



Original article

Gender-Based Violence Against Adolescent and Young Adult Women in Low- and Middle-Income Countries



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A B S T R A C T

Purpose: Gender-based violence (GBV) is a global health and human rights issue with individual and social determinants. Youth are considered high risk; national influences include norms, policies and practices. By age, nation, and region, we contrast key GBV indicators, specifically intimate partner violence (IPV) and forced sexual debut among adolescent and young adult women using Demographic and Health Surveys across low- and middle-income countries.

Methods: National prevalence estimates were generated among adolescents (15–19 years) and young adults (20–24 years) for lifetime and the past-year physical and sexual IPV among ever-married/cohabitating women (30 nations) and forced sexual debut among sexually experienced women (17 nations). Meta-analyses provided regional estimates and cross-national comparisons, and compared the past-year IPV prevalence among adolescent and young adult women to adult women.

Results: An estimated 28% of adolescent and 29% of young adult women reported lifetime physical or sexual IPV, most prevalent in the East and Southern Africa region. Regional and cross-national variation emerged in patterns of violence by age; overall, young adult women demonstrated higher risk for the past-year IPV relative to adult women (meta-analysis odds ratio, 1.20; 95% confidence interval, 1.10–1.37) and adolescents had a comparable risk (meta-analysis odds ratio, 1.07; 95% confidence interval, .91–1.23). Forced sexual debut was estimated at 12% overall, highest in the East and Southern Africa region.

Conclusions: GBV is pervasive among adolescent and young adult women in low- and middle-income countries. The unique risk to youth varies across nations, suggesting an age–place interaction. Future research is needed to clarify contextual determinants of GBV. Findings provide direction for integrating youth within GBV prevention efforts.

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IMPLICATIONS AND
CONTRIBUTION

Findings demonstrate significant regional and cross-national variation in the burdens of partner violence and forced sexual debut among young women and differences in their disproportionate burden. Findings provide timely guidance as national and international efforts strive to include youth within GBV prevention, support, and intervention efforts.

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Gender-based violence (GBV) is a significant well-recognized threat to public health and human rights globally [1]. The UN General Assembly Declaration on the Elimination of Violence Against Women defines GBV, or violence against women, broadly to include any act that results in or is likely to result in physical, sexual, or psychological harm or suffering, whether occurring in

public or private life [2]. Global GBV research, prevention, and intervention efforts focus heavily on physical and sexual intimate partner violence (IPV) and sexual assault, given their prevalence and demonstrated negative health implications, which include injury, sexually transmitted infection and human immunodeficiency virus, unintended pregnancy, addiction, and mental health issues [3–9], in addition to homicide [10].

GBV occurs against the backdrop of a broader social context. A social determinants lens considers the conditions in which people are born, grow, live, work, and age [11]. As applied to GBV, the interactive and accumulating influences across individual-, family-, and contextual-level factors are conceptualized as an ecological model [12]. In addition to individual-level risk and protective factors, GBV is considered perpetuated by macrolevel forces including male entitlement or ownership of women, rigid gender roles, and acceptance of interpersonal violence at a social level [12], which can be reinforced by law and practice. Evidence supports the influence of contextual factors on GBV, for example, community-level tolerance of violence is associated with experiences of IPV [13]. At the national level, these dynamics may be codified in criminal and administrative law, for example, in laws establishing violence as a crime or ensuring or limiting women's property inheritance rights. Lack of legal protection, exemplified by the 127 nations worldwide that do not criminalize rape within marriage [14], is emblematic of social acceptance of violence against women, and implicitly sanctions GBV. The influence of social norms is also felt in policy or practice at the national level, for example, the intensity with which police reports of IPV or sexual assaults are pursued. Thus, national context is highly relevant in understanding social determinants and global patterns of IPV and sexual assault.

At the individual level, adolescents are considered uniquely impacted by GBV. Their young age and relative inexperience with relationships can heighten their risk for physical and sexual IPV [9]. Those involved with or married to older men or married at a very young age can face IPV and other dimensions of limited relationship power [15,16]. Abuse during adolescence imparts risk for subsequent health concerns, including depression, suicidal ideation, chronic inflammation [17,18], and can set young women on a trajectory for subsequent abuse [18,19]. Youth are also at high risk for sexual assault. The sexual initiation marking the transition into adulthood is often characterized by violence and coercion. Qualitative data illustrate coercive dynamics underpinning sexual initiation for young women [16,20], and quantitative evidence demonstrates that the first sexual experience of many adolescent women is forced or coerced [3,7,8,21–23], up to 42% in some settings [20]. Forced and coerced sexual initiation is linked with contraceptive nonuse, condom nonuse, unintended pregnancy, and sexually transmitted infection symptoms [7,8], suggestive of a sexual trajectory of disempowerment stemming from trauma and lack of control at initiation. Violence, limited control, and sexual coercion and force continue to affect women as they transition into early adulthood, through many of the same pathways [24,25].

Together these data suggest a significant GBV burden among adolescent and young adult women. Yet IPV and sexual assault are often framed as issues affecting all women of childbearing age, with less attention to the developmental and social context of adolescence and early adulthood. Alongside the increased attention to adolescent health globally [26–28], it is essential to clarify the burden of IPV and forced sexual debut within this population.

