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Review article

# What Works to Prevent Violence Against Adolescent Girls in Low- and Middle-Income Countries: A Systematic Review

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A B S T R A C T

Violence against women and girls is a human rights and public health concern that can affect women at every stage of life, with adolescence presenting a heightened period of risk for girls. Evidence is urgently needed to understand what works to prevent violence against adolescent girls and young women, particularly in low- and middle-income countries (LMICs). This systematic review synthesized evidence from evaluations of interventions to prevent violence against adolescent girls and young women in LMICs, published between January 2015 and November 2023. Searches were conducted in February 2023 in English, Spanish, French, and Portuguese. Researchers included any evaluation of a program measuring either reductions in violence against adolescent girls and young women or changes in behaviors, attitudes, and norms related to violence. Twenty-eight articles met the inclusion criteria, representing evidence from 24 different interventions. Approximately half of these interventions took an education and life skills approach, and a quarter used an income or economic strengthening approach. The vast majority of evidence in LMICs comes from the Sub-Saharan African and South Asian regions, with little or none from Middle-East and North Africa, Latin America and the Caribbean, or West and Central Asia. Effective interventions tend to have multiple components and include meaningful engagement of young people through participatory learning techniques, which allow for critical thinking to build positive gender attitudes and nonviolent behavior. Programs that center on change of norms and values, including community-based programs and interventions working with adolescent boys and young men, are promising and require further research.

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**IMPLICATIONS AND CONTRIBUTIONS**

School-based programs and some cash and incentive programs that are implemented through a gender transformative approach have demonstrated effectiveness in reducing violence against adolescent girls and young women. Effective interventions tend to have multiple components and include meaningful engagement of young people through participatory learning techniques, which allow for critical thinking to build positive gender attitudes and nonviolent behavior. Programs that center on change of norms and values, including community-based programs and interventions working with adolescent boys and young men, are promising and require further research.

**Conflicts of interest:** The authors declare no conflicts of interest, real or perceived, related to the present research.
**Registry site and number:** This systematic review was registered with the International Prospective Register of Systematic Reviews on May 7, 2024, with registration number: CRD42023389407. As it is not a clinical trial, it is not applicable to include a clinical trial registry site and number.

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Violence against women and girls (VAWG) is a pervasive human rights and public health concern that can affect women at every stage of life. Adolescence produces a heightened period of risk for girls [1], extending to the period beyond; thus, adolescent girls and young women (AGYW) who have experienced violence are often at increased risk for other forms of violence later in life.

Despite the growing prioritization of research and prevention of VAWG, the evidence base specifically addressing violence against *adolescent* girls remains limited, particularly from low- and middle-income countries (LMICs). There is a need to better understand the evidence of interventions that target adolescence and young adulthood as a particularly vulnerable period, in LMICs where there is particular need for research and investment. Over the past decade, a few systematic reviews have synthesized what works to prevent VAWG broadly [2], without a specific focus on young people, and a 2019 systematic review highlighted the dearth of evidence to prevent violence against AGYW particularly in humanitarian settings [3]. Comprehensive evidence reviews on violence against girls in LMICs pointed to evidence of approaches that seemed promising (e.g., the effectiveness of bundled and multilevel interventions [4] and the importance of duration and setting [5]), but a more current review of this evidence is needed, given the significant investment in evaluations in recent years, as funded by the UK government, the World Bank, USAID, and others. The COVID-19 pandemic also added complexity to women's and girls' experience of violence across age groups and contexts [6,7], creating additional urgency around understanding what works to prevent violence.

Interventions to address the needs of AGYW vary in their approach. These include parenting and caregiver programs, programs that address girls' education and life skills, economic empowerment programming, programs that address norms and values, and others. The objective of the present systematic review is to synthesize and evaluate the current available evidence on interventions designed to prevent a variety of forms of violence against AGYW in LMICs. The focus is on LMICs due to the magnitude of the problem and how it usually manifests in these settings (e.g., early marriage rather than just dating violence), which requires focused attention. The target population in this review was AGYW, ages 10–24 years. We use this term (AGYW) to expand the focus of this review to include young women in addition to adolescent girls due to their overlapping vulnerabilities (such as early marriage and limited access to education) in this age group that extend beyond adolescence, particularly in LMICs [8]. Another term for this age group could be "young people," which we have used where appropriate in this article. A recent systematic review [9] of interventions to address dating violence in young people revealed how few prevention interventions have been rigorously evaluated in LMICs as a proportion of the evidence base. The present systematic review not only updates the evidence base on interventions that address the needs of AGYW (the prior review included evidence from 2020 and before) but also focuses specifically on LMICs and includes a focus on a broader range of violence experienced by this group.

## Methods

### *Eligibility criteria*

The eligibility criteria for articles included in the review were as follows: (1) studies had to evaluate interventions aimed at reducing or preventing violence against AGYW implemented in LMICs, as categorized by the World Bank, (2) include female and male participants aged 10–24 years. AGYW were defined inclusive of all gender identities if subjected to violence, and men and boys were defined inclusive of all gender identities if perpetrators of violence against AGYW, (3) eligible articles had to have been peer-reviewed and published between January 2015 and November 2023 and written in English, Spanish, French, or Portuguese, (4) eligible evaluations could include experimental or quasi-experimental studies that measured the effects of the intervention against any type of comparator or control condition, and (5) control group conditions could be classified as applying another intervention, no intervention, or a waitlist. Gray literature and material that had not been published in a peer-reviewed journal were not reviewed.

### *Information sources and search strategy*

The authors performed database searches in February 2023 using EBSCO, CINAHL, PubMed, ProQuest Social Services, Cochrane Library, and SCOPUS databases. The authors chose to search articles as far back as 2015, given the investment in evidence generation on VAWG prevention the authors knew had been produced since that time, including from programs such as the UK government–funded What Works to Prevent Violence Against Women and Girls program [10]. The authors worked with librarians at the George Washington University's Gelman Library to develop a comprehensive list of search terms grounded in our outcomes of interest. These databases and search terms are outlined in greater detail in Table 1. All the references retrieved from the database searches were imported into Covidence, where duplicates were removed.

### *Selection and data collection processes*

This systematic review was registered in the International Prospective Register of Systematic Reviews on May 7, 2024, with registration number: CRD42023389407. The review was reported according to the Preferred Items for Systematic Reviews and Meta-Analysis guidelines. Title and abstract reviews were conducted by two independent reviewers, as was full-text review. Where there was disagreement between the 2 reviewers, they met to reconcile their disagreement and came to a joint decision regarding article inclusion. A third reviewer was also brought in to review final inclusion decisions. All articles were extracted twice by independent reviewers into a previously agreed-upon data extraction table. The extraction table included categories such as population, setting, form of violence, category of the intervention, and effect size.

### *Data items*

The researchers were broadly interested in evaluations that measured one of 2 outcomes. The primary outcome of interest was experience of violence against AGYW, and the secondary outcome of interest was any measured change in violence-related attitudes, norms, and beliefs. Further definition of each of these outcomes is outlined in Table 2.

