



Review article

Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews

Kathryn M. Yount^{a, b, *}, Kathleen H. Krause^c, Stephanie S. Miedema^b^a Hubert Department of Global Health, Emory University, 1518 Clifton Rd, NE, Atlanta, GA 30322, USA^b Department of Sociology, Emory University, 1555 Dickey Dr., Atlanta, GA 30322, USA^c Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Rd, NE, Atlanta, GA 30322, USA

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ABSTRACT

This systematic review of reviews synthesizes evidence on the impact of interventions to prevent violence against adolescent girls and young women 10–24 years (VAWG) in low- and middle-income countries (LMICs). Theories of women's empowerment and the social ecology of multifaceted violence frame the review. Child abuse, female genital mutilation/cutting (FGMC), child marriage, intimate partner violence (IPV), and sexual violence were focal outcomes. Our review followed the Assessment of Multiple Systematic Reviews (AMSTAR) for the systematic review of reviews, and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for a systematic review of recent intervention studies. Of 35 reviews identified between June 7 and July 20, 2016, 18 were non-duplicate systematic reviews of medium-to-high quality. Half of these 18 reviews focused on interventions to prevent IPV. Only four focused on adolescents, of which three focused on child marriage and one compared findings across early and late adolescence. None focused on interventions to prevent child abuse or sexual violence in adolescent/young women. From these 18 reviews and the supplemental systematic review of intervention studies, data were extracted on 34 experimental or quasi-experimental intervention studies describing 28 interventions. Almost all intervention studies measured impacts on one form of VAWG. Most studies assessed impacts on child marriage ($n = 13$), then IPV ($n = 8$), sexual violence ($n = 4$), child abuse ($n = 3$), and FGMC ($n = 3$). Interventions included 1–6 components, involving skills to enhance voice/agency ($n = 17$), social networks ($n = 14$), human resources like schooling ($n = 10$), economic incentives ($n = 9$), community engagement ($n = 11$) and community infrastructure development ($n = 6$). Bundled individual-level interventions and multilevel interventions had more favorable impacts on VAWG. Interventions involving community engagement, skill-building to enhance voice/agency, and social-network expansion show promise to reduce VAWG. Future interventions should target poly-victimization, compare impacts across adolescence, and include urban, out-of-school, married, and displaced/conflict-affected populations in LMICs, where VAWG may be heightened.

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1. Introduction

Violence against women and girls (VAWG) is a prevalent human-rights violation that elevates the risks of acute, long-term, and intergenerational health effects (Clark et al., 2016; Solotaroff and Pande, 2014; Yount and Abraham, 2007; Yount et al., 2011; Zureick-Brown et al., 2015). Evidence also is growing with respect to concurrent or sequential *poly-victimization* (Finkelhor et al.,

2007; Sigal et al., 2016; Solotaroff and Pande, 2014; Yount and Abraham, 2007; Yount et al., 2016; Yount and Li, 2010), as well as the adverse effects of VAWG on schooling, market work, and economic independence (Sigal et al., 2016; Solotaroff and Pande, 2014; Yount et al., 2015; Yount et al., 2014). As a result, preventing violence against women and girls has become a global priority (United Nations, 2015). Embedded in United Nations Sustainable Development Goal 5 (SDG5), to achieve gender equality and to empower women and girls, are three ambitious targets to end: “all forms of discrimination against all women and girls everywhere” (5.1; p. 18); “all forms of violence against all women and girls in the public and private spheres ...” (5.2; p. 18); and “all harmful

* Corresponding author. Hubert Department of Global Health, Emory University, 1518 Clifton Rd, NE, Atlanta, GA 30322, USA.

E-mail address: kyount@emory.edu (K.M. Yount).

practices, such as child, early and forced marriage and female genital mutilation” (5.3; p.18) (United Nations, 2015).

In tandem with SDG5, governments and private agencies have increased their commitment to evaluate what works to prevent violence against women and girls (Independent Commission for Aid Impact, 2016). Researchers, in turn, have designed intervention studies to provide more robust evidence of impact. As a result, evidence from low- and middle-income countries (LMICs) on the impact of interventions to prevent violence against women and girls is growing (Ellsberg et al., 2015).

Still, gaps in knowledge may persist for critical life stages, and for the risk of poly-victimization, or multiple exposures to violence (Finkelhor et al., 2007 pp. 8–9). Adolescence is a period of rapid developmental change (Patton et al., 2016) and of heightened vulnerability to multiple forms of violence (Finkelhor et al., 2007). Before age 15, girls are not physically or cognitively ready to make safe, consensual, and voluntary decisions about marriage, sexual relations, or reproduction (Dixon Mueller, 2008). In middle adolescence—ages 15 to 17—physical and cognitive readiness varies, depending on the onset and pace of puberty, cognitive maturation, and risks and responsibilities encountered at marriage and child-bearing (Dixon Mueller, 2008). Yet, intervention studies to reduce VAWG may focus less on adolescent girls, and on their risk of poly-victimization. Some forms of VAWG, such as FGMC or child marriage, require a programmatic focus on this age group. Yet, for other forms of VAWG, such as intimate partner violence (IPV), attention to adolescents may be limited, and the impacts of programs on poly-victimization in adolescence may be unknown.

