sexual partners may increase the risk of spreading HIV - AIDS and STIs.
- ❖ Behavioral dimension:
    - ▪ Sexual disorders arise especially in people who do not get to the satisfactory point of sex.
    - ▪ Rape will be a huge problem for one to achieve sexual satisfaction.
    - ▪ Female genital mutilation. When a girl undergoes FGM, it shall be hard for them to participate in activities that result in sexual satisfaction.
- ❖ Relationship dimension:
    - ▪ Antisocial. One may become antisocial due to a bond broken in past relationships.
    - ▪ Gender based violence
    - ▪ Date rape
    - ▪ Intimate partner violence

Gender mainstreaming

- ❖ It is the process of integrating a gender equality perspective into the development process at all stages and levels.

- ❖ It is the process of ensuring that there is gender inclusivity in all matters of community development.
- ❖ Gender Mainstreaming is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels.
- ❖ Gender mainstreaming is a strategy of achieving of gender equality and equity.
- ❖ Gender Mainstreaming includes gender-specific activities and affirmative action, whenever women or men are in a particularly disadvantageous position.
- ❖ Gender-specific interventions can target women exclusively, men and women together, or only men, to enable them to participate in and benefit equally from development efforts.
- ❖ These are necessary temporary measures designed to combat the direct and indirect consequences of past discrimination
- ❖ Gender mainstreaming can be done at the following levels:
  - ▪ Policy
  - ▪ Institutional /organizational
  - ▪ Programmes/project

Purpose of gender mainstreaming:-
- ❖ To reduce gender inequities that may exist in a given project area;
- ❖ To ensure women and men's specific needs are satisfied, that they benefit from the project and that the project impacts positively on their lives;
- ❖ To create the conditions for the equitable access of men and women to project resources and benefits;
- ❖ To create the conditions for the equitable participation in project implementation and decision making processes.
- ❖ To promote better quality of work and better quality of life for both men and women
- ❖ To promote multisectoral collaboration in addressing women empowerment
- ❖ To promote sustainable human development
- ❖ To promote community commitment in matters relating to gender mainstreaming.

Conditions for effective gender mainstreaming:-
- ❖ Effective gender mainstreaming can occur if the following are in place:
  - ▪ A clear gender policy
  - ▪ Practical coordination of all gender mainstreaming initiatives
  - ▪ A clear guide on gender mainstreaming and best practices
  - ▪ Training and capacity building
  - ▪ Awareness creation and advocacy on gender mainstreaming
  - ▪ Partnerships and networking for persons and institutions
  - ▪ Research and information dissemination on gender issues
  - ▪ Sex disaggregated data
  - ▪ Resources mobilization
  - ▪ Monitoring, evaluation and reporting.

Ways of achieving gender mainstreaming
- ▪ Carrying out a gender analysis regularly

- Carrying out participatory training
- Consultative meetings and feedback forums
- Preparation and dissemination of Information, Education and Communication (IEC) materials
- Creation of data banks and resource centre on gender mainstreaming and support services
- Creation of membership associations of people and organizations involved in gender advocacy
- Participation of member associations in trade shows and exhibitions
- Media and publicity programs.

Process /stages of gender mainstreaming

1. Defining the gender issue
2. Formulating objectives
3. Mapping the situation
4. Refining the issue
5. Formulating policy issues from gender
6. Implementation of gender matters as per the policy
7. Communication
8. Monitoring and evaluation

1. Defining gender issues

- ❖ This is the initial identification of issues and problems across all area(s) of activities so as identify gender differences and disparities.
- ❖ It provides an opportunity to diagnose gender issues in a particular group of people or a society.
- ❖ It Identifies issues related to access and control of resources e.g land ownership, money

2. Formulating objectives/Goals

- ❖ This entails giving statements that provides expected outcome on the identified gender issues.
- ❖ It gives what the intervention intends to achieve in relation to gender issues
- ❖ Objectives should be:- **SMART**
  - S-Specific
  - M-Measurable
  - A-Achievable
  - R-Realistic
  - T-Time bound

3. Mapping the situation

- ❖ This is entails getting the extent of the gender issue in terms of:-
  - Who is mostly affected?
  - The effects of that gender issues
  - Who perpetuate this problem?
  - What factors influence this gender issue?
- ❖ It tries to identify the available information relating to the gender issue in question.

4. **Refining the gender issue**
   - ❖ This is where further information is gathered so as to narrow down to specific gender issues.
   - • This is based on priority gender issues that require key attention from all players.
5. **Formulating policy issues**
   - ❖ Policy is a set of principles and guidelines formulated or adopted by an organization to reach its long-term goals and typically published in a booklet or other form that is widely accessible.
   - ❖ Policies and procedures are designed to influence and determine all major decisions and actions, and all activities take place within the boundaries set by them.
   - ❖ Policy is a guideline on what to be done and how to do things in order to achieve an intended goal/outcome.
   - ❖ This stage therefore involves putting key intended interventions as guidelines either at institutional, national or global level.
   - ❖ Policies are written and published in booklets to be easily accessible
6. **Implementation of gender matters as per the policy**
   - ❖ This putting into action policy issues that promote gender mainstreaming as stipulated in the designed policy.
   - ❖ It should focus on ensuring:-
   - ❖ Equal opportunities for women and men
   - ❖ Use of affirmative action
   - ❖ Implementation of activities that promote strategic interests
   - ❖ Policy guidelines should be implemented as per the set rules and adhered to for effective gender mainstreaming to be realized.
7. **Communication**
   - ❖ This is the process of passing information to the concerned persons regarding formulated gender policy issues.
   - ❖ This is meant to raise awareness among members of an organization or society on the policy issues.
8. **Monitoring and evaluation**
   - ❖ Monitoring is the systematic and regular tracking of progress during planning and implementation of gender mainstreaming.
   - ❖ It involves continuous observation, reflection and making decisions regarding activities being implemented.
   - ❖ Evaluation is a process that attempts to determine as a systematically and objectively as possible the relative effectiveness, efficiency and impact of activities in relation to set objectives.
   - ❖ Evaluation refers to the periodic assessment of expected results in relation to specific objectives of the implementation of gender mainstreaming.
   - ❖ Evaluation measures the achievement of set goals and objectives.
   - ❖ Monitoring and evaluation focuses on:-
     - ▪ Inputs
     - ▪ Activities
     - ▪ Results in terms of:

- ➢ Outputs-This refers to the immediate results
- ➢ Outcomes-Refers to the intermediate results
- ➢ Impact/effects-Refers to long term results of a program.
- ❖ Some of the Tools that are necessary in M&E includes:-
  - ▪ Work plans
  - ▪ Budgets
  - ▪ reports
  - ▪ Project's documentation.
- ❖ Gender program indicators are important part of monitoring and evaluation.
  - ▪ Indicators are measurable variables used to determine the degree of adherence to a standard (desired performance)
  - ▪ An indicator is a marker.
  - ▪ It is compared to a road sign which shows whether you are on the right road, how far you have travelled and how far you still have to go in order to reach your destination.
  - ▪ Indicators describe:-
    - – Quality (how well)
    - – Quantity
    - – Time
    - – Cost
  - ▪ Indicators can be:-
    - – Percentages
    - – Numbers
    - – Ratios
    - – Proportions
  - ▪ Characteristics of performance indicators
    - – Specific
    - – Observable
    - – Measurable
    - – State the behavior /achievement.
    - – Reliable and valid
    - – They trigger action
  - ▪ Categories of indicators
    - – Input indicators
    - – Output indicators
    - – Utilization indicators
    - – Coverage indicators
    - – Performance indicators
    - – Quantitative indicators
    - – Qualitative indicators
    - – Proxy or substitute indicators
- ❖ Reporting involves collection and documentation of information relating to the implementation of gender mainstreaming.
- ❖ Such reports provide feedback and sharing of information for planning and decision – making.

- ❖ Reports can either be:
  - ▪ Narrative / qualitative
  - ▪ Quantitative

Rites of passage
- ❖ It is a celebration that occurs, when an individual leaves one group to enter another significant change of status in society.
- ❖ In culture, initiation rites; a natural and necessary part of the community; are seen as fundamental to human growth and development as well as socialization in many African communities.
- ❖ It marks the transition of someone to full group membership.
- ❖ Links the individual to the community and the community to the broader and more potent spiritual world.
- ❖ There are 5 major African rites of passage which are fundamental to human growth and development.
  1. Rite to birth
  2. Rite to adulthood
  3. Rite to marriage
  4. Rite to eldership
  5. Rite to ancestorship.

Rite to birth:-
- ❖ This is the first of the major initiation rites.
- ❖ It involves initiating the infant into the world through a ritual and naming ceremony.
- ❖ The infant is believed to be commissioned to come to the world and accomplish a particular mission, therefore it is the work of the diviner to perform rituals and clearly determine the newborn's mission in order to guide him or her.
- ❖ The infants name is given after the determination of the mission.

Rite to adulthood:-
- ❖ This is the second major rite.
- ❖ It is usually done at the onset of puberty around 12-13 yrs.
- ❖ It signifies transition from childhood to adulthood and the initiates automatically assume adult responsibilities after undergoing this rite.
- ❖ It is to ensure the shaping of productive, community oriented responsible adults.
- ❖ The young initiates are taken out of the community away from the concerns of everyday life to be taught all the ways of adulthood, including the rules and taboos of the society; moral instructions and social responsibility.
- ❖ This was practiced both for girls and boys and the most activity in this is circumcision.

Rite to marriage:-
- ❖ This is the third major rite.
- ❖ It represents not only joining of two families, but also the joining of two missions of the new couple.
  - ▪ Role of the couples in marriage.
  - ▪ To procreate and perpetuate life.

- To bring together two families.
- To best fulfill each other's mission in life.
  - ❖ A person is not considered an adult until they have married and had children

Rite to eldership:-
- ❖ This is the fourth major rite.
- ❖ It is an important component because it is the elders who represent tradition and the wisdom of the past.
- ❖ In African culture there is distinction between an older and an elder person.
- ❖ Older person has just lived longer than others but has no high praise or respect while and elder person is given the highest status in African culture because he/she has lived a life of purpose.
- ❖ Elders were the custodian of traditions and customs of the society.
- ❖ Elders administrated rules and regulations that were meant to preserve the community's culture.

Rite to ancestorship:-
- ❖ This is the last of the five major rites.
- ❖ It concerns passing over to the spirit world. It is an extension of the eldership distinction because the status that a person has in life is the same status they carry forward.
- ❖ A distinction must be made in the status of the various spirits. e.g. an older person who dies, is seen as a dead relative and an elder person who dies, is seen as an ancestor.
- ❖ Ancestors wield great power and are often called upon in matters of trouble or uncertainty to help influence a favourable outcome.
- ❖ In African culture, there were community members who mediated between the living world and the ancestors such as rain makers, priests, etc

What needs to be done for successful passage from one stage to another?
- ❖ **Rites of birth**:- a birth chart should be made for each infant or young person in each family. This is necessary in order to determine their personality, talents and gifts.
- ❖ **Rites of adulthood**: - there should be more focus on programs or organizations for men and women to deal with their own issues of a lack of self-development and lack of a purposeful life.
- ❖ **Rite to marriage**: - change the approach from off-balanced individuals to the more balanced and stable approach of a centered family forming a mutual bond.
- ❖ **Rite to eldership**: - the community should establish a council of elders to help guide that particular community.
- ❖ **Rite to ancestorship**:-every community that establishes a governing council of elders should also choose a group of ancestors to build and develop the community through the spirit world

GENDER BASED VIOLENCE
- ❖ Gender-based violence (GBV) is any act or behavior directed at an individual based on his or her sex, gender identity or expression of socially defined norms of masculinity and femininity with an intention of harming that person

- ❖ Gender based violence is any behavior directed towards harming another person because he/she belongs to a certain gender.
- ❖ It is the act of violence with power inequities (in this case between women and 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 or arbitrary deprivation of liberty whether occurring in private or public life.
- ❖ Gender norms, customs and traditions of the community are used to justify violence against women.
- ❖ Men engage in domestic violence to demonstrate their masculinity and their male power and control over the women.
- ❖ Gender based violence can be perpetrated to both men and women but it is more common among women.