**Table 1**
Databases and search terms

| Databases | Search terms |
|---|---|
| EBSCO (PsycInfo, MedLine, ERIC, EconLit), CINAHL, PubMed, ProQuest Social Services, Cochrane Library, SCOPUS | violence against girls OR violence against adolescents OR GBV OR gender violence OR gender-based violence OR human trafficking OR trafficking of persons OR partner violence OR non-partner sexual violence OR NPSV OR family violence OR murder* of girls OR murder* of adolescents OR homicides of girls OR homicides of adolescents OR honor killing OR acid attack* OR acid throwing OR missing girls OR rape OR sexual violence OR sexual abuse OR sexual assault OR sexual harassment OR coerced sex OR unwanted sex OR unwanted fondling OR unwanted touching OR forced marriage OR child marriage OR early marriage OR female genital mutilation OR female genital cutting OR FGM OR FGC OR FGM/C OR reproductive coercion OR sexual trafficking OR sexual exploitation OR forced prostitution OR sexual slavery OR technology-facilitated violence OR technology-facilitated abuse OR TFVA OR technology-facilitate gender-based violence OR technology-facilitated GBV OR online violence OR reproductive coercion OR adolescent sexual abuse OR dating violence OR teen dating violence OR school-based OR safe spaces OR self defen* OR girl* empowerment<br>AND prevent* OR intervention* OR program* OR approaches OR trial* OR evaluation* OR response* OR evidence OR impact* OR effect* OR efficacy OR what works<br>AND Low-income OR LMIC OR Low-income groups OR low to middle income OR global south |

*Study risk of bias assessment*

The respective Cochrane Risk of Bias (RoB-2) tools were used for cluster randomized controlled trials and randomized controlled trials, and the ROBINS-I tool was used for non-randomized studies included in this review. These tools were selected, given their frequent use in evaluating potential for bias in studies included for systematic review, their ability to be summarized in a visually clear stoplight table, and the fact that we were including cluster randomized, individually randomized, and nonrandomized studies in this review. Other tools were considered, but we decided these tools were best equipped to evaluate articles reporting findings from social science evaluations.

*Screening and synthesis methods*

This systematic review was guided by the INSPIRE [11] analytical framework, developed through the collaboration of 10 global agencies to address violence against children. The INSPIRE framework categorizes interventions into 7 strategies.

- Implementation and enforcement of laws: laws banning violent punishment of children, laws criminalizing child sexual abuse and exploitation, laws aimed at preventing alcohol abuse, laws limiting child access to firearms and other weapons
- Norms and values: influencing adherence to restrictive and harmful gender norms and stereotypes, community mobilization initiatives, bystander interventions
- Safe environments: addressing "hotspots" to reduce violence, interrupting the spread of violence, improving environments
- Parent and caregiver support: home visits, groups and community settings, comprehensive programs
- Income and economic strengthening: cash transfers, group savings, and loans or microfinance, coupled with gender equity training
- Response and support services: counseling and therapy, screening added to interventions, treatment programs for juveniles in the criminal justice system, foster care interventions involving social welfare services
- Education and life skills: increase enrollment in school, fostering safe school environments, improving children's knowledge about sexual abuse, life and social skills training, and adolescent intimate partner violence prevention programs

The authors used the INSPIRE framework to guide the data extraction and synthesis of evidence in this systematic review to develop findings aligned with the leading global framework guiding policy and practice on violence against children. As this was not a meta-analysis and studies were synthesized qualitatively, effect measures were not statistically compiled but rather used to indicate the presence and size of an intervention's impact.

Two reviewers independently screened the titles and abstracts of 7,711 articles, followed by full-text screening of 132 potentially eligible articles. In addition to database searches, the research team conducted a citation search and consulted a small pool of experts on research on violence against AGYW within

**Table 2**
Outcomes of interest

| | |
|---|---|
| Primary outcomes | Victimization or perpetration of violence against adolescent girls: physical, sexual, and emotional; intimate partner violence; stalking; sexual harassment; nonpartner sexual violence; child and adolescent sexual abuse; child marriage |
| Secondary outcomes | Change in behaviors, attitudes, and norms that regulate the acceptability of violence against adolescent girls: attitudes that condone violence against women and girls in general or specific circumstances; gender equitable attitudes and norms; attitudes toward intervening in violence against women and girls; changes in women's and girl's decision-making; and power imbalances within relationships. |
| Excluded outcomes | Nongender-specific forms of violence: bullying, youth violence, homicides, child maltreatment, violence/neglect by caretaker, and corporal punishment. |

our network to help identify any peer-reviewed articles that may not have been included in our search.

The review focused on AGYW (female young people aged 10–24 years), which was the age range that was the most common target in articles' analyses. This age range was also chosen to account for when girls and young women most often experience violence before marriage and/or leaving their family home in LMICs. Initially, during data extraction, the researchers divided the articles into 3 categories.

1. The evaluation included all participants completely within this age range (meaning the intervention was specifically targeted to AGYW, the kind of intervention the researchers were most interested in reviewing),
2. The evaluation included participants within the 10–24 years age range but also included participants beyond this range and disaggregated the findings by age, making it easy for researchers to understand the impact of the intervention on their population of interest, and,
3. The evaluation included participants within the 10–24 years age range but also included participants beyond this range and did not disaggregate the findings by age, making it impossible for the researchers to understand the impact of the intervention on their specific population of interest.

There were several articles that only partially captured our age range (10–24 years) and did not disaggregate their results according to participant age. Since the focus of this systematic review is on AGYW, the authors narrowed inclusion criteria at the full-text screening stage to only include studies specifically focused on outcomes for AGYW. This decision allows for a more accurate analysis of the state of the evidence on targeted prevention of violence against AGYW. All included articles were published in English.

### *Reporting bias and certainty assessments*

Reporting bias was addressed by soliciting additional articles from a cadre of experts within our network. The article was also workshopped within our professional network with the intention of catching any additional evidence that was not initially included.

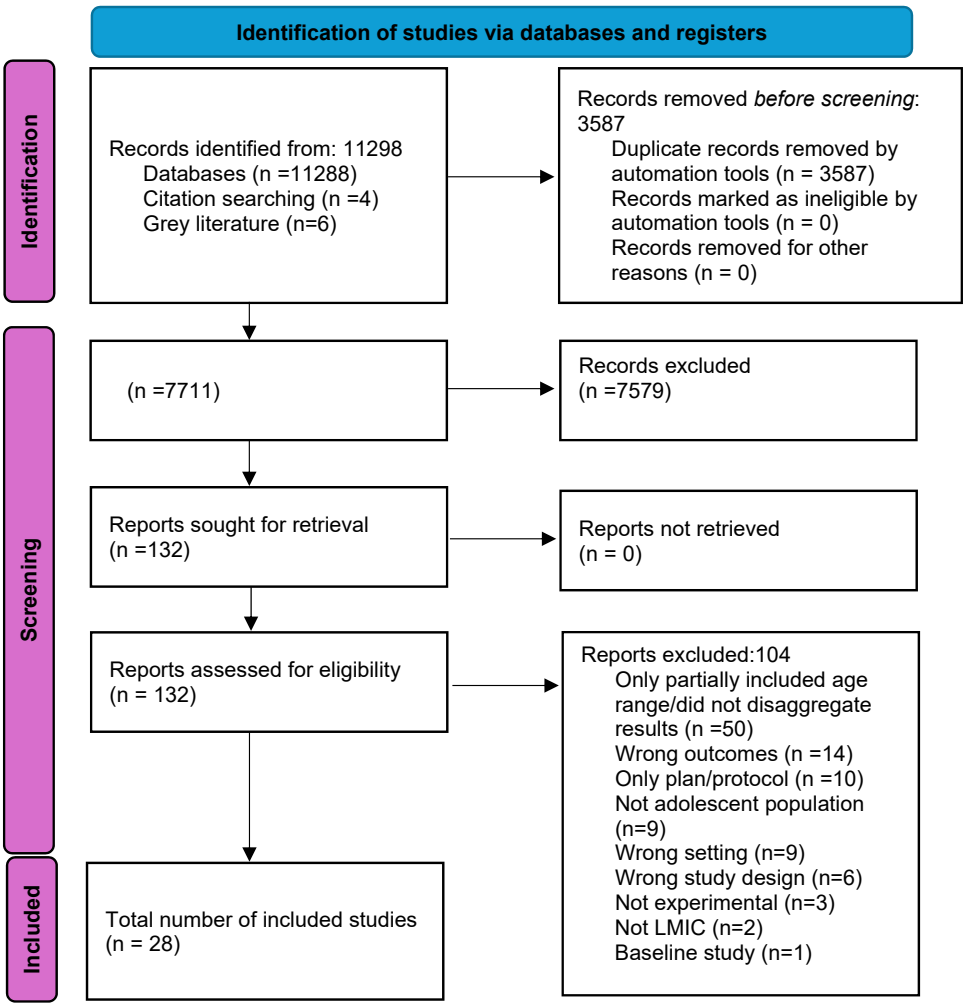



**Figure 1.** PRISMA flow diagram.

## Results

The present systematic review included 28 articles that evaluated 24 distinct interventions (some articles reflected evaluations of the same core intervention in different settings or the same core intervention in combination with other approaches). Figure 1 provides the full Preferred Items for Systematic Reviews and Meta-Analysis flow diagram.

