

WHAT WORKS?

**PREVENTING GENDER-
BASED VIOLENCE
AMONG YOUNG PEOPLE**

**LIVING WITH OR
AFFECTED BY HIV**

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere.

Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, almost two million people were newly infected with HIV in 2017 and almost one million died of AIDS-related illnesses.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

ABOUT READY

READY is a youth-led movement, working with and for adolescents and young people living with and affected by HIV mainly in East, Central and Southern Africa, but with a growing global presence in West Africa, North Africa, Middle East and Asia. READY supports adolescents and young people in their diversity – regardless of their sexual orientation, gender identity or expression – to understand their sexual and reproductive health and rights and make healthier choices. Launched in 2016, the READY portfolio includes projects which are designed to build resilient and empowered adolescents and young people.

This is vital because HIV is the leading cause of death among young people (aged 10–24) in Africa, and the second globally. All READY programmes place adolescents and young people in their diversity at the centre of design, delivery, monitoring and evaluation. Currently there are five projects implemented by youth-led and youth-serving organisations, with more planned in the future.

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CONTENTS

01 SUMMARY

p. 4

- What is gender-based violence and why does it matter?
- Where is the evidence?

02 WHAT WORKS AND WHAT DOESN'T WORK?

p. 6

- What works?
- What might work?
- What didn't work?
- Intervention types and outcomes
- Case study

03 LISTEN UP

p. 10

- Do's and don'ts in engaging young people in the design of interventions

04 METHODOLOGY

p. 12

- What are systematic reviews and meta-analyses?
- About this systematic review and meta-analysis
- Case study

05 REFERENCES

p. 14



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SUMMARY

AS MANY AS ONE IN THREE WOMEN ACROSS THE WORLD EXPERIENCE GENDER-BASED VIOLENCE IN THEIR LIFETIME.¹

Adolescent girls and young women are no exception: a recent study found that 28% of adolescent girls (aged 15-19) and 29% of young women (aged 20-24) have experienced gender-based violence.² Young men and boys experience gender-based violence too, however, data is scarce. Gender-based violence is not only a traumatic experience for the individuals who are subjected to it, but it also increases people's vulnerability to HIV and is an urgent public health issue.

Gender-based violence can be prevented. But first we need to know what works. Researchers at the University of Oxford and Frontline AIDS therefore conducted a systematic review to evaluate what works and what doesn't work in addressing gender-based violence. Our focus was young people living with or affected by HIV in low- and middle-income countries. This concise brief for policymakers, programme managers, researchers and donors summarises the systematic review findings.



The review found a number of promising approaches. These combine sexual health education + social empowerment + economic strengthening; as well as self-defence for girls + educating boys about gender equality. **Several approaches were ineffective** in reducing gender-based violence. We found that young people – especially marginalised young people and young people living with HIV – have largely been excluded from research. **More research is clearly required**, in addition to investment in evidence-based policies and programmes that reach those young people who are most vulnerable to HIV.

This brief is a summary of *Interventions to reduce gender-based violence among young people living with or affected by HIV/AIDS in low- and middle-income countries*, by Meinck, F., Pantelic, M. et al. (2019), published in *AIDS*.

https://journals.lww.com/aidsonline/Abstract/publishahead/Interventions_to_reduce_gender_based_violence.96863.aspx

WHAT IS GENDER-BASED VIOLENCE AND WHY DOES IT MATTER?

Gender-based violence is defined as physical, emotional or sexual violence by an intimate partner or sexual violence by a non-intimate partner.³ People of all genders experience gender-based violence.

Violence increases the risk of young women and girls contracting HIV^{4,5,6} In addition, people living with HIV who experience gender-based violence are less likely to access life-saving anti-retroviral treatment.^{7,8} Young people living with and affected by HIV experience exceptionally high rates of gender-based violence.^{9,10,11,12}

WHERE IS THE EVIDENCE?

