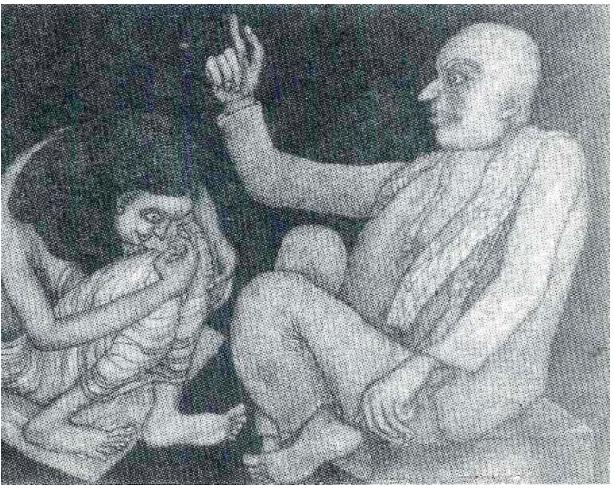
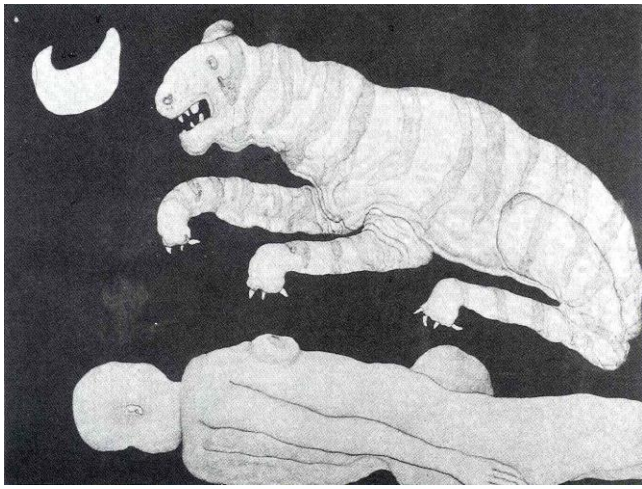
SAFE: Testing of an Intervention Addressing Sexual and Reproductive Health and Violence against Women in Dhaka Slums





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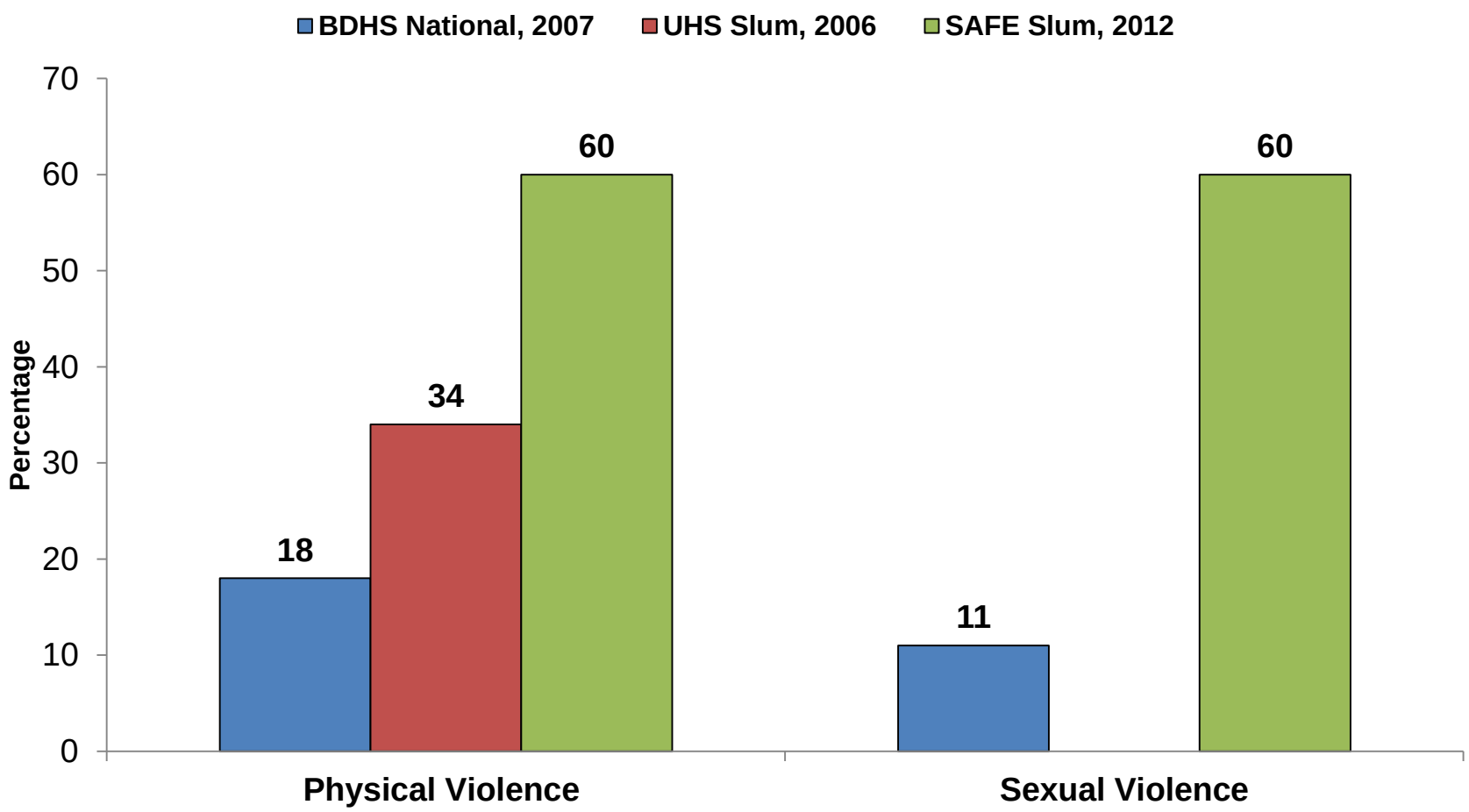
Background