More than half of the included evaluations (17/28 articles) were of interventions implemented in Sub-Saharan Africa, particularly in Southern Africa (9/28 articles). Only 2 of the included evaluations were in Latin America and the Caribbean, and the remaining evaluations (9/28 articles) were of interventions in South Asia or across contexts. None of these 28 evaluations took place in the Middle-East and North Africa (MENA) or Central or West Asian regions, revealing a significant regional gap in the understanding of what works to prevent violence against AGYW living in those contexts.

The authors assessed the risk of bias for each of the 28 articles, which are summarized in Figures 2 and 3 and Table 3. Figure 2 assesses cluster randomized trials, Figure 3 assessed individually randomized trials, and Table 3 assessed non-randomized studies with the ROBINS-I tool. Where studies appear twice in the table, this signifies that 2 different outcomes were assessed within the same study.

The researchers classified eligible studies according to the 7 INSPIRE strategies. When interventions reflected a mix of approaches (spanning two or more INSPIRE categories), the authors typed that intervention based on the component that seemed most emphasized in the delivery. The 28 included articles reflected only four of the seven INSPIRE strategies: (1) norms and values, (2) parent and caregiver support, (3) income and economic strengthening, and (4) education and life skills. Half of the interventions evaluated addressed education and life skills, and one quarter (6/24 interventions) dealt with income and economic strengthening. A full table of the articles included in this systematic review can be found in Table 4.

Most studies demonstrated a significant effect by either reducing some form of violence against AGYW or positively changing gender norms. Only seven of 28 articles failed to demonstrate a significant effect on either outcome of interest. Twelve of 28 articles demonstrated a significant reduction in some form of violence: one intervention reduced caregiver abuse [22], four interventions [13,15,17,20] reduced child marriage, 4 interventions [30,33,35,37] reduced intimate partner violence (IPV) or dating violence, and 3 articles [19,24,32] representing two

| Study ID | Outcome | D1a | D1b | D2 | D3 | D4 | D5 | Overall |
|---|---|---|---|---|---|---|---|---|
| Amin 2018 | Child marriage | + | + | + | + | ! | + | ! |
| Austrian 2022 | Child marriage | + | + | + | + | ! | + | ! |
| Baiocchi 2017 | Sexual violence | + | + | ! | + | ! | + | ! |
| Buchmann 2016 | Child marriage | + | + | ! | + | ! | + | ! |
| Chzhen 2021 | Gender norms | + | + | + | + | ! | ! | ! |
| Cluver 2018 | Caregiver abuse | + | + | + | + | - | + | - |
| Dake 2018 | Child marriage | + | + | + | + | + | ! | ! |
| Decker 2018 | Sexual violence | + | + | + | + | ! | + | ! |
| Jewkes 2019 | IPV | + | + | + | ! | ! | + | ! |
| Kaljee 2017 | Gender norms | + | + | + | + | - | ! | - |
| Karmaliani 2020 | Gender norms | + | + | + | + | ! | ! | ! |
| Leventhal 2016 | Gender norms | + | + | ! | + | ! | + | ! |
| Mathews 2016 | IPV | + | + | + | + | ! | + | ! |
| Ozler 2020 | Sexual violence | + | + | + | + | ! | + | ! |
| Ozler 2020 | Gender norms | + | + | + | + | ! | + | ! |
| Palermo 2021 | Sexual violence | + | + | ! | + | + | + | ! |
| Prakash 2019 | Child marriage | + | + | ! | + | ! | + | ! |
| Santhya 2022 | IPV | + | + | + | + | ! | ! | ! |
| Santhya 2022 | Gender norms | + | + | + | + | ! | ! | ! |
| Shinde 2018 | Violence victimization | + | + | + | + | + | + | + |
| Shinde 2018 | Gender norms | + | + | + | + | + | + | + |
| Stark 2018 | Sexual violence | + | + | + | + | ! | + | ! |

+ Low risk
! Some concerns
- High risk

D1a Randomisation process
D1b Timing of identification or recruitment of participants
D2 Deviations from the intended interventions
D3 Missing outcome data
D4 Measurement of the outcome
D5 Selection of the reported result

**Figure 2.** RoB stoplight table—cluster randomized trials.

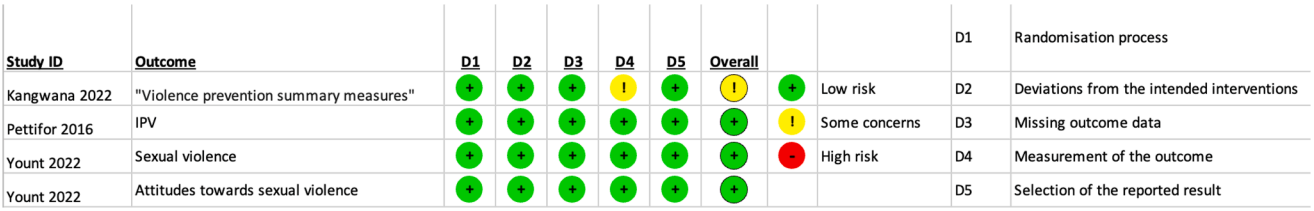



**Figure 3.** RoB stoplight table—individually randomized trials.

interventions (IMPower and Ujana Salama) demonstrated reductions in sexual violence. All 3 articles that evaluated norms and values interventions demonstrated effectiveness, either in reducing violence or positively affecting gender norms and attitudes. Of the 11 articles that demonstrated evaluation findings that positively affected gender norms and attitudes, eight were education and life skills interventions, 2 were norms and values interventions, and one was an income and economic strengthening program.

*Education and life skills*

Eleven of the 16 articles that evaluated education and life skills programming demonstrated significant results. Most articles that evaluated education and life skills programming were school-based interventions. These were interventions that used the established platform of a school as a site to integrate programming. School-based interventions have demonstrated crucial success in reducing violence against AGYW and changing social norms that perpetuate violence. Four of 24 interventions included in this systematic review leveraged the school as a delivery mechanism for activities across different regional contexts and were effective in reducing violence. All 4 interventions focused on the promotion of equitable gender attitudes and behaviors among young people to foster positive relationships and prevent dating violence, IPV, and sexual violence. In addition, these interventions had young people as the central focus and used group education activities and participatory techniques to encourage critical thinking and reflection within a supportive peer environment in the school setting.

Three included studies evaluated the IMPower program, across two different contexts (Kenya and Malawi) and in combination with other approaches [19,24,36]. In Malawi [24], the IMPower program alone was offered through 2-hour weekly empowerment self-defense sessions to AGYW over a period of 6 weeks. Trainings included boundary setting and recognition, negotiation, diffusion, and verbal assertiveness, along with physical defense, delivered by carefully selected and well-trained instructors in schools. IMPower reduced past-year sexual assault prevalence for intervention students in this context. IMPower was also evaluated in Kenya in combination with the 50:50 program for boys (which promoted positive masculinities and gender equality). This combination of approaches reduced the risk of sexual assault [19]. A third evaluation of IMPower with a boys program in Kenya [36] did not demonstrate any impact on sexual assault, although this may have been due to a handful of study limitations.

