

Syndemics of gendered violence...atic review - Tanatswa Chineka

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Systematic review, gendered violence, mental health, migrants, precarity, methodology, PRISMA, Prospero, syndemics, risk factors, structural determinants, qualitative studies, participatory methods, intersectional approaches, policy impact.

SPEAKERS

Speaker 1, Jo Vearey, Soorej Jose Puthoopparambil, Speaker 2, Speaker 3



Speaker 1 00:00

We did the systematic review, and sure, just gone into quite some detail, looking at the differences between a systematic and the scoping review, but I was wanted to look at the syndemics of gendered violence and mental health among migrants, and also looking at the evidence methodologies and systematic risk determinants, so that the team I wrote, We drafted and came up with the review with my myself and Rumi, so that we could also check each other's work and validate it. And then Anuj, I think most of you have met her, or if everyone and then there's also Professor Ken bui from Oxford, were the main, main reviewers there. And then also Jo gave some some input into this. So like Suresh says a systematic review is tighter and also looks at look answering specific questions. So these were the three questions that we sought to ask. The first one was, what is the evidence, existing evidence relating to the intersecting risks and burden of gendered violence and poor mental health among migrants who were found in precarious situations. The second one looked at the dimensions of precarity that are captured, as well as the socio economic determinants and dimensions or pathways of precarity that shape these risks. And the last question looked at how the syndemics have been studied, which is the methodologies, the apologies and tools. So our methodology followed what has been spoken about, about the Prisma, which is the preferred item reporting items for systematic reviews, which is the one that we're we used, and so we developed a protocol that was registered. So a protocol, I think surely has already spoken a bit about it, which is kind of the document that details the methodology that you, that you, you adopt, and that is registered and made available, so that anyone who wants to make a similar study or registered knows or Can Can, can look at what you did. So we registered it on Prospero, which is a registry for somatic reducing health and social care. So that's the number there. So I will not dwell much on this, but for our framing, I think you heard also talking about the concept. So ideally you want a scaffolding or a framing to use to show that there's clarity and consistency and relevance, especially among the main concepts that we are using and what they mean. So our population of migrants and the concept for us was Mental Health Plus gendered violence. So what's interesting in looking at this family is we were looking not at gendered violence and mental health as single issues, but we were looking at they are intersecting. If you look at the question

we look at the inter how these intersect. So we did not want studies that only focused on mental health or on that only listened with gendered violence. We wanted studies that we looked at both of these at the same time, and also studies that were related to the context or exposure of mental health standard violence versus risk and progressive situation. So this also helps to frame our inclusion and exclusion criteria in that we did, if a study does not look at the way we have framed this concept would not take a look at the study, and that's our selection criteria, what was included and what was not included. For example, I think what's key to note is our children criteria included, really Twitter, because we wanted studies that were rigorous in their methodology, that has less bias and so forth. So I think Suraj might refer to this as those of their kind of highest quality that you can find. So we also used a critical appraisal tools, which is to map the quality and also risk of bias of the studies. And like it said, it's its meant really to look at how methodological, methodologically sound, ethically robust and contextually live in the studies that we looked at, which also strengthen the credibility and impact of what we say because of where we got the evidence. So for JBI is a tool that is used to appraise quantitative studies, M, A, T for mixed methods, rubies for evidence synthesis, and caspers for qualitative and case control studies. So these are just basic, just questions that you ask yourself and try to map against each study that you look at. So I'm not going to dwell much on this, but this was our Prisma flow chart, and looked at what we included and what we did not include, but we started with 2000 And 610 articles, and ended up with 18. So this details how and why duplicates were removed, and I will not dwell on this, as I think everyone has an idea of what these are. So the results that we had, so we submitted this systematic review to BMJ public health, which is admin control now, and our paper simply broadly looks at the first section looks at study information, such as where the studies were located, the designs, the population that we focused, how they were recruited, methodology and gaps. And the second section looks at what kind of migrant information were captured in these studies, and the like population movements and things like that. Section Three looked at issues to do with risk factors, the social determinants of health, and also health system related barriers around availability, affordability and and so forth. And then section four, in our paper, addresses co morbidities, for example, syndemic or occurring in CO occurring conditions, such as you find this mental health and GBV, but you also have infectious diseases, SRH issues and mounting nutrition. And then section five looked at precarities. Section six looked at mental health aspects of mental health studies, and then section seven looked at GBV. So these are just the broad sections which our paper addresses in their context. And I'm not going to dwell on this, but these are some of the graphs that we had, charts that we came up with, just to give you an idea that there are in the paper. We did not include a lot, but just a few to illustrate so from in terms of looking at the papers themselves that we looked at, most of the studies originated in North America, and it also kind of tells you the kind of where migrants from certain areas are moving to, and also who is doing a lot of the work around syndemics. So that's really why this is coming from, why we have that, that issue. And we explored some group differences, but they were quite interesting, frequent intersections of gender, ethnicity and class based inequalities. So because of my time, I'm not going to dwell on on all of this, but it just gives you an idea of what the so at this point, we're just describing what the kind of what the studies were looking at, for example, how they framed syndemicity, so as endemic refers to the CO occurrence or interaction of two or more diseases or air conditions within a population, and we look at how these combined effects are can be worsened by social, economic or environmental including structural factors. So we wanted also to look at each paper, what do they how do they conceptualize its endemics? And for example, some looked at there it is a synergistic and feedback loop relationship with how GBV and poor mental health in vulnerable groups probably affirms their constitutive impact. In other words, when you have these two conditions existing, how do they affect the health and well being of migrants and what contributes to these syndemics. So I'm also going to not spend time on this, but just source how the study. So a lot