Indeed, IPV was prevalent among youth in the landmark WHO Multi-Country Study on Women's Health and Domestic Violence Against Women [3], the first to describe the prevalence and health

impact of violence across 10 nations. However, young age emerged as a significant risk factor for the past-year IPV in some settings but not others [29], suggestive of a potential interaction of age and setting. To date, these analyses have not been replicated with the broader range of nations for which data are now available, as is needed to clarify the extent to which, and where, youth face higher burdens of IPV and forced sexual debut.

The WHO Multi-Country Study inspired the uptake of violence module of Demographic and Health Survey (DHS), an international surveillance system in low- and middle-income countries (LMICs). This standardized protocol enables validity and comparability of sensitive data; large sample sizes, coupled with national-level inferences, enable contrasts across settings both in the prevalence of violence and the extent to which adolescents may be uniquely burdened. Although national DHS reports provide prevalence estimates for IPV and forced sexual debut by age and a variety of other factors, it is only in harnessing these data across settings, and undertaking national and regional-level comparison, that patterns as to the potentially unique burden of violence for youth may emerge. Such analysis provides necessary pragmatic guidance for the direction of global resources and from a scientific standpoint can enable hypothesis generation regarding the etiology of GBV and how it may differ across contexts.

Thus, to extend this state of knowledge, the present study sought to generate national-level estimates of IPV and forced sexual debut by age and region, among adolescent and young adult women, and to evaluate risk of recent IPV to youth relative to adult women.

Methods

Sample

We conducted secondary analysis of the DHS, which is conducted on a regular basis (typically every 5 years) with women and men of childbearing age (typically 15–49 years) in more than 90 LMICs for health surveillance. The DHS uses a stratified two-stage cluster sampling design; [30,31] response rates generally exceed 95% [31]. We use data from 30 nations that conducted the DHS between 2004 and 2011 and included the domestic violence module. In households with multiple eligible women, only one woman is randomly selected to complete the domestic violence module to maximize privacy, and data collection occurs only when privacy can be assured. For 10 countries, the most recent data available at the time of the analyses were collected between 2004 and 2006. Most countries ($N = 14$) had survey rounds conducted between 2007 and 2009, with the remaining six countries having data as recent as 2010–2011. For countries with multiple surveys, we used the most recent year. The 30 nations for which data were available sampled a total of 549,765 women; 208,618 of whom were adolescent and young adult, that is, ages between 15 and 24 years. Of the 30 nations, 13 excluded the forced first sex item, leaving a total of 77,655 adolescent and young adult women across 17 countries to support analysis of this outcome.

Measures

The primary outcomes are lifetime and the past-year experiences of physical or sexual IPV and forced sexual debut. IPV was

assessed only among women who are currently or formerly married or cohabitating; participants are asked to consider their current or last partner [i.e. “(Does/did) your (last) husband/partner ever do any of the following things to you...?”]. The IPV assessment is a modified version of the widely used Revised Conflict Tactics Scale that demonstrates robust psychometric properties [32]. Physical IPV was indicated by a positive response to ever having been pushed, shook, or had something thrown at, slapped, punched with a fist or something that could hurt, kicked, dragged or beaten up, choked, or burned deliberately. Sexual IPV was indicated by a positive response to one of two items: (1) physically forced to have sexual intercourse even when you did not want to and (2) forced to perform other sexual acts you did not want to. Follow-up items assessed experience of these events in the past year. IPV indicators were harmonized to accommodate slight differences in assessments across settings as noted in the table footnotes. Forced sexual debut was assessed via a single item, specifically, “the first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?”; those responding “forced” were classified as having had forced sexual debut.

Analysis

The prevalence of lifetime IPV, that is, physical, sexual, and either physical or sexual, was calculated by age group (15–19, 20–24, and 15–24 years) within each nation. We used the domestic violence weight to support generalization of findings; all analyses accounted for the complex nature of the stratified, multistage cluster sampling strategy. Weighted meta-analysis was used to summarize findings [33] within region and overall, given the substantial between-study heterogeneity detected via the I^2 statistic, that is, the percentage of between-study heterogeneity that is attributable to variability in the true treatment effect, rather than sampling variation [34]. Small cell sizes prohibit inferences in some settings and some age groups; when cell sizes were smaller than 25, they were not presented and rather indicated by asterisks (*).

As those exposed to the past-year IPV approximate the population likely in greatest need of acute violence-related intervention and care, the prevalence of the past-year IPV was subsequently calculated by age group, with meta-analysis conducted regionally and overall. Logistic regression models calculated the odds of the past-year IPV by age group, in contrast with women ages 35 years and more for comparability with past reports [29].

Similarly, the prevalence of forced sexual debut was calculated by age group and within nation, with meta-analyses summarizing findings overall and within region. Analyses were restricted to sexually experienced women, that is, those reporting they had ever had sex. As sexual debut is a singular experience, no contrasts by age group were explored. This secondary analysis of nonidentifiable publicly available surveillance data was deemed not human subjects research and thus exempt from review.