We identified 18 relevant studies evaluating the effectiveness of a total of 21 interventions that addressed gender-based violence.

These studies included a total of 39,746 young people from areas with high HIV prevalence in Brazil, Ethiopia, Kenya, South Africa, Uganda and Zimbabwe. Despite our comprehensive search, we found no studies focusing specifically on young people living with HIV. Nor did we find any studies focusing on marginalised young people who are particularly vulnerable to HIV, such as sex workers, incarcerated people, people who use drugs, gay men and other men who have sex with men, bisexual and transgender people.

➔ **Of the total number of studies, 61% took place in schools and the remaining 39% in communities.**

Gender representation in gender-based violence research





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SEXUAL HEALTH AND SOCIAL EMPOWERMENT

These interventions increased young people's skills and knowledge of HIV prevention, sexual and reproductive health and rights, gender equality and conflict resolution^{13, 14, 15, 16, 17, 18, 19}. Our meta-analysis*, which pooled the effects of all studies examining these interventions, found that sexual health and social empowerment interventions had a positive effect overall.



WHAT WORKS?

SEXUAL HEALTH, SOCIAL EMPOWERMENT AND ECONOMIC STRENGTHENING

These interventions combined sexual health and social empowerment with an added economic strengthening component that consisted of vocational training or financial literacy.^{20, 21, 22, 23} The meta-analysis found that sexual health, social empowerment and economic strengthening interventions had a positive effect overall.



SELF-DEFENCE FOR GIRLS COMBINED WITH EDUCATING BOYS ABOUT GENDER EQUALITY

These interventions (often called 'No Means No Worldwide') offered self-defence training for girls against assault, de-escalation techniques, empowerment and learning to identify safe spaces within their communities.^{24, 25, 26} This was paired with educating boys about gender equality. These interventions were consistently effective in reducing exposure to gender-based violence reported by girls. We did not, however, have enough data to conduct a meta-analysis.



* See page 12 for a definition of meta-analysis.

WHAT MIGHT WORK?

GENDER-BASED VIOLENCE EDUCATION FOR BOYS ONLY?

Educating boys only entailed providing information about gender norms, gender-based violence, consent and de-escalation techniques. Boys were also trained in how to intervene when witnessing gender-based violence. We found just two studies examining this. One effectively decreased exposure to gender-based violence reported by girls in the same school²⁷ and the other reduced harmful attitudes towards gender-based violence reported by boys.²⁸ More research into this area is clearly needed.

CASH TRANSFERS?

We found one study that examined the effects of cash transfers on gender-based violence. It found that cash transfers decreased physical intimate partner violence experienced by girls. More research is needed to understand whether and how this approach works.²⁹

WHAT DIDN'T WORK?

SAFER SCHOOLS

These interventions focused on reducing violence by teachers and students by improving teachers' skills to use positive discipline and involving the whole school in setting up codes of practice on violence and children's rights. We found two interventions.^{30,31} One significantly decreased harsh physical and emotional punishment by teachers and peer violence.³² Neither reduced sexual violence.

SAFER SCHOOLS COMBINED WITH POSITIVE PARENTING

We only found one intervention like this:³³ it aimed to challenge the deep-rooted norms, attitudes and beliefs within the whole school that promote violence. It also provided an additional component for parents that focused on positive parenting and alternatives to discipline. The intervention wasn't effective in reducing gender-based or other types violence.

SAVINGS ACCOUNTS FOR GIRLS

We found one study that examined the impact of providing savings accounts to girls without improving their skills or capacity.³⁴ This intervention actually led to increased intimate partner violence experienced by the young women.