of this can be similar to a score, a scoping review, just describing what our studies were looking at. But what is important for systematic is answering the question. So what we find out is gendered violence and poor mental health, COVID cases, endemic and migrant populations across reviewed sources, and they are overlapping risks. They are shared structural drivers and mutually reinforcing effects. And for the syndemics that for, for what we looked at, the syndemic of between GBV, mental health and precarity is shaped by broad four dimensions of precarity, which is insecurity, possession, disempowerment and disposability, which leads to systematic exclusion and poor mental health for health outcomes for migrants. And we also looked at how migration based precarities, such as lack of legal status, limited access to care, can amplify trauma, violence, exposure, mental health distress. So this is now bringing how this synergistic effect between when you find gender violence and poor mental health within context of precarity, what it does to migrants and also structural structuring institutional violence when it's combined with deprivation, can constrain recovery and combine compound vulnerability, which then forms a broader system of inequality that is existed in among migrants. So there's also migrants facing institutional violence and state of. Based precarity, they frequently exhibit model affective disorders such as depression and that also can coexist with emotional violence, which is also consistent to some with some of the findings. We classified precarity dimensions and map them against UV gender violence and mental health. And what we revealed, what it brought out was there is a layered, cyclical interaction that is shaped by micro level determinants and also migrants within this interlochs social and health status remain largely invisible in policy programs. So you find out when these programs and policies that respond, they are not effective because they are missing how the exist, co existence of mental health issues and GBV compounds and reshapes the experience of of migrants. So I'm going to Okay, so I think what's also, what was quite interesting, there's conceptual ambiguity around syndemic theory. So we also looked at what syndicity means when there was no there was no coherence or agreement among amongst the papers, in terms of what that means. So that was an interesting finding, and then methodology implementations included under reporting lack of syndemic measurement tools. For example, some of the studies did not give us when they measured syndicity. They have a when you look at the appropriateness of tools that measure the CO occurrence of these things. So you don't want something that looks at GV and mental health individually, or looks at, you know, how gender violence leads to mental health. No, we wanted something that's mapped the two of them at same time. But then some of the methodological images across the studies, including that the syndemic measurement tools are limited. As well as how to use intersectional participatory methods within these studies. So one of the major strengths of these reviews is that it was a group protocol. It was developed. There was a very, extremely rigorous consultation in peer process. So this is one of the strengths of this review, the conceptual challenges, of course, rise even for us. We found that in studies that we looked at, but also for us in terms of conceptualizing what syndemicity means. But also was one of the one of the issues that we dealt with, is there is, you know, an explicit synthetic framing that is agreed upon across the board is not available. But we also conducted comprehensive quality appraisal. For example, I talked about the tools that we used to look at the quality and also risk of bias, and across all the studies, they met the minimum threshold for trustworthiness, relevance and clarity of results with no bias reporters. So when you when you appraise these tools, if your score is medium to high, then you become worried. But all of these studies, when we appraise them, the the score for bias and what was low across them. So what we can conclude from this? Remember, we're asking specific questions, so the conclusions to those questions is that the substantial overlap in risk factors for gendered violence and poor mental health and these are jointly exacerbated by structural determinants like limited health care, inadequate housing, legal exposing and migration induced trauma, which is the trauma associated with how migrants moved from one place to another and during the journey, and also where they end up

