



## STUDY SUMMARY

# THE IMPACT OF SAFE ON INTIMATE PARTNER VIOLENCE IN SLUMS IN DHAKA, BANGLADESH

### STUDY FINDINGS AT A GLANCE

This study evaluated the Growing up Safe and Healthy (SAFE) programme, a multi-component intervention implemented in 2012-2013, which aimed to improve sexual and reproductive health and rights (SRHR) and reduce intimate partner violence (IPV) among women and girls in urban slums in Dhaka, Bangladesh.

The study was the first in South Asia to measure outcomes at a community rather than individual or group level. A cluster randomized control trial compared the implementation of: (i) A community mobilization campaign + legal and health services only (C); (ii) C plus workshops with female groups (C+F); (iii) C plus separate workshops with female and male groups (C+F+M).

The study found that a lower proportion of women in all arms reported physical, sexual, economic and emotional IPV at endline compared to baseline, but overall there was no statistically significant impact of SAFE (adding in the female + male groups) on IPV against women aged 15-29. However, there was a 21% risk reduction of physical IPV against adolescent girls aged 15-19 in the C+F+M arm due the addition of the SAFE intervention.

### BACKGROUND

Whilst several programmes have demonstrated impacts on reducing Intimate Partner Violence (IPV) at an individual or small group level, there is a more limited evidence base on how to reduce IPV at the community level.

The SASA! programme in Uganda is one of few programmes in low-income contexts to assess impact on IPV in the community. The SASA! trial (2007-2012) results show that levels of physical IPV reported by women were 52% lower in SASA! communities than control communities and impacted

positively on HIV-related risk behaviours, attitudes and relationship dynamics.

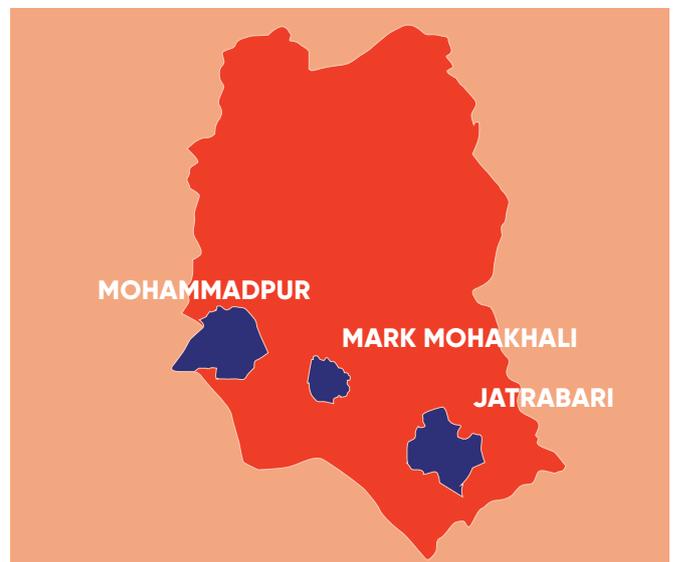
The SAFE programme was built on this evidence and was one of the first in Bangladesh and South Asia to combine group sessions with men and women, community mobilisation, health and legal services, and training and advocacy to address IPV. It was also the first in South Asia to measure the impact of these multiple interventions at a community level.

### CONTEXT

Levels of intimate partner violence (IPV) are very high in Bangladesh: In 2015, 54% of ever-married women reported experience of lifetime physical and/or sexual IPV perpetrated by their husbands; 27% reported IPV in the last 12 months. Prevalence rates are highest in urban slum areas (35% of women reported IPV during the last 12 months period), compared to other urban areas (20%) and rural areas (22%).

In Dhaka slums, higher levels of IPV are likely to be a result of rapid urbanisation and the migration of men and women into the city in search of jobs. Urban lifestyles and women's entry into the labour force challenge existing gender roles and they are more vulnerable to violence.