Creating an enabling school environment has been shown to be an important component in successful school-based interventions [40]. Strengthening the school climate or operational culture of the school to enable the effective delivery of violence prevention programming is a central component across the varied contexts of SEHER in India, True Love in Mexico, and PREPARE in South Africa. Through this approach, a school-wide reflection on values and norms was fostered that had the ability to shift beliefs and practices of violence against AGYW by addressing the broader culture in which the intervention is delivered [41]. SEHER used a whole-of-school approach delivered through low-cost lay counselors to shape school climate and health promotion in India and reduced violence victimization and perpetration of violence against adolescent girls [37]. PREPARE, a 21-week, multicomponent dating violence and HIV prevention program delivered through schools in South Africa, reduced dating violence significantly at the 12-month follow-up and had a positive effect on gender norms [30]. True Love, a school-based program that addressed school climates and individual attitudes regarding dating violence in Mexico, demonstrated a reduction on both reported perpetration and experience of psychological violence for boys and positive effects on norms and attitudes [12]. Other evaluations of school-based approaches (such as those of the play-based Right to Play program in Pakistan [28] and Girls First in India [29]) demonstrated positive effects on gender norms and attitudes but did not measure effects on gender-based violence. Although these interventions were delivered in different social contexts, they all have high levels of VAWG and are considered low-resource settings, suggesting they might be effectively adapted

**Table 3**
ROBINS-I—nonrandomized trials

| Study ID | Study design | Outcome | Risk of bias |
|---|---|---|---|
| Sosa-Rubi 2017 [12] | Quasi-experimental | Dating violence | Moderate |
| Sosa-Rubi 2017 [12] | Quasi-experimental | Gender attitudes | Moderate |
| Mehra 2018 [13] | Pre/post | Child marriage | Moderate |
| Renzaho 2022 [14] | Pre/post | Sexual violence | Moderate |
| Renzaho 2022 [14] | Pre/post | Gender attitudes | Moderate |
| Rudgard 2022 [15] | Quasi-experimental | Child marriage | Moderate |
| Gage 2016 [16] | Pre/post | Dating violence | Moderate |

**Table 4**
Table of included articles

| Author/year | INSPIRE category | Population | Total sample size (population of interest) | Intervention name | Region | Outcome(s) of interest | Impact on outcomes of interest | Effect size (for studies that demonstrated statistically significant impact on outcomes of interest) |
|---|---|---|---|---|---|---|---|---|
| Amin 2018 [17] | Education and life skills | Girls aged 12–18 years living in districts with some of the highest child marriage rates in Bangladesh<br>Only unmarried participants | 2,147 participants | BALIKA | South Asia | Child marriage | All three intervention arms reduced child marriage compared with control arm. | Adjusted harm ratio (AHR):<br>Education arm: (AHR) 0.75 (95% CI: 0.60–0.92; $p$ = 0.007), gender arm: 0.72 (95% CI: 0.59–0.88; $p$ = 0.001), livelihoods: 0.70 (95% CI: 0.56–0.87; $p$ = 0.001) |
| Austrian 2022 [18] | Income and economic | Girls aged 11–14 years (for V only program—all community members)<br>Both married and unmarried participants | 9,846 participants | The Adolescent Girls Initiative-Kenya (AGI-K) | Sub-Saharan Africa | Child marriage | Violence + education arm and pooled samples saw significant reduction in child marriage. No full sample effect on violence prevention. | Intent-to-treat:<br>Extended controls: full sample: ever married: 0.041*, baseline out-of-school sample: 0.180*<br>*$p < 0.05$ |
| Baiocchi 2017 [19] | Education and life skills | Primary school girls aged 10–16 years<br>Marital status unspecified | 3,147 participants | IMPower | Sub-Saharan Africa | Sexual assault | Decrease in risk of sexual assault in intervention group. | Risk difference: sexual assault in intervention group: 3.7% decrease, $p$ = .03 (95% CI = 0.4–8.0) |
| Buchmann 2016 [20] | Income and economic | Girls ages 15–17 years<br>Only unmarried participants | 19,060 participants | Kishoree Kontha | South Asia | Child marriage | Girls eligible for the incentive for at least 2 years were less likely to be married before 18 years. | Two-stage least squares (2SLS) regression: intervention for at least 2 years: less likely to be married under 18: 22% (−9.9 ppts, $p < .01$) |
| Chzhen 2021 [21] | Income and economic | Males and females aged 14–19 years<br>Both married and unmarried participants | 1,933 participants | Ujana Salama | Sub-Saharan Africa | Gender norms | At midline, significant impact on gender attitudes (using GEMS scale) on males. At endline, significant only for males along the domestic chores subscale (not on the norms around violence subscale.) | Intent-to-treat:<br>Midline: Males (not sexually debuted at baseline): 0.34* (0.13)<br>*$p < 0.05$ |
| Cluver 2018 [22] | Parent and caregiver support | Families in the Eastern Cape reporting conflict with their adolescents (aged 10–18 years)<br>Only unmarried participants | 552 families | Parenting for Lifelong Health: Sinovuyo Teen | Sub-Saharan Africa | Caregiver abuse | One month postintervention, significant reductions in past-month abuse by caregiver and adolescent reports. By 5–9 months, these effects held in caregiver report, but not adolescent reports. | Incidence rate ratio (IRR): lower abuse: IRR 0.55 (95% CI 0.40 to 0.75, $p < .001$) |

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**Table 4**
Continued

| Author/year | INSPIRE category | Population | Total sample size (population of interest) | Intervention name | Region | Outcome(s) of interest | Impact on outcomes of interest | Effect size (for studies that demonstrated statistically significant impact on outcomes of interest) |
|---|---|---|---|---|---|---|---|---|
| Dake 2018 [23] | Income and economic | Youth aged 14–21 years at baseline<br>Both married and unmarried participants | 3,531 participants (Malawi), 3,078 participants (Zambia) | Social Cash Transfer Program (SCTP; in Malawi) and Multiple Categorical Targeted Grant (MCTG; in Zambia) | Sub-Saharan Africa | Child marriage | No significant impact. | Not applicable as no significant impact was found on outcomes of interest. |
| Decker 2018 [24] | Education and life skills | School-aged women in Malawi<br>Marital status unspecified | 4,278 participants | IMPower | Sub-Saharan Africa | Sexual assault | Reduced past-year sexual violence victimization among intervention students. | Risk ratio (RR):<br>Past-year sexual assault prevalence reduced among intervention: ([RR] 0.68, 95% CI 0.56, 0.82), interaction effect $p < .001$ |
| Gage 2016 [16] | Education and life skills | Students in grades 10–12 years in two high schools in Port-au-Prince<br>Marital status unspecified | 209 participants | Safe Dates | Latin America | Dating violence | Students were significantly more likely to be able to correctly identify domestic violence myths when the intervention curriculum was delivered by a female teacher. | Linear regression:<br>Female students more likely to know two warning signs of DV perpetration (coefficient = 0.631*; $p < 0.05$) and to correctly identify more DV myths and facts: (coefficient = 0.378*; $p < 0.05$), female teachers positively associated with knowing two warning signs of DV perpetration (coefficient = −1.148***, ***$p < 0.001$, students taught by female teachers knew significantly fewer DV myths and facts than those taught by male teachers (coefficient = −1.148***; $p < 0.001$) |
| Jewkes 2019 [25] | Education and life skills | Students age 12–15 years<br>Marital status unspecified | 3,411 participants | Skhokho | Sub-Saharan Africa | IPV/dating violence | Impacts on violence not statistically significant, although positive direction of changes. | Not applicable as no significant impact was found on outcomes of interest. |
| Kaljee 2017 [26] | Education and life skills | Primary school teachers and students in Zambia<br>Marital status unspecified | 1,378 participants | Teachers' Diploma Programme on Psychosocial Care, Support, and Protection | Sub-Saharan Africa | Gender norms | No significant impact. | Not applicable as no significant impact was found on outcomes of interest. |
| Kangwana 2022 [27] | Income and economic | 11- to 14-year-old girls in Kenya<br>Marital status unspecified | 2,075 participants | Adolescent Girls Initiative-Kenya (AGI-K) | Sub-Saharan Africa | "Violence prevention summary measures" | No significant impact. | Not applicable as no significant impact was found on outcomes of interest. |

