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Evidence of socio cultural factors influencing intimate partner violence among young women in Sub- Saharan Africa: A systematic scoping review.

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3 1 **Evidence of socio cultural factors influencing intimate partner violence among young**
4 **women in Sub-Saharan Africa: A systematic scoping review.**
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33 ABSTRACT

34 *Objective:* This study carried out a systematic scoping review of research on intimate partner
35 violence to determine the extent to which studies on socio cultural factors influencing intimate
36 partner violence among young women (15-24 years) have been conducted, and how different
37 geographic areas are represented. It also considered whether the methodologies used were
38 sufficient to describe the risk factors, prevalence, and health outcomes associated with intimate
39 partner violence among young women.

40 *Study design:* Systematic scoping review.

41 *Methods:* Online databases were used to identify studies published between 2008–2019. The
42 Preferred Reporting Items for Systematic Review and Meta-Analysis guidelines by Arksey and
43 O'Malley were used to select studies, and primary studies were assessed using the Mixed Method
44 Appraisal Tool, version 2011. Thematic content analysis was used to summarize the findings of
45 the scoping review.

46 *Results:* The majority of publications 8 (61.5%) reported cross-sectional studies, while 4 (31.5%)
47 were qualitative studies. One of the studies (7%) collected measured data. Overall, 13 (100%) of
48 the publications examined factors influencing intimate partner violence.

49 Using a customized quality assessment instrument, 12 (92.3%) of studies achieved a “high” quality
50 ranking with a score of 100%, and (7.7%) of studies achieved an “average” quality ranking with a
51 score of 75%.

52 *Conclusions.* While the quality of the studies is generally high, researches on socio cultural factors
53 influencing intimate partner violence among young women would benefit from a careful selection
54 of methods and reference standards, including direct measures of the violence affecting young
55 women. Prospective cohort studies are required linking early exposure with individual, socio
56 cultural and community factors and detailing the abuse experienced from childhood, adolescence
57 and youth.

58 *Keywords:* “intimate partner violence”, “factors influencing intimate partner violence”, “socio
59 cultural factors”, “dating violence”, “domestic violence”, “prevalence of intimate partner
60 violence”, “young women”.

61 *Prospero Registration Number:* CRD42018116463

62 *Scoping protocol publication:* <https://doi.org/10.1186/s13643-019-1234->

63

64 **Strengths and limitations of this study**

65 We conducted an exhaustive search for relevant studies from five search engines and after that the
66 screening of abstracts and full articles was performed using a structured tool where in the degree
67 of agreement calculations they revealed no significant difference, therefore the mixed method tool
68 was applied to assess the risk of bias.

69 Limited findings to compare risk factors specific to younger women aged 15–24, as data on socio
70 cultural factors influencing intimate partner violence were mostly derived from studies using
71 existing studies in women of reproductive ages.

72 The use of cross-sectional design in the included studies and self-administered questionnaires in
73 accessing the experiences of intimate partner violence, runs the risk of potential bias in the studies
74 included, in respect of the study sample selection and the recall period and, in obtaining socially
75 desirable responses.

76 The scarcity of research evidence regarding the socio cultural factors influencing intimate partner
77 violence among young women aged 15–24 in the Sub-Saharan African settings.

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91 INTRODUCTION

92 Intimate partner violence (IPV) is a widespread global public health concern¹. According to
93 UNESCO (2015), 85% of the violence against women is perpetrated by their male intimate
94 partners^{2, 3}. The World Health Organization (WHO) estimates that globally one in three women
95 (30%), experience violence from their partners⁴. Worldwide, statistics show that IPV is highest in
96 the WHO South-East Asian region (37.7%), and in the WHO Eastern Mediterranean region (37%)
97 and WHO African regions (36.6%). However, the WHO America region (29.8%), WHO European
98 region (25.45%) and WHO Western Pacific (24.6%) are less affected^{4, 5}.

99 The Sub Saharan Africa region (SSA), carries the most substantial burden of IPV, where Ethiopia
100 (70.9%), Tanzania (55.9%) and Namibia (35.9%) have been reported as the most affected countries
101 with high prevalences⁶. IPV in SSA has been reported to exist among younger women (YW) where
102 it has been estimated as ranging from 37.6% to 65.7%⁷.

103 The World Bank classify young people as individuals aged 10–24⁸. Therefore, YW in this study
104 refers to those women aged 15 to 24 years.

105 Globally, the numbers of YW are increasing. Worldwide, there are about 880 million females aged
106 15–24 years, 12% of the world population⁸. Mostly they are living in developing countries,
107 including countries from SSA region⁹.

108 YW are also the population group that is mostly affected by numerous inequalities leading them
109 to be potentially vulnerable to violence including IPV. It is estimated that 80% of YW aged 15–24
110 have not completed their secondary education in many settings of SSA⁹. Moreover, the high rate
111 of unemployment affecting these group, decreases their autonomy in making important decisions
112 about their lives⁸. For instance, around 80% of YW in SSA countries cannot decide about their
113 own health, which limits their access to health services and therefore, to prevent IPV⁹.

114 The problem of IPV among YW is worrying since this group of women is still developing, and the
115 negative impact of IPV is likely to compromise their lives and future wellbeing¹⁰. IPV among YW
116 deserves immediate attention, as delay in mitigating this problem may promote recurrence and
117 continuation of the cycle of IPV¹¹.

118 The concern is that the factors that influence IPV among YW are well documented in developed
119 countries mainly in the United States of America (USA) settings, and this includes economic,
120 psychological, physical and cultural factors⁴, but it is less evident in SSA settings. Therefore,
121 where the research on IPV among YW has been documented in SSA, the factors of sexual coercion,

1
2
3 122 economic constraints and low level of education have been reported to increase their risk of IPV⁷.
4 123 Young People in SSA are further affected by their high risk behaviours such as sexual and violent
5 124 behaviours, and dating older partners which increases their vulnerability to IPV,¹². IPV among
6 125 YW is perpetrated more by older men than their younger male counter parts^{13, 14}. Authors focusing
7 126 on gender based violence research argue that YW who are dating older men are unable to take
8 127 control of their relationships^{15, 16}. These YW are not given the opportunity to negotiate or discuss
9 128 issues. An example of this is that of YW who, if they want to use protective measures such as
10 129 condoms and contraceptives must get approval from their older partner, who are not always willing
11 130 to use such protective measures¹⁷. In addition to these risk behaviours affecting this group, various
12 131 other specific and contextual risk factors such as parents' and peers' influences, and the use/abuse
13 132 of alcohol and drugs might influence their vulnerability to partner violence^{12, 18}.

14 133 The harmful social norms and the acceptance of the male's dominant role in our society also
15 134 perpetuates gender inequality to the detriment of females^{19, 20}.

16 135 Although the Mozambican Constitution entrenches gender equality,²¹ these negative harmful
17 136 norms are upheld by society and place YW in a subservient role and at risk of IPV²². However, the
18 137 main challenges to the prevention of IPV among this population are the following: Firstly, little is
19 138 known about the socio cultural factors that contribute toward IPV in YW; instead, research is
20 139 mainly focused on household surveys aimed at measuring the prevalence of domestic violence in
21 140 adult and ever-married women; Secondly, due to the community acceptance of violence and social
22 141 norms of male dominance, their perceived risk of violence is often not seen; Thirdly, the policies,
23 142 law enforcement, reduction and prevention strategies are more focused and known for domestic
24 143 violence in ever-married or cohabiting woman.

25 144 Understanding how these factors influence IPV in YW could better inform policy makers, health
26 145 sectors and other relevant entities for tailor-made interventions for prevention and reduction of
27 146 IPV among YW.

28 147 This study aimed to map existing evidence on socio cultural factors influencing IPV among YW
29 148 aged 15–24 years, in SSA.

30 149

31 150 **METHODS**

32 151 **Protocol and registration**

33 152 The authors undertook a systematic scoping review of the socio cultural factors influencing IPV

153 among YW in SSA as part of a broader study aimed at investigating the socio cultural factors
 154 influencing IPV among YW aged 15–24 years in Maputo city, Mozambique.

155 The scoping review protocol was developed and registered a priori, in the International Prospective
 156 Register for Systematic Reviews (PROSPERO), under the following registration number:
 157 CRD42018116463 and is accessible via the following link: <https://www.crd.york.ac.uk/prospero/>
 158 6. Further it was published in BMC systematic reviews and is available via the following
 159 link:<https://doi.org/10.1186/s13643-019-1234-y>.

160 The review was guided by the scoping review framework. It conformed to the Preferred Reporting
 161 Items for Systematic Reviews and Meta-Analysis (PRISMA) extension for scoping review
 162 guidelines in presenting the results of this scoping review (Arksey and O'Malley)²³. Briefly, the
 163 framework involves (i) identifying the research question, (ii) identifying relevant studies, (iii)
 164 study selection (iv) charting the data and (v) collating, summarizing and reporting the results.
 165 Quality assessment of the included studies recommended by Levac et al. was also performed²⁴.

166 We determined the eligibility of articles to answer our research question for a scoping review study
 167 using the Population, Intervention, Comparison and, Outcome nomenclature (PICO), presented in
 168 Table1.

170 **Table 1. Framework for determining the eligibility of research questions (PICO)**

| Criteria | Determinants |
|---------------|--|
| Population | Women aged 15–24 years |
| Intervention | Intimate partner violence against women |
| Comparison | N/A |
| Outcomes | Socio cultural factors; Individual factors; Morbidity; Mortality; Prevalence; Socio-economic effects; Types of IPV; |
| Study Setting | Sub-Saharan Africa |

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 172 **Sources of Information and search strategy**
 173 A primary search of research articles published in peer-reviewed journals, review articles and grey
 174 literature was conducted from the following databases: PubMed, CINAHL with Full Text,
 175 MEDLINE with full text, Health Source: Nursing/Academic Edition, Google scholar (advanced
 176 search), and Academic search complete. Reference lists of the obtained studies were also searched

1
2
3 177 to identify studies that could be added to the review. The search was guided by the following
4
5 178 keywords: “intimate partner violence”, “factors influencing intimate partner violence”, “socio
6
7 179 cultural factors”, “dating violence”, “domestic violence”, “prevalence of intimate partner
8
9 180 violence”, “young women”. Boolean terms (AND and OR) were used to separate the keywords
10
11 181 and the use of MeSH (Medical Subject Headings) terms were also included during the search. The
12
13 182 search was limited to studies from SSA, that were published in any language, for the ten year
14
15 183 period 2008– 2019.
16

17 185 **Study selection**

18 186 Studies were considered eligible if they met all the following inclusion criteria:

- 19
20 187 • Studies reporting evidence of the prevalence of IPV in adult women including YW aged
21
22 188 15–24;
- 23
24 189 • Studies reporting evidence on socio cultural factors influencing IPV against women;
- 25
26 190 • Evidence of types of IPV;
- 27
28 191 • Evidence of the impact of IPV;
- 29
30 192 • Study design: quantitative, qualitative, mixed methods, randomized controlled trial, cohort
31
32 193 study, case-control study and cross-sectional study.

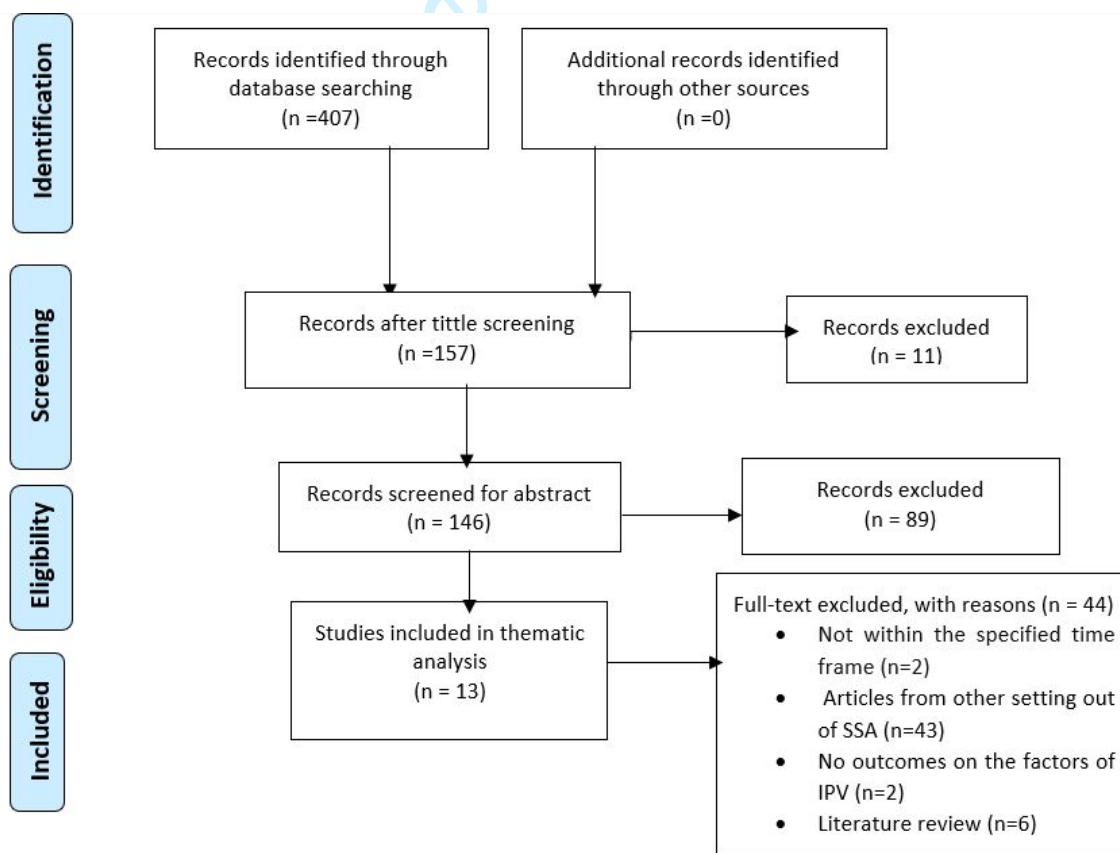
33 194 However, studies were deemed ineligible if:

- 34 195 • Studies do not report on the outcomes of the study;
- 35
36 196 • Studies were published before 2008;
- 37
38 197 • Studies evidenced intervention on IPV on partners of the same-sex;
- 39
40 198 • Studies reporting evidence on factors influencing IPV only in women above 24 years.
- 41
42 199 • Studies were not done in SSA;
- 43
44 200 • Review articles.