The SAFE programme was designed and implemented to address these high rates of violence in urban slums. It targeted 19 slums in three neighbourhoods in Dhaka: Mark Mohakhali, Mohammadpur and Jatrabari.



## PROGRAMME DESCRIPTION

The SAFE programme was implemented over 20 months (March 2012 to October 2013) by a Consortium of organisations led by the research institute icddr.b.

A multi-sectoral programme designed to target women and girls aged 10-29 and men aged 18-35, it included four core interventions:

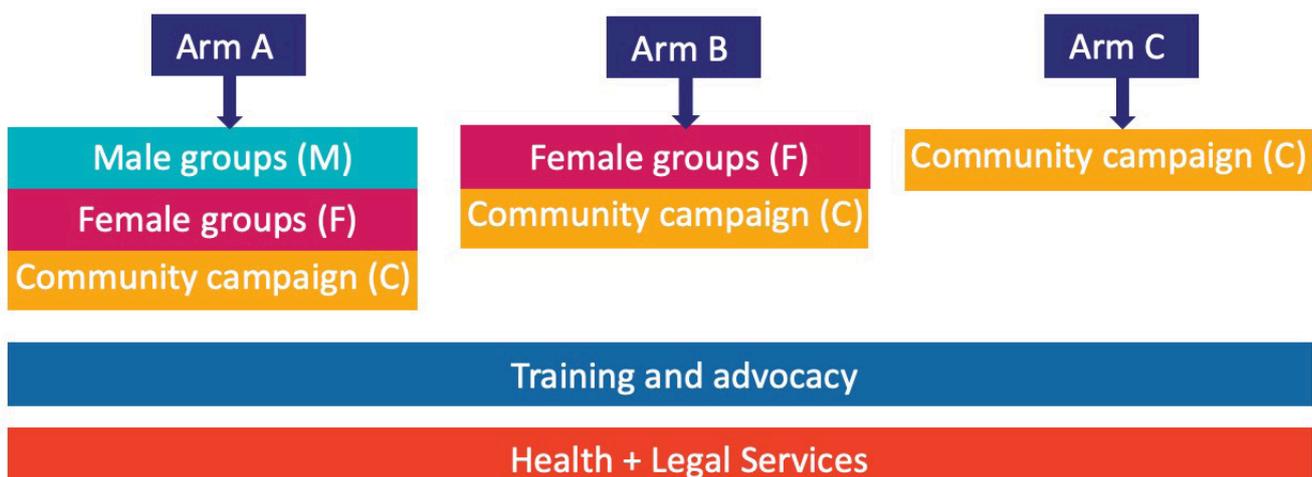
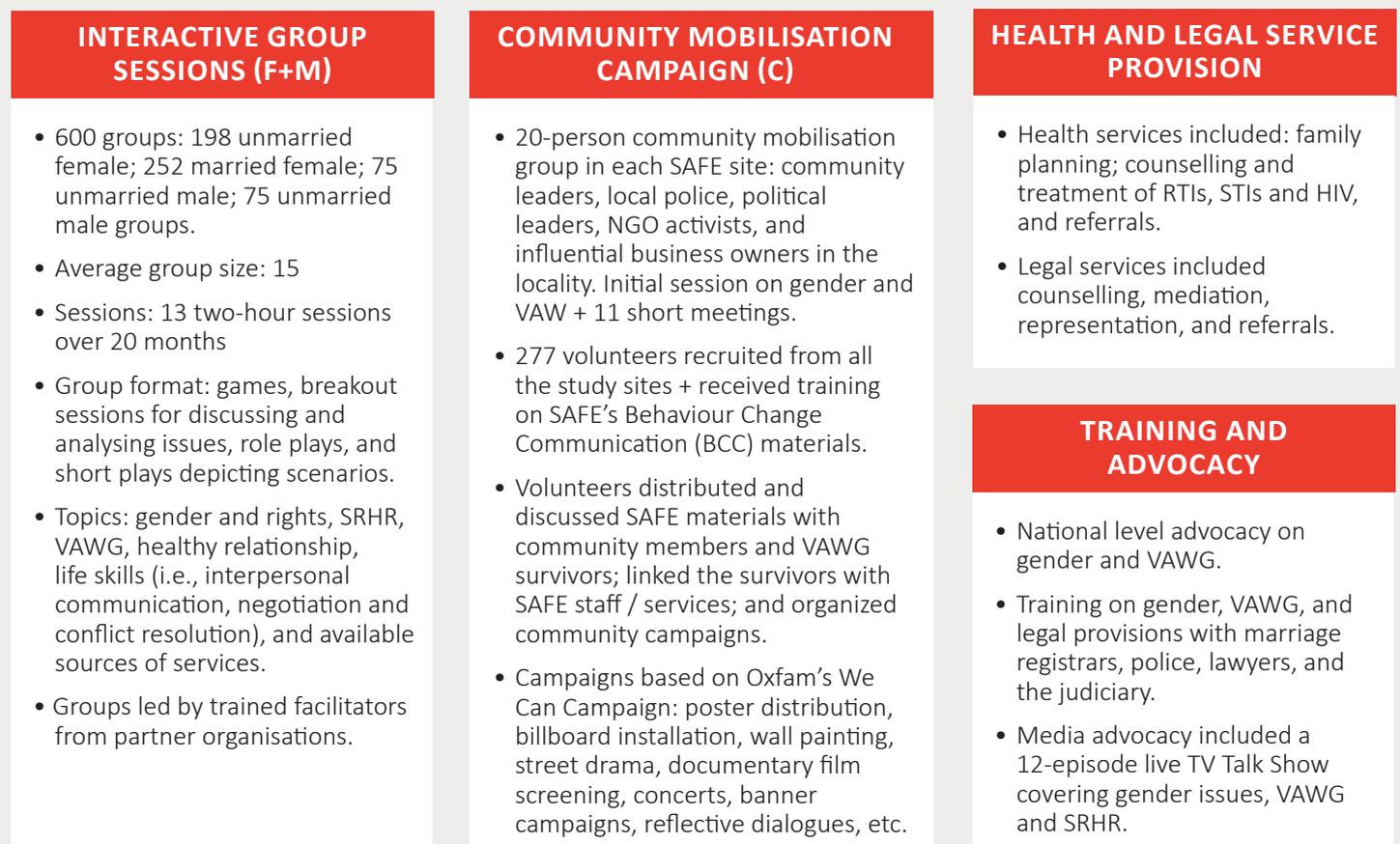
- (1) Group sessions with female and male participants (F+M);
- (2) Community mobilisation Campaign (C)
- (3) Health and legal services;
- (4) Training and advocacy.