**Table 4**
Continued

| Author/year | INSPIRE category | Population | Total sample size (population of interest) | Intervention name | Region | Outcome(s) of interest | Impact on outcomes of interest | Effect size (for studies that demonstrated statistically significant impact on outcomes of interest) |
|---|---|---|---|---|---|---|---|---|
| Karmaliani 2020 [28] | Education and life skills | Grade 6 students<br>Marital status unspecified | 1,752 participants | Right to Play | South Asia | Gender norms | Positive changes in gender attitudes for both boys and girls. | Estimated mean difference:<br>Boys gender attitudes = −0.65 ($p$ =0 .037), Girls gender attitudes = −1.32 ($p <$ 0.001) |
| Leventhal 2016 [29] | Education and life skills | Girls in government middle schools<br>Marital status unspecified | 3,363 participants | Girls First | South Asia | Gender norms | The combined intervention (RC + HC) and the Resilience Curriculum (RC) alone both had positive impacts on gender equality attitudes for girls. | Difference in differences:<br>RC + HC (Girls First Resilience Curriculum + Girls First Health Curriculum): 4.62***/RC(Girls First Resilience Curriculum): 1.20 b *<br>***$p < .001$, **$p < .01$, *$p =$ 0.025 |
| Mathews 2016 [30] | Education and life skills | Grade 8 students (average age: 13 years)<br>Marital status unspecified | 6,244 participants | PREPARE | Sub-Saharan Africa | IPV | Significant reduction in IPV victimization. | Odds ratio:<br>IPV victimization at 12 months: 0.77*/95% CI: 0.61−0.99/t (40) = 2.14<br>*$p < .05$ |
| Mehra 2018 [13] | Norms and values | Males and females 10−24 years<br>Only unmarried participants | 1,770 participants | 'Improving Sexual and Reproductive Health of Young People by increasing the Age at Marriage and Delaying the First Pregnancy' India | South Asia | Early marriage | Youth Information Centers (YIC) associated with significant reduction in early marriage. Access to mass media also linked to reduced chance of early marriage. | Odds ratio:<br>YIC: 2.25* (1.28−3.94), mass media: 1.79* (1.15−2.78)<br>*$p < .05$ |
| Özler 2020 [31] | Income and economic | Girls aged 13−14 years<br>Both married and unmarried participants | 1,216 participants | Girl Empower | Sub-Saharan Africa | Sexual violence<br>Gender norms | Did not reduce sexual violence significantly but positive significant impact on gender attitudes. | Intent-to-treat:<br>Gender attitudes: girl empower: (β, 0.206 SD, $p <$ .05), girl empower plus: (β, 0.228 SD, $p < .05$), |
| Palermo 2021 [32] | Income and economic | Adolescents aged 14−19 years living in households receiving a government cash transfer<br>Both married and unmarried participants | 904 participants | Ujana Salama | Sub-Saharan Africa | Sexual violence | Treatment adolescents (male and female) had a reduction of experiencing sexual violence, with a bigger drop for female respondents. Men less likely to report perpetration of physical violence | Linear regression:<br>Sexual IPV (both genders): (b = −0.05; 95% CI = −0.10, −0.003), male reduced physical perpetration: (b = −0.06; 95% CI = −0.10, −0.02). |

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**Table 4**
Continued

| Author/year | INSPIRE category | Population | Total sample size (population of interest) | Intervention name | Region | Outcome(s) of interest | Impact on outcomes of interest | Effect size (for studies that demonstrated statistically significant impact on outcomes of interest) |
|---|---|---|---|---|---|---|---|---|
| Pettifor 2016 [33] | Income and economic | Girls aged 13–20 years if they were enrolled in school grades 8–11<br>Only unmarried participants | 10,134 participants | Conditional cash transfer | Sub-Saharan Africa | IPV | Intervention participants significantly less likely to report experiencing partner physical violence in the past 12 months. | Risk ratio (RR):<br>IPV last 12 months: RR 0.66 (0.59–0.74) AT $p$: <0.0001 |
| Prakash 2019 [34] | Education and life skills | 12- to 13-year-old girls in their last year of primary school<br>Only unmarried participants | 2,457 participants | Samata | South Asia | Child marriage | No significant impact. | Not applicable as no significant impact was found on outcomes of interest. |
| Renzaho 2022 [14] | Education and life skills | Slum residents aged 13–25 years<br>Both married and unmarried participants | 579 participants | UPLIFT | Sub-Saharan Africa | Sexual violence<br>Gender norms | No impact on sexual assault, some positive impacts on some questions related to gender attitudes. | Adjusted difference in difference (ADiD):<br>GBV attitudes and beliefs: "It is common for young females to be forced to have sexual intercourse against their will" (ADiD = −58.7 (6.5), $p$ < .001), "A woman in a relationship or married can say no to sex without fear when she does not feel like it" (ADiD = 25.9 (8.8), $p$ < 0 0.01) |
| Rudgard 2022 [15] | Response and support services | 18.5- to 19.5-year-old adolescents (focused on last round only even though health extension program was administered to younger children and teens too)<br>Marital status unspecified | 775 participants | Ethiopia's Health Extension Program (HEP) | Sub-Saharan Africa | Child marriage | Strong association between intervention and higher odds of no child marriage. | Adjusted odds ratio:<br>Child marriage: 4.11 (CI: 1.64–10.31), $p$ < 0.003 |

