



Original article

Differential Impacts of an Intimate Partner Violence Prevention Program Based on Child Marriage Status in Rural Côte d'Ivoire



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A B S T R A C T

Purpose: Little is known about whether effectiveness of intimate partner violence prevention programming varies for women who were married as child brides, given their additional social vulnerabilities. This subanalysis sought to assess treatment heterogeneity based on child marriage status for an intervention seeking to reduce intimate partner violence.

Methods: A randomized controlled trial assessing the incremental effectiveness of gender dialogue groups in addition to group savings on changing past-year intimate partner violence was conducted in Côte d'Ivoire (2010–2012). Stratified models were constructed based on child marriage status to assess for effect modification. Analysis was restricted to married women with data on age at marriage ($n = 682$).

Results: For child brides ($N = 202$), there were no statistically or marginally significant decreases in physical and/or sexual violence, physical violence, or sexual violence. The odds of reporting economic abuse in the past year were lower in the intervention arm for child brides relative to control group child brides (odds ratio [OR] = .33; 95% confidence interval [CI] = .13–.85; $p = .02$). For nonchild brides ($N = 480$), women were less likely to report physical and/or sexual violence (OR = .54; 95% CI = .28–1.04; $p = .06$), emotional violence (OR = .44; 95% CI = .25–.77; $p = .004$), and economic abuse (OR = .36; 95% CI = .20–.66; $p = .001$) in the combined intervention arm than their group savings-only counterparts.

Conclusions: Findings suggest that intervention participants with a history of child marriage may have greater difficulty benefiting from interventions that seek to reduce intimate partner violence.

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IMPLICATIONS AND
CONTRIBUTION

Child brides are disproportionately affected by intimate partner violence. Research on the effectiveness of interventions that aim to reduce intimate partner violence against women who were married as child brides is lacking. This evaluation demonstrates that interventions may need to be intensified or tailored to women married as child brides to reduce intimate partner violence.

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Recent estimates suggest that more than 720 million girls are married before their 18th birthday, with the region of West Africa having one of the highest prevalence of child marriage [1]. In Côte d'Ivoire, more than one in three women aged 20–24 years reported being a child bride (i.e., married by the time they are 18 years old) [2]. Child brides often have higher rates and unique

risks for poor sexual and reproductive health outcomes, including unplanned pregnancies, HIV risk, and rapid repeat pregnancies [3–7]. Such amplified maternal health vulnerabilities among young brides are thought to be driven by their low social status, minimal decision-making ability within their marital relationships, and pressure to bear children although their bodies are still underdeveloped [8,9]. A small number of studies have also documented poor mental health outcomes among child brides, including substance abuse and suicidality [10,11] and increased mortality and morbidities among young children of child brides [12].

Child marriage has also been directly linked with increased risk for intimate partner violence (IPV) victimization [13–16], which in turn can also magnify health risks for child brides [17]. This amplified risk of IPV may be due to power disparities between partners, potentially resulting from substantial age differences between girl child brides and their adult partners, decreased mobility, lower educational attainment, and reduced economic opportunities for girl child brides compared with women who marry as adults [13,14]. Given the detrimental health and development effects of child marriage, international bodies have prioritized the reduction of girl child marriage and the mitigation of its negative health impacts as key global public health goals [1,18].

Simultaneously, in recent years, there have been a growing number of women's social and economic empowerment interventions [19], which may confer higher status for women in the household [20], that have been identified as promising approaches toward reducing experiences of IPV. In particular, two trials demonstrate that economic empowerment approaches along with gender transformative components may have potential for reducing IPV [21,22] potentially through improving equitable decision-making within the home and the financial agency of the woman.

One of these evaluations is a recently completed two-armed randomized controlled trial in rural Côte d'Ivoire, *Reduction of Gender-Based Violence Against Women in Côte d'Ivoire*. This study sought to understand the incremental effectiveness of gender dialogue groups (GDG; discussion groups developed to promote gender equality within couples) in addition to a group savings program on reduction of past-year IPV and economic abuse [21]. Those receiving the combined approach (GDG and group savings) had an 8% relative reduction and 61% relative reduction in economic abuse as compared with women who only participated in the group savings program. Among couples with high participation rates (attending >75% of GDG sessions), these reductions were magnified such that women in the combined arm had a 36% reduction in IPV, compared with the group savings-only arm [21]. Qualitative findings from male partners participating in the discussion groups highlighted improved couple communication and improvements in financial planning as potential pathways of change [23].

Despite these programmatic advances in social norms and economic approaches that have been found to be effective in reducing IPV among adult women [21,22], little is known regarding how particularly vulnerable groups of women (i.e., those who were married as child brides) may benefit from such intervention approaches. Child marriages are often characterized by additional social vulnerabilities, such as limited educational attainment, pervasive poverty, limited mobility, and lower status of young female brides [5]. These factors may be compounded throughout adulthood and the length of the marriage, thereby creating an environment in which long-standing IPV may be

more severe, making male partners less open to changing ingrained abusive behaviors. Thus, such intervention approaches may not be as effective for women married as child brides, compared with women married as adults.

The previously described trial in Côte d'Ivoire offers a unique opportunity to examine the role of child marriage in the effectiveness of a combined social and economic empowerment program designed to reduce IPV and economic abuse among women. Using these data, we undertake a subanalysis with the objective of understanding potential effect modification of the intervention by child marriage status. We hypothesize that given the additional social vulnerabilities that child brides face, the incremental effects of the intervention on reducing IPV and economic abuse would be greater for women married as adults than women married as child brides (≤ 17 years).

Methods

Study design

Data are drawn from a randomized controlled trial conducted between 2010 and 2012 across 24 villages in rural Côte d'Ivoire [21]. The intervention was implemented by field staff with the International Rescue Committee (IRC), an international humanitarian organization with an established presence in Côte d'Ivoire, as part of a wider Women's Protection and Empowerment Program. IRC staff introduced the study to the community after which point eligible women were invited to partake in the programming. Women were organized into groups of 15–30 women and completed the baseline survey in October 2010. In the overall trial, 934 partnered women completed the baseline. The group savings model used was village savings and loans associations (VSLAs) in which women pool their funds, request loans for livelihood activities, and receive share-outs from interest after loans are repaid by members in their group. After VSLAs were established and activities began, groups were randomized either to continue with the VSLA activities only or to receive the GDGs, which constituted the gender norms component of the program. Randomization occurred via a public lottery in which village leaders selected whether the groups would be randomized to the VSLA-only group or the VSLA + GDG group. At the conclusion of the trial, the VSLA-only group also received the GDG intervention. GDGs consisted of eight sessions for women and their male partner (or male family member if they were unpartnered in the parent trial) and included discussions on household budgeting, saving, and planning. All sessions were led by IRC male and female field staff, and themes of gender equality, the importance of nonviolence, and women's contributions to the household underscored all sessions. An endline survey was completed between July and August 2012.

All paper-based surveys were administered by trained external female research staff who were matched to participants based on language and ethnicity. All consenting procedures and interviews were conducted in private locations, consistent with the World Health Organization guidelines on conducting violence against women research [24]. Surveys were translated from English into French and were verbally translated into 11 local languages.

All study protocols were approved by the Yale University Human Subjects Committee (#1007007040) and Innovations for Poverty Action, a nonprofit organization that primarily conducts impact evaluations (506.11September-003) Human Subjects

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