Results

Across the sample, 19.03% of 15–19 year olds and 58.79% of 20–24 year olds were married or cohabitating (Table 1). Overall meta-analysis estimates for lifetime experience of either physical

or sexual IPV were 28.14% for adolescents ages 15–19 years and 29.47% for young adult women ages 20–24 years (Table 1; Figure 1). Across both age groups, lifetime IPV prevalence was highest in the Democratic Republic of Congo (DRC), with 53.00% of partnered adolescents and 64.68% of young adult women affected. Regional variation was evident, with East/Southern Africa demonstrating the highest prevalence of lifetime physical or sexual IPV at 30.76% and 35.49%. Overall, an estimated 24.70% of adolescent and 26.51% of young adult women reported lifetime physical IPV. Lifetime sexual IPV was estimated at 12.18% and 11.21% across adolescent and young adult women, respectively, with the highest national estimates observed in Bangladesh, Uganda, and DRC for both age groups. Estimates ranged regionally; those for Latin America were lowest, with <5% of women in each age range reporting this form of IPV. Small cell sizes suppressed estimates for several settings in Eastern Europe/Central Asia. Data were limited to one nation each for the Caribbean and North Africa/Middle East regions; limiting regional generalizability.

The past-year partner violence was also prevalent (Supplementary Table 1), with an estimated 25.78% of adolescent and 25.77% of young adult women affected. Overall, meta-analysis demonstrated no significant increased risk to adolescent women relative to their older adult counterparts ages 35 years and more (odds ratio [OR], 1.07; 95% confidence interval [CI], .91–1.23; Figure 2). In some nations, significantly increased risk was identified for adolescents, for example, Bangladesh (OR, 3.30; 95% CI, 2.25–4.35), Bolivia (OR, 1.38; 95% CI, 1.02–1.74). In Asia/Pacific, a nonsignificant trend toward increased risk to adolescents was identified (OR, 1.47; 95% CI, .98–1.96). In other settings, adolescence conferred relative protection against the past-year IPV, for example, Nigeria (OR, .56; 95% CI, .44–.68). For young adult women, meta-analyses demonstrated an overall risk to young adult women relative to adults ages 35 years and more (OR, 1.24; 95% CI, 1.10–1.37; Figure 3). Regionally, this overall risk effect was significant in Asia/Pacific (OR, 1.46; 95% CI, 1.19–1.72). In several national settings, young adults were relatively protected from abuse in contrast with older women, for example, Moldova (OR, .58; 95% CI, .42–.74). Heightened IPV risk to young adult women compared with older women was observed for the Asia/Pacific (OR, 1.46; 95% CI, 1.19–1.72) region and some nations within regions, for example, Bolivia (OR, 1.56; 95% CI, 1.30–1.82) and Dominican Republic (OR, 1.70; 95% CI, 1.14–2.25).

Forced sexual debut was also prevalent (Table 2), as reported by an estimated 14.94% of sexually experienced adolescents and 10.94% of sexually experienced young adult women. Wide variation was observed across regions, with Eastern Europe/Central Asia demonstrating the lowest levels, <5% for both age groups, in contrast with East and Southern Africa at 21.22% and 14.60%, respectively.

Discussion

Findings confirm prevalent physical and sexual IPV and forced sexual debut among adolescent and young adult women in LMICs, with significant regional and cross-national variations. Adolescent women demonstrated a greater burden of recent IPV relative to their adult counterparts in several settings, including Bangladesh, the Philippines, and Peru. Young adult women on average demonstrated an elevated burden across settings, though with regional and cross-national variation. The burden observed, coupled with the past evidence of the mental, physical, and sexual health consequences of abuse [3–6,35], affirms the

Table 1

Prevalence of lifetime physical and sexual intimate partner violence by age and region among ever-married/cohabitating adolescent and young adult women