at and there's a cyclical relationship between poor mental health and GV. This was confirmed, and gender violence acts as both as a cause and a consequence of of mental health distress. So this points to a syndemic pattern. And what we also conclude is that the existing literature, inadequate, explores complex intersection of pathways. They often rely on linear models overlooking compounded vulnerabilities. This then limits conceptual depth of what you can, you can, you can, you can say about the complex interplay of factors that you look at that CO occurred and then future research issued adopt intersectional and participatory approaches that can then generate integrative evidence and support co design policies that can disrupt this 360 we call it a 360 degree cycle of gendered violence, empowerment, oil. So we just mean that when you have gendered violence and mental health, they both exacerbate each other and compound the whole being of migrants. What I'm going to. Do Before I finish in my last minute is to show you what a chat looks like that we used. I think that's the only thing that hasn't been shown. I think maybe Joshua won. But I'm going to



15:15

just show you briefly the chat so this, I hope you can see this.



Speaker 1 15:26

So this what I'm trying to say, what I'm just showing you here is the kind of dimensions that we looked at. So at the beginning, you look at what the study is about, what the research design, just profiling what the study is. And then you look at study population and the sample size, so some of the methodological issues. And then from there, you move to different dimensions, for example, man's relationship of migrants population with host participants. So this is what we call a data charting I think Jo showed one. There's a Data, Data chatting template, that you, you, you come up with and say, What's what is coming out of it. So whilst we this largely provides quantitative outputs, but also what we did is, for every paper, we provided kind of a summary. So for the appraisals that we, I spoke about, we, we met them right at the end. But this also just shows you how comprehensive this can be and how tight a systematic review needs to be. So for example, if the article was qualitative research, will then indicate which which checklist was used, and then the questions are not showing because it's another sheet that were extrapolated to this one, but eventually, whether you are answering no or yes, so all of these then add up to what the risk of bias that you then end up with. And for example, you see that all of these ended up having low risk of bias. I think I will end there.



Jo Vearey 17:01

Thank you so much to Natsu and another great input. And you know, yet another reminder of just how much work goes into these and the collaboration. And you know, I think both of you emphasizing, you know, the importance of collaborating, co authors, co researchers on the projects. So, yeah, great job. Any questions, comments or thoughts for tanatsuwa,



Speaker 2 17:37

thank you so much, tanasa for a good presentation and the concept that you were dealing with of that of mental health as well as gender based violence what I wanted to ask or find out

of that of mental health as well as gender based violence, what I wanted to ask or find out, which might be a bit tricky, but I know maybe you might have observed it as you were writing up, how was mental health being reported between maybe, as you were doing the data analysis, looking at how was it being reported by the authors themselves, the people were writing this, and were there instances where you could see it being reported by the participants, maybe in those qualitative kind of research papers, and were there differences in that you might have observed in those reporting? Thank you.