Definitions of terms:-
- ❖ **Survivor or victim**: These terms refer to a person who has experienced any form of Gender based violence
- ❖ **violence** is define a s using or tending to use aggressive force towards another person
- ❖ **Abuse** is defined as a systematic pattern of behavior in a relationship that is used to gain and/or maintain control and power over another person.
- ❖ **Coercion** is forcing, or attempting to force, another person to engage in behaviors against her/his will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.
- ❖ **Consent** is when a legally mature person makes an informed choice to freely and voluntarily do something. There is no consent when agreement is obtained through the use of:
  - ▪ Threats,
  - ▪ Force
  - ▪ Coercion
  - ▪ Abduction
  - ▪ Fraud
  - ▪ Deception,
  - ▪ Misrepresentation of facts.
  - ➢ Any agreement obtained from a person who is below the legal (statutory) age of consent, or is defined as a child under applicable laws, is not considered to be consensual.
- ❖ *Aggression* : It is any behavior directed towards harming another person
  - ▪ **Hostile Aggression** occurs when a person is angry or annoyed with someone else. Most murders are said to be impulsive and emotional. A robber may attack a victim to achieve their goal.
  - ▪ **Instrumental Aggression** is performed when the perpetrator does not have to be angry and uses aggression only to achieve their goal
- ❖ **Perpetrator**: A perpetrator is a person, group, or institution that directly inflicts, supports and condones violence or other abuse against a person or a group of

persons. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims.

Types of Gender Violence

1. **Sexual violence**: This is any sexual act performed by one (or more) person(s) on another without consent. e.g., rape, incest, sexual harassment, female genital mutilation (FGM)
2. **Physical violence**: Physical abuse involves aggressive behaviour towards another person, such as, pushing, pinching, spitting, kicking, biting, pulling hair, slapping, hitting, punching etc.
3. **Emotional violence:** This type of abuse involves hurting another person's feelings, for example, through repeated harassment, interrogation or degradation.
4. **Psychological violence**: Psychological abuse can include verbal threats, in the form of violent language, isolation, deprivation, and property destruction such as clothes or furniture. Most victims feel intimidated and can go into a state of depression or become aggressive in self-defense.e.g., early marriage, abuse, distribution of resources
5. **Domestic violence:** This is all acts of physical, sexual, psychological or economic violence within the family or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim. This mainly results from the lack of jobs, shelter and basic services and it is worsened by substance abuse.
6. **Economic violence:** - This when a person is deprived access and control to the family resources, property, finances or restricted from engaging in any economic activity. The perpetrator is trying to deprive the victim financial stability so as to make it easy to maintain power and control.
7. **Intimate partner violence:**- iintimate partner violence is a pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks that are directed towards another person by his/her intimate partner.
8. **Cultural violence**:-This involves cultural practices and beliefs that violate rights of others eg. women denied certain foods, wife inheritance, early marriages etc
9. **Social violence**: These are social inequalities that are perpetrated against one gender.eg unequal access to education, undermining women in leadership positions, social isolation from friends and other community members
10. **Political violence**: political violence refers to all acts that are aimed at preventing a particular gender in engaging into political activities eg. political abuse etc
11. **Violence on women by women**: This a type of violence against women perpetrated by another woman to a woman. Eg mistreatment of house girls, mistreatment women by women at work places, fight over men etc.

Violence against women:
- ❖ Refers any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

- ❖ Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men.
- ❖ Violence against women has led to prevention of the full advancement of women.
- ❖ It is a crucial social mechanisms by which women are forced into a subordinate position compared with men
- ❖ The table below illustrate some of violence against women throughout life time.

Gender Violence Throughout a Woman's Life (Source: Heise, 1994)	
Phase	**Type of Violence**
Prenatal	Sex-selective abortions, battering during pregnancy, coerced pregnancy (rape during war)
Infancy	Female infanticide, emotional and physical abuse, differential access to food and medical care
Childhood	Genital cutting; incest and sexual abuse; differential access to food, medical care, and education; child prostitution
Adolescence	Dating and courtship violence, economically coerced sex, sexual abuse in the workplace, rape, sexual harassment, forced prostitution
Reproductive	Abuse of women by intimate partners, marital rape, dowry abuse and murders, partner homicide, psychological abuse, sexual abuse in the workplace, sexual harassment, rape, abuse of women with disabilities
Old Age	Abuse of widows, elder abuse (which affects mostly women)

Challenges facing women:-
- ❖ Limited decision making power
- ❖ Increased exposure to risks
- ❖ Lack of access to resources
- ❖ Multiple and excessive demanding social tasks and responsibilities
- ❖ Negative traditions and customs on women
- ❖ Under representation in political structures

Effects of gender based violence:
- ❖ Life threatening physical injuries
- ❖ Spread of STIs and HIV-AIDS
- ❖ Unwanted pregnancies
- ❖ Unsafe abortions
- ❖ Sexual disorders
- ❖ Gynecological disorders
- ❖ Obstetrical complications during child birth
- ❖ Psychological problems eg. stress, depression, suicidal ideations

- ❖ Denial to fundamental human rights and freedoms
- ❖ Lack of participation in community activities.
- ❖ Drugs and substance abuse.

Causes of gender based violence.

- ➢ Early marriage; forced marriage
- ➢ Low Educational level/illiteracy
- ➢ Substance abuse
- ➢ Low economic status/poverty
- ➢ Marital disagreements
- ➢ Cultural and social norms
- ➢ Social conflicts and disasters eg civil unrest
- ➢ Multiple sexual partners/ polygamy
- ➢ Competition for available resources eg in inheritance
- ➢ Weak community sanctions for perpetrators
- ➢ Un equal distribution of resources
- ➢ Any form of disability
- ➢ Social pressures such as providing for the family, paying school fees, unpaid debts, desire for social competition etc.

