

Directorate of Gender Equity and Diversity

GENDER-BASED VIOLENCE (GBV) TRAINING WORKSHOP FOR UNIVERSITY OF ELDORET STUDENT LEADERS

Introduction

The Directorate of Gender Equity and Diversity in collaboration with the University health Clinic carried out a one-day training titled “**Gender based Violence (GBV) Training workshop for Student leaders**” at University of Eldoret NS-3 Conference hall on 14TH February, 2025. The target student population included UESO students’ council, class representatives and halls of residence representatives. The students turned out in their numbers for this training. The training was facilitated by a team of Health experts from Kingdom Excellence Assembly (KEA) who included Dr. Ian Mwangi, Dr. Frank Ndirang’u, Dr. Esther Wanjama, Dr. Nightingale Rotich Mwangi, Dr. Joy Kimani, Ms. Ruth Chepng’eno (Statistician) and two youth peers Mr. Stephen Kisorio and Mr. Isaac Pouk. KEA is a humanitarian organization formed by young medical doctors with a vision of producing an excellent (Christ-like) man in every sphere of life through acts of service and knowledge dissemination.

This training was graced by Engineer Clement Kiptum (Representing DVC, ASA), Director Gender Equity and Diversity-Prof. Judith Makwali, Dean of students-Dr. Kiboi Leley, Senior Medical Officer of Health-Dr. Sylvia Baraza, Principal Senior Security Officer-Mr. Rodgers Tekweny, Dr. Seraphine Chepkosgei, Gender mainstreaming committee members among others.

The main objective of this training was to build capacity and create awareness on GBV amongst the student leaders. The trainers advanced the knowledge on GBV under the following topics:-

<p>1. Introduction to GBV</p> <ul style="list-style-type: none">✓ Core concepts of GBV✓ GBV and Human rights✓ Guiding Principles of GBV	<p>2. Forms of GBV</p> <ul style="list-style-type: none">✓ Rape, sexual assault,✓ Physical assault,✓ Forced marriage,✓ Denial of;-Resources, Opportunities, or Services, and✓ Psychological and emotional abuse.
<p>3. GBV Prevention and Response</p> <ul style="list-style-type: none">✓ Raising awareness campaigns✓ Promoting gender equality education✓ Support to survivors	<p>4. GBV reporting Mechanisms</p> <ul style="list-style-type: none">✓ Levels of reporting/Barriers to reporting✓ Ethical standards in GBV reporting

<p>5. Expected outcome</p> <ul style="list-style-type: none"> ✓ Apply knowledge gained during training sessions for self-development and cascade to fellow students. 	<p>6. Workshop Discussion session</p> <ul style="list-style-type: none"> ✓ This session allowed participants to:- ✓ Ask questions ✓ Share personal experiences <p>Propose future training topics</p>
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Training sessions

This training was facilitated by Dr. Ian Mwangi and his team of health experts and youth peers from KEA. They introduced participants to gender concepts and Gender based violence- its causes and consequences. He allowed participants to brainstorm on their understanding of the term Gender based violence (GBV). He then gave them a brief history of Gender based violence and the different types of GBV with their consequences and thereafter had an elaborate discussion on each of the key gender based principles and discussion continued well into breaktime.

After the health break, the discussion covered stigma and discrimination. The participants were familiar with this topic and shared personal experiences and challenges observed within the university in dealing with stigma and discrimination in the context of GBV. One participant shared a story whereby the survivor of GBV declined for the perpetrator to be brought to book. Most of the survivors of GBV suffer in silence due to stigma associated to such cases. The facilitator addressed the micro-factors of GBV which included deformed identities of both perpetrator and victims with poor self-concept/image, poor self-worth and poor self-esteem. Insecurity fears of the victim was highlighted as the main reason for victim silence.

GBV prevalence rates are on the increase globally. Women have been disproportionately affected by GBV compared to their male counterparts. Female students continue to suffer sexual harassment, defilement, forced marriage and female genital mutilation (FGM) from teachers, lecturers, parents and other community members everywhere. During plenary discussion, male students decried exploitation by their female counterparts; who spent their HELB allowances during romantic liaisons and later dump them when they go broke!. This was highlighted as the main cause of **crimes of passion** amongst students in UoE. This session was an eye opener to the convenors and the facilitators of the workshop on the challenges that face the youth. The facilitator however, reminded the participants that violence should be avoided at all cost during disputes. He further reiterated that most of the anger people portray is as a result of a dysfunctional upbringing e.g., children who witness violence, especially boys are more likely to be perpetrators and girls are more likely to be in abusive relationships. The participants

were given chance to identify the types of perpetrators, and underlined that perpetrators are in homes, schools and colleges; they are not strangers but people known to the victim.

The life cycle of GBV was discussed (Table I). The facilitator outlined the examples of different forms of violence that may be experienced throughout a person’s life. The continuum of violence and its cumulative impact in terms of physical and mental health consequences for women and girls, boys and men were ably discussed. It was noted that “mild” and severe forms of violence are part of the same continuum. Not only the most severe forms of violence are hurtful, but even more so the every-day presence of violence throughout a person’s life.