45 201 Following the previously outlined stages of the study selection and guided by our eligibility
46
47 202 criteria, first, we conducted a title screening, whereby one reviewer (M.S.B.), screened the titles
48
49 203 from the databases. Eligible titles for abstract screening were then exported to the End Note
50
51 204 Library. All the studies that did not address the research questions were excluded together with all
52
53 205 the duplicates. The reviewer sought and obtained assistance from the UKZN library services for
54
55 206 articles that were difficult to find. The reviewer also contacted the authors to request full copies of
56
57 207 the included articles that were not available via the databases and the UKZN library. The final End
58
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60

Note database was shared among the review team for abstract screening. At this stage, two independent reviewers screened the abstracts (M.S.B. and N.P.), guided by the eligibility criteria. Discrepancies between the reviewers' responses at this stage were resolved by discussions until an agreement was reached. At the third stage, the two reviewers independently screened the full articles (M.S.B. and N.P.). Discrepancies between the reviewers' responses at the full-article screening stage were resolved by involving a third reviewer (N.F. T). The copies of the complete articles for the eligible studies were kept for data extraction by the two reviewers (M.S.B. and N.P.). Lastly, a Kappa statistics' calculation was performed to determine the degree of agreement between reviewers at the full-article screening by using STATA 13 software (Stata-Corp, College Station, Texas, USA).

A PRISMA flow diagram of the study selection (Figure 1: literature search and selection of studies) shows the process involved in obtaining the eligible studies.



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221 **Figure1- PRISMA flow diagram of study selection.**

222 **Quality assessment**

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3 223 The Mixed Method Quality Appraisal Tool (MMAT), version 2011 was used to examine the
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5 224 quality of articles to determine the risk of bias²⁵. The tool was used to investigate the relationship
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7 225 between the theme and the research questions. Two reviewers (M.S.B. and N.P.), assessed the
8
9 226 quality of evidence of the included studies. The studies were evaluated in terms of the following
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11 227 domains: “clarity of the research questions, relevant resources to address the objectives, relevant
12
13 228 process of data analysis, the relationship between the findings and the context and the relevance
14
15 229 of the findings”²⁵. An overall quality percentage score for each of the included studies was
16
17 230 calculated. Scores were described as low quality (25%), fair quality (50%), average quality (75%)
18
19 231 and good quality (100%). The quality scores in this study are reported in the results’ section.
20

21 232 **Data extraction**

22 233
23 234 The information addressing the research questions was thoroughly extracted using a standardized
24
25 235 data extraction sheet from the following domains: “author and year, study setting, population,
26
27 236 gender, intervention, the aim of the study, study design, outcomes and key findings”.
28

29 237 30 238 **Collating and summarizing the findings**

31 239 We performed a thematic analysis approach to identify evidence of the socio cultural factors
32
33 240 influencing IPV in YW. NVivo version11 was used to extract the following relevant emergent
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35 241 themes: Being younger than partner, education level discrepancies between partners, being
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37 242 married, employment and economic status of women, alcohol use by male partner, previous history
38
39 243 of violence in both partners, socio cultural norms, environment and legal systems.
40

41 244 42 245 **RESULTS**

43 246 **Screening results**

44 247 The screening results for this scoping review are presented in Figure 1 and here are explained in
45
46 248 detail .

47
48 249 A total of 407 articles were retained from our initial search through the databases. Applying our
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50 250 exclusion criteria, a total of 250 studies were excluded as they did not meet the study's eligibility
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52 251 criteria, and the number of articles was reduced to 157. After the removal of duplicates, 146 articles
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54 252 remained for which the abstract screening was undertaken. Abstract screening resulted in 57
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56 253 articles which were regarded as eligible for full-article screening. Following the full-article
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3 254 screening, 44 records were excluded, and a total of 13 records were deemed eligible for data
4
5 255 extraction and analysis. In respect of the full article screening, there was 96.49% agreement versus
6
7 256 64.73% expected by chance between screeners, which constitutes a satisfactory agreement (Kappa
8
9 257 statistic = - 0. 90 and p-value <0.05). In addition, the McNemar's chi-square statistic indicates that
10
11 258 there is no statistically significant difference in the proportions of yes/no answers by reviewers.
12 259 (p-value >0.05).

13 260 The 44 excluded articles after full-article screening were excluded for the following reasons: Two
14
15 261 studies had no outcomes of the factors influencing IPV against women^{26, 27}, six studies were not
16
17 262 primary investigations but literature reviews²⁸⁻³³, and two articles were published before the
18
19 263 stipulated time frame^{28, 29}. Forty-three out of the 44 full-text articles were not carried out in SSA^{18,}
20
21 264 ^{26, 28-69}.

24 266 **Characteristics of included studies**

25
26 267 Thirteen out of the 57 reviewed articles were eligible for data extraction. All the included studies
27
28 268 were carried in SSA and published between 2008 and 2019^{15, 70-81}. The studies are distributed as
29
30 269 follows amongst SSA countries: Two in South Africa^{72, 73}, three in Kenya^{75, 78, 80}, two in Nigeria^{70,}
31
32 270 ⁷¹, two in Tanzania^{79, 81}, one in Mali⁷⁴, one in Botswana¹⁵, one in Rwanda⁷⁶ and one in Togo⁷⁷.
33
34 271 Regarding the settings of the studies, four out of the included studies were conducted in urban
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36 272 settings^{15, 73, 78, 79}, three were carried out in rural settings^{70, 75, 80} and six were conducted in both
37
38 273 rural and urban settings^{71, 72, 74, 76, 77, 81}. The study settings included colleges⁸¹, healthcare centres^{70,}
39
40 274 ^{73, 75, 80}, households^{71, 72, 74, 76-79}, and services support centres¹⁵. Data collection was done through
41
42 275 questionnaires^{70, 71, 73-75, 77-79, 81} and interviews^{15, 72, 76, 80}. Regarding the study designs, 8 out of the
43
44 276 13 included studies were cross-sectional studies^{15, 71, 74, 75, 77, 79, 81, 82}, four were qualitative studies^{70,}
45
46 277 ^{72, 76, 80} and one was a longitudinal study design⁷³ (Figure 2 indicates the studies' design).

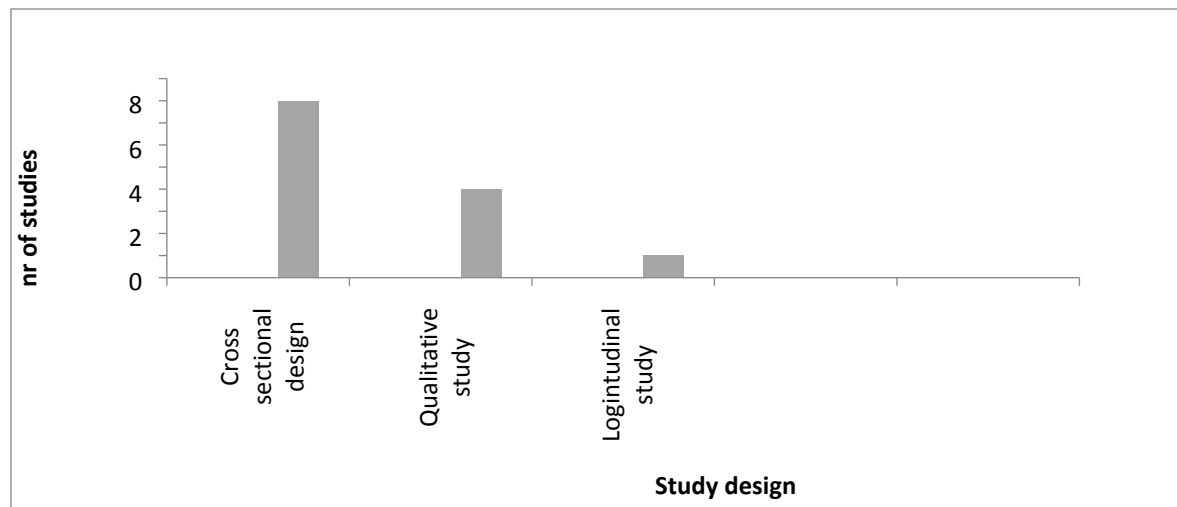


Figure 2. Distribution of the included study designs (N=13)

The total sample size was of 13,334 participants, ranging from studies with 8 to 4,906 participants, with the ages ranging from 14 to 56 years. Ten of the included studies had exclusively female participants, and in three studies, there were both females and males. The females comprised 12,322 participants, corresponding to 92.4 % of the total sample size.

All the 13 included studies investigated IPV. Within the included studies, eight investigated the prevalence and factors predicting IPV, including the socio cultural factors^{70, 71, 73-75, 78, 79, 81}, four narrated the meanings and factors associated with IPV among women who have ever experienced IPV^{15, 72, 76, 80} and two assessed also the health consequences of IPV among women subjected to IPV^{72, 80}. All included studies assessed experiences of IPV against women including older and YW. Two studies focused only on YW with the ages between 15 and 36 years. It was demonstrated that all the participants in the studies had experienced at least one form of IPV in their lifetime. It is also important to mention that the lifetime prevalence reported in the studies that examined the prevalence of IPV in YW aged 15–24 ranged between 28.77 % to 67%^{71, 74}.

Risk of bias within studies

All 13 included studies underwent a methodological quality assessment using the MMAT version 2011²⁵. 12 out of the 13 included studies were scored as high-quality with a score of 100%^{15, 70, 71, 73-81}. The remaining study had an average score of 75%⁷². None of the included studies was scored as low quality (25%). The overall evidence was considered to have a minimal risk of bias.

301 **Summary of the findings**

302 Evidence on socio cultural factors influencing IPV among young women in SSA was found in 13
303 studies. The summaries of findings were presented under the following themes: Being younger
304 than partner, education level discrepancies between partners, being married, employment and
305 economic status of women, alcohol use by male partner, previous history of violence in both
306 partners, socio cultural norms, environment and legal systems.

308 *Being younger than partner*

309 Five studies reported that age discrepancies between women and their partners were a factor that
310 influences IPV. The findings of the studies suggested that being young is predictive of women
311 experiencing IPV^{1, 75, 76, 79, 83}. The age discrepancy between partners were found to be associated
312 with IPV both in a study conducted in South Africa among pregnant and postpartum women,⁷³ and
313 in a study conducted in a general population of women from rural and urban communities in
314 Nigeria⁷¹. In a Tanzanian study which aimed at describing and comparing the baseline prevalence
315 of IPV among men and women, being young was associated with being both a perpetrator and a
316 victim of violence⁷⁹. The age differences between partners were a reported predictor for IPV in a
317 qualitative study from Botswana¹⁵. If a young woman is married to, or in a relationship with a
318 partner older than herself, she may struggle to air her opinions about their relationship, and further
319 the older partner may expose the younger female partner to violence.

321 *Education level discrepancies between partners*

322 Findings are divergent regarding the educational level and its association with IPV across
323 countries. For example, in a study from Togo, educated and young female partners were more
324 likely to experience IPV. The findings suggested that the women with grade seven to ten education
325 were 1.5 fold more likely to experience IPV compared to their counterparts with no education⁷⁷.
326 Studies from Kenya, Tanzania and Botswana similarly suggested that a high level of education
327 placed women at increased risk for psychological abuse^{77, 81, 83}. In a study from Botswana, the
328 unequal standard of knowledge between partners put YW at risk of violence, as the male partner
329 might feel inferior and inflict violence to demonstrate that he is still superior even with a low level
330 or without any education. In contrast, one study conducted in an urban region of Kenya aimed at

331 evaluating the association between acceptance of IPV and IPV victimization, suggested that YW
332 with a high level of education were less likely to accept IPV⁷⁸.

334 *The women's status of married*

335 Our review reported that marital status influenced IPV among YW. In one study, being married
336 and having children rather than having no children influenced the YW's decision to remain in a
337 marriage with violence⁷⁵. Two studies reported the status of being married as a risk factor for
338 IPV^{76, 81}. In one of these studies, being married was linked to the risk of IPV⁷⁶. While the other
339 study that reported agreement between the idea that it is the women's duty to sustain the duration
340 of the relationship, found that this was significantly associated with acceptance of IPV⁸¹. Studies
341 have reported that being in a formal marriage influenced YW to remain in a relationship with
342 violence¹⁵. The wedding vows taken on a legal marriage are binding for them and for them
343 marriage is forever.