Age group	Married or cohabitating; % (n)			Physical or sexual partner violence, %			Physical partner violence, %			Sexual partner violence, %		
	15–19	20–24	15–24	15–19	20–24	15–24	15–19	20–24	15–24	15–19	20–24	15–24
East and Southern Africa												
Kenya 2008–2009	11.71 (169)	59.41 (740)	34.47 (900)	25.09	33.79	32.25	22.72	31.20	29.70	^a	12.93	11.59
Malawi 2010	23.79 (311)	78.21 (926)	49.66 (1,236)	26.41	25.58	25.79	18.22	18.22	18.22	15.14	14.17	14.41
Mozambique 2011	37.75 (560)	72.44 (912)	53.69 (1,472)	23.08	31.51	28.3	21.11	29.92	26.57	6.34	8.42	7.63
Rwanda 2005	1.90 (18)	41.80 (328)	19.87 (346)	^a	27.79	27.29	^a	23.57	23.28	^a	11.72	11.71
United Republic of Tanzania 2010	17.89 (268)	63.79 (856)	39.57 (1,125)	35.75	35.61	35.64	29.51	32.50	31.78	13.08	12.61	12.72
Uganda 2006	19.05 (90)	65.96 (272)	40.92 (361)	50.43	49.10	49.43	41.00	37.40	38.29	30.08	28.02	28.53
Zambia 2007	18.83 (203)	63.95 (675)	41.05 (878)	33.94	46.38	43.49	30.33	43.24	40.23	11.66	16.21	15.15
Zimbabwe 2005 ^b	20.76 (288)	61.38 (900)	41.64 (1,188)	30.34	36.10	34.70	23.08	31.86	29.73	16.53	13.06	13.90
Regional pooled estimate	18.92	63.36	40.09	30.76	35.49	34.38	25.03	30.86	29.58	14.12	14.01	13.99
West and Central Africa												
Cameroon 2004	29.31 (241)	66.66 (453)	46.23 (694)	32.27	43.66	39.71	28.48	38.78	35.21	^a	15.74	13.33
Congo Democratic Republic 2007	27.35 (176)	63.04 (494)	46.97 (669)	52.99	64.68	61.61	46.43	58.80	55.56	32.50	31.42	31.70
Ghana 2008	10.23 (49)	43.99 (207)	27.03 (256)	^a	21.71	22.27	^a	19.95	19.80	^a	^a	^a
Liberia 2007	20.84 (176)	51.94 (495)	37.32 (671)	33.67	45.36	42.29	31.25	43.02	39.93	8.06	10.01	9.50
Mali 2006	49.48 (1,018)	87.93 (1,601)	67.57 (2,624)	21.48	23.61	22.78	18.66	21.67	20.50	7.22	5.41	6.11
Nigeria 2008	33.63 (1,300)	64.85 (2,517)	49.27 (3,817)	9.63	16.36	14.07	8.59	15.31	13.02	3.12	4.07	3.75
Sao Tome and Principe 2008–2009	23.80 (78)	70.42 (215)	46.21 (293)	27.58	28.95	28.59	27.36	28.12	27.92	^a	9.85	8.16
Regional pooled estimate	27.83	64.15	45.81	29.30	34.72	32.90	26.22	32.01	30.09	9.70	11.84	11.13
Asia and Pacific												
Bangladesh 2007 ^c	(571)	(849)	(1,420) ^d	46.46	47.73	47.22	37.88	41.64	40.13	20.29	18.22	19.05
Cambodia 2005	11.66 (65)	53.50 (271)	31.51 (337)	^a	10.07	9.51	^a	9.62	9.03	^a	^a	^a
India 2005–2006	27.44 (4,560)	73.63 (11,000)	49.68 (1,600)	29.58	34.78	33.29	24.23	31.82	29.64	12.28	10.26	10.84
Nepal 2011	26.23 (259)	76.08 (622)	48.79 (881)	19.38	24.77	23.18	14.15	20.03	18.3	11.71	12.22	12.07
Philippines 2008	13.61 (192)	54.62 (738)	33.69 (930)	17.43	15.93	16.24	^a	13.50	13.66	^a	5.59	5.86
Timor-Leste 2009–2010	8.93 (63)	50.14 (257)	26.35 (320)	^a	31.00	29.71	^a	29.62	28.60	^a	^a	^a
Regional pooled estimate	17.54	61.67	38.02	28.20	27.32	26.49	25.64	24.36	23.20	14.73	11.33	11.83
Caribbean												
Dominican Republic 2007	19.46 (408)	49.09 (765)	32.10 (1,172)	15.63	17.95	17.14	15.40	16.79	16.31	^a	4.63	3.67
Eastern Europe Central Asia												
Azerbaijan 2006	8.86 (98)	52.38 (439)	27.66 (536)	^a	9.88	10.09	^a	9.51	9.74	^a	^a	^a
Republic of Moldova 2005	9.19 (99)	56.27 (491)	30.28 (589)	^a	15.56	15.21	^a	14.67	14.46	^a	^a	^a
Ukraine 2007	11.57 (29)	45.48 (183)	32.54 (212)	^a	^a	^a	^a	^a	^a	^a	^a	^a
Regional pooled estimate	9.21	52.02	29.66	^a	12.76	12.66	^a	12.15	12.12	^a	^a	^a
Latin America												
Bolivia 2008 ^{e,f}	13.42 (472)	46.14 (1,263)	27.74 (1,735)	^f	^f	^f	^f	^f	^f	^f	^f	^f
Colombia 2010 ^c	13.55 (1,225)	41.18 (3,161)	21.67 (4,420)	28.40	30.52	29.97	27.65	30.13	29.48	3.21	3.65	3.50
Haiti 2005–2006	14.16 (121)	52.68 (343)	30.82 (464)	26.54	18.67	20.72	^a	14.36	16.64	^a	9.54	^a
Peru 2007–2008	10.75 (812)	39.46 (2,510)	23.88 (3,322)	17.25	26.69	24.38	16.68	25.76	23.54	^a	3.80	3.41
Regional pooled estimate	12.80	44.28	25.74	23.98	25.43	25.32	22.16	23.50	23.52	3.21	4.99	3.47
North Africa and Middle East												
Jordan 2007	(53)	(433)	(486) ^d	^a	16.88	16.10	^a	16.88	16.10	^a	^a	^a
Pooled across regions	19.03	58.79	37.75	28.14	29.47	28.47	24.70	26.51	25.40	12.18	11.21	11.20

^a Unweighted cell size <25.^b Does not assess “spouse tried to strangle or burn.”^c Does not assess “spouse forced other sexual acts when not wanted.”^d Ever-married sample.^e Does not assess “slapped” or “spouse forced other sexual acts when not wanted.”^f Sexual and physical violence assessed only in the past 12 months.

relevance of adolescent and young adult women within target populations for GBV prevention, intervention, and support services in many LMICs. Echoing past research [3], the significant variation identified in the burden of violence among youth demonstrates the need to consider national-level factors in the etiology of both, and response to, IPV and forced sexual debut.

