

Assessing SAFE's effectiveness in reducing violence against slum-dwelling women in Bangladesh



TARGETING VIOLENCE IN URBAN SLUMS

Rates of intimate partner violence (IPV) are extremely high in Bangladesh, with about one in two married women having experienced it. This type of violence is more prevalent in urban slums. The evidence base on effective interventions to prevent IPV is limited, particularly in low- and middle-income countries, despite the high levels experienced.

To address this gap, icddr,b, in partnership with other organisations, implemented the "Growing Up Safe and Healthy" (SAFE) programme. SAFE aims to promote sexual and reproductive health and rights, and reduce violence against women and girls in Dhaka slums. Its core activities are raising awareness through interactive group sessions on topics such as gender, health, rights, violence against women, and legal provisions; mobilising the community through support groups and volunteers; and providing health and legal services. icddr,b hoped to extend SAFE to the wider community through the activism of group members and community volunteers.



GRANT DETAILS

PROJECT: Impact of a cluster randomised controlled trial in reducing intimate partner violence against women and girls in the urban slums of Dhaka

ORGANISATION: International Centre for Diarrhoeal Disease Research, Bangladesh

PROJECT LOCATION: Dhaka, Bangladesh



ASSESSING SAFE

icddr,b assessed the impact of SAFE on reducing IPV using a cluster randomised controlled trial. The sample comprised 5 336 women and 3 237 men, specifically married and unmarried females aged 15-29, and married and unmarried young men aged 18-35. Participants were selected from 19 slums in Jatrabari, Mohakhali and Mohammadpur.

The intervention targeted three different groups. The groups participated in community campaigns and received health and legal services.

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The Sexual Violence Research Initiative is hosted by the South African Medical Research Council



Data was collected through cross-sectional surveys of randomly selected females and males from the community to identify changes in attitudes and behaviour related to gender-based violence. The surveys were conducted prior to the intervention and four months after it ended. The questions focused on behaviours related to physical, sexual and economic IPV. Gender attitudes were determined by asking men to rate gender-related statements, such as “a woman’s most important role is to take care of her home and cook for her family” and “people should be treated the same whether they are male or female”.

IMPACT ON VIOLENCE AGAINST WOMEN AND GIRLS

The prevalence of IPV decreased substantially after the intervention, but still remained high. An analysis of different age groups showed that the strategies had some impact on the prevalence of physical IPV according to age. Physical IPV against adolescent girls aged 15-19 decreased by 10.5 percentage points when both female and males took part in group sessions.

This could be because adolescent girls’ young age, higher levels of education, shorter duration of marriage and relatively new experiences of violence may have made them more proactive in dealing with physical IPV than women aged 20-29. In addition, the husbands of adolescent girls may be more open to changing their behaviour towards their wives than the husbands of the women aged 20-29 because they are younger and have a higher education level.

GROUP SESSIONS VARIED:

Group 1: Separate group sessions with female and male participants.



Group 2: Group sessions with female participants only.



Group 3 (the comparison group): No group sessions.

The female-only intervention increased economic violence against adolescent girls by 10 percentage points, but this adverse impact was negated when both females and males took part in group sessions. Interestingly, the female-only intervention reduced economic violence against young women aged 20-29 years by 8.5 percentage points. This contrast may be due to young women’s greater life experience and ability to better negotiate their economic rights.

These findings highlight the importance of including men in violence prevention interventions.

IMPACT ON MEN’S ATTITUDES TOWARDS GENDER

SAFE positively affected men’s gender-equitable attitudes, where both males and females attended group sessions, with an increase of 10 percentage points. In contrast, female-only group sessions did not result in positive changes in men’s attitudes.

BUILDING THE EVIDENCE BASE

The findings indicate that SAFE successfully reduced certain types of IPV among different age groups of women. However, the impact was limited because the study did not measure the impact on intervention participants but on a representative sample of the community. Among the surveyed married women living with their husbands, less than 5 percent participated in the SAFE intervention.

The findings emphasise the importance of targeting both males and females to reduce physical and economic IPV, as well as when trying to address men’s gender-inequitable attitudes. The results also suggest that different interventions are needed for different female age groups. More research is needed to understand why the impact of SAFE differed by age group of females and what works in reducing the types of IPV not addressed by SAFE.

KEY FINDINGS

When both females and males were targeted:



Physical IPV against adolescent girls decreased.



Men’s gender-equitable attitudes were positively affected.

THIS BRIEF IS BASED ON THE FOLLOWING UNPUBLISHED RESEARCH:

Naved, R.T., Al Mamun, M.M. & Mourin, S.A. n.d. A cluster randomised controlled trial to assess the impact of SAFE on spousal violence against women and girls in slums of Dhaka, Bangladesh. Dhaka, Bangladesh: Health Systems and Population Studies Division, icddr,b.

The Sexual Violence Research Initiative funded this research through the SVRI Grant. For more information on the Grant, see <http://www.svri.org/what-we-do/research-support/svri-grant>.