345 *Employment and economic status of women*

346 Three studies reported the status of employment and low economic situation as a factor associated
347 with IPV in YW; however, the type of violence varied according to employment status^{15, 79, 81}. For
348 example, in a study from Tanzania aiming at describing and compare the baseline prevalence,
349 overlap and risk factors of psychological, physical, and sexual IPV, the study findings suggested
350 that YW who were not employed reported more IPV⁷⁹. While in a study from a rural area of
351 Botswana which aimed at evaluating the association between acceptance of IPV and reported IPV
352 victimization, the study findings suggested that employed and educated YW were more likely to
353 report psychological rather than physical abuse¹⁵. However, even when YW earn more money
354 than their male partner, the latter still controls the finances and women need to depend on him.
355 Whereas in a study conducted in South Africa and Tanzania, reports of economic deprivation,
356 individual level of poverty, inability to meet daily needs and living in nations with lower Gross
357 National Income (GNIs), were predictive factors for IPV⁸¹. Thus, the study's findings suggest that
358 YW who were conomically dependent or lacked sources of survival and were not owning a place
359 to live were more likely to remain in a relationship with violence, since their partners were their
360 main financial and subsistence source⁸¹. Furthermore, a study conducted in a rural setting of

1
2
3 361 Kenya, reported that poverty and dependence were factors that hindered YW from leaving or
4 362 prosecuting a violent husband, who provided the food for the family⁷⁸.

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6 363

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8 364 *Alcohol use by male partner*

9
10 365 Three studies reported alcohol use to be associated with the risk of IPV^{15, 74, 77}. Alcohol use by a
11 366 male partner was related to attitudes of controlling behaviour and with increased risk of IPV in
12 367 YW in a study conducted in an urban area of Nigeria⁷¹. Similarly, findings from a study by Hayes
13 368 (2017), linked alcohol abuse by a male partner to the risk of sexual and physical violence⁷⁴. The
14 369 risk of IPV among those who have ever consumed alcohol was due to the negative impact of
15 370 alcohol consumption, since alcohol abuse is deemed to reduce responsibility. Therefore men use
16 371 alcohol to exert power over women. In support of this, a study conducted in an urban area of
17 372 Tanzania by Mulowa (2018), revealed that among men, having ever consumed alcohol was
18 373 significantly associated with the risk of perpetrating IPV⁷⁹.

19 374

20 375 *Previous history of violence in both partners*

21 376 Six studies reported on previous exposure by the women to violence and IPV victimization. The
22 377 findings of these studies suggested that women who have ever been exposed to any type of violence
23 378 or who have ever witnessed violence in their life, were more likely to report IPV in their current
24 379 relationships. One study, also, revealed that having a partner who has ever been involved in
25 380 previous physical fights with other men was the risk factor for IPV victimization in YW⁷⁴. Another
26 381 study suggested that YW who have been involved in violence in past relationships were more
27 382 likely to report IPV in their current relationships⁷⁶. One study indicated that YW who have ever
28 383 perpetrated violence in a previous relationship were at higher risk to commit and to experience
29 384 IPV in their current relationship⁷⁷. Three studies reported on a childhood history of violence, in
30 385 that either witnessing a parent's violence or being a victim was associated with the increased risk
31 386 for IPV victimization^{15, 78, 79}.

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33 388 *Socio cultural factors*

34 389 Most of the studies in this review (eight out of thirteen) reported on social norms which emphasize
35 390 male dominance as a risk factor for IPV. Studies linked cultural practices and social norms with
36 391 increasing risk of IPV in YW^{72-78, 80}. Whereas attitudes to YW as subordinate and male dominance

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3 392 within relationship were reported in three studies^{72, 76, 78}; attitudes of YW's acceptance and their
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5 393 justifying violence as a husband's right were also noted in three studies^{76, 78, 80}; and attitudes of
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7 394 men's controlling behaviour to YW were reported in one study⁷⁴. Acceptance of cultural practices
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9 395 such as polygamy was reported in one study⁷⁵; practices of bride price or lobola; changing one's
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11 396 name and relocating to men's residence were reported in one study¹⁵, and attitudes regarding
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13 397 religion commitment were reported in one study⁷⁷. All these factors emerged as socio cultural
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15 398 factors that contributed to IPV in YW. The cultural context and the existing harmful social norms
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17 399 in SSA affect also YW and may help to explain the burden and recurrence of IPV in this setting¹,
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19 400 ¹⁹.

401 402 *Environment and legal systems*

403 Three studies reported on violence in the community and the political systems and the women's
404 responses to IPV. For example, a study from Togo revealed an increasing risk of IPV in YW in
405 communities where violence is not condemned ⁷⁷. In another study aiming at investigating the
406 lived experience of women in Botswana who had experienced emotional abuse from a partner, the
407 findings suggested that YW who were from a specific ethnic group reported more IPV. In those
408 communities, emotional abuse was not considered abuse as it falls under the dictates of local
409 culture¹⁵. While a study from Rwanda among women who have ever experienced IPV, reported
410 on the weakness of governmental laws regarding IPV, as factors that influenced the YW's decision
411 whether to prosecute the perpetrator or to remain in a violent relationship ⁷⁶.

412 413 **DISCUSSION**

414 This study sought to map evidence of the socio cultural factors influencing IPV among YW in
415 SSA and to identify the research gaps. The search was restricted to studies published from January
416 2008 to May 2019. IPV occurs globally despite the actions that have been taken to prevent it in
417 most countries. Therefore, the findings of this study have helped to underscore better the existing
418 evidence on the socio cultural factors influencing IPV among YW in SSA.

419 Bearing in mind the reported high prevalence and the emerged individual, socio cultural and
420 community factors influencing the practices of IPV among YW in SSA, these findings pose a
421 global health concern regarding the need for countries to achieve the Sustainable Development
422 Goals 5⁸⁴.

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3 423 Regarding this global concern, the WHO emphasizes the need for research and evidence-based
4 424 information to support education programs and strategies empowering girls in skills to challenge
5 425 social norms in the context of SSA where the prevalence of IPV is alarming¹⁹. Moreover, a recent
6 426 review aimed at evaluating what works, concerning interventions to prevent violence against girls
7 427 and YW in Low- and Middle-Income Countries, (which includes most of the countries in the SSA
8 428 region), revealed the need for multilevel interventions to address young people¹². Responses
9 429 should be based on community engagement to enhance their social network resources, and
10 430 promote women's agency and encourage role models. The review has contributed to the required
11 431 evidence-based information to provide the scientific basis needed to address socio cultural factors
12 432 influencing IPV against YW in SSA.

13 433 To the best of our knowledge, our study is the first systematic review of the socio cultural factors
14 434 influencing IPV among YW aged 15–24 in these settings. It is noted that the prevalence of IPV as
15 435 reported in this study differs from that from the studies from some high-resource regions, such as
16 436 the USA where the overall reported prevalence of IPV in YW was not as high and, was estimated
17 437 at 8%–51.2%^{35, 61, 85}. The prevalence of IPV reported in our review was much higher ranging from
18 438 28.77% to 67%, and was similar to the one reported in a study conducted among YW aged 15–24
19 439 years in SSA and elsewhere, where the prevalence ranged between 19%–66%⁷.

20 440 These results show that IPV among YW is common in many countries in the world but varies
21 441 according to countries and regions. However, it is much higher in the SSA region, where
22 442 governments are struggling to find the resources to provide effective preventive programs to
23 443 reduce IPV among YW¹. These differences in the prevalence of IPV, reported in our study, could
24 444 be due to the differences in methods, differences in the effectiveness of the health services
25 445 responses, differences in the health education strategies, as well as differences in the compliance
26 446 with regulations and laws on violence against women and even the cultural differences within
27 447 countries.

28 448 Our review reported childhood exposure to violence, previous experience of IPV, and witnessing
29 449 parents' violence as risk factors for IPV. Findings from our review regarding these life course
30 450 factors are also consistent with those reported in studies conducted in USA^{18, 53, 55, 58, 68, 85}. Further
31 451 in a study by Al Modalal, (2016), which examined the risk of partner physical violence
32 452 victimization as a function of childhood maltreatment among college women in Jordan, the
33 453 findings revealed that the risk of severe physical partner violence was three-times greater among

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3 454 women who had experienced childhood physical violence and five-times greater among those who
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5 455 had witnessed father-to-mother violence³⁵. In another study, conducted by Herrenkohe et al.,
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7 456 (2016), in Pennsylvania, which examined data from a longitudinal study with a sample of 457
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9 457 preschool-aged children who were reassessed as adults, the findings revealed that having
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11 458 experienced dating violence victimisation and reporting peer approval of dating violence in
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13 459 adolescence, were predictors of IPV victimisation in their current relationships⁴⁹. The review
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15 460 confirms the theoretical model which hypothesizes about the relationship between the children's
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17 461 exposure to violence and the risk for IPV ⁶. The likelihood of experiencing IPV among YW who
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19 462 have ever been exposed to violence in childhood, might be through the mechanism of their lacking
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21 463 in coping skills. This may lead them to engage in violent methods when resolving conflicts, rather
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23 464 than non-violent conflict resolution methods. Another reason may be through the influence of their
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25 465 parents or their parents' modelling behaviour. Children may learn violent behaviour from their
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27 466 parents and might then imitate or replicate the behaviour from adulthood and across their lives.
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29 467 We highlighted similar findings from two studies carried out in South Africa among grade 8
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31 468 learners, where the factors associated with girls' experience of IPV included childhood experiences
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33 469 of violence such as corporal punishment at home, school or community, witnessing parents'
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35 470 violence and growing up in a violent community^{13, 86}. These findings, therefore, highlight the
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37 471 importance of starting prevention efforts early in childhood, by adding in prevention strategies'
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39 472 programmes that may build their skills and abilities to negotiate and engage in safe relationships.
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41 473 In this review, findings revealed the use of alcohol by the partner and the young age of female
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43 474 partner, as factors that are associated with IPV. Consistent with a study by Brown, (2009), among
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45 475 a clinical sample of young people aged 15–24 years, the findings revealed that physical dating
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47 476 violence against women was associated with poorer psycho social functioning and the substance
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49 477 dependence of the partner ³⁹. Another study by Collibe,(2018), reported on alcohol use as a factor
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51 478 associated with the increase in dating aggression among young people⁴². Kelly's (2009) study,
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53 479 which assessed the attitudes, self-efficacy and occurrence of dating violence, revealed a significant
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55 480 association between such violence and risk factors. These comprised the early initiation of sexual
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57 481 experience, drug abuse, unwillingness to engage in the initial sexual experience and inability or
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59 482 low self-efficacy to prevent abuse with IPV victimization⁵⁵. Alcohol use is suggested to have an
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483 influence in reducing one's sense of responsibility and thus people engage in risky behaviours,
484 including IPV and other forms of violence. This is in concordance with the findings from a study

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3 485 among adolescents' grade 8 learners in South Africa, which reports an increased risk of IPV
4 486 among those adolescents using alcohol^{13, 86}. It is hypothesised that the use of alcohol among men
5 487 may lead them to use negative styles to resolve conflict through their limited ability to use non-
6 488 violent conflict resolution methods. Moreover, men might persuade YW to engage in alcohol
7 489 drinking with an expectation that YW will then welcome sex and then use force if they do not
8 490 agree to engage in sexual activity⁸⁶. Widespread alcohol consumption and its connection with
9 491 violence among young people has been in the spotlight of research in many countries in SSA⁸⁷. It
10 492 is thus crucial to tackle alcohol use and its association with violent attitudes when implementing
11 493 IPV programmes among young people and thus to teach YW to recognise and to avoid engaging
12 494 in such violent relationships.

13 495 Although cultural differences exist between settings, IPV is a broad phenomenon that prevails
14 496 worldwide. Our review findings reported on gender inequalities, cultural practices and the
15 497 community and legal systems associated with increased risk of IPV^{15, 74, 77}. In support of our
16 498 findings are the studies from the USA settings^{39, 42, 52, 55, 66, 68}. For example, Straus (2014), in a
17 499 study which analysed 13,877 university students who were in dating relationships, reported that
18 500 attitudes of coercive control of women by men are associated with increased risk of IPV⁶⁶.
19 501 Similarly, the prevailing patriarchal norms of male dominance influence the relationship dynamics
20 502 amongst the Maori women and also shape their decision of remaining in a violent relationship⁵⁰.
21 503 Recent studies from Bangladesh and Vietnam highlighted persistent social norms of male
22 504 dominance that still prevailing in those societies^{14, 16}.