New to this body of work, the extent to which adolescent and young adult women constitute a unique risk population for GBV appears to vary significantly by age and place. Overall meta-analysis revealed a significantly heightened risk for recent IPV to young adults ages 20–24 years relative to their older counterparts (OR, 1.20; 95% CI, 1.06–1.35). In regional meta-analyses,

significantly increased risk was observed in Asia/Pacific and the Caribbean, the latter reliant on data from a sole nation. In contrast, at the cross-national and regional levels, adolescent women ages 15–19 years were not found at significantly elevated risk for recent IPV overall. However, heightened risk for the past-year IPV to adolescent women was identified within specific nations in Asia/Pacific and Latin America. For example, in Bangladesh, adolescent girls suffered over a threefold increased risk of the past-year IPV.

The burden of forced sexual debut varied regionally and was most prevalent in Africa. Patterns may reflect both regional and national norms about age at the first sex and structural

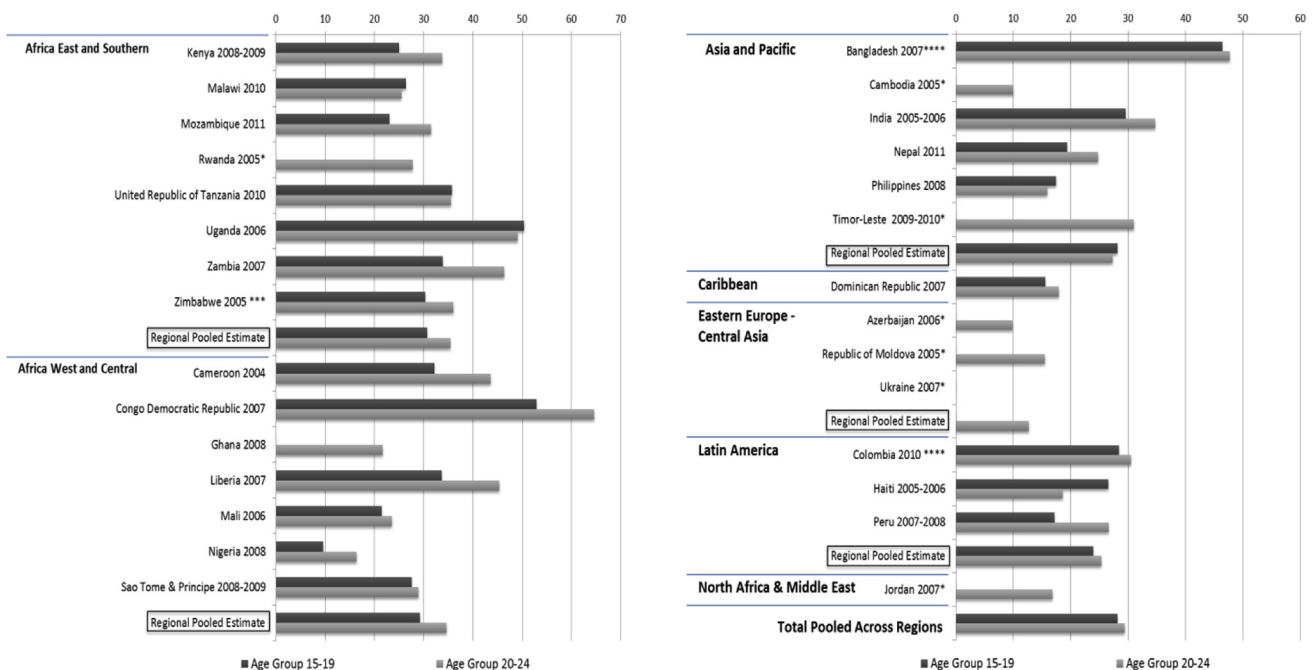


Figure 1. Prevalence of lifetime physical or sexual intimate partner violence (IPV) by age and region among ever-married/cohabitating adolescent and young adult women.

determinants of women's empowerment and resistance to unwanted sex. Forced sexual debut, and sexual violence more broadly, is a violation of human rights and can impart a trajectory of subsequent risk behavior [36]. Sub-Saharan Africa's generalized human immunodeficiency virus epidemics underscore the health consequences for more than 30% of adolescent women in Zimbabwe and Uganda reporting forced sexual debut. Health providers and policymakers must recognize the realities of forced sex in adolescent and young adult populations, based on our current findings of prevalent forced sexual debut, and recent evidence from perpetrators that the first perpetration of rape often occurs during adolescence [37]. Current estimates are likely conservative. The assessment focuses solely on "force"; because it is insensitive to the pressure and coercion that can occur at the time of sexual initiation and thereafter [8,21,22], further research is needed to clarify the prevalence and global distribution of these experiences.