**Table 4**
Continued

| Author/year | INSPIRE category | Population | Total sample size (population of interest) | Intervention name | Region | Outcome(s) of interest | Impact on outcomes of interest | Effect size (for studies that demonstrated statistically significant impact on outcomes of interest) |
|---|---|---|---|---|---|---|---|---|
| Santhya 2022 [35] | Norms and values | Male members of youth clubs 13−21<br>Marital status unspecified | 853 participants | Do Kadam | South Asia | IPV<br>Gender norms | Reduced IPV perpetration. Improved gender equitable norms, ideas of positive masculinity, and rejection of controlling behaviors and VAWG. | Generalized estimating equations regression:<br>Immediately: index of gender equitable attitudes and notions of positive masculinity: 0.515** [0.16, 0.87], $p = 0.005$, Index of attitudes rejecting men's controlling behaviors: 0.707*** [0.34, 1.07], Intervened to stop the perpetration: 1.825* [1.14, 2.93],<br>Long run: index of gender equitable attitudes: 0.319* [0.07, 0.57] $p < 0.10$; *$p <$ 0.05; **$p < 0.01$; ***$p <$ 0.001. |
| Sarnquist 2023 [36] | Education and life skills | Girls, ages 10−14 years<br>Marital status unspecified | 3,263 participants | IMPower + Sources of Strength (SOS) | Sub-Saharan Africa | Sexual violence | No significant impact. | Not applicable as no significant impact was found on outcomes of interest. |
| Shinde 2018 [37] | Education and life skills | Grade 9 students (aged 13−14 years) at government-run secondary schools<br>Both married and unmarried participants | 14,414 participants | SEHER | South Asia | Violence victimization<br>Gender norms | Significant effects on violence victimization and attitudes toward gender equality when delivered by lay counselors (SEHER Mitra [SM] group) but not when delivered by teachers (SEHER Mitra [TSM] group). | Odds ratio (OR) and adjusted mean difference (aMD):<br>SM group: violence victimization: (OR 0.62 [95% CI 0.46−0.84]), violence perpetration: (OR 0.68 [95% CI 0.48−0.96]), attitude toward gender, equity: (aMD 0.41 [95% CI 0.21−0.61]). |
| Sosa-Rubi 2017 [12] | Education and life skills | Students at two urban, low-income high schools in Mexico City<br>Marital status unspecified | 885 participants | True Love | Latin America | Dating violence<br>Gender norms | Did not reduce female experience of violence. Reduction in male perpetration and experience of psychological dating violence. Positive changes for both genders along gender norms outcomes | Fixed effects model:<br>Psychological dating violence perpetrated by males: −0.14* (CI: −0.28, −0.01)<br>*$p < .05$ |
| Stark 2018 [38] | Parent and caregiver support | Adolescent girls aged 10−14 years and their caregivers<br>Both married and unmarried participants | 869 participants | Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces (COMPASS) | Sub-Saharan Africa | Sexual violence | No significant impact. | Not applicable as no significant impact was found on outcomes of interest. |

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**Table 4**
Continued

| Author/year | INSPIRE category | Population | Total sample size (population of interest) | Intervention name | Region | Outcome(s) of interest | Impact on outcomes of interest | Effect size (for studies that demonstrated statistically significant impact on outcomes of interest) |
|---|---|---|---|---|---|---|---|---|
| Yount 2022 [39] | Norms and values | Heterosexual or bisexual men 18–24 years at university<br>Marital status unspecified | 793 participants | GlobalConsent | South Asia | Sexual violence<br>Attitudes toward sexual violence | Indirectly lowered odds of sexually violent behavior.<br>Improvement in knowledge and attitudinal mediators. | Parallel multiple mediator model, OR: knowledge of sexual violence legality and harm: (abOR = 0.93), empathy for rape victims (abOR = 0.96) $p < 0.05$ |

CI = confidence interval; DV = domestic violence.

to other low-resource settings. In addition, the education system has the potential to scale up these interventions, but it requires partnerships with governments to enable sustainability.

Adolescence and young adulthood are key periods in which to shape gender norms and attitudes and build positive gender relations in a lasting way. This systematic review indicates that school-based approaches show promise in reducing violence against AGYW and should be adapted and evaluated (particularly outside the Sub-Saharan African and South Asian contexts). Follow-up studies are also needed to further examine the longitudinal impacts of this programming.

### *Income and economic strengthening*

Income and economic strengthening approaches, including conditional and unconditional cash transfers, were the second most commonly evaluated approach included in this systematic review. Two of the six articles that evaluated income and economic strengthening programming demonstrated some effectiveness in reducing violence against AGYW and shaping gender norms, although more evidence is needed to understand the most effective delivery mechanisms and combination of approaches in context. This review evaluated six income and economic strengthening interventions, three of which aimed to reduce child marriage specifically. Most of these (4 of 6) did not demonstrate significant effectiveness against key violence or norms outcomes, although the two cash programs that demonstrated effectiveness offered important insights about when and how cash can be used to reduce violence against AGYW.

The interventions in this review that aimed to reduce child marriage targeted poverty as a driver of violence, operating on the premise that cash transfers can act as mechanism to alleviate financial pressures that lead families to marry off girl children. However, the evidence on whether cash transfer programs are effective in reducing child marriage is mixed, pointing to the need for further investigation into why certain programs have been effective, what delivery mechanisms work, and what contextual factors matter in implementation. Whereas one conditional incentive program in Bangladesh [20] (an in-kind transfer of cooking oil to parents to delay marriage of their daughters) was effective in delaying marriage, both a conditional cash transfer program evaluated in rural [18] and urban [27] Kenya, and unconditional cash transfer programs without any gender component [23] in Malawi and Zambia were not effective in reducing child marriage. The exact pathway through which cash transfers reduce child marriage is not clear, as they also affect other areas such as health and educational outcomes for AGYW. Further research into understanding the complexity of this pathway to change is important.

Cash programs demonstrated some effectiveness in reducing *other* forms of violence against AGYW aside from child marriage. Ujana Salama, a “cash plus” model layered onto an existing government program in Tanzania, demonstrated significantly reduced sexual IPV [32] and some positive impact on gender norms [21]. Participants received a productive grant conditional on attendance at life skills training and mentoring sessions. A conditional cash transfer program evaluated in South Africa, wherein AGYW and their guardians received a monthly cash transfer conditional on their school attendance, also demonstrated reductions in IPV [33]. South Africa has the largest social assistance program on the African Continent, reaching 18

million South Africans, but this program was not integrated into the government program [42]. Sustainability of models relies on stable funding; therefore, considerations of linking to existing government programs (as demonstrated by the Ujana Salama program) make this model potentially scalable. The present systematic review impels the need to further evaluate the effect of conditional cash and incentive programs and "cash plus" programs on violence against AGYW (including child marriage). The pathway through which cash programs may be effective in reducing different forms of violence is not currently well understood, and more evidence in this area would help researchers, practitioners, donors, and others better understand what forms of violence are tied most closely to economic drivers.

### *Norms and values*

Although many of the evaluated interventions included in this review included some component addressing norms and values that uphold gendered violence, 3 interventions centered on norms and values change as a primary focus, and these interventions all demonstrated effectiveness. All 3 of these interventions worked with men and boys, 2 of them exclusively with adolescent boys. A community-based program in India that used "youth information centers" for young people focused on reproductive and sexual health and rights and worked alongside a media component. The program worked to change gender norms and values across levels of the socioecological framework [43] and was successful in significantly reducing child marriage [13]. These findings suggest that a gender-transformative lens integrated into a sexuality education program that included both girls and boys had the potential to reduce early and child marriage. Two programs in Southeast Asia working with adolescent boys demonstrated effectiveness in shifting norms, with different delivery mechanisms and lengths of program delivery. GlobalConsent [39], a self-paced, modular, tech-facilitated intervention delivered to male college-aged students in Vietnam, demonstrated positive changes in male attitudes and beliefs regarding sexual violence and increased empathy toward victims and pro-social bystander behavior. Do Kadam [35], an 18-month, sports-based, gender-transformative life skills program delivered weekly in India, integrated reflective learning and critical thinking as a mechanism to successfully shift gender attitudes and reduced self-reported IPV perpetration.

### *Parent and caregiver support*

Very few articles (3/28) evaluated parent and caregiver support programming, although this evidence was promising and pointed to a need for greater investigation. Communities reached by Ethiopia's Health Extension Program, which deployed female community health workers and offered family support, appeared to have lower rates of child marriage [15]. Parenting for Lifelong Health: Sinovuyo Teen in South Africa, a 14-session program delivered by trained community members to families, demonstrated some effectiveness in reducing caregiver abuse [22]. More evidence is needed on these approaches, although community health workers may offer an effective delivery mechanism for reaching AGYW and their communities to prevent violence.