Finally, of the intervention studies to prevent VAWG that have targeted adolescent girls, many may not have been designed to compare the impacts of interventions in early (10–14 years) versus later (15–19 years) adolescence and young adulthood (20–24 years). Yet, an adolescent girl experiences many physical, cognitive, and social developmental changes in the transition to adulthood that may affect her and her family's responses to the intervention (Dixon Mueller, 2008; Patton et al., 2016). As a result, programmatic needs may vary across these periods, as may the impacts of interventions (Patton et al., 2016).

We conducted a systematic review of reviews to synthesize evidence on the impact of interventions to prevent violence victimization in adolescent girls and young women ages 10–24 years in LMICs. From included systematic reviews, and a supplemental systematic search for the most recent intervention studies, we extracted and synthesized data from higher quality peer-reviewed and non-peer-reviewed intervention studies to compare findings across early adolescence (10–14 years), late adolescence (15–19 years), and young adulthood (20–24 years). The review of reviews and of intervention studies focused on five forms of VAWG: child abuse/maltreatment (CA), female genital mutilation/cutting (FGMC), child marriage (CM), dating violence or intimate partner violence (IPV), and sexual violence (SV). Our concurrent focus on multiple forms of VAWG is motivated by evidence of their intersecting causes, frequent co-occurrence, and common health consequences (Bacchus et al., 2017; Finkelhor et al., 2007; Guedes et al., 2016). Findings expose important gaps in research, and promising approaches to address poly-victimization, which may allow girls to transition to adulthood with bodily integrity and freedom from violence.

2. Background

2.1. Forms of violence relevant to adolescent girls and young women in LMICs

Many forms of VAWG exist; however, several are especially

relevant for adolescent girls and young women in LMICs. These include child abuse/maltreatment, female genital mutilation/cutting, child marriage, dating violence or IPV, and sexual violence. Notably, boys and young men also experience some of these forms of violence (Fulu et al., 2017), and their exposure often contributes to the perpetration of VAWG (Godbout et al., 2017). The nature of the violence and its repercussions, however, often differ by gender (Hamby et al., 2013), so we focus this review on interventions to prevent adolescent girls and young women from becoming victims of these forms of violence.

Child abuse/maltreatment refers to physical, sexual, or psychological forms of punishment or violence, as well as neglect or negligent treatment, including the failure by otherwise able caregivers to meet children's physical or psychological needs, to protect them from danger or harm, or to obtain services to meet those needs (United Nations Children's Fund [UNICEF], 2014b). Worldwide, at least 50% of children in Asia, Africa, and Northern America have experienced violence in a 12-month period, such that 1 billion children 2–17 years have experienced such violence (Hillis et al., 2016). Boys and girls experience child maltreatment, but the nature of the maltreatment often differs by gender (Landers, 2013; UNICEF, 2014b), as do the repercussions, which may be more pronounced for girl survivors (Currie & Spatz Widom, 2010).

Female genital mutilation or cutting refers to all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons (World Health Organization [WHO], 2016). Despite overall declines in rates of FGMC, an estimated 200 million girls and women in 30 countries have experienced some form of the practice, and high rates of population growth in practicing countries means that the number of affected women and girls will likely increase by 2030 (UNICEF, 2016). Although FGMC is sanctioned in many cultures, a United Nations Interagency Statement has defined it as a violation of human rights, a form of discrimination on the basis of gender, and a form of violence against girls (OHCHR, UNDP, UNESCO, UNHCR, & UNIFEM, 2008). FGMC, and especially its more severe forms, is linked to child marriage and forced sexual debut (Battle et al., 2017), as well as to health complications across the life course (Farage et al., 2015).

Child marriage, below age 18 years, has affected more than 700 million adult women worldwide, and about 250 million women have experienced *very early child marriage*, before age 15 (UNICEF, 2014a). Boys also may experience child marriage; however, estimates of prevalence are universally higher for women than men among young adults in LMICs (ICF International, 2015). Several UN Agencies have jointly stated that child marriage is a violation of human rights, and researchers have identified it as a form of violence (Solotaroff and Pande, 2014). The practice is associated cross-nationally with a higher risk of physical and/or sexual IPV for women (Kidman, 2017), and with substantial adverse health effects (Raj, 2010).

Intimate partner violence refers to psychological, physical, or sexual aggression or threats of such harm by a spouse, dating, or cohabiting partner (Garcia-Moreno et al., 2005). In surveys of teen dating violence (TDV) in the U.S., exposure to physical force is higher for boys than girls ages 12–17 (7.9% versus 4.5%); however, exposures to sexual force (2.8% versus 1.3%) and to fear-inducing physical or sexual force (4.7% versus 1.4%) are higher for girls than boys (Hamby and Turner, 2013). In high school, any TDV in the prior 12 months is twice as high in adolescent women (21%) than men (10%), and this pattern persists across physical and sexual forms (Vagi et al., 2015). Globally, comparing studies of partner violence in adolescence is challenged by variability in the focus on dating or marital partners and in the instruments used to measure IPV (Exner-Cortens et al., 2016). Across 30 LMICs administering a

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