Current findings offer pragmatic guidance in considering and responding to GBV among youth. In some settings, such as India, Bangladesh, Bolivia, and Peru, youth are *disproportionately* affected by IPV, suggesting that GBV efforts should target youth specifically both for prevention and for survivor support. Elsewhere, in both the East/Southern and West/Central regions of Africa, home to the highest observed prevalence of lifetime IPV among adolescents and young adults, no differences in risk were detected based on age. Forced sexual debut was also most prevalent in these regions. In such settings, national responses may consider pursuing more general prevention and support efforts, ensuring the inclusion of youth but not targeting them specifically. Together, findings emphasize the need for practitioners and policymakers to consider both the unique risk to youth and the overall prevalence of GBV, in prioritizing intervention and support efforts.

Evidence of an age–place interaction in IPV risk suggests the confluence of both gender- and age-related vulnerabilities put forth by the broader social and political environment. Laws and practices at the national level, reinforced and perpetuated by social norms and practices, often perpetuate women's secondary social status, rendering them vulnerable to abuse with impunity [14]. Attitudes related to gender equity have been found to vary substantially across settings [38]. Age-related vulnerabilities, such as relative inexperience and limited social standing, may in some settings interact with gender-based vulnerability to heighten risk for violence. In Bangladesh for example, adolescents demonstrated a threefold increased odds of IPV relative to their adult counterparts. Bangladesh is distinct in having one of the highest rates of child marriage globally; [39] the IPV heightened risk observed may reflect gender-based power inequities that are reinforced by young age [15]. In other settings, gender-based vulnerabilities and broader indicators of social and political unrest may overshadow age-related vulnerabilities. For example, the highest IPV prevalence was identified in the DRC, although youth were not found at significantly elevated risk. The DRC's extensive genocide and protracted conflict, with sexual violence endemic as weapon of war [40], may overshadow young age in imparting risk for violence. At a regional level, the highest levels of both IPV and forced sexual debut were observed in East/Southern Africa, although with no evidence of heightened risk to youth. These data echo past evidence of widespread abuse in this region [41] and the traditional gender norms and permissive attitudes about violence that can underpin perpetration of physical and sexual violence [13,42–44]. Multilevel analysis using indicators of gender equity, social contextual gender norms and attitudes of tolerance for abuse, and the presence and enforcement of violence-related policies, policies and practices that enable women's social and economic dependence on male partners, and indicators of