23 505 The findings from our review emphasize that IPV remains a burden across countries and
24 506 continents, especially in SSA. It appears that cultural differences between settings, may explain
25 507 the differences in rates, types and responses rather than the occurrence of IPV. For example, the
26 508 study among grade 8 learners in South Africa, reported a reduced risk of emotional violence among
27 509 women who disagreed with the ideologies of male dominance¹³; However, disagreeing with
28 510 partners or arguing, might increase the risk of physical violence among those partners who use
29 511 violence to resolve conflict or those dating partners with strong ideologies of male dominance⁸⁶.
30 512 Prevention programs would need to challenge these ideologies in a safe environment and to raise
31 513 awareness about non-violent ways of resolving conflicts between young partners. Moreover, a
32 514 longitudinal research is needed to determine whether protective factors work in mixed or separated
33 515 gender groups. Thus, the effective interventions will need to tackle empowering girls with skills

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3 516 to challenge negative social norms and, to tackle policies and law enforcement that condone all
4 517 forms of violence against women from childhood across their lifespan.

5 518 The findings from this review have confirmed the contribution of factors at the individual, socio
6 519 cultural and community levels that influence IPV among YW in SSA. This review has also
7 520 provided additional evidence on the contextual socio cultural factors that may increase YW's
8 521 vulnerability to IPV in the setting of SSA. The particular findings reported on cultural practices of
9 522 polygamy, payment of lobola for marriage, involvement with older men, changing the name of the
10 523 woman who relocates to the man's residence, and childhood experience of violence including
11 524 attitudes to child punishment, increase the current information by providing a unique context of
12 525 the socio cultural factors placing YW at increased risk of IPV in SSA. These traditional practices
13 526 still prevail in most countries in SSA and contribute to IPV behaviours. In contrast, socio cultural
14 527 factors are less common in developed countries outside SSA such as the USA setting where the
15 528 researches on IPV among YW are often conducted, and the typical findings are related to whether
16 529 the YW have witnessed or experienced IPV during childhood, their having multiple partners and
17 530 the use of drugs and alcohol among young people.

18 531 Given that the contextual factors which have emerged often constrain the existing strategies aimed
19 532 at reducing IPV among YW in SSA, new approaches for addressing YW in SSA should be added
20 533 to the current interventions. Therefore, additional efforts are necessary to increase YW's ability to
21 534 challenge harmful social and cultural norms and to build their skills to avoid their engagement
22 535 with older partners and in violent relationships. There is also an urgent need for those in such
23 536 relationships to enhance their ability to decide whether to remain and manage such violent
24 537 relationships or to have the option to leave.

25 538 Although the research on socio cultural factors influencing IPV among YW is reported less in the
26 539 SSA setting, our review is noteworthy of several contributions. This review has firstly contributed
27 540 to the body of literature by examining, comparing and, synthesizing the studies' findings on the
28 541 evidence of the factors influencing IPV against YW across multiple forms of IPV in SSA countries.
29 542 Secondly, our review provided quantitative and qualitative data, regarding factors influencing IPV
30 543 among YW in SSA and this has been underlined by the rigorous standards, criteria and
31 544 methodology used in this review process. This has helped to examine the emerged individual,
32 545 socio cultural and community factors that show promise to guide the design of contextual and
33 546 effective preventive interventions addressing YW in SSA. Finally, the review emphasizes the socio

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3 547 cultural factors placing YW at increased vulnerability of IPV in SSA. In this setting, the majority
4 548 of communities are dictated to by the social norms which give privilege to men's dominance over
5 549 women, leading to gender inequalities and promoting IPV, which needs to be targeted.

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8 550 This synthesis is important, given the focus of the research on YW, a group that is most affected
9 551 by gender inequalities resulting in higher risk for IPV. Due to the harmful social norms that still
10 552 prevail in SSA and the limited research on factors influencing IPV among YW, there is still a need
11 553 to provide additional research on other socio cultural factors affecting YW such as peer pressure,
12 554 parental influences, socio-economic and educational background of parents, in order to adequately
13 555 contribute to effective intervention programs to reduce IPV among YW in SSA. Such programs to
14 556 reduce IPV among this vulnerable population group should be initiated early, using contextual and
15 557 multi-level approaches to safeguard the physical, sexual and emotional wellbeing of YW's.

16 558

17 559 **Strengths and limitations**

18 560 This study is a unique systematic scoping review to map evidence on socio cultural factors
19 561 influencing IPV among YW in SSA and to provide evidence-based recommendations, a topic for
20 562 which few review studies exist outside America.

21 563 The scoping review methodology employed herein was detailed. We conducted an exhaustive
22 564 search for relevant studies from five search engines. The screening of abstracts and full articles
23 565 was performed using a structured tool. Then the degree of agreement calculations after full-article
24 566 screening revealed no significant difference between the screeners' responses. The MMAT was
25 567 applied to assess the risk of bias. However, despite the above mentioned strengths, limitations
26 568 regarding the study design of the included studies were encountered. Most studies were cross-
27 569 sectional in design. There was also potential for bias in the studies included in respect of their
28 570 selection of the study sample and the recall period.

29 571 Moreover, the evidence of IPV experiences was mainly assessed in most of the studies using self-
30 572 administered questionnaires. This method runs the risk of potential recall bias and obtaining
31 573 socially desirable responses⁸⁸. Few studies were focused specifically on YW aged 15–24. Data
32 574 on socio cultural factors influencing IPV among YW aged 15–24 were mostly derived from
33 575 existing studies researching IPV in women of reproductive ages, which included YW. This may
34 576 have limited the findings to compare risk factors specific to YW. Thus, this highlights the need for
35 577 more primary research focused on socio cultural factors influencing IPV among YW in SSA to

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3 578 contribute evidence-based prevention programs to reduce IPV among this vulnerable population
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5 579 group.
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8 581 **Conclusion**

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10 582 Although unevenly distributed among SSA countries, the studies revealed considerable research
11 583 evidence of the factors associated with IPV in some of these settings. Many of the studies that
12 584 provided evidence about IPV among YW were carried out in the USA settings, whereas few studies
13 585 were from SSA. The findings point to the scarcity of research evidence regarding the socio cultural
14 586 factors influencing IPV among YW in SSA. Nevertheless, IPV is a common phenomenon in SSA.
15 587 It is mainly influenced by the factors interacting at the individual, socio cultural and community
16 588 levels such as young age of YW, discrepancies in the education level between partners, YW's
17 589 marital status, low economic/unemployment status of YW, alcohol use by YW's partner, previous
18 590 history of violence including childhood violence experienced by both partners, social norms of
19 591 male dominance and, environmental and legal systems. Understanding about the socio cultural risk
20 592 factors for IPV among specific groups of YW in SSA will help to design contextual preventive
21 593 programs that contribute to the reduction of their vulnerability and the trajectories of victimization
22 594 from childhood and across the life course. Thus effective prevention programs should incorporate
23 595 actions empowering YW economically and with education to enhance their awareness and
24 596 autonomy, and develop their ability to challenge harmful social norms, allowing YW to pursue
25 597 their relationships' lives with integrity and free from violence.
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40 599 **Implications for practice**

41 600 Risk factors such as young age of YW, discrepancies in the education level between partners, YW's
42 601 marital status, low economic/unemployment status of YW, alcohol use by YW's partner, previous
43 602 history of violence including childhood violence experienced by both partners, social norms of
44 603 male dominance and, environmental and legal systems are associated with IPV among YW and
45 604 therefore constitute a public health concern. We recommend that health promoters and providers
46 605 at health system facilities and including at community and political levels continue monitoring and
47 606 providing health assistance and political and legal support for the victims. Action is also needed
48 607 to empower YW concerning their awareness about IPV in a community-based approach.
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609 **Implications for research**

610 This scoping review shows a gap in research focusing on socio cultural factors influencing IPV
611 among YW in SSA. The existing few studies conducted in SSA, and most of the studies undertaken
612 in SSA setting are cross-sectional studies. The implementation of qualitative and longitudinal
613 studies focusing on YW would be beneficial in providing more understanding of the factors
614 underpinning the IPV and guide proper preventive interventions.

616 **Author statements**

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621 **Authors' contributions**

622 M.S.M. conceptualized and prepared the draft proposal of the study under the supervision of M.T.
623 and N.K. M.T. and N.K. assisted with the manuscript redaction. M.S.M. prepared the manuscript,
624 and M.T. and N.K. reviewed it. P.N. contributed to abstract and full-article screening. N.F.T.
625 contributed to resolving discrepancies between two reviewers during full-article screening.
626 Respectively M.S.M.; M.T. and N.K. contributed to the reviewed draft version of the manuscript
627 and approved the final version.

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638 None declared.

639

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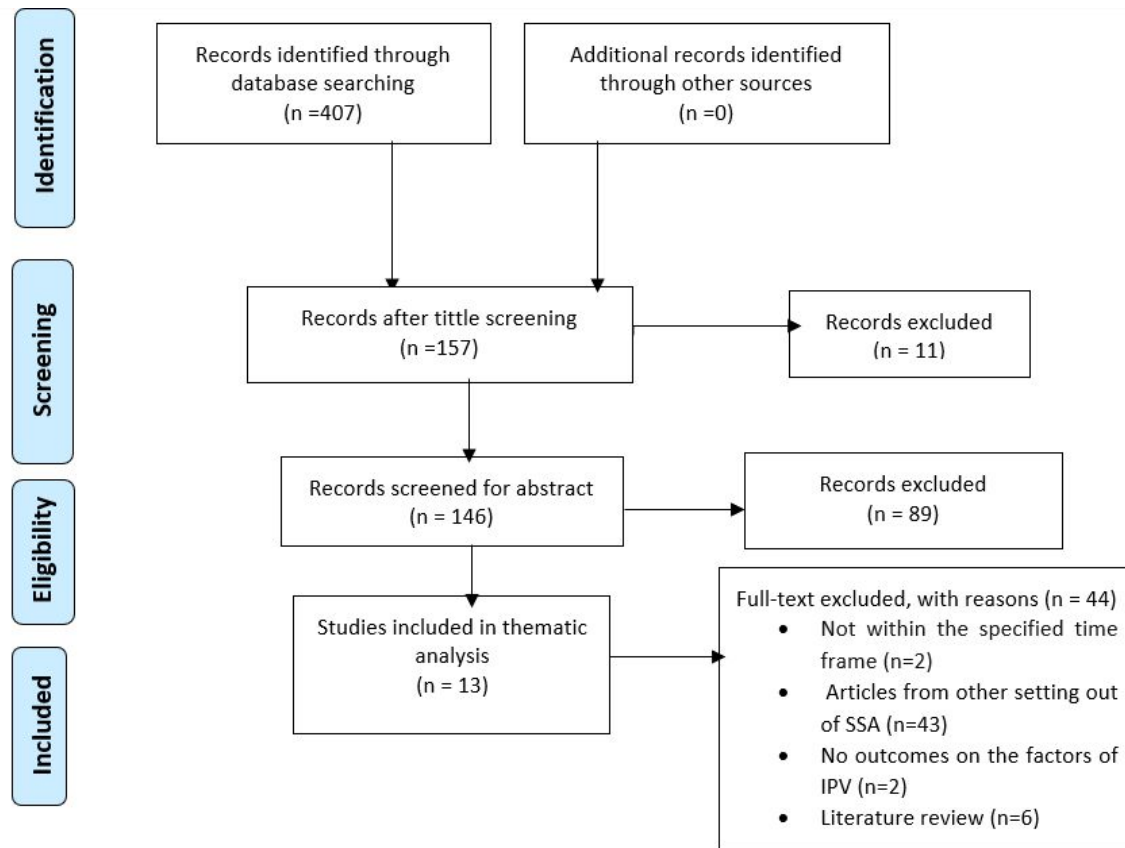
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Figure 1- PRISMA flow diagram of study selection.



