

EVIDENCE ON THE LINKAGES BETWEEN GENDER-BASED VIOLENCE AND NUTRITION: SUMMARY OF FINDINGS SPECIFIC TO ADOLESCENT GIRLS

There is emerging evidence that exposure to gender-based violence contributes to suboptimal nutrition outcomes for children. However, very few studies include a specific analysis of adolescent girls, representing a critical research gap.

Background

This brief summarizes some of the findings from a recently completed rapid evidence assessment examining the linkages between exposure to gender-based violence (GBV) and nutrition outcomes for children in fragile settings.

UNICEF commissioned the assessment as part of a broader commitment to ensure that all programmatic interventions – including, but not limited to, those in the nutrition sector – are as safe and accessible as possible for women and girls.

This approach involves proactively identifying and taking action to mitigate GBV-related risks, as outlined in the

Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-based Violence Interventions in

Humanitarian Action.

The assessment explored associations between maternal exposure to intimate partner violence (IPV) and child nutrition outcomes (indirect pathway), as well as GBV against girls and their own nutrition outcomes (direct pathway). The findings specific to adolescent girls within both of these pathways are summarized below. The key takeaway is that adolescent girls represent a critical gap in the currently published literature on exposure to GBV and nutrition.

Why adolescent girls?

Adolescence is a critical period of social, emotional, cognitive and physical development. Inadequate nutrition and dietary behaviours established during adolescence can lead to health adversity across the life course and can impact future generations. Adolescence is also a developmental period where girls face a particularly high risk of GBV. In fragile settings, child marriage, sexual violence and IPV are pervasive. Adolescent pregnancy, which often occurs within child marriages, and can act as a trigger for child marriage, remains one of the leading causes of death and disability for adolescent girls.⁴

^{1.2} Gender-based violence refers to harm directed at an individual based on socially ascribed (i.e., gender) differences between males and females; it is most commonly perpetrated by men against women, and includes early/ forced marriage, non-partner sexual violence and intimate partner violence (IASC, 2015).

³The rapid evidence assessment was led by Sarah Meyer, Manuela Orjuela-Grimm, Luissa Vahedi and Silvia Bhatt-Carreño

⁴United Nations Children's Fund, 'Building Back Equal, With and For Adolescent Girls: A Programme Strategy for UNICEF 2022-2025', https://www.unicef.org/media/128586/file/UNICEF Adolescent Girls Programme Strategy 2022.pdf>

While adolescent girls are frequently cited as facing unique risks and needing tailored support, they still too often fall through the cracks of humanitarian programmes, including interventions that are designed for either younger children or adult women. Essential services, such as reproductive health care or safe spaces for girls, can act as a critical entry point for addressing issues such as poor nutrition and anaemia, but girls face significant barriers accessing information, services and support. Almost half of adolescent girls in UNICEF programme countries are anaemic and cannot access the health and nutrition support they need. These barriers are often further exacerbated for adolescent girls who are pregnant or already mothers and for those with overlapping marginalized identities, such as those with disabilities.

Key findings of the assessment

The assessment yielded 12 studies focused specifically on GBV against girls and their own nutritional outcomes. The majority of these studies were conducted in high-income countries. These studies demonstrated that girls who experienced childhood sexual abuse were more likely to be affected by overweight/obesity in adolescence. The only study conducted in a middle- or low-income setting— which signals another important gap in the evidence base— found that girls who were subjected to child marriage were also significantly more likely to have anaemia.

The assessment also synthesized a larger evidence-base of 72 studies conducted in countries that had received humanitarian assistance and reported associations between maternal caregivers' exposure to IPV and child nutrition outcomes. Findings highlight that IPV is associated with three categories of childhood nutrition outcomes: low birthweight; breastfeeding practices, and growth indicators (stunting, wasting and/or underweight).8 All of the studies involved mothers between the ages of 15–49 years and currently pregnant women; however none of them disaggregated results by age, which means that the associations for adolescent mothers could not be analysed separately from those of adult mothers. Given the barriers and challenges faced by adolescent girls, it is possible that these associations are even stronger in this age cohort. Further, this evidence-base did not consider the nutritional status of adolescent mothers themselves.

Policy and programmatic implications

The assessment revealed a paucity of research that investigates linkages between adolescent girls' experiences of GBV and nutrition outcomes. Given what is known about the significant health, educational and economic disparities faced by girls and their increased risk of many forms of GBV, it is highly likely that many of the linkages between GBV and nutrition that are seen in adult women are amplified in adolescent girls and may have compounded effects. Additionally, emerging evidence on the associations between childhood sexual abuse and obesity and/or disordered eating also point to adolescence as a critical and unique period of development in which interventions can have lifelong health impacts. Overall, the findings highlight the urgency of investing in new research with age and gender disaggregated findings to better understand specific needs and experiences of adolescent girls, especially in low and middle income countries.

While integrated GBV and nutrition programming continues to be an evolving area of work, there are already some promising examples emerging from the field. In particular, UNICEF and partners are conducting operational research in South Sudan to examine the effectiveness of GBV risk mitigation interventions in nutrition programming. This study features a theory of change coupled with a concrete programming package for integrating GBV considerations into nutrition programming, which will be rolled out and evaluated in other settings as well. UNICEF plans to develop a forward-looking research agenda on GBV and nutrition which will include an explicit focus on adolescent girls.

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For more information on UNICEF's work on GBV risk mitigation in nutrition programming, please contact Christine Heckman checkman@unicef.org, Andrew Beckingham abeckingham@unicef.org or Megan Gayford mgayford@unicef.org.

⁶United Nations Children's Fund, 'Building Back Equal, With and For Adolescent Girls: A Programme Strategy for UNICEF 2022-2025', https://www.unicef.org/media/128586/file/UNICEF Adolescent Girls Programme Strategy 2022.pdf>

⁶There is also evidence of associations between dating violence and disordered eating.

Tiruneh, F.N., Tenagashaw, M.W., Asres, D.T. et al. Associations of early marriage and early childbearing with anemia among adolescent girls in Ethiopia: a multilevel analysis of nationwide survey. Arch Public Health 79, 91 (2021)

 $^{^8\}mbox{Significance}$ of associations varied by violence type in all three categories.