

A black and white close-up photograph of a woman's face. Her eyes are closed, and her expression is serene but somber. Her long, dark hair is slightly tousled. In the lower-left foreground, a hand is visible, gently touching her shoulder. The lighting is dramatic, highlighting the contours of her face and the texture of her hair.

GENDER EQUALITY

**A Cross-Cultural Examination on Gender-
Based Violence**

Preface

This magazine presents a cross-cultural comparison on Gender-Based violence, practices rooted in Gender Inequality. The magazine will convey the many challenges still faced by women in two different cultural contexts, so that we can gain a better understanding of the wide extent of Gender Inequality and the similarities of its manifestation in two different environments. Our aim is to highlight the challenges still facing Burkina Faso and Canada with respect to Gender Equality and Gender Based Violence as well as the opportunities for social transformation.

Many individuals continue to experience violence everyday due to their sex, gender, gender identity, perceived gender, or gender

expression (1). This is known as gender-based violence and can take many forms including, physical, sexual, psychological, emotional, financial abuse and even abuse using technology (1). Gender equality is one of the cornerstones of the Sustainable Development Goals, and a major challenge for OECD (Organisation for Economic Cooperation and Development) and non-OECD countries alike. The United Nations and the African Union (AU) have respectively placed it at the heart of the 2030 Sustainable Development Goals (SDGs) and the agenda for 2063. These ambitious agendas place women's rights at the heart of development in Africa and beyond, through the creation of more inclusive societies and economies that Benefit all citizens.

Gender Equality and Gender-Based Violence in

BURKINA FASO



Burkina Faso, a west African country, is firmly committed to the Sustainable Development Goals specifically those pertaining to the equality and safety of women. The measures taken have already been reflected in women's education, health, and political participation. In 2005, eight girls were enrolled in elementary school for every ten boys, and seven girls for every ten boys for secondary school (*Burkina Faso Ministry of Education*) however, women and girls in Burkina Faso still benefit less than men from economic growth and poverty reduction. In addition, many discriminatory perceptions and practices continue to undermine women's rights, civil liberties, and reproductive health.



Discrimination within families of underage marriages is widespread and persistent, and particularly discriminatory towards girls. According to the law, a young girl can be married off at the age of 17, as opposed to the legal minimum age of 20 for men (Burkinabe Constitution, June 2nd, 1991). Statistics show that at least 44% of women in Burkina Faso get married before the age of 18, in comparison

to the 3% of men that are married before the age of 20 (*Direction générale des études et des statistiques sectorielles du ministère de l'action et de la femme*). The drastic difference in statistics between genders indicates that this practice is not diminishing. In fact, its persistence appears to be linked to a high level of social acceptance, with 44% of Burkina Faso believing that it is acceptable for a girl to be married before the age of 18.



Introduced as an incentive in 2009 to promote women's access to politics, there was a 30% quota created for women on legislative and municipal election lists. Despite this quota, women represent less than 10% of deputies since the 2015 legislative elections (compared with 19% in 2012) (*Social Institutions and Gender Index*). Their Leadership skills are still underestimated with a quarter of the population disbelieving in the idea that a woman can be President of the Republic. Policy recommendations integrate the fight against discriminatory social institutions into national Development strategies to unleash women's economic potential, promote growth and combat poverty.



Attacks on the physical and moral integrity of many women are frequently made, with around 37% of women having been a victim of domestic violence in their lifetime (*Country Study SIGI-Burkina Faso, OECD 2018*), compared to one man in five (16%) (*Country Study SIGI-Burkina Faso, OECD 2018*). The law prohibits all forms of violence against women and girls, but domestic violence is not criminalized. This is because within Burkina Faso, there are persistent social norms that wrongfully allow a husband to hit his wife for one reason or another.

Poverty, the National Economic and Social Development Plan (PNDES) must be supported by social policies and programmes. These policies and programs must be aimed at eliminating gender discrimination rooted in both formally (within legislation) and informally (among the traditions and customs of the people), as well as in social norms and practices. For example, the goal of reducing the rate of population growth cannot be achieved when two-thirds of the population still believe that women should not take part in decisions about their own health.

The empirical data provided by the SIGI study will enable political decision-makers to integrate the fight against discrimination into national action plans on the education system, the economy and within health and infrastructure. To overcome the influence of discriminatory social norms, legal measures must be accompanied by awareness-raising campaigns and dialogue with communities to achieve a universally accepted convergence between the legislative and regulatory framework and customary law.