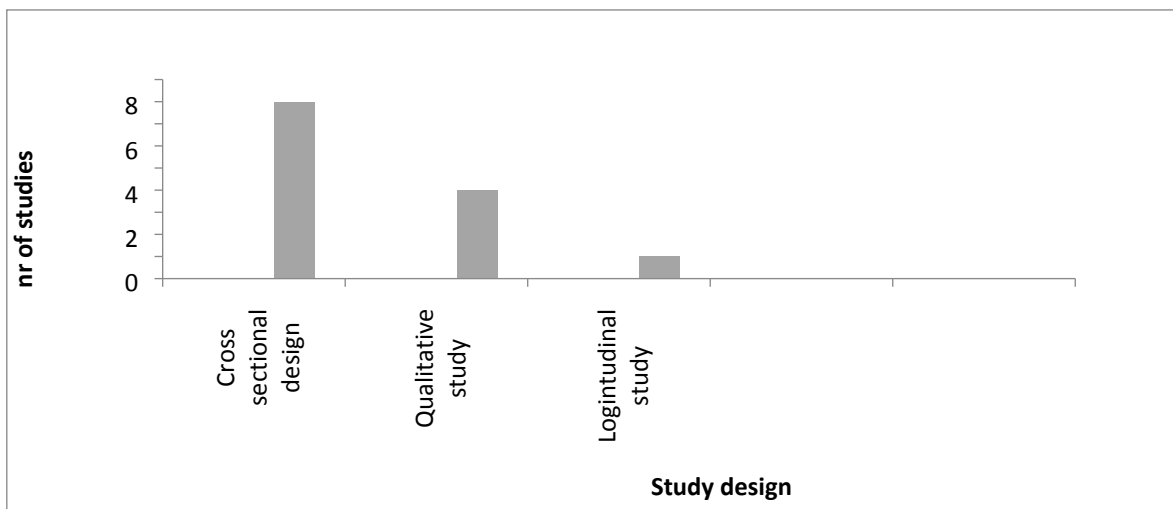


Figure.2 Study design

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Full article screening results

Stata output

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Expected
Agreement   Kappa Std. Err.   Z   Prob>Z
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96.49%    64.73%   0.9005   0.1318   6.83   0.0000

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. mcc Reviewer1 Reviewer2
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      | Controls |
Cases | Exposed Unexposed | Total
-----+-----+-----
      |          |          |
Exposed |    12    2 |    14
Unexposed |    0    43 |    43
-----+-----+-----
      |          |          |
Total |    12    45 |    57

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McNemar's chi2(1) = 2.00 Prob > chi2 = 0.1573
```

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Exact McNemar significance probability = 0.5000
```

Proportion with factor

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Cases    .245614
Controls .2105263 [95% Conf. Interval]
-----
difference .0350877  -.0302236  .100399
ratio    1.166667  .9420481  1.444842
rel. diff. .0444444  -.0157669  .1046558

odds ratio . .1878091 . (exact)

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Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

| SECTION | ITEM | PRISMA-ScR CHECKLIST ITEM | REPORTED ON PAGE # |
|---|------|--|--------------------|
| TITLE | | | |
| Title | 1 | Identify the report as a scoping review. | Yes- 1 |
| ABSTRACT | | | |
| Structured summary | 2 | Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives. | Yes- 2 |
| INTRODUCTION | | | |
| Rationale | 3 | Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach. | Yes- 4 |
| Objectives | 4 | Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives. | Yes-5 |
| METHODS | | | |
| Protocol and registration | 5 | Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number. | Yes-6 |
| Eligibility criteria | 6 | Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale. | Yes-8 |
| Information sources* | 7 | Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed. | Yes-7 |
| Search | 8 | Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated. | Yes-7 |
| Selection of sources of evidence† | 9 | State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review. | Yes-7 |
| Data charting process‡ | 10 | Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators. | Yes-8 |
| Data items | 11 | List and define all variables for which data were sought and any assumptions and simplifications made. | Yes-8 |
| Critical appraisal of individual sources of evidence§ | 12 | If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate). | Yes-9 |



| SECTION | ITEM | PRISMA-ScR CHECKLIST ITEM | REPORTED ON PAGE # |
|---|------|---|--------------------|
| Synthesis of results | 13 | Describe the methods of handling and summarizing the data that were charted. | Yes-9 |
| RESULTS | | | |
| Selection of sources of evidence | 14 | Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram. | Yes-10 |
| Characteristics of sources of evidence | 15 | For each source of evidence, present characteristics for which data were charted and provide the citations. | Yes-11 |
| Critical appraisal within sources of evidence | 16 | If done, present data on critical appraisal of included sources of evidence (see item 12). | Yes-12 |
| Results of individual sources of evidence | 17 | For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives. | Yes-11 |
| Synthesis of results | 18 | Summarize and/or present the charting results as they relate to the review questions and objectives. | Yes-12 |
| DISCUSSION | | | |
| Summary of evidence | 19 | Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups. | Yes-16 |
| Limitations | 20 | Discuss the limitations of the scoping review process. | Yes-21 |
| Conclusions | 21 | Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps. | Yes-21 |
| FUNDING | | | |
| Funding | 22 | Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review. | Yes-23 |

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–473. doi: 10.7326/M18-0850.



BMJ Open

Evidence of socio cultural factors influencing intimate partner violence among young women in Sub-Saharan Africa: A scoping review.

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|---------------------------------|--|
| Journal: | <i>BMJ Open</i> |
| Manuscript ID | bmjopen-2020-040641.R1 |
| Article Type: | Original research |
| Date Submitted by the Author: | 15-Oct-2020 |
| Complete List of Authors: | Maguele, Maria Suzana; Instituto Superior de Ciencias de Saude, Departamento de Investigacao; University of KwaZulu-Natal College of Health Sciences, Public Health Taylor, Myra; University of KwaZulu-Natal College of Health Sciences, Public Health Khuzwayo, Nelisiwe; University of KwaZulu-Natal, School of Nursing and Public Health |
| Primary Subject Heading: | Public health |
| Secondary Subject Heading: | Sexual health, Public health, Global health |
| Keywords: | SEXUAL MEDICINE, REPRODUCTIVE MEDICINE, PUBLIC HEALTH, Community child health < PAEDIATRICS, Sexual and gender disorders < PSYCHIATRY |
| | |

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3 **1 Evidence of socio cultural factors influencing intimate partner violence among young**
4 **2 women in Sub-Saharan Africa: A scoping review.**
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ABSTRACT

Objective: This study carried out a scoping review of research on intimate partner violence to determine the extent to which studies on socio cultural factors influencing intimate partner violence among young women (15-24 years) have been conducted, and how different geographic areas are represented. It also considered whether the methodologies used were sufficient to describe the risk factors, prevalence, and health outcomes associated with intimate partner violence among young women.

Study design: Scoping review.

Methods: Online databases were used to identify studies published between 2008–2019. The Preferred Reporting Items for Systematic Review and Meta-Analysis guidelines by Arksey and O’Malley were used to select studies, and primary studies were assessed using the Mixed Method Appraisal Tool, version 2011. Thematic content analysis was used to summarize the findings of the scoping review.

Results: The majority of publications 8 (61.5%) reported cross-sectional studies, while 4 (31.5%) were qualitative studies. One of the studies (7%) collected measured data. Overall, 13 (100%) of the publications examined factors influencing intimate partner violence. Using a customized quality assessment instrument, 12 (92.3%) of studies achieved a “high” quality ranking with a score of 100%, and (7.7%) of studies achieved an “average” quality ranking with a score of 75%.

Conclusions. While the quality of the studies is generally high, researches on socio cultural factors influencing intimate partner violence among young women would benefit from a careful selection of methods and reference standards, including direct measures of the violence affecting young women. Prospective cohort studies are required linking early exposure with individual, socio cultural and community factors and detailing the abuse experienced from childhood, adolescence and youth.

Keywords: “intimate partner violence”, “factors influencing intimate partner violence”, “socio cultural factors”, “dating violence”, “domestic violence”, “prevalence of intimate partner violence”, “young women”.

Prospero Registration Number: CRD42018116463

Scoping protocol publication: <https://doi.org/10.1186/s13643-019-1234->

46 **Strengths and limitations of this study**

47 We conducted an exhaustive search for relevant studies from five search engines and after
48 that the screening of abstracts and full articles was performed using a structured tool. The
49 degree of agreement calculations revealed no significant difference, and the mixed method
50 tool was applied to assess the risk of bias.

51 The review limited the findings to compare risk factors specific to younger women aged
52 15–24, as data on socio cultural factors influencing intimate partner violence were mostly
53 derived from studies using existing studies in women of reproductive age.

54 The use of a cross-sectional design in the included studies and use of self-administered
55 questionnaires in accessing the experiences of intimate partner violence, runs the risk of
56 potential bias in the studies included, in respect of the study sample selection, the recall
57 period and in obtaining socially desirable responses.

58 There was a scarcity of research evidence regarding the socio cultural factors influencing
59 intimate partner violence among young women aged 15–24 in the Sub-Saharan African
60 settings.

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INTRODUCTION

6 83 Intimate partner violence (IPV) is a widespread global public health concern.¹ According to
7 84 UNESCO (2015), 85% of the violence against women is perpetrated by their male intimate
8 85 partners.² The World Health Organization (WHO) estimates that globally one in three women
9 86 (30%), experience violence from their partners.¹ The prevalence in young women aged 15-
10 87 24 years is high, ranging from 29.4% to 31.6%, while the prevalence in older women above
11 88 24 years ranges from 15.1% to 37.8%.^{1, 3} In the Sub-Saharan Africa (SSA) region which
12 89 carries the most substantial burden of IPV, (36.6% of the global estimates), the prevalence
13 90 among young women aged 15 to 24 years, ranges from 19% to 66%.³ Although the data are
14 91 scarce in Low-and Middle-Income Countries, (including SSA countries) regarding the IPV
15 92 in young people, where the data are available the evidence points to increased vulnerability
16 93 to IPV among the younger groups of women compared to those older. For example, a recent
17 94 study conducted in Low and Middle-Income Countries including SSA found that female
18 95 adolescents and younger adults of 15–19 years were at higher risk of IPV when compared to
19 96 older groups of women⁴. This pattern was mostly observed in Namibia, Senegal, Zimbabwe,
20 97 Cameroon, Sierra Leone, Congo, Zambia and Rwanda. However, different patterns regarding
21 98 the higher risk of IPV in older rather than younger women, were found particularly in
22 99 countries outside SSA such as in Europe and Central Asia.⁴

23 100 Globally, the numbers of young women are increasing. Worldwide, there are about 880
24 101 million females aged 15–24 years, who constitute 12% of the world population.⁵ Mostly they
25 102 are living in developing countries, including countries from the SSA region.⁵

26 103 It is young women in this age group who are the population group that is most affected by
27 104 social and economic inequalities leading them to be potentially vulnerable to violence
28 105 including IPV.⁶ For example, the high rate of unemployment affecting this group, decreases
29 106 their autonomy in making important decisions about their lives.⁷ Around 80% of young
30 107 women in SSA countries cannot decide about their own health, which limits their access to
31 108 health services and therefore, to prevent IPV.⁶

32 109 In SSA many young women although they may be living in their parents' households and not
33 110 in co-habiting relationships, initiate sexual relationships at an early age.^{3, 8, 9} The harmful
34 111 social norms and the acceptance of the dominant role of males in society also perpetuate

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3 112 gender inequality to the detriment of females.^{4, 10} Young women in SSA are further affected
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5 113 by high risk behaviours including risky sexual behaviour and violence, including IPV and
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7 114 their dating older partners increases their vulnerability to IPV.^{11, 12} Authors focusing on
8
9 115 gender-based violence research argue that young women who are dating older men are unable
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11 116 to take control of their relationships.^{11, 13} An example of this is that of young women who, if
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13 117 they want to use protective measures such as condoms and contraceptives must get approval
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15 118 from their older partner, who are not always willing to use such protective measures.¹¹ In
16
17 119 addition to these risk behaviours affecting this group, various other specific and contextual
18
19 120 risk factors including parents' and peers' influences, and the use/abuse of alcohol and drugs
20
21 121 might influence their vulnerability to partner violence.^{3, 14}

22 122 The problem of IPV among young women is thus of concern and deserves immediate
23
24 123 attention in order to mitigate such violence, since this group of women is still developing,
25
26 124 and the negative impact of IPV is likely to compromise their lives and future wellbeing.^{15, 16}

27 125 The factors that influence IPV among young women are well documented in developed
28
29 126 countries, particularly in the United States of America (USA) settings, and this includes
30
31 127 economic, psychological, physical and cultural factors, but there is less evidence available
32
33 128 from SSA settings.¹⁷⁻¹⁹ The main challenges to the prevention of IPV among this population

34 129 are therefore: firstly, little is known about the socio cultural factors that contribute toward
35
36 130 IPV in young women who although still living at home, may be in violent relationships.^{20, 21}

37 131 Instead, research is mainly focused on household surveys aimed at measuring the prevalence
38
39 132 of domestic violence in adult and ever-married women.^{1, 4} Secondly, due to the community

40 133 acceptance of violence and social norms of male dominance, the young women's risk of
41
42 134 violence is often not addressed.^{4, 10} Thirdly, the policies, law enforcement, reduction and

43 135 prevention strategies are more focused on domestic violence in ever-married or cohabiting
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45 136 woman, with little attention to the circumstances of young women experiencing violent

46 137 relationships.²² Understanding how these factors influence IPV in young women are
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48 138 necessary to better inform policy makers, health sector programmers and other relevant

49 139 sectors for tailor-made interventions for prevention and reduction of IPV among young
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51 140 women.

52
53 141 This study thus, aimed to map existing evidence on socio cultural factors influencing IPV
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55 142 among ever partnered young women aged 15–24 years, in SSA.

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3 143 IPV for young women is defined in this study as an act of physical, sexual and/or
4 144 psychological/emotional threats or such harm by a current or former spouse/husband, a dating
5 145 partner, an ongoing sexual partner, whether or not cohabiting, against the female partner.²³
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10 147 **METHODS**

11 148 **Patient and Public Involvement**

12 149 No patient involved
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15 150

16 151 **Protocol and registration**

17 152 The authors undertook a scoping review of the socio cultural factors influencing IPV among
18 153 young women in SSA as part of a broader study aimed at investigating the socio cultural
19 154 factors influencing IPV among young women aged 15–24 years in Maputo city,
20 155 Mozambique.

21 156 A scoping review is a method undertaken to determine the value and scope of a full
22 157 systematic review, and is useful to summarize and disseminate research findings, to identify
23 158 research gaps and for determining the need and recommendations for future research.
24 159 “Scoping reviews are therefore of particular use when a body of literature has not yet been
25 160 comprehensively reviewed.²⁴
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34 161 To capture a more complete range of relationships we considered not only cohabiting young
35 162 women but also ever partnered young women (young women who have ever had an intimate
36 163 partner, and ever experienced partner violence). An intimate partner was defined as any male
37 164 partner with whom the young woman has or ever had a romantic relationship since the age
38 165 of 15, which included having sexual activities, whether spouse/husband, boyfriend/dating
39 166 partner, or ongoing sexual partner/occasional partne.²³
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45 167 The scoping review protocol was developed and published in BMC systematic reviews and
46 168 is available via the following link: <https://doi.org/10.1186/s13643-019-1234-y>.