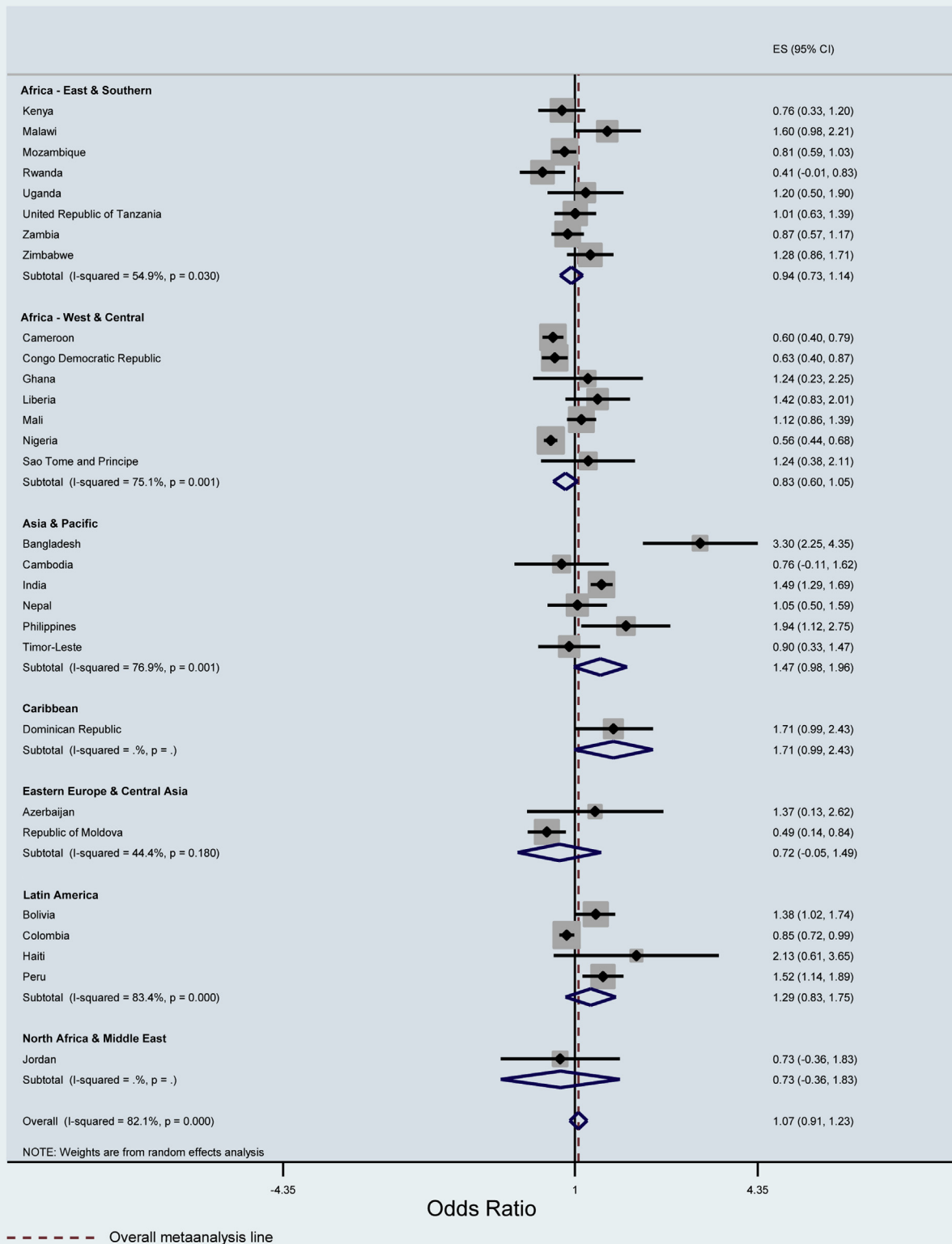


Figure 2. Meta-analysis of risk of the past-year physical or sexual intimate partner violence (IPV) among ever-married/cohabitating adolescent women (15–19 years), relative to adult women ages more than 35 years, by region. CI = confidence interval.

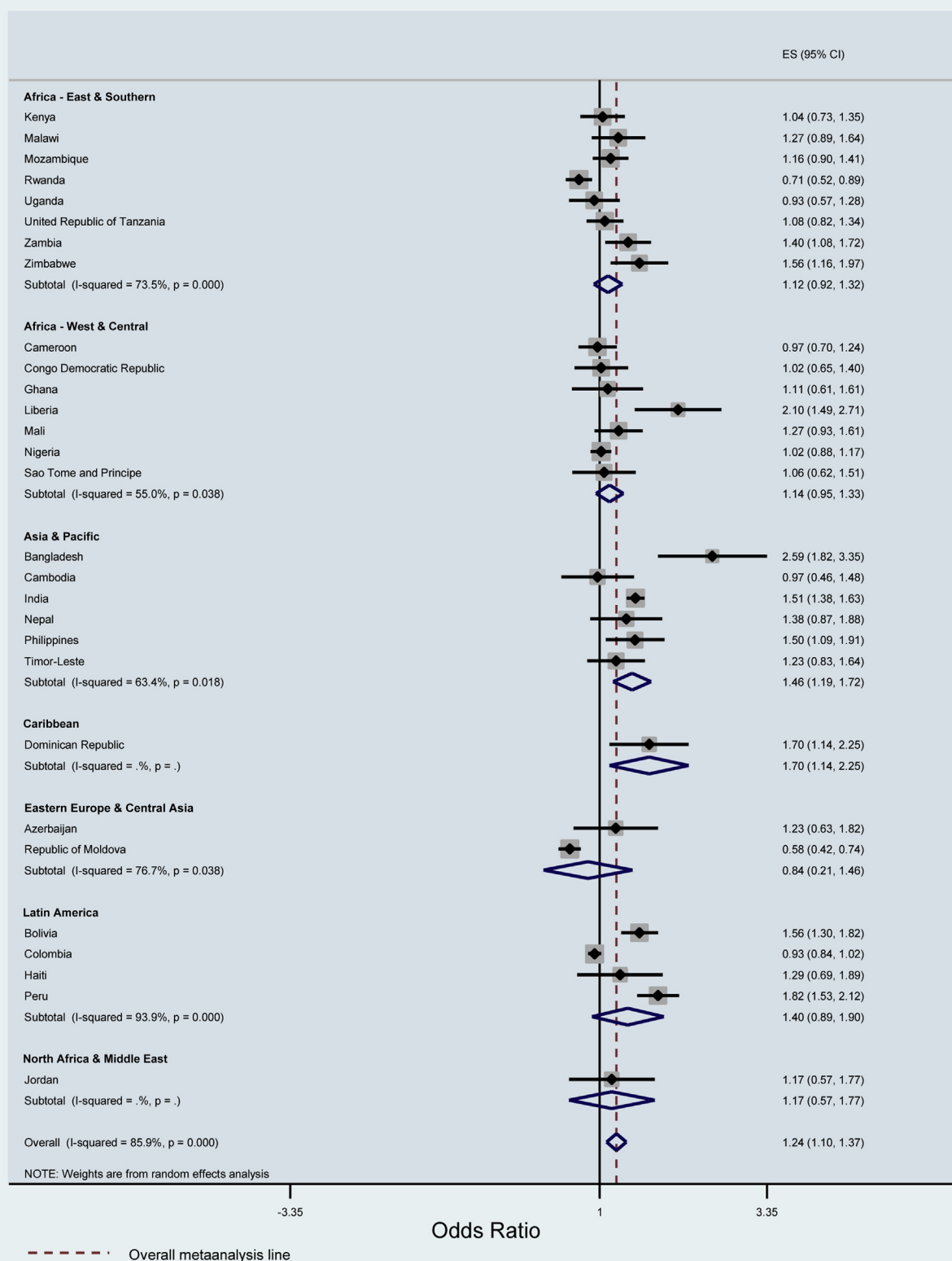


Figure 3. Meta-analysis of risk of the past-year physical or sexual intimate partner violence (IPV) among ever-married/cohabitating young adult (20–24 years), relative to adult women ages more than 35 years, by region. CI = confidence interval.

