

FIGO reaffirms commitment: 'International Day for the Elimination of Violence against Women' (25 November 2011)

On 25 November 2011, FIGO reaffirms its commitment to the *International Day for the Elimination of Violence against Women*.

In December 1999, the General Assembly of the United Nations designated this day each year on which to invite governments, international organisations and NGOs to organise activities designed to raise public awareness of gender-based violence.

In 2008, United Nations Secretary-General Ban Ki-moon launched *UNiTE to End Violence against Women* - a multi-year campaign aimed at preventing and eliminating violence against women and girls in all parts of the world. Governments, civil society, women's organisations, young people, the private sector, the media and the entire UN system are encouraged to work together to address the global pandemic of violence against women and girls.

By 2015, UNiTE aims to achieve the following five goals in all countries:

- Adopt and enforce national laws to address and punish all forms of violence against women and girls
- Adopt and implement multi-sectoral national action plans
- Strengthen data collection on the prevalence of violence against women and girls
- Increase public awareness and social mobilisation
- Address sexual violence in conflict

(SOURCE: <http://www.un.org/en/women/endviolence/about.shtml>)

FIGO's stance

As a leading organisation dedicated to promoting the well-being of women and to raise the standards of practice in obstetrics and gynecology, FIGO has a vision that women of the world should achieve the highest possible standards of physical, mental, reproductive and sexual health and well-being throughout their lives.

FIGO believes that women should be valued equally with men, and that both should have their rights respected. All women, everywhere, count.

Violence in context

- Each year, more than 1.6 million people worldwide lose their lives to violence
- For every person who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems
- Violence places a massive burden on national economies, costing countries billions of US dollars each year in health care, law enforcement and lost productivity

(SOURCE: http://www.who.int/violence_injury_prevention/violence/en/)

What is gender-based violence?

The United Nations defines violence against women as 'any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or

suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.'

This type of violence compromises the health, dignity, security and autonomy of women and girls, and are major public health problems and violations of women's human rights.

Gender-based violence encompasses a wide range of human rights violations, including:

Intimate partner violence: behaviour in an intimate relationship causing physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours

Sexual violence: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting

Other examples of gender-based violence include:

- Harmful traditional practices such as Female Genital Mutilation (FGM)/cutting
- Trafficking of women and girls
- Honour killings
- Child marriage
- 'Virgin Cleansing' HIV
- Violence in pregnancy
- Sex selection and female feticide
- Female infanticide
- Differential education and feeding of girls/women
- Sexual abuse
- Sexual violence in armed conflict
- Coerced pregnancy or abortion
- Rape of women with disabilities
- Inequitable access to healthcare of girls/women

(SOURCE: <http://www.who.int/mediacentre/factsheets/fs239/en/index.html>)

Health consequences

Gender-based violence produces serious short- and long-term physical, mental, sexual and reproductive health problems for victims, leading to high social and economic costs.

It can leave substantial physical and psychological injuries on girls and women, such as HIV; sexually transmitted diseases; unintended pregnancy; adverse pregnancy outcomes; gynecological problems, including vaginal bleeding and vaginal infections; urinary tract infections; gastrointestinal disorders; irritable bowel syndrome; and various chronic pain syndromes, including chronic pelvic pain. Violence is also a significant and under-reported cause of maternal mortality.

Gender-based violence is exacerbated by a denial of the serious consequences of abuse - this affects not only individual women, but also the health services supporting

them. The outcomes of violence can place an enormous strain on these services, with inevitable repercussions for communities.

Children may also suffer as a result of growing up surrounded by these forms of violence eg behavioural and emotional disturbances. Higher rates of infant and child mortality and morbidity have also been associated with intimate partner violence.

A global issue - some recent examples

The *WHO Multi-country study on women's health and domestic violence against women* in 10 mainly developing countries found that, among women aged 15 to 49 years:

- Between 15 per cent of women in Japan and 70 per cent of women in Ethiopia and Peru reported physical and/or sexual violence by an intimate partner
- Between 0.3-11.5 per cent of women reported experiencing sexual violence by a non-partner
- The first sexual experience for many women was reported as forced - 24 per cent in rural Peru, 28 per cent in Tanzania, 30 per cent in rural Bangladesh, and 40 per cent in South Africa

(SOURCE: <http://www.who.int/mediacentre/factsheets/fs239/en/index.htm>)

- In Australia, Canada, Israel, South Africa and the United States, 40 to 70 per cent of female murder victims were killed by their partners, according to the World Health Organization (WHO)
- It is estimated that, worldwide, one in five women will become a victim of rape or attempted rape in her lifetime
- Women who are beaten by their partners are 48 per cent more likely to be infected with HIV/AIDS
- The United Nations Population Fund (UNFPA) estimates that the annual worldwide number of so-called 'honour killing' victims may be as high as 5,000 women

(SOURCE: http://endviolence.un.org/pdf/factsheets/unite_the_situation.pdf)

What are the risk factors?