The programme hypothesized that these combined interventions would promote awareness, gender equitable attitudes and activism to reduce intimate partner violence.

Separate group sessions with both men and women aimed to enhance communication and negotiation skills and capacity to address IPV. The group sessions with women also aimed to reduce isolation of survivors, help improve self-confidence and help-seeking behaviour

It was also expected that the new knowledge, attitudes and practices of SAFE group members would diffuse to the wider community through group activism.

## COMPONENTS OF THE SAFE PROGRAMME



## STUDY DESCRIPTION (IMPACT EVALUATION)

WHAT?	HOW?	WHO?	WHEN?
<p>The study had three arms (See diagram). It was hypothesised that interactive female group sessions (C+F) will achieve a reduction in IPV in the community compared to community mobilization and services (C) only.</p> <p>It was also hypothesised that interactive gender segregated female and male group sessions (C+F+M) will be more effective in reducing IPV in the community than the female only group</p>	<p>A hierarchical RCT design with three fixed study sites with clusters nested within study sites.</p> <p>Baseline and endline data were collected from 51 clusters of adolescent girls aged 15–19 years, 27 clusters of young women aged 20–29 years; and 27 clusters of 18–35 years old men. For ethical reasons female and male surveys were conducted in separate clusters.</p> <p>SAFE clusters consisted of approx.186 households across 19 slums that were randomly assigned to the three arms.</p> <p>Qualitative research – in-depth interviews and focus groups- was also conducted.</p>	<ul style="list-style-type: none"> <li>• 2,754 unmarried and married girls aged 15–19</li> <li>• 1,458 unmarried and married women aged 20-29</li> <li>• 1,458 married and unmarried men aged 18–35.</li> </ul> <p>Intervention coverage in ARM A (SAFE) was 46% of women aged 15–29 and 15% of men aged 18–35.</p>	<p>Intervention period: March 2012 to October 2013.</p> <p>Baseline surveys were conducted prior to the intervention and endline surveys conducted 24 months after the baseline.</p>

### OUTCOMES

- Self-reported experience of women of physical, sexual, economic and emotional IPV during the past 12 months.
- Reported perpetration of IPV by men
- Other outcomes measured for men + women included:
  - Marriage practices
  - Knowledge of marriage-related rights
  - SRH knowledge
  - SRH practice
  - Help-seeking of survivors – formal and informal services
  - Attitudes to – gender roles, male prerogative, SRHR and VAWG.

Regression analyses were adjusted to multi-sited clusters. Subgroup analyses were done depending on statistically significant differences between subgroups such as adolescent girls.

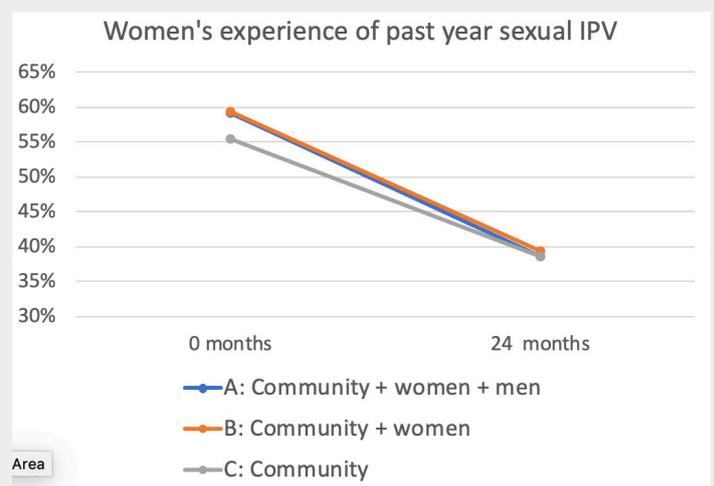
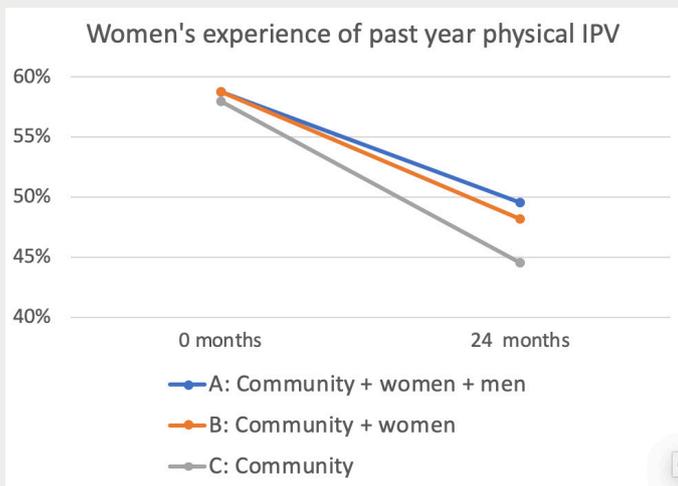
## KEY FINDINGS