Gender-Based Violence in CANADA



Canada, a North American Country, has a longstanding commitment to Gender Equality. In Canada the promotion of gender equality falls under human rights legislation. This legislation includes a National Action Plan to end Gender-Based Violence in which the vision is to see a Canada that is free of gender-based violence and one that supports victims, survivors, and their families regardless of where they live (*Government of Canada*). As part of the federal government's strategy to prevent and address Gender-Based Violence a survey was collected to gather information on Canadians' experiences of IPV (Intimate Partner Violence) a form of gender-based violence. The results of the 2018 study indicate that 44% of women reported experiencing

some form of psychological, physical, or sexual violence in their lifetime (*Cotter, 2021*). As a quantitative comparison, 36% of men had reported experiencing such violence (*Cotter, 2021*). Just like Burkina Faso, many factors still pose a threat to the ending of GBV in Canada, many of which are related to the people's perception of how widespread and threatening the effects of GBV are on its victims, those surrounding them and the economy.

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(*Cotter, 2021*)

Under Canada's Civil Marriage Act, a person under 16 years of age is prohibited to marry. In addition to this, individuals between the age of 16-18 of age cannot marry unless a judge gives written consent. Although Canada has many legislative laws regarding marriage, between 2000 and 2018 more than 3,600 marriage certificates were issued out to children (Cardenas, 2021), usually for girls to much older spouses, in Canada. Often individuals aged



Within Canada women are proportionately more likely to be abused in comparison to men, this is especially true for sexual assault. Women are 6 times more likely to experience sexual abuse than men (Cotter, 2021). Psychological abuse, the most common type of IPV experienced, was reported by more than 43% of women and just over 35% of men (Cotter, 2021). 23% of women reported experiencing physical assault in comparison to 17% of men (Cotter, 2021). Domestic violence effects can also carry over into the workplace, threatening many women's ability to maintain economic dependence. 40% of study participants in a domestic abuse study, said that their experience with domestic abuse made it difficult for them to work (MacGregor et al. 2016) and 8.5% said that they had lost their jobs as a result of the violence experienced (MacGregor et al. 2016).



16-18 are still able to marry with the consent of a parent, although many think that this is a form of protection for the children an assistant professor at McGill university suggests that parental consent and parental coercion are hard to distinguish and that having this option available can leave children vulnerable to exploitation and forced marriages (Fenn, 2021). Given the sheer number of marriage certificates issued to children, there have been cries to raise the Canadian legal marriage age to 18 especially given the fact that Canada has been urging other developing nations to do so.



Women in Canada are still underrepresented in politics. Although this phenomenon is well documented and recognized, the reasons for which are complex ranging from how boys and girls are socialized during childhood and adolescence to systemic barriers on their entry into politics. Ingrained biases about which careers are traditionally masculine may unconsciously affect young minds and the way they view their aspirations and self-

confidence. A 2006 study found that within 4 years of schooling (from grade 6 to grade 10), the percentage of girls that can claim they are self-confident drops by about 14% because of this most girls are taught to prefer male political leaders over female (Canadian Women's Foundation, 2023). Social influences often mean that most women still take the primary responsibility of for household labour and childcare, affecting their work-life balance and creating a systemic barrier to advancement in their careers (Canadian Women's Foundation, 2023).



Canada's efforts towards addressing GBV to meet the United Nations' 2030 Sustainable Development targets is admirable, yet there is much more work to be done. Addressing GBV in Canada requires a coordinated approach, not only with the federal and provincial governments but also in collaboration with victims, survivors, indigenous partners, advocates, and researchers. This collaboration will allow for the problem to be targeted and addressed through multiple perspectives especially since GBV has many effects.

Gender-Based Violence affects not only the victims, but also those surrounding them and the Canadian economy. Even though the effect on those who are directly harmed is significant, these effects are also felt by those

around them. For example, studies have shown that children who witness violence within the home, are twice as likely to have psychiatric disorders in comparison to children from non-violent homes (Bender, 2004). In addition to this, studies have shown that GBV affects the work performance of its individuals and costs billions of dollars to address the aftermath.

Regardless of the differing environments Burkina Faso and Canada share similar issues in their response to ending Gender-Based Violence. Both countries should focus on raising awareness and informing the population of the multiple harmful effects of GBV, ultimately stirring the people to conscious action against GBV while supporting its victims.

References

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Resources



Complete a quick survey, so we can learn more about our readers...