47 169 The review was guided by the scoping review framework. It conformed to the Preferred
48 170 Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) extension for
49 171 scoping review guidelines in presenting the results of this scoping review (Arksey and
50 172 O'Malley).²⁵ Briefly, the framework involves (i) identifying the research question, (ii)
51 173 identifying relevant studies, (iii) selection of studies (iv) charting the data and (v) collating,
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174 summarizing and reporting the results. Quality assessment of the included studies as
 175 recommended by Levac et al. was also performed.²⁶

176 We determined the eligibility of articles to answer our research question for a scoping review
 177 study using the Population, Concept, Context nomenclature (PCC), presented in Table1.

178 **Table 1. Framework for determining the eligibility of research questions (PCC)**

179

| Criteria | Description |
|------------|--|
| Population | Women aged 15–24 years |
| Concept | Socio cultural factors associated with IPV. (physical and/or sexual and/or emotional/psychological violence) and/or domestic violence. |
| Context | Sub Saharan Africa |

180

181 Sources of Information and search strategy

182 A primary search of research articles published in peer-reviewed journals, review articles and
 183 grey literature was conducted from the following databases: PubMed, CINAHL with Full
 184 Text, MEDLINE with full text, Health Source: Nursing/Academic Edition, Google scholar
 185 (advanced search), and Academic search complete. Reference lists of the obtained studies
 186 were also searched to identify studies that could be added to the review. The search was
 187 guided by the following keywords: “intimate partner violence”, “factors influencing intimate
 188 partner violence”, “socio cultural factors”, “dating violence”, “domestic violence”,
 189 “prevalence of intimate partner violence”, “young women”. Boolean terms (AND and OR)
 190 were used to separate the keywords and the use of MeSH (Medical Subject Headings) terms
 191 were also included during the search. The search was limited to studies from SSA, that were
 192 published in any language, for the ten-year period 2008– 2019.

193

194 Study selection

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- 196 • Studies could include older women, but to meet inclusion criteria they needed to
 197 include some women aged 15 – 24 years. Therefore, studies were considered eligible
 198 if they met all the following inclusion criteria:

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3 199 • Studies reporting evidence of the prevalence of IPV in adult women which included
4 women aged 15-24 years;
5 200
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7 201 • Studies reporting evidence on socio cultural factors influencing IPV against women;
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9 202 • To be included the studies needed to have evidence of at least one type of IPV. There
10 should be an evidence of physical, or sexual or psychological violence or co-
11 203 occurrence of two or all forms of IPV.
12 204
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14 205 • Study design: quantitative, qualitative, mixed methods, randomized controlled trial,
15 206 cohort study, case-control study and cross-sectional study.

17 207 However, studies were deemed ineligible if:

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19 208 • Studies do not report on the outcomes of the study;
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21 209 • Studies were published before 2008;
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23 210 • Studies examining IPV among same-sex partners;
24
25 211 • Studies reporting evidence on factors influencing IPV only in women above 24 years.
26 212 • Studies were not done in SSA;
27
28 213 • Review articles.

29
30 214 Following the previously outlined stages of the study selection and guided by our eligibility
31 215 criteria, first, we conducted a title screening, whereby one reviewer (M.S.M.), screened the
32 216 titles from the databases. Eligible titles for abstract screening were then exported to the End
33 217 Note Library. All the studies that did not address the research questions were excluded
34 218 together with all the duplicates. The reviewer sought and obtained assistance from the UKZN
35 219 library services for articles that were difficult to find. The reviewer also contacted the authors
36 220 to request full copies of the included articles that were not available via the databases and the
37 221 UKZN library. The final End Note database was shared among the review team for abstract
38 222 screening. At this stage, two independent reviewers screened the abstracts (M.S.M. and N.P.),
39 223 guided by the eligibility criteria. Discrepancies between the reviewers' responses at this stage
40 224 were resolved by discussions until an agreement was reached. At the third stage, the two
41 225 reviewers independently screened the full articles (M.S.M. and N.P.). Discrepancies between
42 226 the reviewers' responses at the full-article screening stage were resolved by involving a third
43 227 reviewer (N.F. T). The copies of the complete articles for the eligible studies were kept for
44 228 data extraction by the two reviewers (M.S.M. and N.P.). Lastly, a Kappa statistics'
45 229 calculation was performed to determine the degree of agreement between reviewers at the

230 full-article screening by using STATA 13 software (Stata-Corp, College Station, Texas,
231 USA).

232 A flow diagram of the study selection **Figure 1:** (The Preferred Reporting Items for
233 Systematic Reviews and Meta-Analyses 2009 flow diagram to update screening, updated
234 from Moher et al., 2009)²⁷ shows the process involved in obtaining the eligible studies.

236 **Quality assessment**

237 The Mixed Method Quality Appraisal Tool (MMAT), version 2011 was used to examine the
238 quality of articles to determine the risk of bias.²⁸ The tool was used to investigate the
239 relationship between the theme and the research questions. Two reviewers (M.S.M. and
240 N.P.), assessed the quality of evidence of the included studies. The studies were evaluated in
241 terms of the following domains: “clarity of the research questions, relevant resources to
242 address the objectives, relevant process of data analysis, the relationship between the findings
243 and the context and the relevance of the findings”.²⁸ An overall quality percentage score for
244 each of the included studies was calculated. Scores were described as low quality (25%), fair
245 quality (50%), average quality (75%) and good quality (100%). The quality scores in this
246 study are reported in the results’ section.

248 **Data extraction**

249 The information addressing the research questions was thoroughly extracted using a
250 standardized data extraction sheet from the following domains: “author and year, study
251 setting, population, gender, intervention, the aim of the study, study design, outcomes and
252 key findings”.

254 **Collating and summarizing the findings**

255 In this study, thematic analysis was found suitable for the purpose of identifying socio
256 cultural factors influencing IPV among young women from the included studies.²⁹ NVivo
257 version11 was used to extract the following relevant emergent themes: Being younger than
258 partner, education level discrepancies between partners, being married, employment and
259 economic status of women, alcohol use by male partner, previous history of violence in both
260 partners, socio cultural norms, environment and legal systems.

261

RESULTS

Screening results

The screening results for this scoping review are presented in Figure 1. A total of 13 records were deemed eligible for data extraction and analysis. Degree of agreement was calculated after full-text screening. In respect of the full article screening, there was 96.49% agreement versus 64.73% expected by chance between screeners, which constitutes a satisfactory agreement (Kappa statistic = 0.90 and p-value <0.05). In addition, the McNemar's chi-square statistic indicates that there is no statistically significant difference in the proportions of yes/no answers by reviewers (p-value >0.05).

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Characteristics of included studies

Thirteen out of the 57 reviewed articles were eligible for data extraction. The total sample size was of 13,334 participants, ranging from studies with 8 to 4,906 participants, with the ages ranging from 14 to 56 years. Ten of the included studies had exclusively female participants, and in three studies, there were both females and males. The females comprised 12,322 participants, corresponding to 92.4% of the total sample size. The characteristics of the included studies are presented in table 2 below:

Table 2. Summary characteristics of included articles (n=13)

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| Table 2 Summary characteristics of included articles (n=13) | |
|--|-----------------------------|
| | Number (% of total studies) |
| Publication year | |
| 2008-2011 | 4 (30.8) |
| 2012-2015 | 6 (46.2) |
| 2016-2019 | 3 (23) |
| Location | |
| South Africa | 2 (15.4) |
| Kenya | 3 (23) |
| Nigeria | 2 (15.4) |
| Tanzania | 2 (15.4) |
| Mali | 1 (7.7) |
| Botswana | 1 (7.7) |
| Rwanda | 1 (7.7) |
| Togo | 1 (7.7) |
| Setting: Urban versus rural | |
| Urban settings | 4 (30.8) |

| | |
|---------------------------------------|----------|
| Rural settings | 3 (23) |
| Both urban and rural settings | 6 (46.2) |
| Setting-Sector | |
| Colleges | 1 (7.7) |
| Healthcare centre | 4 (30.8) |
| Households | 7 (53.8) |
| Services support centre | 1 (7.7) |
| Design | |
| Cross-sectional studies | 8 (61.5) |
| Qualitative studies | 4 (30.8) |
| Longitudinal | 1 (7.7) |
| Collection of data (methods) | |
| Questionnaires | 9 (69.3) |
| Interviews | 3 (23) |
| Focus group discussion | 1 (7.7) |
| Topics investigated | |
| Prevalence and factors predicting IPV | 7 (53.8) |
| Meanings and factors influencing IPV | 4 (30.8) |
| Health consequences of IPV | 2 (15.4) |

281

282 **Risk of bias within studies**

283 All 13 included studies underwent a methodological quality assessment using the MMAT
 284 version 2011.²⁸ 12 out of the 13 included studies were scored as high-quality with a score of
 285 100%.^{13, 17, 19, 30-38} The remaining study had an average score of 75%.³⁹ None of the included
 286 studies was scored as low quality (25%). The overall evidence was considered to have a
 287 minimal risk of bias

288

289 **Summary of the findings**

290 Evidence on socio cultural factors influencing IPV among young women in SSA was found
 291 in 13 studies and are presented under the following themes: Being younger than partner,
 292 education level discrepancies between partners, being married, employment and economic
 293 status of women, alcohol use by male partner, previous history of violence in both partners,
 294 socio cultural norms, environment and legal systems.

295

296 *Being younger than partner*

297 Four studies reported that age discrepancies between women and their partners were a factor
 298 that influences IPV. The age discrepancy between partners were found to be associated with
 299 IPV both in a study conducted in South Africa among pregnant and postpartum women³² and

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2
3 300 in a study conducted in a general population of women from rural and urban communities in
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5 301 Nigeria.³⁰ In a Tanzanian study which aimed at describing and comparing the baseline
6
7 302 prevalence of IPV among men and women, being young was associated with being both a
8
9 303 perpetrator and a victim of violence.³⁷ The age differences between partners were a reported
10
11 304 predictor for IPV in a qualitative study from Botswana.¹³ If a young woman is married to, or
12
13 305 in a relationship with a partner older than herself, she may struggle to air her opinions about
14
15 306 their relationship, and further the older partner may expose the younger female partner to
16
17 307 violence.

18 19 309 *Education level discrepancies between partners*

20
21 310 Findings are divergent regarding the educational level and its association with IPV across
22
23 311 countries. For example, in a study from Togo, educated and young female partners were more
24
25 312 likely to experience IPV. The findings suggested that the women with grade seven to ten
26
27 313 education were 1.5 fold more likely to experience IPV compared to their counterparts with
28
29 314 no education.³⁵ Studies from Kenya, Tanzania and Botswana similarly suggested that a high
30
31 315 level of education placed women at increased risk for psychological abuse.^{17, 36} In a study
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33 316 from Botswana, the unequal standard of knowledge between partners put young women at
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35 317 risk of violence, as the male partner might feel inferior and inflict violence to demonstrate
36
37 318 that he is still superior even with a low level or without any education. In contrast, one study
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39 319 conducted in an urban region of Kenya aimed at evaluating the association between
40
41 320 acceptance of IPV and IPV victimization, suggested that young women with a high level of
42
43 321 education were less likely to accept IPV.

44 45 323 *The women's married status*

46
47 324 Four studies reported marital status as a risk factor for IPV among young women. In one
48
49 325 study, being married and having children rather than having no children influenced the young
50
51 326 women's decision to remain in a marriage with violence.³⁴ In one of these studies, being
52
53 327 married was linked to the risk of IPV.¹⁹ While the other study that reported agreement
54
55 328 between the idea that it is the women's duty to sustain the duration of the relationship, found
56
57 329 that this was significantly associated with acceptance of IPV.¹⁷ One study has reported that
58
59 330 being in a formal marriage influenced young women to remain in a relationship with

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3 331 violence. The wedding vows taken on a legal marriage are binding for them and for them
4
5 332 marriage is forever.¹³

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8 334 *Employment and economic status of women*

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10 335 Three studies reported the status of employment and low economic situation as a factor
11
12 336 associated with IPV in young women; however, the type of violence varied according to
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14 337 employment status.^{13, 17, 37} In a study from Tanzania aiming at describing and compare the
15
16 338 baseline prevalence, overlap and risk factors of psychological, physical, and sexual IPV, the
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18 339 study findings suggested that young women who were not employed reported more IPV.³⁷
19
20 340 While in a study from a rural area of Botswana which aimed at evaluating the association
21
22 341 between acceptance of IPV and reported IPV victimization, the study findings suggested that
23
24 342 employed and educated young women were more likely to report psychological rather than
25
26 343 physical abuse.¹³ Whereas in a study conducted in South Africa and Tanzania, reports of
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28 344 economic deprivation, individual level of poverty, inability to meet daily needs and living in
29
30 345 nations with lower Gross National Income (GNIs), were predictive factors for IPV. Thus, the
31
32 346 study's findings suggest that young women who were economically dependent or lacked
33
34 347 sources of survival and were not owning a place to live were more likely to remain in a
35
36 348 relationship with violence, since their partners were their main financial and subsistence
37
38 349 source.¹⁷ A study conducted in a rural setting of Kenya, reported that poverty and dependence
39
40 350 were factors that hindered young women from leaving or prosecuting a violent husband, who
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42 351 provided the food for the family.³⁶ There is limited research aimed at investigating economic
43
44 352 status of young women as a risk factor for IPV in SSA setting.