Table 2

Prevalence of forced sexual debut among sexually experienced adolescent and young adult women by age and region

Age group	Sexually experienced, % (n)			Forced sexual debut, %		
	15–19	20–24	15–24	15–19	20–24	15–24
East and Southern Africa						
Kenya 2008–2009	35.15 (480)	86.27 (1,075)	59.54 (1,555)	18.02	11.05	13.20
Malawi 2010	45.12 (590)	95.09 (1,125)	68.87 (1,715)	25.05	13.2	17.27
Mozambique 2011	67.06 (995)	99.5 (1,253)	81.96 (2,248)	10.04	9.59	9.79
United Republic of Tanzania 2010	44.86 (673)	91.75 (1,232)	67.01 (1,904)	11.89	8.79	9.89
Uganda 2006	40.39 (190)	91.19 (376)	64.08 (566)	30.51	22.49	25.18
Zimbabwe 2005	30.04 (417)	83.91 (1,231)	57.73 (1,648)	33.59	23.64	26.15
Regional pooled estimates	43.79	91.38	66.58	21.22	14.60	16.79
West and Central Africa						
Ghana 2008	34.63 (162)	89.79 (422)	62.07 (587)	31.00	24.48	26.31
Liberia 2007	79.94 (634)	99.55 (949)	87.98 (1,583)	13.57	7.29	9.81
Sao Tome and Principe 2008–2009	51.15 (168)	96.19 (293)	72.81 (472)	15.85	5.45	9.25
Regional pooled estimates	54.29	95.19	73.46	19.64	11.99	15.02
Asia and Pacific						
Cambodia 2005	11.9 (67)	59.79 (303)	34.62 (370)	0	2.48	2.03
Nepal 2011	26.54 (262)	77.35 (632)	49.54 (894)	34.49	26.23	28.65
Philippines 2008	17.12 (241)	63.47 (858)	39.81 (1,099)	10.16	5.33	6.39
Timor-Leste 2009–2010	10.08 (71)	53.31 (273)	28.35 (344)	.96	1.63	1.50
Regional pooled estimates	18.74	66.08	40.72	13.77	8.15	8.99
Caribbean						
Dominican Republic 2007	40.02 (838)	82.81 (1,290)	58.27 (2,128)	4.36	4.84	4.65
Eastern Europe and Central Asia						
Azerbaijan 2006	9.15 (101)	54.83 (459)	28.88 (560)	2.20	2.90	2.77
Ukraine 2007	25.54 (63)	79.70 (321)	59.03 (3,834)	1.03	3.30	2.75
Regional pooled estimates	16.89	67.25	43.86	2.02	3.12	2.76
Latin America						
Haiti 2005–2006	37.6 (321)	82.36 (537)	56.96 (858)	22.6	19.95	20.95
Pooled across regions	36.39	91.32	57.44	14.94	10.94	12.49

political conflict and disruption may help clarify the patterns of cross-national variation observed both for IPV and forced sexual debut as forms of GBV.

The regional variation observed may also reflect inherent limitations in the data; for example, in Eastern Europe/Central Asia, the relatively low proportion of adolescent women who are married or cohabitating limits stable estimates for IPV. The national and regional variation observed may in part reflect variation in interviewer skill or training and local norms and comfort levels about discussions of circumstances of sexual debut, IPV, or specific forms of IPV. Despite efforts to ensure consistency in meaning across translations, it is possible that translations, and contextual meanings, of the term “forced” could differ across settings and thus influence our findings.

Results should be considered in light of several additional limitations. Despite the strengths of the DHS in enabling cross-national estimates through standardized measurement and sampling strategies, limitations in its violence measurement render current estimates conservative. Specifically, the IPV assessment is limited to married and cohabitating women, thus overlooking abuse within dating relationships. This is particularly relevant for youth as they may experience partner violence outside the context of marriage [16]. Small cell sizes within some age ranges limited the stability of estimates in some settings. Survey data were collected across a 7-year range (2004–2011), limiting the precision of cross-national comparisons. The interviewer-administered DHS may render estimates conservative, as some research suggests that this method underestimates violence [45]. National-level estimates obscure variation at the state and regional levels. The DHS lacks details in the nature and context of IPV and forced sexual debut; experiences may differ qualitatively across life stages and geographical contexts.

Findings illustrate a significant burden of physical and sexual IPV, and forced sexual debut, among adolescent and young adult women in LMICs. Early exposure to violence, both during adolescence and beyond, imparts risk for poor subsequent health [5,17–19] and violates the rights of women and girls. Current findings provide direction for integrating youth within GBV prevention, intervention, and support efforts as a means of improving health and well-being during this critical developmental period. Future research should include multilevel analysis to clarify contextual determinants of GBV and implementation science research [46] to monitor the inclusion of adolescent and young adult women in GBV prevention and support programs.

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Supplementary Data

Supplementary data related to this article can be found at <http://dx.doi.org/10.1016/j.jadohealth.2014.09.003>.

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