# Review of EngenderHealth's Gender, Sexual and Gender-Based Violence, and Adolescent Youth Sexual and Reproductive Health and Rights Research

**January 2015 to August 2021**

## Overview

Between July and August of 2021, EngenderHealth's Impact, Research, and Evaluation (IRE) team conducted a review of the organization's research from 2015 to mid-2021 on gender, sexual and gender-based violence (SGBV), and adolescent and youth sexual and reproductive health and rights (AYSRHR)—topics that reflect our strategic organizational priorities. Through this review, we aimed to highlight key findings across the thematic areas and generate organizational learnings. The results of the review and the findings included in this brief give a broad overview of EngenderHealth's research on these topics; highlight our expertise in gender, SGBV, and AYSRHR; and identify gaps that may exist between our current research and knowledge that exists within our programming. These findings and our recommendations will allow staff and other researchers to reflect and can inform future program design and research.

## Methods

The IRE team identified 77 studies that EngenderHealth implemented between 2015 and mid-2021; of these, 33 reflected at least one of the three thematic areas.[1] The IRE team then reviewed these 33 studies to produce summaries focusing on research goals, key study findings, lessons learned, recommendations, challenges, and suggested future research. Given the intrinsic overlap between gender and SGBV, with gender norms and practices underlying various societal issues particularly for SGBV, we consolidated findings for these two topics.

## Key Findings and Recommendations

### Gender and SGBV

Since 2015, EngenderHealth conducted a total of 13 research studies across 10 countries (Burkina Faso, Burundi, Côte d'Ivoire, Ethiopia, India, Malawi, Niger, Tanzania, Togo, and the United States), which included cross-cutting thematic areas related to gender norms and SGBV.

#### Key Findings and Common Barriers

Review of these 13 studies revealed commonalities among key findings, barriers, and recommendations, as outlined in Table 1.

[1] For additional information on studies included in this brief, please contact info@engenderhealth.org.

| Table 1: Summary of Gender and SGBV Programmatic and Research Findings and Barriers |
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| **Key Findings** |
| Engaging men, communities, and community and religious leaders is critical to challenging negative notions of masculinity, changing gender roles, and addressing SGBV at individual and community levels. |
| Pairing SGBV awareness and male engagement efforts with economic empowerment programs, which include key life skills, can support women and girls in challenging and changing gender power dynamics, and may be effective in helping to mitigate risks of SGBV through thoughtful implementation.[2] |
| SGBV is prevalent in many communities and there is a need to actively engage survivors in research, program design, implementation, and monitoring and evaluation activities. |
| Peer education groups offer opportunities for participants to better understand their own experiences with gender, power, and violence; to challenge harmful practices; and to obtain important resources to support them in negotiating their sexual and reproductive health and rights. |
| Community and religious leaders play important roles in influencing customs and norms surrounding gender, including harmful traditional practices such as early marriage, female genital mutilation and cutting, and SGBV. |
| Service providers need high-quality SGBV training and access to additional resources, such as private spaces for clients within facilities. |
| Interagency coordination among health, social welfare, police, and judicial agencies is critical for effective SGBV interventions. This, and continued multisector collaboration, requires targeted attention and investments from national and local governments to ensure sustainability. |
| **Common Barriers to Challenging Gender Norms and Expanding Access to SGBV Prevention and Care** |
| Negative gender dynamics and lack of male involvement affect contraceptive use. |
| A culture of silence among survivors and reporting violence stigmatizes survivors and may keep them from seeking critical SGBV services. |
| EngenderHealth's Men as Partners (MAP ©) programs lack frameworks to involve families, especially spouses. |
| Community leaders lack a shared vision toward SGBV prevention. |
| High costs of reporting and pursuing perpetrators of SGBV inhibits legal recourse. |
| Many countries lack sufficient resources to improve SGBV care and coordination. |

## Key Recommendations from EngenderHealth's Gender and SGBV Research

Many of the study recommendations had overlapping themes and discussed similar ways forward. For instance, multiple studies noted the importance of including men within EngenderHealth's gender and SGBV work and research. This includes creating support systems and facilitating dialogues that include partners and families of male participants, as well as supporting men and boys to translate beliefs about gender norms into positive behavior change. Similarly, engaging and supporting

[2] While our studies identified women's economic empowerment activities as an important counterpart to SGBV programming, recent peer-reviewed evidence demonstrates conflicting results on the relationship between women's economic empowerment and SGBV. Future programming should consider the nuances of women's economic empowerment activity implementation, with respect to the potential for unintended harm.

communities to reflect on current practices and to challenge and change the root causes of gender inequalities requires participatory dialogue and the support of community volunteers and leaders. This type of engagement can help improve survivors' knowledge and use of SGBV resources and help establish additional resources for survivors, such as safe homes and spaces within communities. Program implementers should consider incorporating activities to support women's economic empowerment using a do no harm approach to further address underlying gender norms and practices in communities.