→ INTERVENTION TYPES AND OUTCOMES

INTERVENTION	NUMBER OF STUDIES	OUTCOMES		
		Exposure to gender-based violence (GBV)	GBV perpetration	GBV attitudes
Sexual health + social empowerment	7	Reduced in 3 of 5 studies	Reduced in 1 of 6 studies	Reduced in 1 of 3 studies
Sexual health + social empowerment + economic strengthening	4	Reduced in 2 of 4 studies	--	Reduced in 1 of 1 study
Self-defence (for girls) + education about gender equality (for boys)	3	Reduced in 3 of 3 studies	--	--
Safer schools	2	Reduced in 1 of 2 studies	No effect in 1 of 1 study	Reduced in 1 of 1 study
Economic strengthening only (for girls)	2	Reduced in 1 of 2 studies Increased in 1 of 2 studies	--	--
Educating boys about gender-based violence and teaching them how to intervene	2	Reduced in 1 of 1 study	--	Reduced in 1 of 1 study
Safer schools + positive parenting	1	No effect in 1 of 1 study	No effect in 1 of 1 study	Reduced in 1 of 1 study

CASE STUDY

NO MEANS NO AND YOUR MOMENT OF TRUTH^{14, 20}

Best practice: including boys as well as girls in programming



WHERE?

Nairobi, Kenya

WHO?

Primary school girls and boys aged 10-16

WHAT?

1. Classroom-based curriculum on empowerment, gender roles and relations, and self-defence (for girls)
2. Classroom-based curriculum on healthy gender norms and teaching boys to intervene (for boys)

Interventions included boys and girls rather than focusing solely on one gender. Lessons for girls covered empowerment and self-defence skills, whereas boys were taught about healthy gender norms and how to intervene if they witness gender-based violence. Including content for both genders is important because it removes the burden of responsibility from potential victims and recognises that boys can play a central role in preventing gender-based violence.

The next phase would be to include boys and girls in both programmes – recognising that anyone can be victims or perpetrators of gender-based violence – and to train everyone in basic self-defence and how to intervene if they witness gender-based violence.

LISTEN UP



Our study suggests that interventions combining a number of components are most likely to reduce exposure to gender-based violence among young people living with or affected by HIV.

Evidence supports interventions that combine:

1. Sexual health education + social empowerment + economic strengthening
2. Self-defence for girls + educating boys about gender equality.

→ DO'S AND DON'TS IN ENGAGING YOUNG PEOPLE IN THE DESIGN OF INTERVENTIONS

	DO 	DON'T 
Participatory programme design	Ask young people to help design both the intervention and evaluation. Meaningfully engaging young people means involving them from the very onset of the study. It also means paying them for their time. One intervention did this well by having young people help create the intervention. ³⁷	Design programmes without meaningful input from young people. This can lead to less effective interventions because they are not properly designed for the end users.
Including boys	Design interventions for both boys and girls, acknowledging that both can be victims or perpetrators.	Target girls only. This places the burden of responsibility on those people who are most likely to experience gender-based violence. Safe spaces for girls can be created without placing the whole responsibility for bringing about change on them.
Community engagement	Design interventions that include the wider community (such as teachers, parents and health workers) to shift societal norms, attitudes and beliefs.	Focus only on individuals. This fails to recognise the role of the community in perpetuating gender-based violence.

We urge policymakers, programme managers, researchers and donors to take evidence-based action:

POLICYMAKERS AND PROGRAMME MANAGERS

1. Invest time and money in both scaling up and evaluating promising interventions
2. Earmark funds within programme budgets for rigorous evaluations.
3. Allocate funds within programme budgets for meaningful youth engagement as well as involving the community as a whole.
4. Consider community-level factors (such as societal views around gender roles and expectations) in the design of interventions and research. Evidence shows that involving the whole community is critical to transform the harmful gender norms that fuel gender-based violence.³⁸ And yet, only three of the interventions we reviewed included components which engaged the wider community.

DONORS

1. Invest in more research to better understand what works to prevent gender-based violence among young people living with and affected by HIV.
2. Support research and programmes that meaningfully engage young people living with and affected by HIV.