- 80% of the girls in Bangladesh gets married before reaching the age of 18.
- Most marriages are arranged leaving little scope for consent and choice for a girl.
- There is often a pressure for conceiving right away and regardless of the girls intention early pregnancy takes place. Thus, mean age at first pregnancy in Bangladesh is less than 19.

Prevalence of physical and sexual violence against wives during the last 12 months in Bangladesh



Some issues around how VAWG is addressed

- Narrowly defined VAWG focusing mainly on physical and sexual violence leaves many issues unattended

- Fragmented efforts *(prevention and response dichotomy, sectoral approach, etc)* result into lack of multi-sectoral, multi-tier and multi-dimensional joined up approaches

- Lack of evidence worldwide on what works & how impedes designing and implementation of effective interventions

What is SAFE?

A cluster randomized trial addressing Sexual and Reproductive Rights (SRHR) and Violence against Women and girls (VAWG) in Urban Bangladesh (Nov 2010 – Oct 2015)

Project partners:

- icddr,b (lead)
- Bangladesh Legal Aid and Services Trust (BLAST)
- Marie Stopes Clinic Society
- Nari Maitree (We Can Alliance)
- Population Council

Objectives

Using a rights based approach

SAFE is mainly testing out an intervention for:

- Reducing violence condoning attitudes and VAWG
- Reducing child marriage, teen pregnancy &

  increasing access to contraceptives

Basic approaches in SAFE

- Rights-based approach

- Multi-sectoral approach involving
  - Health and
  - Legal sectors

- Multi-tier approach involving
  - Individuals and Groups
  - Communities
  - Society

- Integration of prevention & response

Basic approaches in SAFE

- Targeting
  - Young women and girls
  - Young men
  - Influential actors

- Promoting demand for services & providing services

Basic approaches in SAFE

- Knowledge generation and knowledge translation

  using multi-disciplinary team of:

  - *Qualitative researchers*
  - *Quantitative researchers*
  - *Program implementers*

