Taking advocacy upstream with interventions to eliminate violence against women

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Violence against women, particularly intimate partner violence and sexual violence, is a major public and clinical health problem and a violation of women’s human rights. Globally, one in three women experiences physical and/or sexual violence in their lifetime, mostly by an intimate partner. This is a stark reminder of the scale of gender inequality and discrimination against women (1). The 16 days of activism against violence against women runs from 25th November to 10th December 2023 and seeks to address upstream prevention interventions to zero violence against women.

Violence and abuse adversely affect the physical, emotional, and mental health and well-being of women, children, and communities. Vulnerabilities include poverty, dispossession, wars and conflicts, persistent gender inequalities, harmful cultural practices, illiteracy, infectious diseases, infertility, natural and humanitarian crises, substance abuse, and addiction. Perpetrations are often by intimate partners or others and may take overlapping forms, including physical, sexual, and emotional violence, control, and neglect. For some, they pay the ultimate price of death. For individuals that survive, it causes injury, reproductive health problems, harm from drug abuse and addiction, anxiety, depression, post-traumatic stress disorder, self-harm, and suicidal ideation or acts. During pregnancy, it may lead to miscarriage, induced abortion, stillbirth, low birth weight, preterm delivery, and aggravated violence. Unfortunately, imprints in the children born into this environment may carry on this vice in their later years, contributing to social delinquency. For communities and society, it leads to a lack of urgency, limited participation, and loss of economic productivity (2).

We must do more in the quest for 50-50 gender equality by 2030! A mind-shift and action toward prevention and health promotion of zero violence against women require upstream evidence-based interventions, including promotion of women disclosure with access to interventions for survivors and planning subsequent averting mechanisms with intergeneration long-term follow-up. Normative environments and their implementation require regular review, gender mainstreaming, and the upholding of human rights. In addition, embracing these practices in multisector policies is necessary to eliminate harmful cultural practices such as forced marriages and female genital mutilation and cutting. There is also a need to eliminate violence against all women and girls in the public and private spheres, including trafficking, sexual, technologically driven violations, and other types of exploitation. Placing increased attention on displaced communities during war and conflicts, crises, and among migrant populations, valuing unpaid care, and promoting shared domestic responsibilities are necessary. The provision of universal access, effective coverage, promotion, protection, and fulfillment of sexual and reproductive rights are also required (3). Eradication of obstetric violence is possible through respectful, ethical, and professional care for girls and women within a supportive health system (4).

Working together for a survivor-centered, multisector response with prevention, recognition, and response measures is needed. There is a need for safety, protection, recovery, and survivors’ empowerment; quality health services; and multisectoral collaborative partnerships with everyone engaged. Adaptive programming entails making “fit for context” with changing sociopolitical, economic, and environmental changes such as crises and stressors to avert syndemic syndromes that concurrently exist with gender-based violence (5). Evidence-based interventions such as school and youth programs to provide safeguarding and safe spaces and boys and men as allies with girls and women as agents of change are essential. Communities need to give critical attention to equality, dignity, non-discrimination, and social inclusivity, including gender identity and expression, mental health and physical trauma, and pregnancy risk and related complications (6). A sociocological environment aiming for improved relationships, social capital sociobehavioral change, and accountability is required (7). Girls and women need to take up the challenge of participation in leadership and decision-making, bringing about divergent thinking and thereby reducing conflicts and forging toward their mitigation and resolution. Data are key to action, essential to understand the magnitude of the problem, inform policies and programs, advocate for change, and monitor progress toward eliminating violence and meeting policy and reporting
commitments (8). Performance indicators provide continuous learning and action needed for social and gender justice (9,10).

Unlocking financial investments, tracking budget allocations, and increasing gender-responsive budgeting (11), can achieve the following:

- Equal rights to economic resources, property ownership, and financial services.
- Promote empowerment of women through technology.
- Adopt and strengthen policies and enforceable legislation for gender equality.

FIGO and our related member societies need to continuously commit, cooperate, partner, and lead advocacy efforts and actions saying no to violence against girls and women (12) if true gender equality is to be realized for sustained development (13–16).

References

1. World Health Organization. Violence against women [Internet]. [cited 2023 Dec 8]. Available from: https://www.who.int/health-topics/violence-against-women#tab=tab_1