Cycle of violence

- ❖ Violence has three major stages, namely:
  - a) Tension phase
  - b) Acute or crisis phase
  - c) Calm or honeymoon phase
- a. Tension phase:-
  - ➢ During this phase stress builds up and the perpetrator breaks communication with the victim.
  - ➢ There is sense of danger by the victim from the perceived abuser
  - ➢ The abuser builds up anger towards the victim.
  - ➢ There is persistent verbal quarrel between the abuser and the victim.
  - ➢ The perpetrator in many occasions starts to make demeaning remarks towards the victim.
  - ➢ During this phase ,the victim may start being nurturing towards the aggressor eg cooking his/her favorite meal etc
- b. Acute explosion or crisis phase:-
  - ➢ There is an eruption of violence by the perpetrator at this stage.
  - ➢ This is the explosive of violence and there is harming of the victim by the abuser
  - ➢ During this phase the victim may take actions that will shield her/him from the actions of the perpetrator such as accommodating the abusers demands, trying to escape etc.
  - ➢ The aggressor may perpetrate other form of violence or anger expressions other than physical harms such as use of verbal abuse, social humiliation, destruction of property, shattering of glasses, breaking of utensils, slamming closed doors, kicking water tanks, chasing animals for no reasons etc.

c. Calm or honeymoon phase:-
  - ➢ This phase occurs after the acute phase where the abuser feels sorry and remorseful for his/her actions.
  - ➢ The perpetrator becomes apologetic and may ask for forgiveness.
  - ➢ The victim may become excessively remorseful and the victim may start to feel guilty as the one who is the problem.
  - ➢ The perpetrator may become more caring to the victim and may even buy gifts as make up for the abuse.
  - ➢ The perpetrator starts to beg for forgiveness, promising not to repeat it again.
  - ➢ The perpetrator may accuse the victim for causing the abuse

Ways of addressing and preventing gender based violence:-
  - ❖ Enforcing gender related laws and policies-This include prosecuting those who do not adhere to the set laws.
  - ❖ Creating public awareness on gender issues through:-
    - ▪ Advocacy
    - ▪ Campaigns
    - ▪ Public barazas
  - ❖ Promoting women empowerment
  - ❖ Forging and strengthening partnership on matters relating to gender issues
  - ❖ Lobbying for political and social support from individuals and authority with power on gender related issues
  - ❖ Ensuring multisectoral collaboration
  - ❖ Promoting community participation on gender issues
  - ❖ Through resource mobilization to assist in combating gender based violence
  - ❖ Organizing community dialogue forums on how to combat gender based violence
  - ❖ Mobilize support for civic education on gender based violence
  - ❖ Promoting girl and boy child education
  - ❖ Discourage harmful cultural practices such as early marriages, wife inheritance
  - ❖ Enhance capacity building for policy makers on gender related policies
  - ❖ Creating safe avenues for survivors of gender based violence.
  - ❖ Collaborate and working closely with community groups such as women groups, men groups, and youth groups etc.
  - ❖ Establishing job creation mechanisms and rehabilitation of drug addicts
  - ❖ Promoting male involvement on gender issues
  - ❖ Facilitating dialogue between men and women
  - ❖ Protect privacy and confidentiality
  - ❖ Increase organizational capacity for institutions and agencies dealing with gender related programs.
  - ❖ Creation of child support and protection programs.

FEMALE GENITAL MUTILATION:-
   ❖ Female genital mutilation refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reasons.
   ❖ Other terminologies used to refer to FGM include:-
      ▪ Female circumcision
      ▪ Female genital cutting
   ❖ They are procedures that are performed on female external genitalia for non-medical reasons
   ❖ FGM is can be performed by elderly women, relative, herbalist, TBA among others.
   ❖ FGM is also performed by health professionals; this is referred to as **medicalization** of FGM.
   ❖ In Kenya, FGM is illegal.
   ❖ In some societies, the practice of FGC is driven by cultural beliefs such as:-
      ▪ The clitoris is considered unattractive
      ▪ The clitoris is believed to contribute to infertility
      ▪ The clitoris may be considered lethal
      ▪ If the clitoris comes into contact with a baby's head during birth, the newborn may die
      ▪ A narrow vaginal opening is believed to heighten men's sexual pleasure. In reality, many men are unable to penetrate the narrow vaginal opening and experience sexual dissatisfaction.
   ❖ FGM is performed:-
      ▪ Predominately on girls aged 8-12
      ▪ In some cultures, it is performed several months after birth
      ▪ In other cultures, it is performed closer to marriage
      ▪ In other culture it is performed during the first pregnancy
      ▪ In some culture it is performed after birth of the first child.
   ❖ FGM is mainly performed using special knives, razor blades, pieces of glass.
   ❖ Anesthesia and antiseptics are not used unless the procedure is performed by a health practitioner.

Reasons for practicing FGM:-
   ❖ Preservation of virginity and chastity-To control women sexuality
   ❖ A cultural norm - a tradition allowing young females their inclusion into society/For Social acceptance/Pressure to conform to cultural norms as it is seen as a cultural heritage
   ❖ A rite of passage from childhood to womanhood
   ❖ Fear of social exclusion
   ❖ To ensure the girl is marriageable or to improve marriage prospect
   ❖ Hygiene and cleanliness
   ❖ Increasing sexual pleasure for the male
   ❖ Enhancing fertility
   ❖ Family honour
   ❖ It is viewed as a cultural tradition and practice

❖ A religious requirement
❖ For aesthetic appeal –In some communities, female external genitalia is considered ugly and dirty.

W.H.O Classification of FGM
1. **Type I – Clitoridectomy**: partial or total removal of the clitoris and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).
2. **Type II – 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). Removal of the clitoris, accompanied by partial or total excision of the labia minora .
    ❖ Type II is the most common form of FGC: Approximately 80% of FGC cases
    ❖ Although no stitching is performed during Type II FGC, deep cutting of the labia minora may result in raw surfaces that fuse together during healing(Creating a false infibulation or pseudo-infibulation)
3. **Type III– Infibulation**: 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. Sometimes referred to as **Pharaonic circumcision.**
4. **Type IV – Other/unclassified**: all other harmful procedures to the female genitalia for non medical purposes, e.g. pricking, piercing, incising, scraping, stretching, use of corrosive substance and cauterizing the genital area.