If you are in an emergency situation, please call 9-1-1 (Canada) or 1-7 (Burkina Faso) to contact emergency services in your area.

A Support Service for each Province in Canada has been listed below. For more information on additional support services (Canada) please see <https://women-gender-equality.canada.ca/en/gender-based-violence/additional-support-services.html#dataset-filter>

University of Alberta Sexual Assault Centre

Category of service: Sexual Assault
Area: Alberta
Phone: 1 780 492 9771

HealthLink, BC

Category of service: Telephone health advice
Area: British Columbia
Phone: 811

Domestic Violence Crisis Line, Family Violence Prevention Program

Category of service: Domestic violence crisis hotline
Area: Manitoba
Phone: 1 877 977 0007

Transition Houses

Category of service: Domestic violence shelters (emergency and second stage)
Area: New Brunswick

Newfoundland and Labrador (NL) Sexual Assault Crisis and Prevention Centre

Category of service: sexual assault services
Area: Newfoundland and Labrador
Toll-free: 1 800 726 2743

Northwest Territories Community Counseling Program

Category of service: Mental Health crisis support
Area: Northwest Territories

Victim Services Nova Scotia

Category of service: Victim services
Area: Nova Scotia

Nunavut Kamatsiaqtut Help Line

Category of service: Domestic violence crisis hotline
Area: Nunavut
Toll-free: 1 800 265 3333

Transition Houses

Category of service: Domestic violence shelters (emergency and second stage)
Area: New Brunswick

Talk4Healing Aboriginal Women's Helpline

Category of service: Domestic violence crisis hotline
Area: Ontario
Phone: 1 855 554 4325

Island Helpline – Canadian Mental Health Association – PEI Division

Category of service: Mental Health crisis support
Area: Prince Edward Island
Toll-free: 1 800 218 2885

Sexual Violence Helpline

Category of service: Sexual assault services
Area: Quebec
Toll-free: 1 888 933 9007
Phone: 1 514 933 9007 (Montreal)

Planned Parenthood Regina

Category of service: sexual assault services
Area: Saskatchewan
Toll-free: 1 306 522 0902

Women's Transition Home Crisis Line

Category of service: Domestic violence crisis hotline
Area: Yukon
Toll-free: 1 867 668 5733

Meet the Authors



I am Frédéric

Tindano, journalist-communicator and specialist in the Management of projects and development program currently a doctoral student in Business Administration. I live in Burkina Faso, located in the western part of Africa.

The SDG that most resonates with me is Climate Action (SDG 13). Indeed, climate change has a considerable impact on the ecosystem and on people. It is therefore necessary to strengthen the resilience and adaptive capacity of countries in the face of climate hazards and disasters that we are witnessing. To do this, it is urgent to strengthen inter-community cooperation, particularly through

the operationalization of the green fund, the development of national policies and planning, citizen awareness, and the establishment of early warning systems.

In addition to this SDG, I would like to focus on gender equality and the socio-economic empowerment of women and girls, considering SDG 5. I hope to use my knowledge, know-how, and interpersonal skills to find appropriate solutions in order to achieve these goals as well as the other SDGs. For the past ten years, I have been involved with associations that promote gender equality, the socio-economic empowerment of women and the fight against climate change and its repercussions. For a better world, I remain firmly committed to this.



I am Pere

Kennedy, I live on the traditional territories of the Niitsitapi (Blackfoot Confederacy), The Métis Nation (Region 3), and all the peoples of the treaty 7 region in Southern Alberta also known as Calgary, Alberta. I have a Bachelor of Science in Biological Sciences with a minor in Anthropology from the University of Calgary. I am a committed advocate for the equality of human rights, specifically for women and girls.

SDG 3: Good Health and Well-Being & SDG 4: Quality education are most important to me because I believe that equal access to quality education and care is the foundation for international development. Education equips individuals with

the knowledge needed to take charge of all that pertains to them, including their health. Equal access to quality education and care would ultimately help to address all other SDGs as general populations would be healthier and have the knowledge needed to advance our society. During the previous year, I was given a chance to join an international and intercollegiate group of students to partner with the Canadian Women for Women in Afghanistan Organization to help raise youth advocacy and engagement on the issues affecting young women and girls under the Taliban rule in Afghanistan.

I am currently completing a Masters in Science in Global Health at the University of Geneva, pursuing a specializing in maternal, child, and reproductive health in the hopes of helping to create social and medical support programs for women and young children, ultimately decreasing the burden of infectious disease on this demographic.

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