Table I: The life cycle of gender-based violence (Adopted from Gender Tool box, 2015)

	Female	Male
Prenatal:	Prenatal sex physical/sexual/psychological child abuse during pregnancy, coerced/forced pregnancy.	Prenatal sex selection.
Infancy:	Female infanticide, sexual, child abuse, living with domestic violence, neglect including access to food and medical care.	Physical/sexual/psychological child abuse, socialisation into violent behaviour, living with domestic violence neglect including access to food and medical care.
Childhood:	Sexual, physical and emotional abuse, prostitution, living with domestic violence, child/forced marriage, FGM, femicide, upbringing that does not allow deviation from traditional gender norms and discrimination in nourishing food distribution, medical care and education.	Sexual, physical and emotional abuse, prostitution, living with domestic violence, male circumcision, forced recruitment of child soldiers, upbringing that does not allow deviation from traditional gender norms.
Adolescence	FGM, prostitution and pornography, trafficking, sexual harassment at school and in the street, forced marriage, forced recruitment of child soldiers, honour crimes, intimate partner violence and rape and sexual assault by relatives, known persons or strangers.	Forced recruitment of child soldiers, honour crimes, gang violence, expectations of violent behaviour as the norm, invitation rites into violence.
Adulthood	Sexual harassment at work and in the public space, intimate partner violence, rape and sexual assault, femicide, forced pregnancy, dowry and bride price abuse, honour crimes, sexual exploitation and trafficking, stalking.	Gang violence, witnessing or forced to conduct rape, honour crimes, sexual exploitation, violence in the army and in conflict, gun violence.
Old age	Elder abuse, intimate partner violence, rape, abuse of widows, sexual harassment in public space, institutional abuse.	Elder abuse.

The different types of violence, the challenges for supporting survivors, Causes and risk factors of GBV were discussed. In summary, the causes and risk factors of GBV include poverty, approval of corporal punishment in schools, mental health problems, having experienced child abuse as a child, alcohol and drug misuse. Finally, the facilitator highlighted that no single factor causes partner violence. However, violence emerges from the interplay of multiple interacting factors at different levels of the social ‘ecology’. Some factors appear consistently potent in their power to elevate risk of partner violence including exposure to violence in childhood, presence of community norms that support wife abuse, binge drinking, harmful notions of masculinity and rigid gender roles.



The gender perspective on violence against women shows us that the root cause of violence lies in the unequal power relations between women and men, which ensure male dominance over women, and are a characteristic of human societies throughout the world. However, Dr. Mwangi encouraged participants to go back to the original design of God. He discouraged promotion of masculine toxicity and feminism, because when feminism and masculine toxicity are combined, they can create tension leading to GBV. Feminism seeks to dismantle the harmful effects of traditional masculinity, potentially leading to resistance from proponents of masculine ideals. He advised men to embrace healthier expressions of masculinity and women to embrace femininity as opposed to feminism.

Due to lack of time student participants were given pieces of paper to propose key areas to be considered for further trainings. The facilitator encouraged students to reach out to them in case of any concern or for further consultation on GBV related issues.

Conclusion

The Senior medical officer of Health-**Dr. Sylvia Baraza** emphasized that GBV robs the dignity of the victim and can lead to mental health disorders like depression, anxiety and post-traumatic stress disorder (PTSD) and encouraged students to always prioritize their health and create a culture where it is ok to talk about mental health and seek help where needed.

The dean of students- **Dr. Kiboi Leley** advised students to always seek help at all times when faced with life challenges. Assured them that his office is always ready to assist. He shared stories of challenges that students go through and emphasized the need for transparency and openness during dispute resolution.

The PSO- **Mr. Rodgers Tekweny** encouraged students to follow the right reporting channels when faced with life challenges and not to take the law into their hands. He shared many life lessons in dealing with GBV cases and experiences in line of duty as a security officer. His stories provided insightful legal frameworks to combat GBV.

The director Gender equity and diversity, **Prof. Judith Makwali** reiterated that GBV has been perpetuated as a result of humans' failure to accept and embrace common values of equity and equality as advocated by the word of God in scriptures; she quoted Galatians 3:28 "There is neither Jew nor Greek, slave nor free, male nor female, for you are all one in Christ Jesus"; this means that a man and woman are both expected to be treated equally in society. Once this biblical fundamental is violated, it brings chaos we see today in our society, GBV, femicide etc. She encouraged students to familiarize themselves with the Gender policies uploaded on the university website.

The training was officially closed by **Engineer. Clement Kiptum** - who thanked both the students and health experts on the insightful conversation on GBV issues and the great interactive sessions. He further encouraged the student leaders to share the knowledge and skills gained from this training to their colleagues.

Students' feedback:

In summary, to a large extent the objectives of the training and expectations of participants were met. The experiences, skills, knowledge and interactive mode of presentation made the training friendly and lively. They were of the view that the training was very relevant and timely given the increase in GBV cases in institutions of higher learning, UoE not excluded! They have requested for a similar training for all the comrades at UoE.

Prof. Judith A. Makwali
Director, Gender Equity and Diversity

Photos (Attached)