Pictures showing FGM type III

Type III
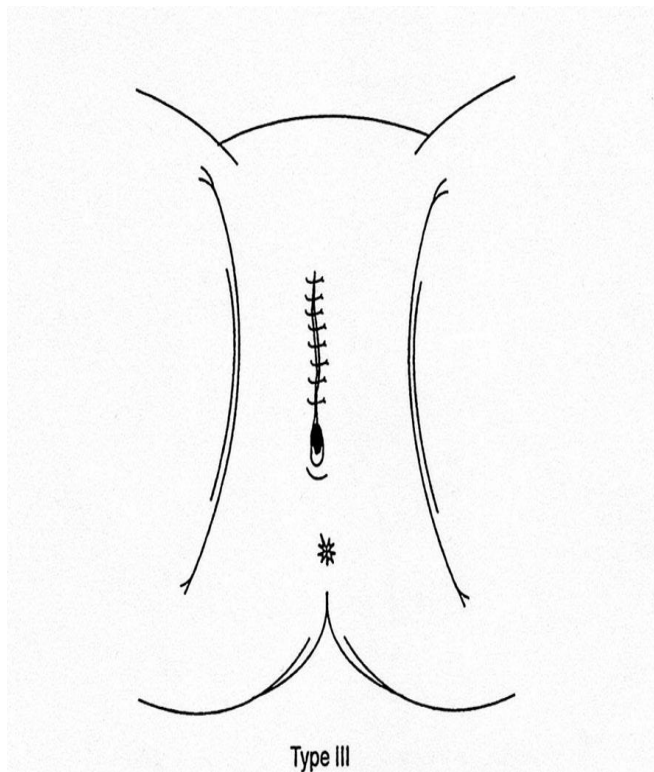
Pictures showing FGM type IV
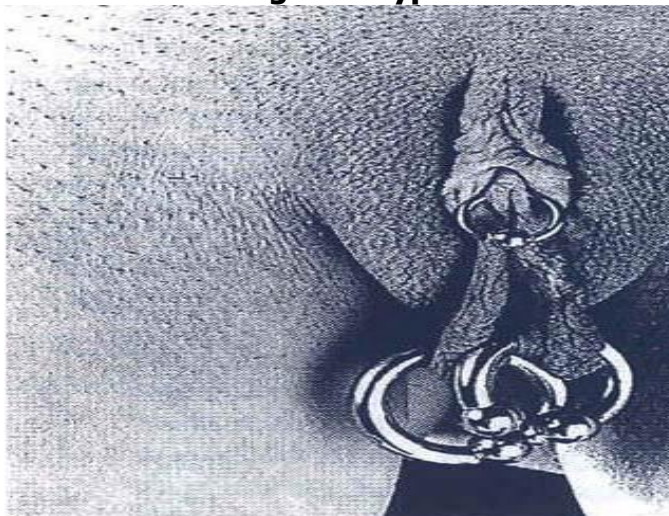
Complications of Female Genital Mutilation:
 A. Immediate complications can include:
 - Fractures and dislocation resulting from forceful holding down of girls and the girls struggle due to the resultant pain
 - Severe pain
 - Excessive bleeding (haemorrhage)
 - Genital tissue swelling
 - Infections e.g., tetanus, HIV
 - Urinary retention

- Wound healing problems
- Injury to surrounding genital tissue
- Shock

B. Long-term consequences can include:
- Urinary problems (painful urination, urinary tract infections);
- Vaginal problems (discharge, itching, bacterial vaginosis and other infections);
- Menstrual problems (painful menstruations, difficulty in passing menstrual blood, etc.);
- Scar tissue and keloid;
- Sexual problems (pain during intercourse, decreased satisfaction, etc.);
- Increased risk of childbirth complications (difficult delivery, excessive bleeding, caesarean section, need to resuscitate the baby, etc.) and newborn deaths;
- Psychological problems (depression, anxiety, post-traumatic stress disorder, low self-esteem, etc.).
- Clitoral neuroma
- Abscess formation

A picture showing kelloids of the vulva

Obstetrics complications:-
- ❖ Early labour:
- ❖ Prolonged labour
- ❖ Obstructed labour
- ❖ Foetal distress
- ❖ Postnatal Genital Wound Infection
- ❖ Perineal tears and increased incidences of episiotomies

❖ Post Partum Haemorrhage

Gynaecological complications

❖ Recurrent urinary and reproductive tract infections
❖ Infertility.
❖ Urine retention
❖ Difficulties in menstrual flow.
❖ Formation of fistula-Vesico-vaginal fistula (VVF), recto-vaginal fistula (RVF).

Management of Female Genital Mutilation in pregnancy

❖ Type III is the one that has been associated with high incidences of obstetrical and gynecological complications
❖ The reduced vaginal opening is the main factor responsible for other obstetric problems caused by FGM
❖ Making antenatal assessment, intrapartum vaginal examination difficult or impossible.
❖ A tight opening can also make vaginal examinations difficult during antepartum haemorrhage or incomplete abortion
❖ Urinary infections may interfere with the normal progress of the pregnancy.
❖ It is important for health workers to be knowledgeable about FGM/C and its different types so that they do not ask women embarrassing questions, blame them for FGM/C, or convey any signs of misapprehension to their clients.
❖ Chronic pelvic infections may interfere with the normal progress of the pregnancy or cause an abortion.
❖ Vulval abscesses may cause pain and discomfort, and dermoid cysts, and keloids may cause discomfort and perhaps obstruction during delivery.
❖ Women with FGM/C require sensitive antenatal care
❖ Type I, II and IV FGM/C can produce severe vulval and vaginal scarring, which may cause obstruction during assessment and delivery.
❖ Infection and inflammation at the time FGM/C was performed may result in vulval adhesions, which narrow or completely occlude the vaginal orifice.
❖ Insertion of herbs or other substances may also cause severe scarring and stenosis.
❖ Proper assessment should be done to evaluate the extent to which FGM may influence the outcome of pregnancy and labour.
❖ Whenever a client presents at the health facility there is a need to:
  ▪ Take comprehensive history
  ▪ Perform physical examination
  ▪ Treat presenting complications such as UTIs and RTIs(medical management)
  ▪ Provide surgical management in case of abscess formation, scars and kelloids.
  ▪ Offer health education to the client on the complications and how to manage them.
  ▪ Plan with the client for De-infibulation