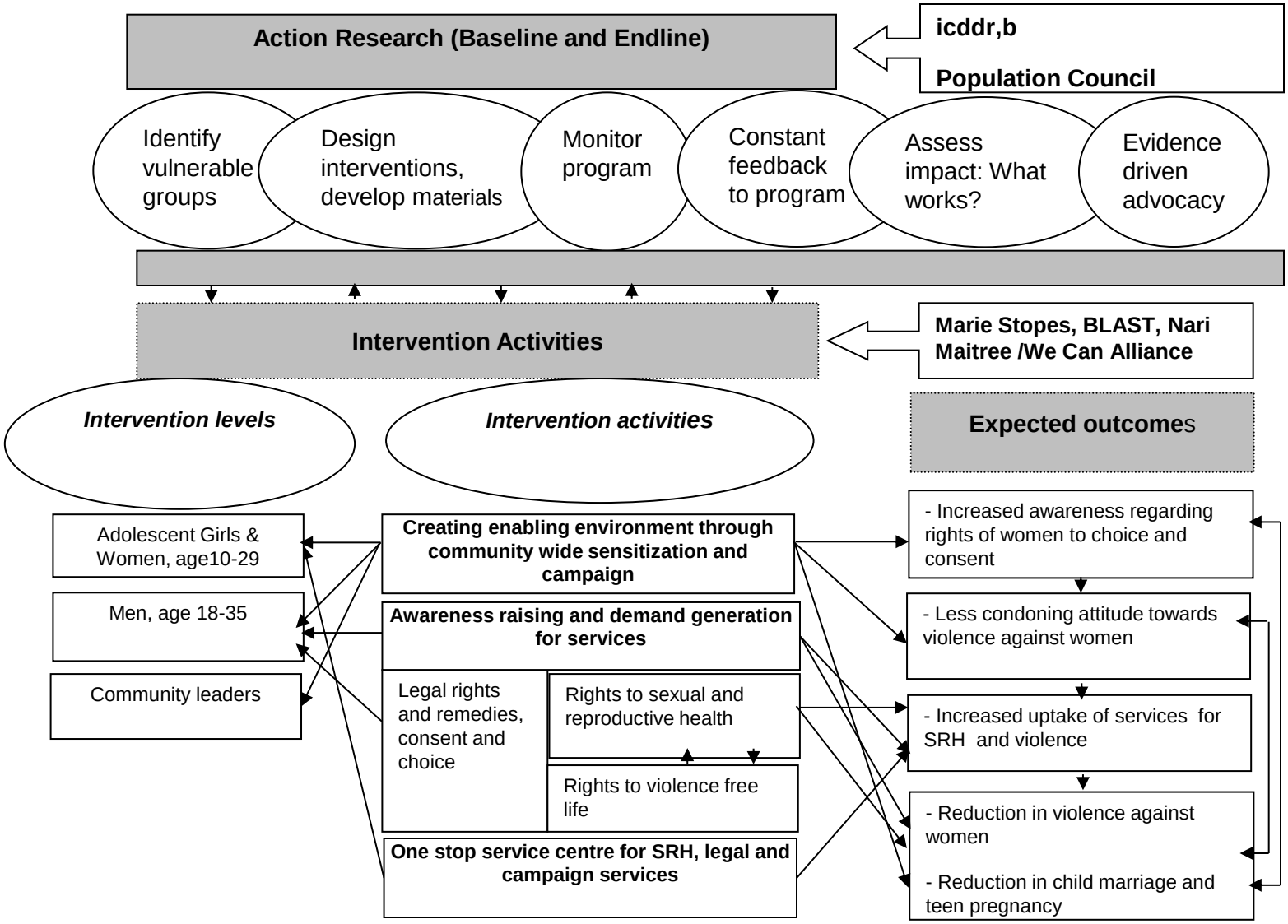
Target groups

- Adolescent girls & young women aged 10-29
- Young men aged 18-35
- Community leaders
- Different stakeholders
  (e.g., judiciary, police, health sector, line ministries, society)

Intervention components

Group Level	Community Level	Societal Level
Six 1.25 hour participatory group sessions/month over 15 months Awareness raising on: • Consent and choice • SRH & rights • Gender, human rights & right to violence free life • Legal rights, remedies Referrals	• Recruitment and engagement of community activists • Community meetings • Celebration of special days (drama, filmshow, rally, etc) • Display & distribution of BCC materials • One stop service center: - *Screening of violence & referrals* - *Health services & referrals* - *Legal advice & representation*	• Sensitization of key actors in criminal justice system (lawyers, judges, prosecutors, police) • Sensitization of health professionals • Policy advocacy with different stakeholders, e.g., judiciaries, police, line ministries, etc • Media campaign through tv & radio