There are manifold risk factors for violence against women - some are related to the perpetrator, some to the victim and some to both. Notable factors include lack of education, witnessing parental violence, abuse of alcohol, and having multiple partners. Other important factors include misguided beliefs about sexual purity and family honour, and ideologies of male sexual entitlement.

How do we prevent violence?

The World Health Organization has stated that there are currently few interventions that have been scientifically proven. However, there are prevention strategies that can be taken to help address the issues: eg school-based programmes for adolescents to prevent violence within dating relationships; the promotion of communication and good relationship skills within communities; and reducing access to alcohol.

Healthcare providers are in an ideal position to contribute to the prevention of violence and to help alleviate its tragic consequences.

What are FIGO'S aims?

FIGO is the only organisation that brings together professional societies of obstetricians and gynecologists on a global basis. Currently it has member societies in 124 countries or territories.

It works:

- To enable the equal participation of women obstetricians/gynecologists in leadership and political roles at the country level and within FIGO
- To discuss and adapt/adopt the 'FIGO Professional And Ethical Responsibilities Concerning Sexual And Reproductive Rights'
- To raise awareness that violence is not acceptable
- To integrate services for girls and women who have been sexually assaulted
- To encourage non-participation in Female Genital Mutilation (FGM)/cutting and condemn all attempts of its medicalisation
- To encourage non-participation in sex selection for non medical reasons.
- To support intervention programmes

FIGO's specialist work in this area

A dedicated Committee for Women's Sexual and Reproductive Rights

The FIGO Committee for Women's Sexual and Reproductive Rights is committed to educating and increasing awareness among ob/gyn professionals about women's sexual and reproductive rights, involving them in an evaluation of their practice to assess whether they are protecting and promoting these rights, and developing a robust curriculum on women's sexual and reproductive rights that can be adopted and adapted for medical schools across the world in order to help raise awareness of these problems among their students. It also encourages FIGO member societies to use existing international human rights to improve women's reproductive and sexual health in their countries through collaboration, education and advocacy. Current activities include the promotion of the curriculum at various national and regional conferences.

Developing robust 'Guidelines for The Management of Sexual Violence'

Implementation of the recommendations in these recently finalised guidelines should result in more appropriate management of survivors of sexual violence; reduced risk of contraindicated practices and inadequate documentation; better psychological recovery; and prevention of STI, post-rape pregnancy and HIV.

Raising awareness of FGM

Female Genital Mutilation, or FGM (the 'partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons'), is a traditional practice with known harmful effects on women's reproductive and psychological health. It is practised in about 30 countries, including parts of West, East and Central Africa, some parts of the Middle East and South

Asia. Around 140 million women and girls worldwide have already undergone this trauma; each year, tragically, a further three million join them. Migration has brought these women into contact with health professionals who often do not understand the cultural significance of the tradition. It is vital that these professionals are made fully aware of the consequences of FGM and how to manage them, treating women with dignity and understanding their life context.

In 1994, FIGO passed a resolution at the Montreal FIGO General Assembly condemning FGM, and the Committee for Ethical Aspects of Human Reproduction and Women's Health has two guidelines opposing it, the most recent concerning medicalisation.

In 2008 the United Nations released a statement - 'Eliminating Female Genital Mutilation' - and called for its eradication within a generation. Ten agencies - OHCHR, UNAIDS, UNDP, UNECA, UNESCO, UNFPA, UNHCR, UNICEF, UNIFEM and WHO - supported this announcement, and their position echoed by numerous NGOs and professional health and rights associations.

In 2010 11 agencies - UNFPA, UNHCR, UNICEF, UNIFEM, WHO, FIGO, ICN, IOM, MWIA, WCPT and WMA - released a document on a 'Global Strategy To Stop Healthcare Providers From Performing Female Genital Mutilation'.