The need for ongoing discussions surrounding gender norms and SGBV is important at all levels of society, including at provider, facility, and community levels. Recommendations surrounding the implementation of SGBV trainings for sexual and reproductive health (SRH) providers and improving resource availability and counseling options for survivors are mentioned in multiple studies (e.g., the baseline evaluation for the BRAVI [Burundians Responding Against Violence and Inequality] project in Ngozi province, Burundi). Harmonizing contraceptive and SGBV information and services, including through strengthening referral and monitoring systems, is an important aspect of improving SGBV care and coordination to focus on moving forward. Additionally, our findings emphasized the importance of pursuing opportunities to engage in research and programming with judicial and law enforcement systems to help reduce hesitancy and costs associated with reporting (e.g., A'ago midline assessment). Finally, the importance of multisector and interagency collaboration cannot be underestimated and SGBV response across healthcare, social welfare, police, and judicial entities requires continued support to ensure sustainability, even after the end of a project.

## AYSRHR

EngenderHealth defines adolescents as those ages 10 to 19 and youth as those ages 15 to 24. In the area of AYSRHR, EngenderHealth conducted 28 research studies in 13 countries (Burkina Faso, Burundi, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, India, Malawi, Niger, Philippines, Tanzania, Togo, Uganda, and the United States) from 2015 to mid-2021.

### Key Findings and Common Barriers

We identified common results, barriers, and recommendations across the 28 studies. A summary of results and barriers are included in Table 2.

| Table 2: Summary of AYSRHR Programmatic and Research Findings, Challenges, and Recommendations |
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| **Key Findings** |
| There are persistent gaps and misconceptions among youth regarding SRH knowledge, attitudes, and practices. |
| Harmful traditional practices (e.g., female genital cutting and mutilation and child marriage) contribute to poor AYSRHR outcomes in communities. |
| In certain settings, mixed-sex workshops among youth foster opportunities for shifting gender norms. |
| Social and behavior change communications strategies, peer education training, and digital strategies are valuable tools to engage youth in AYSRHR. |
| Parents are important sources of health information for youth. |
| Many providers and facilities lack training and resources to meet the needs of youth. |
| Underserved and marginalized populations are often in need of comprehensive AYSRHR care. |
| **Common Barriers to Expanding Access to AYSRHR Services** |
| Lack of knowledge on sexually transmitted infections persists among many adolescents. |
| Awareness of contraceptive options does not always correlate with contraceptive use among youth. |
| Heath-seeking behaviors among youth vary based on context. |
| Demand for youth-friendly SRH services is increasing, but facilities and providers often lack the training and resources to meet this demand. |
| COVID-19 has exacerbated SRH challenges for adolescents and youth; for example, decreased school attendance, especially for girls, has limited access to AYSRHR education and school-based services. |

## Key Recommendations from EngenderHealth's AYSRHR Research

Across the research, common recommendations stood out. Most studies mentioned the need to prioritize the training of healthcare professionals on AYSRHR and improve facility capabilities to respond to adolescent and youth needs. Due to the impact of community practices and norms related to AYSRHR, there is a need to analyze how these affect health-seeking behaviors and knowledge moving forward. Similarly, various studies noted the importance of community leaders and parents, as well as the influence of social networks and culture, on AYSRHR, and recommended increasing engagement of parents especially.

Additionally, tailoring interventions to specific age groups, such as 10 to 14 year-olds and 15 to 19 year-olds, was a common recommendation, as the clinical and educational needs of young people at different stages of growth are highly varied. Finally, integrating comprehensive SRH services and education into platforms where youth are already obtaining information, such as digital channels, is important and may present exciting opportunities for future research and programming. An important consideration moving forward, however, is who has access to technology and who does not—especially considering results of our studies that identified disparities in access between genders (e.g., TARUNYA baseline and endline studies).