### THE OVERALL IMPACT OF SAFE ON IPV AGAINST GIRLS AND WOMEN AGED 15–29

- IPV prevalence rates were very high at both baseline and endline across all arms (44-59% of women reported physical IPV in last 12 months; 38-59% reported sexual IPV)
- A lower proportion of women and girls reported physical, sexual, economic, and emotional IPV at endline across all three trial arms A, B and C.
- The prevalence of physical IPV was reduced by 9–14% in all arms.
- The prevalence of sexual IPV was reduced by 17-21% in all arms.
- The prevalence of economic IPV was reduced by 17-23% in all arms.
- The prevalence of emotional IPV was reduced by 15-18% in all arms.
- However, overall, there was no statistically significant impact of SAFE (C+F+M) or of C+F on IPV against women and girls aged 15–29 when compared to C only.

### IMPACT OF SAFE ON IPV AGAINST ADOLESCENT GIRLS AND YOUNG WOMEN.

- According to subgroup analyses, SAFE (C+F+M) significantly lowered the risk (by 21%) of physical IPV amongst adolescent girls (aged 15–19) in the community (aRR 0.79, 95%CI).



## OTHER OUTCOMES

- Where men were engaged (C+F+M), use of modern contraception increased and menstrual regulation declined.
- Where there were women's groups (C+F), the proportion of marriages involving dowry declined.
- Communities where men were engaged (C+F+M) also saw the greatest shift in gender inequitable attitude

## IMPLICATIONS FOR POLICY, PROGRAMMING AND RESEARCH

- Although there was no statistically significant impact of the female only group intervention on IPV compared to the community only intervention, the subgroup analyses revealed that interventions that included both male and female groups were more effective in reducing physical IPV against adolescent girls. This confirms the findings of other studies (e.g. Stepping Stones) which have concluded that it is important to work with men as well as women.
- The greater reduction of physical IPV among adolescent girls may be due to their higher levels of education, the shorter duration of marriages, and relatively new experience of IPV- this may have made adolescent girls more proactive in dealing with physical IPV. However, more research is needed to explain the different impact on sub-groups.
- The significant reduction of physical IPV against adolescent girls in the wider community suggests that SAFE has had a diffusion effect and is a useful program to replicate, as much research shows adolescent girls are more vulnerable to IPV than older women.
- Further research is needed on the effect of the proportion of men in a given population to be engaged on the degree of impact (in this case 15% of men aged 18-35 were SAFE group members).
- More research is needed to understand why SAFE had no effect on other forms of violence, such as economic, sexual and emotional IPV. A number of explanations can be looked at including:
  - (i) The third arm was not really a control as the community mobilisation and services provided were a significant intervention in their own right;
  - (ii) The greater awareness about IPV at the end of the intervention may have contributed to social desirability not to disclose experiences of IPV at the endline.
  - (iii) Due to the high mobility among the slum populations, the groups were not a closed cohort and this may have led to contamination.

## SOURCE DOCUMENTS

**Naved, R. T., Al Mamun, M., Mourin, S. A., & Parvin, K. (2018).** A cluster randomized controlled trial to assess the impact of SAFE on spousal violence against women and girls in slums of Dhaka, Bangladesh. *PLoS ONE*, 13(6), e0198926.

**Naved, R. T., & Amin, S. (Eds). (2014).** Impact of SAFE intervention on sexual and reproductive health and rights and violence against women and girls in Dhaka slums. Dhaka: icddr'b.

## OTHER REFERENCES

1 Bangladesh Bureau of Statistics (BBS). Report on violence against women (VAW) survey 2015. Dhaka: Bangladesh Bureau of Statistics. 2016.



The Prevention Collaborative works to strengthen the ability of key actors to deliver cutting edge violence prevention interventions informed by research-based evidence, practice-based learning and feminist principles. For more information go to [www.prevention-collaborative.org](http://www.prevention-collaborative.org)

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