RESEARCHERS

1. Conduct studies on scaling up and the cost-effectiveness of these interventions. None of the interventions in our review were scaled up, and most studies used small sample sizes.
2. Include marginalised adolescents and young people living with HIV in the design of interventions and research.
3. Design interventions aimed at boys and girls.

METHODOLOGY

WHAT ARE SYSTEMATIC REVIEWS AND META-ANALYSES?

A **systematic review** is used to condense a large body of literature into a comprehensive, easily accessible and succinct summary of state-of-the-art evidence related to a specific research question. It begins with a comprehensive search of the literature, including academic outlets, policy reports and unpublished papers (known as 'grey literature'). A systematic review defines criteria for inclusion and exclusion, outlining which primary studies should be taken into account. It then summarises all the evidence collected, and assesses the quality of the primary studies that have been included.

A **meta-analysis** is a statistical method that involves combining the results from multiple studies. This helps to improve estimates of how much of an effect an intervention has and can help resolve uncertainty if studies disagree.

ABOUT THIS SYSTEMATIC REVIEW AND META-ANALYSIS

For this systematic review, we searched a wide variety of sources to find all the available evidence on the effects of gender-based violence interventions on young people living with or affected by HIV in low- and middle-income countries. Our database search produced 2,199 relevant documents, but we only included 18 studies in our review. Studies were included if they:

1. Evaluated relevant outcomes of exposure to gender-based violence, perpetration or attitudes to gender-based violence.
2. Had a rigorous research design (the interventions were tested in randomised or quasi-randomised trials or pre/post-tests with control groups).
3. Evaluated populations relevant to our focus, including adolescents and young people aged 10-24; people living with or vulnerable to HIV (as defined on page 2); living in a low- or middle-income country.

Randomisation refers to a process of randomly assigning study participants to one of two groups: an intervention or control group. Participants have an equal chance of being in either group. This minimises the chance that any observed changes could be due to another characteristic.

Quasi-randomised studies assign participants to control and intervention groups, but the method of assigning groups is not truly random.

We were only able to meta-analyse the effects of sexual health and social empowerment, and sexual health and social empowerment + economic strengthening. This was for two reasons: the small number of studies examining other types of interventions and because many studies lacked sufficient information. Too few studies measured attitudes to gender-based violence so we did not conduct a meta-analysis of these.

The results of the meta-analyses show that sexual health and social empowerment, and sexual health and social empowerment + economic strengthening led to significant yet small reductions in exposure to gender-based violence, but had no effect on the perpetration of gender-based violence. Economic strengthening by itself had no impact.

CASE STUDY

SASA!

Best practice: engaging the wider community

WHERE?

Kampala, Uganda

WHO?

Adults aged 18-49

WHAT?

1. Community-based activism
2. Media and advocacy
3. Communication materials
4. Training



SASA! seeks to change community norms and behaviours that fuel gender inequality, violence and vulnerability to HIV among women. Men, women, community leaders and public servants (such as police officers, government officials and healthcare providers) are trained as community activists. Once they've understood the links between violence, unequal gender relations and power, they are supported to engage the wider community in critical thinking about power, its misuse, and the consequences for their relationships and the community as a whole.

This approach is important because it recognises the complex social and cultural factors that put people at risk of gender-based violence. It also acknowledges that to bring about far-reaching societal change the entire community must be involved.

Note: This study wasn't included in the review because it focused on adults. Similar community-based research is needed for adolescents and young people.

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READY+ aims to advance sexual and reproductive health and rights (SRHR), psychological wellbeing, care and treatment with, by and for 30,000 adolescents and young people living with HIV in Mozambique, eSwatini, Tanzania and Zimbabwe. The programme is being implemented by an innovative and multi-disciplinary consortium of youth, SRHR, HIV and communication partners.

READY+ is one of a portfolio of projects being implemented under the READY programme. For more information, visit www.frontlineaids.org/our-work-includes/ready/



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