### *Emerging trends in effective programming for AGYW*

Identifying common pathways to achieve violence prevention is complicated, as successful programs adopted different approaches with varying underlying theories of change. Nevertheless, we observe that, due to the complexity of violence, successful programs were mainly designed as multicomponent interventions that keep young people at the center. Three of the 4 successful education and life skills interventions fostered an enabling school environment that created a school climate in which violence prevention programs can be delivered. It is important to note that the delivery mechanism (e.g., a school) is important. Across programs, we note that elements for successful violence prevention programming with young people include meaningful engagement through participatory learning techniques, which allow for critical thinking to build positive gender attitudes and nonviolent behavior (e.g., Prepare in South Africa, Do Kadam in India, True Love in Mexico). Similarly, the three successful norm and value change programs also use these participatory learning methods. We observed that all successful programs integrated a gender-transformative lens to shift harmful norms, practices, and values that underpin gender inequality. However, none of these successful programs have been taken to scale—for programs to be scaled it requires innovative partnerships potentially with governments where delivery platforms such as education, health, or social protection systems can be leveraged to reach the target population at scale. This will also promote the sustainability of interventions that can be mainstreamed through existing systems—for example, teachers can be trained to deliver violence prevention interventions with fidelity [40].

### *Implications*

The present review offers a more current understanding of what interventions have demonstrated effectiveness in reducing violence against AGYW in LMICs and changing the harmful norms and attitudes that uphold gendered violence. This review indicates that certain approaches (e.g., integrating a gender-transformative lens into programs targeting young people that shift harmful norms and practices) were clearly promising, regardless of the delivery mechanism, and should be adapted and tested in different contexts. This review has shown that school-based programming that integrates life skills training and is embedded in curricula using standardized content is an efficient way to ensure that critical numbers of learners are reached and has the potential to scale to a large student body. Other approaches (e.g., income and economic strengthening and parent and caregiver support) have demonstrated some effectiveness but need more evidence to form a clearer picture of their pathways to success. Above all, when interventions work to end violence against AGYW, the form of violence targeted, the context, and the mode of delivery all matter.

This systematic review had some limitations. Articles were only included if they could be accessed through database searches in English, French, Spanish, or Portuguese. Any evidence not available in these languages may have been excluded from this synthesis, which means the regional bias we observe toward evaluations in Africa and South Asia (with a dearth of evidence in Latin America and MENA) may be related to the language searches. The authors used the INSPIRE framework as a

pragmatic tool to categorize the different interventions identified, although not every intervention fit cleanly into one category: several interventions included a combination of approaches. It is also worth noting that the risk of bias tools used in this review are not always well suited to social science evaluations, particularly of programs on VAWG. For example, one domain of the RoB-2 tool assesses the measurement of the intended outcome and asks whether the respondent was aware of the intervention they were receiving. Due to the nature of most of the interventions included in the present review, it was almost always the case that respondents were aware of the intervention they were receiving; although it is not always clear, this represented a bias in the study such that the reader's assessment of its findings should be tempered.

Most available evidence was focused on education and life skills programming, and this evidence strongly indicated that school-based interventions have the potential to reduce violence against AGYW in LMICs. Schools also offer a scalable delivery mechanism for interventions that can then reach large numbers of adolescents, in partnership with education systems and governments. It is clear in the present review and previous evidence that teachers were able to be trained to deliver violence prevention programming if they are properly supported. This delivery mechanism should be capitalized upon to reach young people. School-based models that have demonstrated effectiveness should be adapted, tested, and scaled across contexts.

Some intervention approaches work to reduce certain forms of violence but not others. "Cash plus" [32] and incentive [20] models have demonstrated effectiveness in reducing child marriage, along with some noncash or incentive models (such as the life skills and gender rights program BALIKA program in Bangladesh [17], which also reduced child marriage). Cash transfers seemed to demonstrate some effectiveness in reducing IPV [33], but not necessarily child marriage [18,23,27]. This raises the question of what forms of violence are most linked to economic drivers and which are more tied to social and cultural norms (and may not be straightforwardly addressed through economic intervention). Income and economic strengthening programming has demonstrated effectiveness and should be studied further—both to address child marriage and other forms of violence against adolescents, such as IPV.

This review points to several gaps in the existing evidence base that require further research. One of these gaps is regional: there was *no* evidence in this study that emerged from the MENA, West or Central Asia regions, and only 2 evaluations from Latin America and the Caribbean. Further research is urgently needed on interventions tested in these contexts. Even in regions where there was a concentration of evidence (e.g., Sub-Saharan Africa and South Asia), this evidence was often concentrated in certain countries or subregions (e.g., more in Eastern and Southern Africa than West Africa). This speaks to an agenda-setting in violence research that must be reimagined, with support for research to emerge from key regions. Implementers and researchers must work with donors to expand the geographic scope of emerging intervention evidence to best serve the needs of *all* AGYW.

A more specific focus on adolescence is also needed. Of the 78 articles originally considered for inclusion (before the authors tightened age range criteria), only 28 focused specifically on AGYW (rather than including adolescents in a broader age range of a target population). The fact that less than half of the articles addressed interventions specifically targeted to this key population is an indication of the significant evidence gap that exists regarding the prevention of violence against AGYW, particularly in LMICs.

There is also a dearth of evidence on certain approaches: while several interventions reflected a combination of approaches, no evaluations emerged through this review that used the implementation and enforcement of laws as a mechanism to reduce violence against AGYW, nor were there any evaluations of interventions to create safer spaces. There was only one evaluation [15] of a response/support program, and this intervention appeared to be correlated with lower child marriage. More evidence is needed on these approaches to paint a fuller picture of what works to address different forms of violence against AGYW. Adapting and testing community-based and norms change approaches, particularly those that engage young men, is a useful area for future research to explore whether these approaches can go beyond changing norms and actually reduce violence experienced by AGYW.

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## References

[1] UNICEF. A statistical snapshot of violence against adolescent girls. 2014. https://data.unicef.org/resources/statistical-snapshot-violence-adolescent-girls/?_gl=1*1xg7pwo*_ga*MTI4NDAyNjU4Ny4xNzE5NDE0OTQ3*_ga_ZEPV2PX419*MTcxOTQxNDk0Ny4xLjAuMTcxOTQxNDk0Ny42MC4wLjA. Accessed June 26, 2024.

[2] Ellsberg M, Arango DJ, Morton M, et al. Prevention of violence against women and girls: What does the evidence say? Lancet 2015;385:1555–66.

[3] Noble E, Ward L, French S, Falb K. State of the evidence: A systematic review of approaches to reduce gender-based violence and support the empowerment of adolescent girls in humanitarian settings. Trauma Violence Abuse 2019;20:428–34.

[4] Yount KM, Krause KH, Miedema SS. Preventing gender-based violence victimization in adolescent girls in lower-income countries: Systematic review of reviews. Soc Sci Med 2017;192:1–13.

[5] De Koker P, Mathews C, Zuch M, et al. A systematic review of interventions for preventing adolescent intimate partner violence. J Adolesc Health 2014;54:3–13.

[6] Decker MR, Bevilacqua K, Wood SN, et al. Gender-based violence during COVID-19 among adolescent girls and young women in Nairobi, Kenya: A mixed-methods prospective study over 18 months. BMJ Glob Health 2022;7:e007807.

[7] Roesch E, Amin A, Gupta J, García-Moreno C. Violence against women during covid-19 pandemic restrictions. BMJ 2020;369:m1712.

[8] Lassi ZS, Rahim KA, Stavropoulos AM, et al. Use of contraceptives, empowerment and agency of adolescent girls and young women: A systematic review and meta-analysis. BMJ Sex Reprod Health 2024;50:195–211.

[9] McNaughton Reyes HL, Graham LM, Chen MS, et al. Adolescent dating violence prevention programmes: A global systematic review of evaluation studies. Lancet Child Adolesc Health 2021;5:223–32.