The action research project at a glance



Study design

A 3-arm cluster randomized trial for assessing the impact at the community level

Target	Arm 1	Arm 2	Arm 3
Community	+	+	+
Women & girls	+	+	-
Young men	+	-	-

* Services are provided in all arms

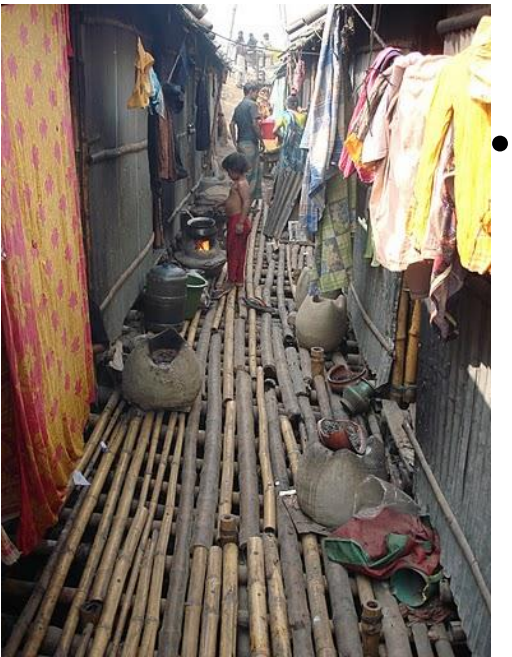
Why 3 arms?

- Comparison between **Arms 3 and 2** will inform the **added advantage of female groups** on top of community campaign

Arm 2	Arm 3
• 1 stop service	• 1 stop service
• Community campaign	• Community campaign
• Female groups	

- Comparison between **Arms 1 & 2** will inform the **added advantage of male groups** on top of community campaign & female groups

Arm 1	Arm 2
• 1 stop service	• 1 stop service
• Community campaign	• Community campaign
• Female groups	• Female groups
• Male groups	