45 353

46 354 *Alcohol use by male partner*

47
48 355 Three studies reported alcohol use to be associated with the risk of IPV. Alcohol use by a
49
50 356 male partner was related to attitudes of controlling behaviour and with increased risk of IPV
51
52 357 in young women in a study conducted in an urban area of Nigeria.³⁰ Similarly, findings from
53
54 358 study by Hayes (2017), linked alcohol abuse by a male partner to the risk of sexual and
55
56 359 physical violence.³³ The risk of IPV among those who have ever consumed alcohol was due
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58 360 to the negative impact of alcohol consumption, since alcohol abuse is deemed to reduce
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60 361 responsibility. Therefore, men use alcohol to exert power over women. In support of this, a

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3 362 study conducted in an urban area of Tanzania by Mulawa (2018), revealed that among men,
4 363 having ever consumed alcohol was significantly associated with the risk of perpetrating
5 364 IPV.³⁷
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10 366 *Previous history of violence in both partners*

11 367 Six studies reported on previous exposure by the women to violence and IPV victimization.
12 368 The findings of these studies suggested that women who have ever been exposed to any type
13 369 of violence or who have ever witnessed violence in their life, were more likely to report IPV
14 370 in their current relationships. One study, also, revealed that having a partner who has ever
15 371 been involved in previous physical fights with other men was the risk factor for IPV
16 372 victimization in young women.³³ Another study suggested that young women who have been
17 373 involved in violence in past relationships were more likely to report IPV in their current
18 374 relationships.¹⁹ One study indicated that young women who have ever perpetrated violence
19 375 in a previous relationship were at higher risk to commit and to experience IPV in their current
20 376 relationship.³⁵ Three studies reported on a childhood history of violence, in that either
21 377 witnessing a parent's violence or being a victim was associated with the increased risk for
22 378 IPV victimization.^{13, 36, 37}
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33
34 380 *Social norms*

35 381 Most of the studies in this review (eight out of thirteen) reported on social norms which
36 382 emphasize male dominance as a risk factor for IPV. Studies linked cultural practices and
37 383 social norms with increasing risk of IPV in young women.^{19, 32-36, 38, 39} Whereas attitudes to
38 384 young women as subordinate and male dominance within relationship were reported in three
39 385 studies.^{19, 36, 39} attitudes of young women's acceptance and their justifying violence as a
40 386 husband's right were also noted in three studies.^{19, 36, 38} and attitudes of men's controlling
41 387 behaviour to young women were reported in one study.³³ Acceptance of cultural practices
42 388 such as polygamy was reported in one study.³⁴ practices of bride price or lobola; changing
43 389 one's name and relocating to men's residence were reported in one study¹³ and attitudes
44 390 regarding religion commitment were reported in one study.³⁵ The cultural context and the
45 391 existing harmful social norms in SSA affect also young women and may help to explain the
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burden and recurrence of IPV in this setting. There is limited research aimed at investigating social norms as a risk factor for IPV among young women in SSA.

Environment and legal systems

Three studies reported on violence in the community and the political systems and the women's responses to IPV. For example, a study from Togo revealed an increasing risk of IPV in young women in communities where violence is not condemned.³⁵ In another study aiming at investigating the lived experience of women in Botswana who had experienced emotional abuse from a partner, the findings suggested that young women who were from a specific ethnic group reported more IPV. In those communities, emotional abuse was not considered abuse as it falls under the dictates of local culture.¹³ While studies from Tanzania and Rwanda among women who have ever experienced IPV, reported on the weakness of governmental laws regarding IPV, as factors that influenced the young women's decision whether to prosecute the perpetrator or to remain in a violent relationship.^{19, 37}

DISCUSSION

Main findings

This study sought to map evidence of the socio cultural factors influencing IPV among young women in SSA and to identify the research gaps. The search was restricted to studies published from January 2008 to May 2019. We included in our review all papers accessing physical, sexual or psychological violence, perpetrated by an intimate male partner against the female partner. The studies could include older women as well but to meet the inclusion criteria they needed to also include and provide data on women aged 15 – 24. Knowing that studies concerning women experiencing partner violence often use different methods and definitions to address IPV, we included in the definition of IPV the designations for women aged 15–24 years attributed by others, such as domestic violence/husband abuse/partner abuse or dating violence. Thus, the included studies used different methods, definitions, different timing/ frequency and measures of IPV. For example, some studies considered women at risk of IPV to include only ever married/cohabiting women^{13, 33, 37, 38}, other studies considered currently partnered women^{19, 32, 39} and ever partnered women.^{17, 30, 31, 35, 37}

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3 422 Therefore, this discussion applied not only to cohabiting women but includes ever partnered
4 423 woman who has ever had an intimate partner, and ever experienced partner violence.

5 424 IPV occurs globally despite the actions that have been taken to prevent it in most countries.

6 425 Therefore, the findings of this study have helped to underscore better the existing evidence
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8 426 on the socio cultural factors influencing IPV among young women in SSA. Bearing in mind
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10 427 the reported high prevalence and the, socio cultural factors influencing the practices of IPV
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12 428 among young women in SSA that emerged from this review, these findings pose a global
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14 429 health concern regarding the need for countries to achieve the Sustainable Development
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16 430 Goals 5.⁴⁰ Regarding this global concern, the WHO emphasizes the need for research and
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18 431 evidence-based information to support education programs and strategies empowering girls
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20 432 in skills to challenge social norms in the context of SSA where the prevalence of IPV is
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22 433 alarming.^{41, 42} Moreover, a recent review aimed at evaluating what works, concerning
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24 434 interventions to prevent violence against girls and young women in Low and Middle-Income
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26 435 Countries, (which includes most of the countries in the SSA region), revealed the need for
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28 436 multilevel interventions to address young women.²⁰ Responses should be based on
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30 437 community engagement to enhance their social network resources and promote women's
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32 438 agency and encourage role models. The review has contributed to the required evidence-
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34 439 based information to provide the scientific basis needed to address socio cultural factors
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36 440 influencing IPV against young women in SSA. To the best of our knowledge, our study is
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38 441 the first scoping review of the socio cultural factors influencing IPV among young women
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40 442 aged 15–24 in these settings.

41 443 It is noted that the prevalence of IPV as reported in this study differs from that from the
42 444 studies from some high-resource regions, such as the USA where the overall reported
43 445 prevalence of IPV in young women was not as high and, was estimated at 8%–51.2%.⁴³⁻⁴⁵

44 446 The prevalence of IPV reported in our review was much higher ranging from 28.77% to 67%,
45 447 and was similar to the one reported in a study conducted among young women aged 15–24
46 448 years in SSA and elsewhere, where the prevalence ranged between 19%–66%.³ These results
47 449 show that IPV among young women is common in many countries in the world but varies
48 450 according to countries and regions. However, it is much higher in the SSA region, where
49 451 governments are struggling to find the resources to provide effective preventive programs to
50 452 reduce IPV among young women.¹⁸ These differences in the prevalence of IPV, reported in
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our study, could be due to the differences in methods, differences in the effectiveness of the health services responses, differences in the health education strategies, as well as differences in the compliance with regulations and laws on violence against women and even the cultural differences within countries.

Our review reported that childhood exposure to violence, previous experience of IPV, either witnessing parents' violence or experiencing childhood violence, are risk factors for IPV. Findings from our review regarding these life course factors are also consistent with those reported in studies conducted in USA.^{43, 46} Further in a study by Al Modalal, (2016), which examined the risk of partner physical violence victimization as a function of childhood maltreatment among college women in Jordan, the findings revealed that the risk of severe physical partner violence was three-times greater among women who had experienced childhood physical violence and five-times greater among those who had witnessed father-to-mother violence.⁴⁵ The review confirms the theoretical model which hypothesizes about the relationship between the children's exposure to violence and the risk for IPV. The likelihood of experiencing IPV among women who have ever been exposed to violence in childhood, might be through the mechanism of their lacking in coping skills. This may lead them to engage in violent methods when resolving conflicts, rather than non-violent conflict resolution methods. Another reason may be through the influence of their parents or their parents' modelling behaviour. Children may learn violent behaviour from their parents and might then imitate or replicate the behaviour from adulthood and across their lives. We highlighted similar findings from two studies carried out in South Africa among grade 8 learners, where the factors associated with girls' experience of IPV included childhood experiences of violence such as corporal punishment at home, school or community and witnessing parents' violence.^{9, 47} These findings, therefore, highlight the importance of starting prevention efforts early in childhood, by adding in prevention strategies' programmes that may build their skills and abilities to negotiate and engage in safe relationships.

In this review, findings revealed the use of alcohol by the partner and the young age of female partner, as factors that are associated with IPV. Consistent with a study by Brown, (2009), among a clinical sample of young people aged 15–24 years, the findings revealed that physical dating violence against women was associated with poorer psycho social

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3 484 functioning and the substance dependence of the partner.⁴⁸ Another study by Collibe,(2018),
4 485 reported on alcohol use as a factor associated with the increase in dating aggression among
5 486 young people.⁴⁹ Kelly's (2009) study, which assessed the attitudes, self-efficacy and
6 487 occurrence of dating violence, revealed a significant association between such violence and
7 488 risk factors. These comprised the early initiation of sexual experience, drug abuse,
8 489 unwillingness to engage in the initial sexual experience and inability or low self-efficacy to
9 490 prevent abuse with IPV victimization.⁵⁰ Alcohol use is suggested to have an influence in
10 491 reducing one's sense of responsibility and thus people engage in risky behaviours, including
11 492 IPV and other forms of violence. This is in concordance with the findings from a study among
12 493 adolescents' grade 8 learners in South Africa, which reports an increased risk of IPV among
13 494 those adolescents using alcohol.^{9, 51} It is hypothesised that the use of alcohol among men may
14 495 lead them to use negative styles to resolve conflict through their limited ability to use non-
15 496 violent conflict resolution methods. Moreover, men might persuade young women to engage
16 497 in alcohol drinking with an expectation that young women will then welcome sex and then
17 498 use force if they do not agree to engage in sexual activity.⁴⁷ Widespread alcohol consumption
18 499 and its connection with violence among young people has been in the spotlight of research
19 500 in SSA and USA settings. It is thus crucial to tackle alcohol use and its association with
20 501 violent attitudes when implementing IPV programmes among young people and thus to teach
21 502 young women to recognise and to avoid engaging in such violent relationships.

22 503 Although cultural differences exist between settings, IPV is a broad phenomenon that
23 504 prevails worldwide. Our review findings reported on gender inequalities, cultural practices
24 505 and the community and legal systems associated with increased risk of IPV.^{13, 33, 36} In support
25 506 of our findings are the studies from the USA settings^{46, 50, 52}. For example, Straus (2014), in
26 507 a study which analysed 13,877 university students who were in dating relationships, reported
27 508 that attitudes of coercive control of women by men are associated with increased risk of
28 509 IPV.⁵² Similarly, the prevailing patriarchal norms of male dominance influence the
29 510 relationship dynamics amongst the Maori women and also shape their decision of remaining
30 511 in a violent relationship.⁵³ Recent studies from Bangladesh and Vietnam highlighted
31 512 persistent social norms of male dominance that still prevailing in those societies.^{54, 55}

32 513 The findings from our review emphasize that IPV remains a burden across countries and
33 514 continents, especially in SSA. It appears that cultural differences between settings, may

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3 515 explain the differences in rates, types and responses rather than the occurrence of IPV. For
4 516 example, the study among grade 8 learners in South Africa, reported a reduced risk of
5 517 emotional violence among women who disagreed with the ideologies of male dominance.⁴⁷
6
7 518 However, disagreeing with partners or arguing, might increase the risk of physical violence
8 519 among those partners who use violence to resolve conflict or those dating partners with strong
9 520 ideologies of male dominance.⁹ Prevention programs would need to challenge these
10 521 ideologies in a safe environment and to raise awareness about non-violent ways of resolving
11 522 conflicts between young partners. Moreover, a longitudinal research is needed to determine
12 523 whether protective factors work in mixed or separated gender groups. Thus, the effective
13 524 interventions will need to tackle empowering girls with skills to challenge negative social
14 525 norms and, to tackle policies and law enforcement that condone all forms of violence against
15 526 women from childhood across their lifespan.

16
17 527 The findings from this review have confirmed the contribution of factors at the individual,
18 528 socio cultural and community levels that influence IPV among young women in SSA. This
19 529 review has also provided additional evidence on the contextual socio cultural factors that may
20 530 increase young women's vulnerability to IPV in the setting of SSA. The particular findings
21 531 reported on cultural practices of polygamy, payment of lobola for marriage, involvement
22 532 with older men, changing the name of the woman who relocates to the man's residence, and
23 533 childhood experience of violence including attitudes to child punishment, increase the
24 534 current information by providing a unique context of the socio cultural factors placing young
25 535 women at increased risk of IPV in SSA. These traditional practices still prevail in most
26 536 countries in SSA and contribute to IPV behaviours. In contrast, socio cultural factors are less
27 537 common in developed countries outside SSA such as the USA setting where the researches
28 538 on IPV among young women are often conducted, and the typical findings are related to
29 539 whether the young women have witnessed or experienced IPV during childhood, their having
30 540 multiple partners and the use of drugs and alcohol among young people.