[10] What Works to Prevent Violence Against Women and Girls: Impact at Scale. UK Government Foreign Commonwealth and Development Office (FCDO). https://ww2preventvawg.org/. Accessed June 26, 2024.

[11] World Health Organization (WHO). INSPIRE: Seven Strategies for Ending Violence Against Children.. 2016. https://www.who.int/publications/i/item/9789241565356. Accessed June 26 2024.

[12] Sosa-Rubi SG, Saavedra-Avendano B, Piras C, et al. True love: Effectiveness of a school-based program to reduce dating violence among adolescents in Mexico City. Prev Sci 2017;18:804–17.

[13] Mehra D, Sarkar A, Sreenath P, et al. Effectiveness of a community based intervention to delay early marriage, early pregnancy and improve

school retention among adolescents in India. BMC Public Health 2018; 18:732.
[14] Renzaho AMN, Kamara JK, Doh D, et al. Do community-based livelihood interventions affect sexual and reproductive health and rights of young people in slum areas of Uganda: A difference-in-difference with kernel propensity score matching analysis. J Urban Health 2022;99:164–89.
[15] Rudgard WE, Dzumbunu SP, Yates R, et al. Multiple impacts of ethiopia's health extension program on adolescent health and well-being: A quasi-experimental study 2002-2013. J Adolesc Health 2022;71:308–16.
[16] Gage AJ, Honoré JG, Deleon J. Short-term effects of a violence-prevention curriculum on knowledge of dating violence among high school students in Port-au-Prince Haiti. J Commun Healthc 2016;9:178–89.
[17] Amin S, Saha JS, Ahmed JA. Skills-building programs to reduce child marriage in Bangladesh: A randomized controlled trial. J Adolesc Health 2018;63:293–300.
[18] Austrian K, Soler-Hampejsek E, Kangwana B, et al. Impacts of multi-sectoral cash plus programs on marriage and fertility after 4 years in pastoralist Kenya: A randomized trial. J Adolesc Health 2022;70:885–94.
[19] Baiocchi M, Omondi B, Langat N, et al. A behavior-based intervention that prevents sexual assault: The results of a matched-pairs, cluster-randomized study in Nairobi, Kenya. Prev Sci 2017;18:818–27.
[20] Buchmann N, Field E, Glennerster R, et al. The effect of conditional incentives and a girls' empowerment curriculum on adolescent marriage, childbearing and education in rural Bangladesh: A community clustered randomized controlled trial. Published online. Washington, D.C.: Innovations for Poverty Action; 2016.
[21] Chzhen Y, Prencipe L, Eetaama F, et al. Impacts of a cash plus intervention on gender attitudes among Tanzanian adolescents. J Adolesc Health 2021; 68:899–905.
[22] Cluver LD, Meinck F, Steinert JI, et al. Parenting for lifelong health: A pragmatic cluster randomised controlled trial of a non-commercialised parenting programme for adolescents and their families in South Africa. BMJ Glob Health 2018;3:e000539.
[23] Dake F, Natali L, Angeles G, et al. Cash transfers, early marriage, and fertility in Malawi and Zambia. Stud Fam Plann 2018;49:295–317.
[24] Decker MR, Wood SN, Ndinda E, et al. Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training. BMC Public Health 2018;18:1341.
[25] Jewkes R, Gevers A, Chirwa E, et al. RCT evaluation of Skhokho: A holistic school intervention to prevent gender-based violence among South African Grade 8s. PLoS One 2019;14:e0223562.
[26] Kaljee L, Zhang L, Langhaug L, et al. A randomized-control trial for the teachers' diploma programme on psychosocial care, support and protection in Zambian government primary schools. Psychol Health Med 2017; 22:381–92.
[27] Kangwana B, Austrian K, Soler-Hampejsek E, et al. Impacts of multi-sectoral cash plus programs after four years in an urban informal settlement: Adolescent girls initiative-kenya (AGI-K) randomized trial. PLoS One 2022;17:e0262858.
[28] Karmaliani R, McFarlane J, Khuwaja HMA, et al. Right to play's intervention to reduce peer violence among children in public schools in Pakistan: A cluster-randomized controlled trial. Glob Health Action 2020;13:1836604.
[29] Leventhal KS, DeMaria LM, Gillham JE, et al. A psychosocial resilience curriculum provides the "missing piece" to boost adolescent physical health: A randomized controlled trial of girls first in India. Soc Sci Med 2016;161:37–46.
[30] Mathews C, Eggers SM, Townsend L, et al. Effects of PREPARE, a multi-component, school-based HIV and Intimate Partner Violence (IPV) prevention programme on adolescent sexual risk behaviour and IPV: Cluster randomised controlled trial. Published online. Washington, D.C.: Innovations for Poverty Action; 2016.
[31] Özler B, Hallman K, Guimond MF, et al. Girl Empower – A gender transformative mentoring and cash transfer intervention to promote adolescent wellbeing: Impact findings from a cluster-randomized controlled trial in Liberia. SSM Popul Health 2020;10:100527.
[32] Palermo T, Prencipe L, Kajula L. Effects of government-implemented cash plus model on violence experiences and perpetration among adolescents in Tanzania, 2018–2019. Am J Public Health 2021;111:2227–38.
[33] Pettifor A, MacPhail C, Hughes JP, et al. The effect of a conditional cash transfer on HIV incidence in young women in rural South Africa (HPTN 068): A phase 3, randomised controlled trial. Lancet Glob Health 2016;4: e978–88.
[34] Prakash R, Beattie TS, Javalkar P, et al. The Samata intervention to increase secondary school completion and reduce child marriage among adolescent girls: results from a cluster-randomised control trial in India. J Glob Health 2019;9:010430.
[35] Santhya KG, Francis Zavier AJ. Long-term impact of exposure to a gender-transformative program among young men: Findings from a longitudinal study in Bihar, India. J Adolesc Health 2022;70:634–42.
[36] Sarnquist C, Friedberg R, Rosenman ETR, et al. Sexual assault among young adolescents in informal settlements in Nairobi, Kenya: Findings from the IMPower and SOS cluster-randomized controlled trial. Prev Sci 2023;25: 578–89. Published online.
[37] Shinde S, Weiss HA, Varghese B, et al. Promoting school climate and health outcomes with the SEHER multi-component secondary school intervention in Bihar, India: A cluster-randomised controlled trial. Lancet 2018;392:2465–77.
[38] Stark L, Seff I, Asghar K, et al. Building caregivers' emotional, parental and social support skills to prevent violence against adolescent girls: findings from a cluster randomised controlled trial in Democratic Republic of Congo. BMJ Glob Health 2018;3:e000824.
[39] Yount KM, Bergenfeld I, Anderson KM, et al. Theoretical mediators of GlobalConsent: An adapted web-based sexual violence prevention program for university men in Vietnam. Soc Sci Med 2022;313:1–11.
[40] Mathews S, Achyut P, October L, Makola L. In: An Evidence Review: Prevention of Violence against Children through Schools in the Global South. Uganda: Children's Institute, University of Cape Town and Raising Voices; 2021. https://coalitionforgoodschools.org/wp-content/uploads/2022/02/Coalition_for_Good_Scools_Evidence_Review_R6.pdf. Accessed June 26, 2024.
[41] Naker D. Preventing violence against children at schools in resource-poor environments: Operational culture as an overarching entry point. Aggress Violent Behav 2019;47:268–73.
[42] World Bank. In: South Africa - Social assistance programs and systems review. The World Bank Group; 2021. https://documents1.worldbank.org/curated/en/238611633430611402/pdf/South-Africa-Social-Assistance-Programs-and-Systems-Review.pdf. Accessed June 26, 2024.
[43] Heise LL. Violence against women: An integrated, ecological framework. Violence Women 1998;4:262–90.