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Caregiver parenting and gender attitudes: Associations with violence against adolescent girls in South Kivu, Democratic Republic of Congo



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ABSTRACT

Violence against adolescent girls occurs at alarmingly high rates in conflict-affected settings, in part due to their increased vulnerability from their age and gender. However, humanitarian programming efforts have historically focused either on child abuse prevention or intimate partner violence prevention and have not fully addressed the specific needs of adolescent girls, including engagement of caregivers to reduce risk of violence against adolescent girls. Thus, the objectives of this analysis are to examine the whether gendered and parental attitudes of caregivers in South Kivu, Democratic Republic of Congo (DRC) were associated with their adolescent girls' experiences of violence and girls' attitudes towards IPV. Cross-sectional data from 869 girls (10–14 years) and their caregivers (n = 764) were drawn from a baseline assessment of a violence prevention evaluation conducted in 2015. Findings suggest that female caregiver's gender equitable attitudes for adults may be associated with reduced odds of sexual abuse and less acceptance of IPV for adolescent girl children. Parenting attitudes and beliefs and gender equity for girl children were not associated with violence risk for girls, while increased accepting attitudes of negative discipline were only associated with lowered odds of sexual abuse. Understanding of caregivers' attitudes may provide potential insight into how to more effectively engage and develop programming for caregivers to promote the safety and well-being of adolescent girls.

1. Introduction

Adolescent girls, typically defined as girls aged 10–19 years, represent a unique population whose needs and vulnerabilities towards violence are compounded by their age and gender. These vulnerabilities straddle child abuse and violence against women as girls move from childhood to adulthood (Guedes, Bott, Garcia-Moreno, & Colombini, 2016; UNICEF, 2014). Violence against adolescent girls encompasses sexual violence, intimate partner violence (IPV), forced marriage, and corporal punishment, among other forms, and is the second leading global cause of death among adolescent girls (UNICEF, 2014). Perpetrators of such violence are

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most often those closest to girls, such as their caregivers or intimate partners (Stark et al., *in press*; UNICEF, 2014). Violence against adolescent girls may result in many similar negative outcomes found in IPV research among adult women, including increased risk of poor sexual and reproductive health, mental health, or physical health outcomes (Campbell, 2002; World Health Organization, London School of Hygiene and Tropical Medicine, & South African Medical Research Council, 2013).

Within conflict-affected communities (i.e. communities where at least two armed groups have fought), recent analyses have found that over 60% of adolescent girls have reported experiencing physical, sexual, or emotional violence and approximately 20% of girls are married (Stark et al., *in press*). Girls in these environments may face vulnerabilities above and beyond those experienced in stable settings due to displacement, family separation, disruptions of education, and weakened protection systems (van der Gaag, 2013). Further, humanitarian crises, such as disasters, civil war, and forced displacement, occur in the context of pre-existing gender beliefs and norms and instability, fractured social support networks, etc. may increase risk of violence against women and girls (Annan & Brier, 2010). In fact, research suggests that nations characterized by high levels of gender equality employ less state-level violence during crises and that increasing gender equality can mitigate a tendency towards violence (Caprioli & Boyer, 2001). On an individual level, women are more at risk of experiencing violence in societies which characterize males as dominant and restrict females to limited roles (Heise & Garcia-Moreno, 2002). Adolescent girls, particularly younger adolescent girls, are uniquely at risk in these societies due to their position as being both in a vulnerable stage in life and female.

Further amplifying risk of violence in conflict-affected settings is that adolescent girls' unique needs, such as equal access to education as well as targeted sexual and reproductive health services, have been largely neglected in the humanitarian community (van der Gaag, 2013). Typical programming has centered on child protection strategies such as safe spaces without tailored gender components (Ager, Metzler, Vojta, & Savage, 2013) or parenting programs for young children (e.g., 3–7 years) to reduce child abuse and harsh discipline (Sim, Annan, Puffer, Salhi, & Betancourt, 2014; Sim, Puffer et al., 2014). On the other hand, IPV prevention efforts in protracted emergencies have focused more so on the needs of adult women (Gupta et al., 2013; Hossain et al., 2014). Historically, programming for adolescent girls has not been specialized and thus has failed to recognize that girls may concurrently experience abuse by both caregivers and intimate partners. In addition, only recently has there been increased attention for service providers to meet the sexual and reproductive health needs of adolescent girls as they transition to adulthood (Robles, Katzi, & Rastogi, 2014; United Nations Population Fund and Save the Children, 2009).

In support of the points highlighted above, a recent systematic review found no rigorously evaluated studies of programs focused on reducing violence against adolescent girls in humanitarian contexts (Noble, Ward, French, & Falb, 2017). Despite this weak evidence base, there is growing interest in programming to protect and empower adolescent girls such as life skills trainings or engagement of caregivers. Caregivers are key actors in adolescent girls' social networks and may influence girls' propensity for experiencing violence through multiple mechanisms, such as the provision, or lack thereof, of instrumental, emotional, or informational social support or by limiting or promoting girls' mobility and social engagement (Berkman, Glass, Brissette, & Seeman, 2000). The gendered attitudes of caregivers may also frame girls' attitudes and norms around their own value and acceptability of violence as a form of social influence (Berkman et al., 2000). Additionally, experiences of harsh discipline in childhood have been linked to the acceptance of violence in adult intimate relationships suggesting that negative parenting practices may increase future vulnerability (Ponce, Williams, & Allen, 2004). Thus, a burgeoning strategy within programmatic work is to engage caregivers to better support and meet the needs of their adolescent girls by addressing both parenting behaviors as well as promote equitable gender norms among caregivers (Noble et al., 2017).

In conflict-affected settings where gendered hierarchies keep females in disenfranchised positions, adolescent girls are even more at risk of experiencing violence. Social network theory, which proposes that an individual is influenced by their relationships, can be employed to underscore an implicit hypothesis that caregivers' systematic devaluation of girl children may increase girls' vulnerability to violence inside and outside of the home. However, this association of caregivers' gender attitudes and parenting attitudes has not been well explored in relation to violence outcomes for girls in a conflict-affected setting.

Thus, the objectives of this analysis are to examine the association of gendered and parental attitudes of caregivers in South Kivu, Democratic Republic of Congo (DRC) with their early adolescent girls' (aged 10–14 years) experiences of violence and girls' attitudes towards IPV. Specific hypotheses that were tested were the following:

H1. Positive parenting attitudes, operationalized as acceptance of their children and rejection of negative discipline, would be associated with less vulnerability to violence inside and outside of the home.

H2. Caregivers' inequitable gender norms would be associated with more girls' vulnerability to violence inside and outside of the home.

Findings may inform what types of caregiving programming components may have the highest potential to reduce violence against younger adolescent girls in eastern DRC and the broader humanitarian community.

2. Methods

2.1. Study setting

In eastern DRC, specifically South Kivu province, populations have been affected by vacillating levels of armed conflict and displacement for nearly two decades. Communities consist of a variety of ethnic groups, though most individuals are either Catholic or Protestant. This research was conducted in both rural and peri-urban settings where the population largely consists of internally

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