31
32 541 Given that the contextual factors which have emerged often constrain the existing strategies
33 542 aimed at reducing IPV among young women in SSA, new approaches for addressing young
34 543 women in SSA should be added to the current interventions. Therefore, additional efforts are
35 544 necessary to increase young women's ability to challenge harmful social and cultural norms
36 545 and to build their skills to avoid their engagement with older partners and in violent

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3 546 relationships. There is also an urgent need for those in such relationships to enhance their
4 547 ability to decide whether to remain and manage such violent relationships or to have the
5 548 option to leave.

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8 549 Although the research on socio cultural factors influencing IPV among young women is
9 550 reportedless in the SSA setting, our review is noteworthy of several contributions. This
10 551 review has firstly contributed to the body of literature by examining, comparing and,
11 552 synthesizing the studies' findings on the evidence of the factors influencing IPV against
12 553 young women across multiple forms of IPV in SSA countries. Secondly, our review provided
13 554 quantitative and qualitative data, regarding factors influencing IPV among young women in
14 555 SSA and this has been underlined by the rigorous standards, criteria and methodology used
15 556 in this review process. This has helped to examine the emerged individual, socio cultural and
16 557 community factors that show promise to guide the design of contextual and effective
17 558 preventive interventions addressing young women in SSA. Finally, the review emphasizes
18 559 the socio cultural factors placing young women at increased vulnerability of IPV in SSA. In
19 560 this setting, the majority of communities are dictated to by the social norms which give
20 561 privilege to men's dominance over women, leading to gender inequalities and promoting
21 562 IPV, which needs to be targeted. This synthesis is important, given the focus of the research
22 563 on young women, a group that is most affected by gender inequalities resulting in higher risk
23 564 for IPV. Due to the harmful social norms that still prevail in SSA and the limited research on
24 565 factors influencing IPV among young women, there is still a need to provide additional
25 566 research on other socio cultural factors affecting young women such as peer pressure,
26 567 parental influences, socio-economic and educational background of parents, in order to
27 568 adequately contribute to effective intervention programs to reduce IPV among young women
28 569 in SSA. Such programs to reduce IPV among this vulnerable population group should be
29 570 initiated early, using contextual and multi-level approaches to safeguard the physical, sexual
30 571 and emotional wellbeing of young women.

31 572

32 573 **Strengths and limitations**

33 574 This study is a unique scoping review to map evidence on socio cultural factors influencing
34 575 IPV among young women in SSA and to provide evidence-based recommendations, a topic
35 576 for which few review studies exist outside America.

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3 577 The scoping review methodology employed herein was detailed. We conducted an
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5 578 exhaustive search for relevant studies from five search engines. The screening of abstracts
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7 579 and full articles was performed using a structured tool. Then the degree of agreement
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9 580 calculations after full-article screening revealed no significant difference between the
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11 581 screeners' responses. The MMAT was applied to assess the risk of bias. However, despite
12
13 582 the above-mentioned strengths, limitations regarding the study design of the included studies
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15 583 were encountered. Most studies were cross-sectional in design. There was also potential for
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17 584 bias in the studies included in respect of their selection of the study sample and the recall
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19 585 period. Moreover, the evidence of IPV experiences was mainly assessed in most of the
20
21 586 studies using self-administered questionnaires. This method runs the risk of potential recall
22
23 587 bias and obtaining socially desirable responses.⁵⁶ Few studies were focused specifically on
24
25 588 young women aged 15–24. Data on socio cultural factors influencing IPV among young
26
27 589 women aged 15–24 were mostly derived from existing studies researching IPV in women of
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29 590 reproductive ages, which included young women. This may have limited the findings to
30
31 591 compare risk factors specific to young women. Thus, this highlights the need for more
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33 592 primary research focused on socio cultural factors influencing IPV among young women in
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35 593 SSA to contribute evidence-based prevention programs to reduce IPV among this vulnerable
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37 594 population group.

35 595 36 596 **Conclusion**

37 597 Although unevenly distributed among SSA countries, the studies revealed considerable
38
39 598 research evidence of the factors associated with IPV in some of these settings. Many of the
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41 599 studies that provided evidence about IPV among young women were carried out in the USA
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43 600 settings, whereas few studies were from SSA. The findings point to the scarcity of research
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45 601 evidence regarding the socio cultural factors influencing IPV among young women in SSA.
46
47 602 Nevertheless, IPV is a common phenomenon in SSA. It is mainly influenced by the factors
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49 603 interacting at the individual, community and societal levels such as young age of women,
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51 604 discrepancies in the education level between partners, young women's marital status, low
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53 605 economic/unemployment status of women, alcohol use by women's partner, previous history
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55 606 of violence including childhood violence experienced by both partners, social norms of male
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57 607 dominance and, environmental and legal systems. Understanding about the socio cultural risk
58
59 608 factors for IPV among specific groups of young women in SSA will help to design contextual

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3 609 preventive programs that contribute to the reduction of their vulnerability and the trajectories
4 610 of victimization from childhood and across the life course. Thus, effective prevention
5 611 programs should incorporate actions empowering young women economically and with
6 612 education to enhance their awareness and autonomy, and develop their ability to challenge
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8 613 harmful social norms, allowing young women to pursue their relationships' lives with
9 614 integrity and free from violence.
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616 **Implications for practice**

617 Risk factors such as young age of young women, discrepancies in the education level between
618 partners, young women's marital status, low economic/unemployment status of young
619 women, alcohol use by young women's partner, previous history of violence including
620 childhood violence experienced by both partners, social norms of male dominance and,
621 environmental and legal systems are associated with IPV among young women and therefore
622 constitute a public health concern. We recommend that health promoters and providers at
623 health system facilities and including at community and political levels continue monitoring
624 and providing health assistance and political and legal support for the victims. Action is also
625 needed to empower young women concerning their awareness about IPV in a community-
626 based approach.
627

628

629 **Implications for research**

630 This scoping review shows a gap in research focusing on socio cultural factors influencing
631 IPV among young women in SSA. The existing few studies conducted in SSA, and most of
632 the studies undertaken in SSA setting are cross-sectional studies. The implementation of
633 qualitative and longitudinal studies focusing on young women would be beneficial in
634 providing more understanding of the factors underpinning the IPV and guide proper
635 preventive interventions.
636

637

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640

641 Authors' contributions

642 M.S.M. conceptualized and prepared the draft proposal of the study under the supervision of
643 M.T. and N.K. M.T. and N.K. assisted with the manuscript redaction. M.S.M. prepared the
644 manuscript, and M.T. and N.K. reviewed it. Respectively M.S.M.; M.T. and N.K. contributed
645 to the reviewed draft version of the manuscript and approved the final version.

646

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652 ISCISA, NICHE and UKZN had no role in designing this study, preparation of the
653 manuscript and decision to have it published. Furthermore, the views, opinions, assumptions
654 or any other information presented in this manuscript are solely those of the authors.

655

656 Competing interests

657 None declared.

658

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660

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662

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664

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667

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680 Supporting information/ Figure legends

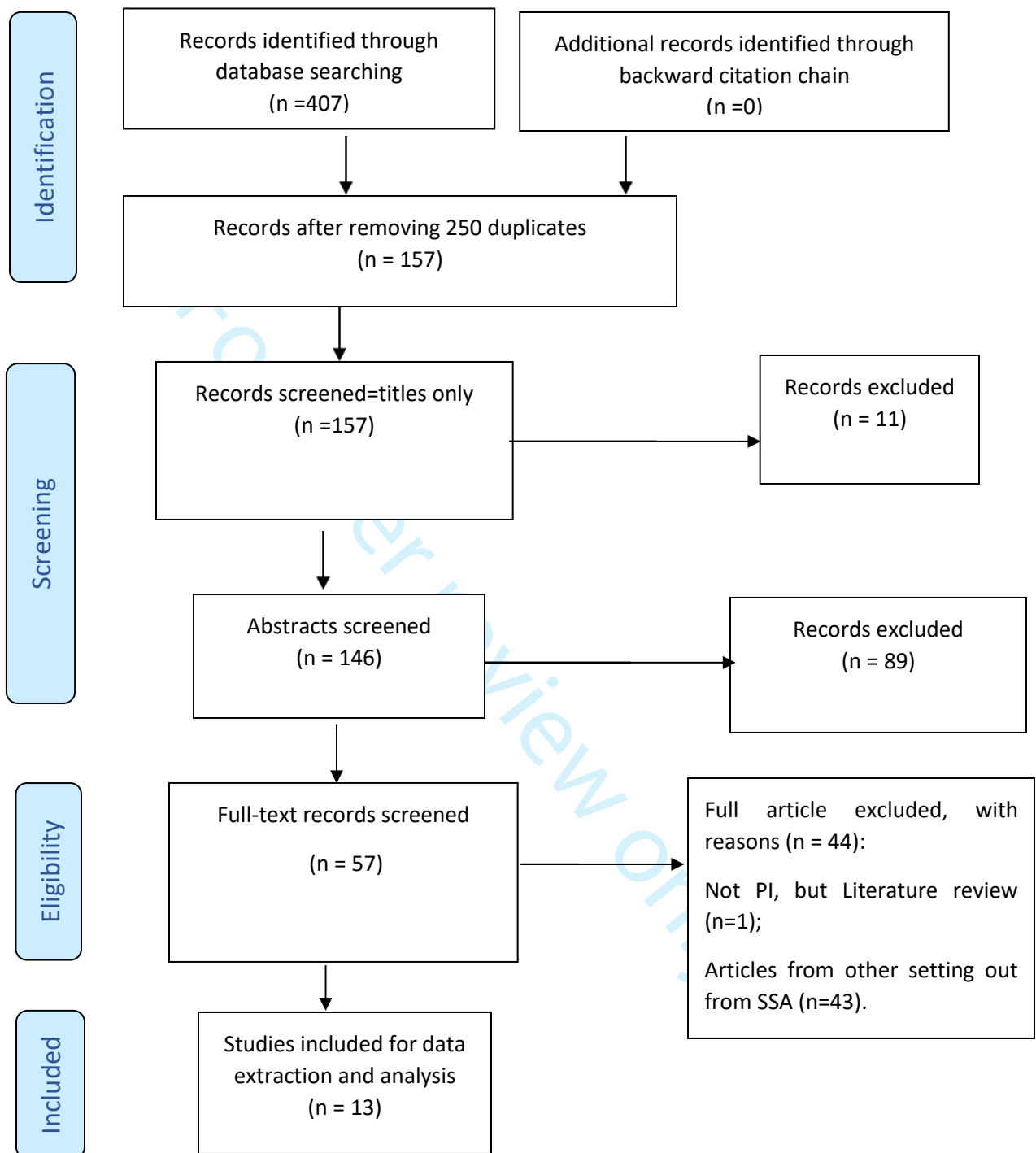
681 **Figure 1.** The Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2009
 682 flow diagram to update screening. Source: (Moher et al., 2009).

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48 810



Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

| SECTION | ITEM | PRISMA-ScR CHECKLIST ITEM | REPORTED ON PAGE # |
|---|------|--|--------------------|
| TITLE | | | |
| Title | 1 | Identify the report as a scoping review. | Yes- 1 |
| ABSTRACT | | | |
| Structured summary | 2 | Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives. | Yes- 2 |
| INTRODUCTION | | | |
| Rationale | 3 | Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach. | Yes- 4 |
| Objectives | 4 | Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives. | Yes-5 |
| METHODS | | | |
| Protocol and registration | 5 | Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number. | Yes-6 |
| Eligibility criteria | 6 | Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale. | Yes-8 |
| Information sources* | 7 | Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed. | Yes-7 |
| Search | 8 | Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated. | Yes-7 |
| Selection of sources of evidence† | 9 | State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review. | Yes-7 |
| Data charting process‡ | 10 | Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators. | Yes-8 |
| Data items | 11 | List and define all variables for which data were sought and any assumptions and simplifications made. | Yes-8 |
| Critical appraisal of individual sources of evidence§ | 12 | If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate). | Yes-9 |



| SECTION | ITEM | PRISMA-ScR CHECKLIST ITEM | REPORTED ON PAGE # |
|---|------|---|--------------------|
| Synthesis of results | 13 | Describe the methods of handling and summarizing the data that were charted. | Yes-9 |
| RESULTS | | | |
| Selection of sources of evidence | 14 | Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram. | Yes-10 |
| Characteristics of sources of evidence | 15 | For each source of evidence, present characteristics for which data were charted and provide the citations. | Yes-11 |
| Critical appraisal within sources of evidence | 16 | If done, present data on critical appraisal of included sources of evidence (see item 12). | Yes-12 |
| Results of individual sources of evidence | 17 | For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives. | Yes-11 |
| Synthesis of results | 18 | Summarize and/or present the charting results as they relate to the review questions and objectives. | Yes-12 |
| DISCUSSION | | | |
| Summary of evidence | 19 | Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups. | Yes-16 |
| Limitations | 20 | Discuss the limitations of the scoping review process. | Yes-21 |
| Conclusions | 21 | Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps. | Yes-21 |
| FUNDING | | | |
| Funding | 22 | Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review. | Yes-23 |

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

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