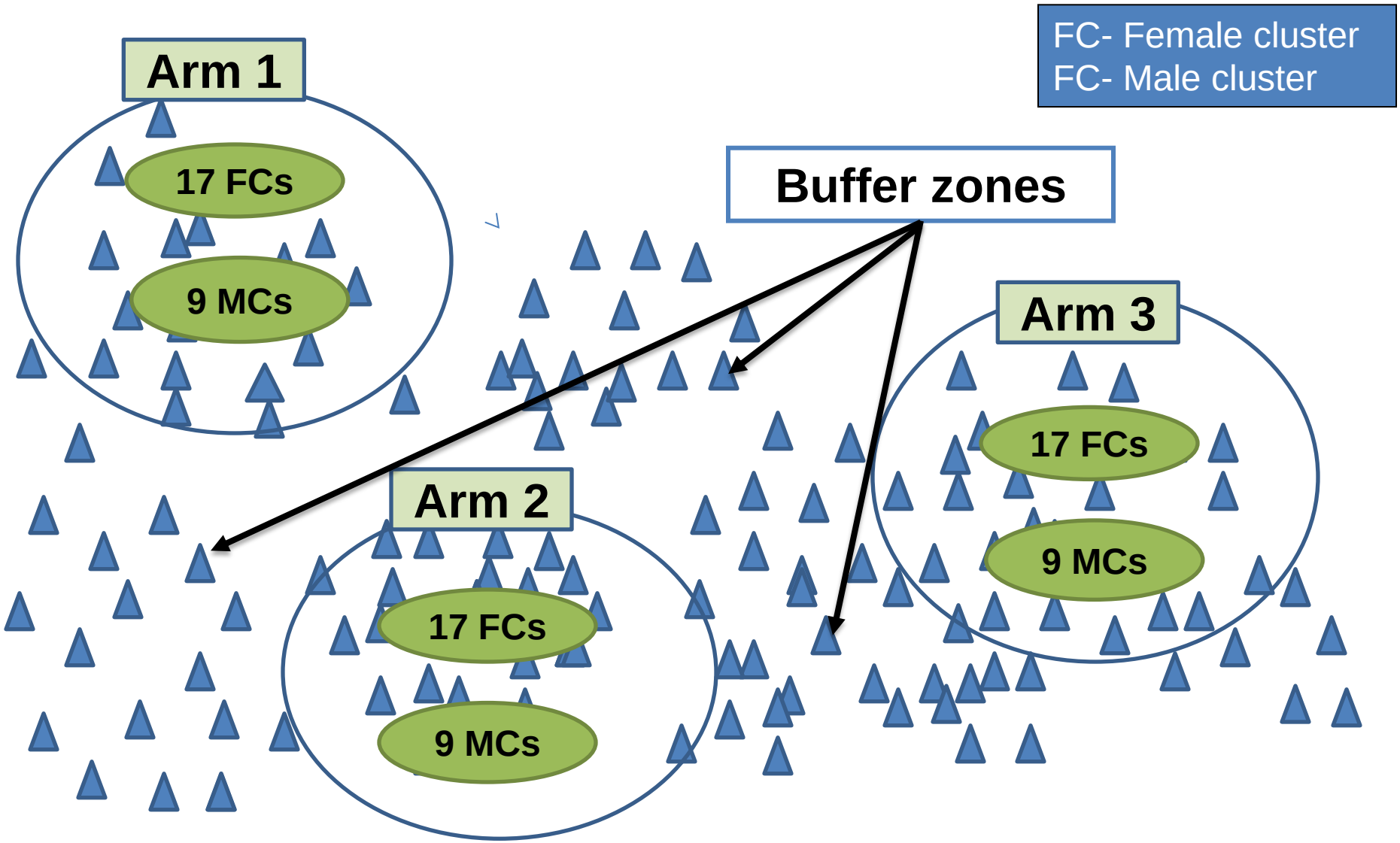
Site and sample selection

- 3 study sites were identified with comparable Marie Stopes Clinics (MSC)
- Slums surrounding the MSC

  within a radius of 2 km were selected
- Clusters were defined as:

  A minimum of 186 contiguous households preferably marked with natural boundaries and separated from the next cluster by a buffer zone (50-100 households) for avoiding contamination

SAFE clusters in each site for research purpose



- Male interviews were conducted in separate clusters for safety reasons

- Total no. of clusters in each site: 78

  Clusters of females = 51

  Clusters of young men = 27

- Thus, the **78 clusters** were randomly assigned to the 3 arms keeping proportions of married women & level of education similar across 3 sites

SAFE Survey

Mapping and listing of 19 slums and
46,800 households with a population of 234,000

Female survey sample size:	4,458
Ages 15-19:	*2,898*
Ages 20-29:	*1,560*
Male survey sample size:	1,617

Power=0.80; alpha=0.05; and r=0.01

Qualitative formative study

Tool used	Male	Female	Total
Key Informant Interview	5	7	**12**
In depth Interview	16	45	**61**
Focus Group Discussion	9	6	**15**
Total	**30**	**58**	**88**

Monitoring and documentation of intervention

- Quantitative monitoring through customized software

- Qualitative monitoring and documentation through:
  - Observation
  - Key informant interviews
  - FGDs
  - In-depth interviews
  - Exit interviews

Challenges in research

- Lack of sampling frame requiring intensive mapping and household listing
- Lack of privacy
- Reduced accessibility and availability of participants due to rain water logging
- Time constraints of selected individuals
- High slum to slum mobility
- Hazards such as slum eviction, fire destroying houses
- Political unrest
- Contamination of the intervention diffusing the effect size

Challenges in intervention

- Negative community attitude re SRH sessions with unmarried adolescent girls
- Time constraint & number & length of session
- Attrition of group members
- Session facilitation skills and staff retention
- Lack of address hampering legal service
- Slum eviction and migration of slum population
- Political unrest
- Prolonged absence for visiting to home village during festivals

What was encouraging?

- Huge interest of not only women and girls, but also of men in the sessions, reflected in high rates of attendance
- Men were particularly interested in the sessions on SRHR and violence against women
- Visible improvement in health and legal service uptake
- Engagement of community activists in the events organized within and outside the community to mark special days

Some highlights of the intervention

- Recruitment of 9,300 change makers, who actively organize community campaigns/rallies

- Series of TV talk show on gender and violence

- Action for banning 2-finger test in rape cases:
  - Research
  - Expert consultation
  - National conference
  - Memorandum to line ministries and the National Human Rights Commission
  - Filing of Public Interest Litigation (PIL)
  - Court ruling

Acknowledgements

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