**Study Spotlight: Adolescent Health and Development Project TARUNYA Phase 9 Endline Study**

EngenderHealth, in collaboration with the state government of Bihar in India, implemented baseline and endline cross-sectional surveys (conducted in October 2019 and August 2020, respectively) to measure SRH knowledge, attitudes, and practices among adolescents and to guide future interventions for our youth-focused TARUNYA project. Through these surveys, we evaluated project achievements and identified recommendations for expanding the project. We interviewed adolescents aged 15 to 19 from blocks where we implemented peer education interventions and non-implementation blocks at baseline (n=1,632) and at endline (n=1,717).

The endline evaluation highlighted key lessons learned and recommendations that mirror those reported in other AYSRHR studies considered in this review. For example:

- Community-based activities (including peer education, awareness-raising campaigns, and adolescent health days) helped increase awareness of the project, increased utilization of health centers and services, and increased awareness of the adverse effects of child marriage.
- Youth participants revealed that parents, especially mothers, are trusted sources of SRH information; future interventions that target and increase parental knowledge have the potential to reach many adolescents.
- While there were large increases from baseline to endline in young people's knowledge of where to access contraceptives in the communities due to project activities, other key knowledge gaps persisted among adolescents and youth, especially regarding sexually transmitted infections.
- We identified digital approaches as a potential means for reaching youth with SRH information; however, we found that a lower percentage of girls owned smart phones than boys. Therefore, digital approaches must be coupled with alternative outreach mechanisms to ensure gender equitable programming.
- The study found that school dropout rates drastically increased during the study period, due to COVID-19, which resulted in adolescent girls being less likely to return to school. COVID-19 presents a threat to progress on AYSRHR because it affects access to SRH education. The increase in school drop-outs is also of particular concern as other studies have shown that out-of-school adolescents are more likely to experience unintended pregnancy or early marriage.

## Future Research, Challenges, and Considerations

This review process revealed key areas for future research as well as common challenges to address and considerations to prioritize within EngenderHealth's future work.

### Future Research Opportunities

#### Gender and SGBV

In general, research related to gender and SGBV has been limited in comparison to research in other categories, such as AYSRHR and contraception. Only 13 of the 77 studies identified from 2015 to mid-2021 included a SGBV focus, which is quite small given the number of projects that we have implemented that included strategies to reduce violence and improve gender norms. Where research exists, a large focus is on the perspectives and knowledge of men, community leaders, and providers—with much less attention to survivors and at-risk groups, such as adolescents, sex workers, people living with HIV, and LGBTQ+ (lesbian, gay, bi, trans, queer or questioning, and other, such as intersex, agender, asexual, pansexual, and ally) populations. Further, few studies examined gender norms and practices outside the context of SGBV. No studies explored the intersectional lens of

gender and age for SGBV, nor did any explore the perspectives, needs, and aspirations of the survivors of SGBV or groups that are vulnerable to SGBV.

The IRE team also took the opportunity to look at recommended areas for future research relating to SGBV in addition to those identified through this review. First, we recognize the importance of addressing the mental health and wellbeing needs of communities as a critical aspect of healthcare, especially for those at-risk of and survivors of SGBV. In the past, our research has lacked in this area, even though global evidence suggests that interventions with mental health components have shown more promising results at preventing SGBV than those without (WHO 2019). Incorporating mental health research questions in the surveillance and evaluation of existing and new programs should be a priority for EngenderHealth in the future.

Second, we consider our results in the context of broader evidence, such as findings from a World Health Organization publication examining differences in the efficacy of interventions to reduce violence against women across different country settings (WHO 2019). The report highlighted how certain interventions appear more promising than others, while some common interventions require additional research to assess efficacy. In terms of additional research and funding priorities, the global health community can contribute to this body of evidence by further exploring the promising interventions cited herein and by others in the sector and conducting research around approaches where more evidence is needed.

**Additional Research Opportunities: Direction from the Global Evidence Base** (WHO 2019)

The World Health Organization labelled interventions as ***promising*** (evaluations show significant reductions in violence outcomes), ***more evidence needed*** (evaluations show improvements in intermediate outcomes related to violence), ***no evidence*** (intervention not yet rigorously evaluated), and ***ineffective*** (evaluations show no reductions in violence outcomes). Examples of approaches are included below:

- ***Promising:*** group-based, mixed-sex workshops; empowerment training for women and girls including life skills, safe spaces, and mentoring; inheritance and asset ownership policies and interventions; economic transfers, including conditional and unconditional cash transfers, plus vouchers and in-kind transfers; community mobilization
- ***More evidence needed:*** social marketing or edutainment; life skills and school-based curricula; rape and dating violence prevention training; psychological support interventions for children who experience violence and who witness intimate partner violence; parenting interventions; home visitation and health worker outreach; whole-school interventions; infrastructure and transport; labor force interventions including employment policies, livelihood, and employment training; women's police stations and units training; perpetrator interventions; hotlines; shelters; alcohol misuse prevention interventions; empowerment counseling interventions or psychological support to improve access to services (e.g., advocacy); couples counseling and therapy
- ***Ineffective and no evidence**:** screening in health services;* bystander interventions,* sensitization and training of institutional personnel without changing the institutional environment; microfinance or savings interventions without any additional components; group education with men and boys to change attitudes and behaviors; stand-alone awareness campaigns and single-component communication campaigns

### AYSRHR

While there is a lot more research regarding AYSRHR compared to SGBV, there are still quite a few gaps in AYSRHR research. Though a few studies reported on underserved and marginalized populations, in general, the research lacked attention to the diversity in age and need within the adolescent and youth demographic. Additionally, many studies recommended age-specific AYSRHR programming.

Recommendations for future research in addition to and expanded upon those identified by this study include:

- Additional research related to the AYSRHR needs of specific sub-groups of the adolescent and youth populations, including early adolescents, mid-adolescents, older adolescents, teen parents, LGBTQ+ youth, youth with disabilities, and other at-risk groups
- Longer-term studies on the impact of educational and skills-building trainings and workshops for providers and young people on health outcomes
- Studies of the impact of engaging parents and guardians early to improve AYSRHR outcomes

We also note a lack of focus on young people's mental health and wellbeing and its relation to SRH, an area that would benefit from research moving forward. Additionally, we identified a lot of overlap within the AYSRHR and SGBV studies, as young people are often at increased risk of violence. Studying this overlap and meeting the needs of young people within gender and SGBV interventions will be important for serving this population.

## Future Challenges and Considerations

### Inclusion within SGBV and AYSRHR Research

Over the course of this review, the IRE team observed opportunities around both the language and priorities of research related to gender, SGBV, and AYSRHR to be more intentional about inclusion, produce higher quality and more representative data, and reach groups that are often disproportionately impacted by violence and health inequities, especially related to gender, disability, and sexual orientation. References to sex or gender throughout the research were largely unclear and often binary. EngenderHealth should consider the limitations of using the terminology of a "woman" and "man" within its research and surveying and should expand its research terminology to align with EngenderHealth's Gender, Sex, and Sexuality Language Guide whenever possible. Future research should clearly define and collect data by gender identities, sex, age, and socially underrepresented categories, to become more inclusive and intentional in how we collect and disaggregate data. Understanding the meaning behind our terminology is critical to ensuring that we serve the sexual health and wellness needs of all people. This is especially important, as we know that marginalized groups—including particularly girls and women, gender minorities and LGBTQ+ populations, persons with disabilities, sex workers, persons living with HIV, and ethnic minorities—disproportionately experience violence and health inequities.

Additionally, a large proportion of the studies included in this review mentioned the need to prioritize at-risk groups, while only a handful had direct research components focused on these populations.

EngenderHealth should prioritize future research on populations that are disproportionately affected by gender, SGBV, and AYSRHR issues, including people with disabilities, sex workers, and LGBTQ+ individuals. Inclusive language and priorities within EngenderHealth's research will help ensure that the data is representative and that our findings have a broader and more holistic impact on the health of communities.

### COVID-19 and Climate Change

The global context of health in the present day is also an important consideration moving forward, as health crises and natural disasters often disproportionately affect marginalized groups and exacerbate existing issues. For example, over the next several years, if not longer, the impact of COVID-19 on SGBV and AYSRHR outcomes will be an important aspect of research. A few of our more recent studies have already noted some effects related to school drop-out rates and the impact that may have on AYSRHR outcomes. Additional attention to the impact of COVID-19 on SGBV and the lives of young people and marginalized communities is also important.

Another consideration moving forward will inevitably be the impact of climate change on communities, with data already showing that women, children, and other marginalized communities are among the most vulnerable to the devasting impacts of the changing climate and suffer the most consequences. The broader environmental and global health communities are already studying the impact of climate change on SRH issues specifically and this is an area for further engagement.

Considering the global context of health within EngenderHealth's AYSRHR and SGBV research in the future will be critical to ensuring that we are supporting and protecting the SRH needs of communities globally.

## References

World Health Organization (WHO). 2019. *RESPECT Women: Preventing Violence against Women*. Geneva, Switzerland: WHO.

## Acknowledgements and Suggested Citation

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