Management of FGM type III in pregnancy:
- ❖ The management of FGM type III in pregnancy is different from management of other types of FGM
- ❖ In this a procedure to open up the narrow vaginal opening is performed .This surgical procedures is known as **de-infibulation**

De-infibulation :
- ❖ **Definition:** it is a surgical procedure carried out to re-open the vaginal opening (introitus) of women living with type III female genital mutilation .
- ❖ This is an anterior incision that opens up the infibulation scar.
- ❖ It creates labia majora and eliminates obstruction during labour
- ❖ When de-infibulation is about to be performed, the following should be considered:-
  - ▪ Health education
    - – Explanation of the de-infibulation procedure
    - – Education on the anatomy and physiology of unaltered genitalia compared with FGM
    - – Health benefits of de-infibulation
    - – Physiological changes post procedure – including changes in menstruation urination and sexual intercourse
    - – Psychological and psychosexual support – referral to culturally appropriate support services may be necessary.
  - ▪ Optimum time
  - ▪ Anesthesia
  - ▪ De-infibulation counseling
  - ▪ Preoperative counseling
  - ▪ Consent
  - ▪ Postoperative care

Benefits of De-infibulation.
- ❖ Prevents potential complications
- ❖ Decrease incidence of chronic UTI, vaginitis, dysmenorhoa and labour complications
- ❖ Treats dyspareunia

De-infibulation Procedure
1. Observe an aseptic technique (washing hands thoroughly, wearing gloves etc.)
2. Infiltrate 2–3 mls of local anaesthetic into the area where the cut will be made, along the scar and in both sides of the scar.
3. Take care that you do not cause injury to the structures underneath the scar (urethra, labia minora and clitoris). It is common with type III FGM/C to find the structures below the scar intact, e.g. clitoris and labia minora.
4. Locate the remaining opening and clean the surrounding area.
5. Raise up the scar tissue from the underlying tissues using a finger or dilator.
6. Incise in the mid-line to expose the urethral opening. **Do not** incise beyond the urethra. Extending the incision forward may cause haemorrhage which is difficult to control. You should inspect edges for bleeding.

7. Suture the raw edges to secure haemostasis and prevent adhesion formation.
8. Place two Allis Clamps on the posterior portion of the scar, anterior incision is made with Mayo scissors, taking care not to excise a buried clitoris. On completion of incision use absorbable suture 3/0 or 4/0 on both sides of the suture line.
9. After the procedure ensure you provide post procedure care which include:-
   - Incision site care through cleaning and dressing if necessary
   - Checking bleeding from the incision site
   - Pain management through use of analgesics.
   - Health education on the following:-
     - ✓ Delay of sexual intercourse until the wound has healed
     - ✓ Infection changes
     - ✓ Physiological changes following de-infibulation   including changes in urination, menstruation and sexual intercourse.

Pictures illustrating de-infibulation procedure

Re-infibulation

- ❖ It is the procedure of re-stitching the vaginal opening after childbirth, recreating a small vaginal opening.
- ❖ It is to re-stitch an opened up vulva after de-infibulation or after child birth.
- ❖ Re-infibulation is illegal as it is regarded as part of female genital mutilation.

Legal issues and prevention of FGM in Kenya.

- ❖ The following are relevant legal frameworks in combating FGM in Kenya:
  - ▪ The Children's Act
  - ▪ Constitution of Kenya 2010-promotes basic human rights eg The Right to be free of cruel and degrading practices
  - ▪ Sexual offences Act
  - ▪ Prohibition of female genital mutilation Act.
  - ▪ National Plan of Action for the Elimination of FGM/C in Kenya, 1999-2019
    - ➢ **NB: Student should read and understand the provisions and penalties in the afore mentioned legislation**

Strategies for addressing and preventing FGM

- ❖ Strict law enforcement and prosecution of perpetrators.
- ❖ Creating community awareness on the adverse effects of FGM/Community health education
- ❖ Community involvement
- ❖ Working with community groups and organizations
- ❖ Working through the religious institutions and religious leaders
- ❖ Working with political and community leadership
- ❖ Promoting girl child education
- ❖ Training of health care workers on FGM
- ❖ Holding community dialogues
- ❖ Identifying resources within the community that can be used to prevent FGM
- ❖ Identifying alternative passage to adulthood ceremonies
- ❖ Developing IEC materials against FGM
- ❖ Providing advocacy for young girls against FGM
- ❖ Creating safe avenues for those rescued from FGM/Early detection of individual at high risk of FGM.
- ❖ Establishing multi-agency anti- FGM groups
- ❖ Establishment of policies on the fight against FGM

SEXUAL VIOLENCE/RAPE/SEXUAL ASSAULT.

- ❖ **Sexual assault** refers to any sexual act performed by one (or more) person(s) on another without consent.
- ❖ May include the use or threat of force. In some cases, the person does not give consent to have sex because he or she is unconscious or otherwise incapacitated.

- ❖ A person may be raped by a stranger, an acquaintance or date, or a family member.
- ❖ **Rape** is a legal term it refers to any penetration of a body orifice (mouth, vagina, or anus) involving force or the threat of force or incapacity (i.e., associated with young or old age, cognitive or physical disability, or drug or alcohol intoxication) without consent.

Forms of sexual violence:
- ❖ Rape
- ❖ Attempted rape
- ❖ Gang rape
- ❖ Defilement
- ❖ Attempted defilement
- ❖ Indecent act
- ❖ Sexual assault
- ❖ Incest by males and females
- ❖ Deliberate transmission of HIV and any other life threatening sexually transmissible infections
- ❖ Sexual offences relating to positions of authority and persons in positions of trust
- ❖ Forced fondling
- ❖ Touching and verbal remarks
- ❖ Molestation
- ❖ Forced prostitution
- ❖ Oral/genital contact or fondling of genitals and breasts
- ❖ Female genital mutilation

Definition of terms:
- ❖ **Rape**: An act done which causes penetration of one person's genital organs with the genital organs of another without their consent or where the consent is obtained by force, threats or intimidation of any kind.
- ❖ **Penetration**: Means partial or complete insertion of the genital organs of a person or an object into the genital organs of another person.
- ❖ **Defilement** : it is act which causes penetration of a child's genital organs (child is any one below the age of 18 years).
- ❖ **Indecent Act**: it is any unlawful act which causes (i) any contact between the genital organs of a person, his or her breasts and buttocks with that of another person (ii) exposure or display of any pornographic material to any person against his or her will, but does not include an act that causes penetration, inappropriate text messages with sexual content against their will.
- ❖ **Sexual Assault**: it is unlawfully penetrating the organs of another person with (i) any part of the body of another person or (ii) an object manipulated by another person or that person except where it is done for professional hygienic or medical purposes, (iii) manipulating any part of one's body or the body of another person so as to cause penetration of the genital organ into or by any part of the other person's body.

❖ **Incest**: it is an indecent act or an act which causes penetration, done by a person to a relative such as a brother, a sister, a mother, a father, an uncle, a cousin or a grandparent.

Management of a post rape victim/survivor:

❖ Rape survivors should be interviewed in a private room
❖ Obtain an informed consent.
❖ Comprehensive History Taking for Adults and History Taking for Children(history of events that occurred before, during and after the event)
❖ Head to Toe Examination for Adults and Head to Toe Examination for Children
❖ The Genito-Anal Examination
 ▪ The Genito-Anal Examination for Girls
 ▪ The Genito-Anal Examination for Boys
❖ Investigations for clinical management of the survivor
 ▪ Urinalysis –for microscopy and Pregnancy test.
 ▪ Blood test-Hb levels,Liver function tests, HIV,VDRL.
❖ Investigations carried out for evidence purposes
 ▪ Urinalysis for epithelial cells
 ▪ High vaginal swab for evidence of spermatozoa
 ▪ **NB**: Specimen for forensic should collected and preserved for appropriate storage and handed over to the police for further investigations and processing in the courts.
❖ Management of physical injuries
 ▪ Clean abrasions and superficial lacerations with antiseptic and either dress or paint with tincture of iodine, including minor injuries to the vulva and perineum;
 ▪ If stitching is required, stitch under local anesthesia. If the survivor's level anxiety does not permit, consider sedation or general anesthesia;
 ▪ High vaginal vault, anal and oral tears and 3rd/4th degree perineal injuries should be assessed under general anesthesia by a gynecologist or other qualified personnel and repaired accordingly.
 ▪ In cases of confirmed or suspected perforation, laparatomy should be performed and any intra-abdominal injuries repaired in consultation with a general surgeon.
 ▪ Provide analgesics to relieve the survivor of physical pain.
 ▪ Where any physical injuries result in breach of the skin and mucous membranes, immunize with 0.5mls of tetanus toxoid. Tetanus toxoid

should be given to all survivors of sexual violence (all sexes and all ages) if there are any physical injuries of the skin and/or mucous membranes.
- T.T. Schedule for trauma & occupational prophylaxis is as shown in the table below:-

Dosing schedule	Administration schedule	Duration of immunity
1st TT dose	At first contact	Nil
2nd TT dose	1 month after 1st TT	1-3 years
3rd TT dose	6 months after 2nd TT	5 years
4th TT dose	1 Year after 3rd TT	10 years
5th TT dose	1 Year after 4th TT	20 years.

Adopted Kenya national policy guidelines on immunization 2013

- ❖ Post Exposure Prophylaxis (PEP)
  - Post Exposure Prophylaxis (PEP) for HIV is the administration of a combination of anti-retroviral drugs (ARV's) for 28 days after the exposure to HIV that has to be started within 72 hours after the assault.
  - The current regimen is: Tdf/3TC/Atazanavir for adults and ABC/3TC/Lpv
  - The first course of regimen is given for the first 14 days and client is scheduled for the second visit to be issued with the final course of 14 days.
  - Note that the risk of HIV infection in rape increases with:-
    - ✓ Number of assailants
    - ✓ Number of incidents
    - ✓ Age of victim/survivor
    - ✓ Extent of injuries
    - ✓ Presence of STI
    - ✓ Menstruation
    - ✓ Type of penetration; anal, vaginal, oral
  - Effective administration of PEP should consider the following:-
    - ✓ Timing of PEP for HIV Syrup Based Regimen for Children
    - ✓ Blood Monitoring for PEP
    - ✓ Side Effects of PEP

- ❖ Pregnancy prevention
  - Emergency Contraception (EC) should be readily available at all times and free of charge in all Government Health Institutions where women and/or girls are likely to present after being raped or defiled can be issued with.

- Effectiveness of emergency contraceptive is 5 days(or 120 hours) after the incidence.
- Pregnancy test should not delay provision of emergency contraceptives.
- You should educate the victim on the following:
  - ✓ EC does not harm an early pregnancy;
  - ✓ EC is not a form of abortion.
  - ✓ A follow up pregnancy test at six weeks should be offered to all women who return for follow up, regardless of whether they took EC after the rape or not.

A table showing options for Emergency contraceptive

Types of contraceptive	Name	Dosage
Progestin only pills	Postinor 2	1-tabs 12 hours apart (total 2 tabs) or 2-tabs at a go
Combined oral contraceptive pills with high dose of oestrogen (50µg)	Oral	2-tabs 12 hours apart (total 4 tabs)
Combined oral contraceptive pills with low dose of oestrogen (30µg)	Nordette	4-tabs 12 hours apart (total 8 tabs)

Adopted form National Guidelines on Management of Sexual /Violence in Kenya2ND Edition, 2009

- ❖ Prophylaxis of STI's including Hep B
  - STI prophylaxis should be offered to all survivors of sexual violence.
  - Cefixime 400mg stat and Tabs Azithromycin 1.5gm stat
  - 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.
  - It should be considered for survivors of sexual violence according to the revised schedule as showed below:-

Dosing schedule	Administration schedule	Duration of immunity
1st Hep B Dose	At first contact	Nil
2nd Hep B Dose	1 month after 1st Hep B dose	1-3 years
3rd Hep B Dose	6 months after 2nd Hep B dose	10 years

NB: There is no available specific cure for Hep B.

- ❖ Counseling
  - Counseling is a person to person interaction in which the counselor provides adequate information to enable the client understand his/her problems better so as to help the person make his/her decision and act upon them.
  - It's a confidential dialogue between a counselor and a client aimed at enabling the client to cope with any stressful situation facing them at that moment and make decision relating to it
  - Types of counseling
    - ✓ Trauma Counseling and Psycho-Education
    - ✓ Counseling Related to the Possibility of a Pregnancy
    - ✓ Counseling Related to Possible STIs Including HIV Infection

✓ Counseling and Support Supervision
❖ Psychosocial support
  ▪ Psycho-social care is an integral component of care for survivors of sexual violence.
  ▪ The victim should be attached to available social support systems such as local churches, community groups, survivors meetings, etc.
❖ After you have done all that to the victim, remember to:-
  ▪ Advise on dates for follow up visits
  ▪ Record Findings and treatment in "Examination Record" and provide copy to the victim for submission to the police, if appropriate
  ▪ Record all findings and treatment in health passport

Forensic Management of Sexual Violence
❖ **Definitions of terms:**
  ▪ **Forensic Examination**: It is a medical assessment conducted in the knowledge of the possibility of judicial proceedings in the future requiring medical opinion.
  ▪ **Medical practitioner** means a practitioner registered in accordance with section 6 of the 'Medical Practitioners and Dentists Act'.
  ▪ **Designated persons**: This includes a nurse registered under section 12(1) of the 'Nurses Act' or clinical offcer registered under section 7 of the 'Clinical Offcers (training, registration and licensing) Act'.
  ▪ **Evidence**: This is the means by which disputed facts are proved to be true or untrue in any trial in the court of law or an agency that functions like a court.
  ▪ **Forensic evidence**: this is the evidence collected during a medical examination.
  ▪ **Physical evidence**: This refers to any object, material or substance found in connection with an investigation that helps establish the identity of the offender, the circumstances of the crime or any other fact deemed to be important to the Physical evidence may include: used condoms, cigarette butts, ropes. Physical evidence can be collected from the survivor as well as the environment (crime scene location).
  ▪ **Crime scene**: This is a scene- either a person, place or an object - capable of yielding physical evidence which has the potential of assisting in apprehending or exonerating the suspect. No one should interfere with a crime scene by changing or tampering with any of the objects. One should leave everything as it was. A survivor is considered a crime scene as a lot of evidence can be collected from him/her. For example suspects hair found on the survivor. There are 5 stages in crime scene management:-
    ✓ Identification
    ✓ Protection
    ✓ Search
    ✓ Record
    ✓ Retrieval
❖ **Types of Evidence**
  ➢ There are two types of evidence that need to be collected:

- Evidence to confirm that sexual assault has occurred e.g. Evidence of penetration (torn hymen), if obtained by force there might be bruises, tears and cuts around the vaginal area and the clothing may be stained.
- Evidence to link the alleged assailant to the assault e.g. Perpetrators torn clothes, used condoms, grass and blood stains, scratches and bite marks on the perpetrator, and eyewitness testimony i.e. people last saw the perpetrator walking away with the survivor (this is because circumstantial evidence can help the court adduce the guilt of the accused).

❖ **Forensic materials that can be collected include but not limited to:**
- Suspect's material deposited on an object, e.g. Cigarette butt.
- Suspect's material deposited at a location.
- Victim's material deposited on the suspect's body or clothing.
- Victim's material deposited on an object.
- Victim's material deposited at a location.
- Witness' material deposited on a victim or suspect.
- Witness material deposited on an object or at a location.

❖ **Exhibit Management**
- Protect the exhibit from weather and contamination.
- Use clean instruments and containers.
- Wear gloves and the protective gear when appropriate.
- Package, transport and store exhibit safely and securely.
- Take special care with fragile and perishable exhibits.
- Call on an expert if you lack adequate training to handle a particular type of exhibit.

❖ **Collection and Handling of Specimen**
- Avoid contamination
- Early collection of the specimen
- Handle the specimen appropriately
- Label the specimen accurately
- Ensure security of the specimen.
- Maintain continuity-Document transfer of the specimen between individuals

❖ **Documentation and Reporting**
- There are two main forms for recording and reporting rape findings and management. They are:
  1. The Post Rape Care (PRC) Form
     - ✓ The PRC is a medical form filled when attending to the survivor. The form allows space for history taking, documentation and

examination. It facilitates filling of the P3 form by ensuring that all relevant details are available and were taken at the first contact of the survivor with a health facility.

- ✓ The PRC form can be filled by a doctor, a clinical officer or a nurse.
- ✓ The Original form is to be given to the police for custody. This is the form that is produced in court as evidence;
- ✓ The Duplicate form is given to the survivor;
- ✓ The Triplicate form remains with the hospital

2. The Kenya Police Medical Examination P3 Form
   - ✓ This is a Police form that is issued at the police station.
   - ✓ It is filled by a health practitioner or the police surgeon as evidence that an assault has occurred.
   - ✓ The P3 form is for all assaults and therefore not specific to sexual violence.
   - ✓ It is therefore not as detailed as the PRC form.
   - ✓ The P3 form is filled and returned to the police for custody.
   - ✓ The filling of the P3 form in sexual violence cases is done free of charge. The survivor should get a copy of their PRC form when it is filled and signed.
   - ✓ The P3 form is the link between the health and the judiciary systems.
   - ✓ The medical officer who fills the P 3 form or their representative will be expected to appear in court as an expert witness and produce the document in court as an exhibit.