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Speaker 1 18:32

Thank you. Thank you. Thank you. Blessing so how mental health was reported largely had to do with the type of methodology that each study used. So if it was a qualitative study, then you have the migrants themselves reporting, and a lot of the times they use data where they would interface with migrants. And I think the bulk of the studies use data that they gleaned from migrants that we're using specific services. So when they go, maybe for a visit to a doctor or to a health facility, they'll then be asked if they're willing to take part in a certain study, and then they are then linked to to the researchers, and then somewhere where using evidence gathered from, from from other studies, which means there were evidence synthesis, but that we looked at, but I think the overarching response to that is the methods which were not necessarily participatory, which then limits the extent to which you can look at the intersections of some of these issues, I think that was the main difference that we saw, that even for some of the qualitative studies, there was no participatory technique that we use in terms of methodologies. But it also may be points to the fact that there are challenges when you try to look at the CO occurrence of this features. In terms of development of appropriate methodological tools to measure a syndemic. So I think, I think that that would be my, my response at the moment, but yeah, unless it was secondary data, they use data that was directly submitted by the by the participants in one or two studies, they use service providers. Info,



20:26

thank you so much.



Jo Vearey 20:31

Anyone? Anyone else? Okay, Melissa,

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Speaker 3 20:43

thanks, Jo, thanks for such a brilliant presentation. I think I'm going to throw blessings question to you. I think we've said a lot about how this process can be so long, excruciating and just demands a lot, but I just want to know what, where the I'm sure we've, I mean, we've had a separate conversation on this, but I think it would be very nice for you to share how the process has been with the others, and mostly emphasizing on the good parts of it, just from your perspective. Thanks.

S**Speaker 1 21:21**

Thank you. Thank you, Melissa. What I would say is, for me, what was particularly interesting is the whole, I think Suresh talked about how a systematic review and scoping review are different, but if you see there's a lot of overlaps in terms of the methodology, it's just that for a systematic review. What's the first thing that I looked at, for example, for the first screening that we did, I then realized, Okay, we are not getting the articles that we wanted. Because I was I wasn't. I had to, kind of, you know, you are, like all of you in the group are trying to decide, when we say syndemicity or a syndemic, what do we mean? So that whole journey of discovering the how to differentiate what I'm doing from a scoping review that others are doing became quite a, quite a learning point. And also so it was, it was kind of something that that keeps building up. And I remember when we actually finished the chatting, we send our work to Cam, and it's brought a comment back and said, You have done a systematic review, but your write up reads like a scoping review. So we had spent some more weeks turning our so we did a systematic review, but wrote it up as a scoping review, and then we had to spend weeks again going back to to doing a lot of that. So I think the for me that was the caveat, like, how then do you report and do a systematic review differently from a scope from a scoping review. So that was, that was a good thing. And I think one thing that you mentioned, and I think someone also did, was, when you develop your six strings, each database like Scopus, Medline, wo Web of Science, they use very different syntax rules. So syntax rules are about when you put input, how does the system read what you have put? So where do you put brackets and so forth, so they are not uniform. So you'll find out you can have, you have to have a different search string for each database, which also limits the amount of databases. Also you can do, for example, someone asked Melissa, why focus on Scopus and websites, besides the subject matter focus, it was also to do with time, because you have to develop so long so six things that are difficult different for each database, and you have to put them into the system to check if they are returning syntax errors or or not. So I think that will be my response. Melissa, thank you. I

**Jo Vearey 24:08**

So thank you very much. And a thumbs up from Melissa, so great job. Thank you, everybody. I know it's a lot, and you know, I think that this morning session was really to try and in one way, emphasize just how much work goes into a scoping review, but also to encourage you to think about opportunities for undertaking scoping reviews, particularly in relation to your own PhD topics, but also in collaboration with others. So huge. Thanks to Suresh, to Melissa and to natsuya for sharing your work. I've shared their slides in the chat, but also they're in the Google Drive, which I'll continue to update we've got. I. Several of you have sent in your bio, so well done, and I'm in the process of uploading what I have, but everybody else, please remember to do the Create your bios and your reflection pieces so that we can get those online. All of the videos and things are also processed now, so those will be being shared. And yeah, all that's really left for me to say is huge thanks and thank you for being our inaugural cohort. And I will be in touch about having a kind of closing session at some point in person so we can see each other again. That might be during the break, but it also might only happen during term time, but I'm really looking forward to continuing to engage with you and for you assisting us in building the early career research and network within the core. If people are interested in leading with that and supporting getting that underway in South Africa and beyond. Then please do connect with me or Suresh directly, and we will be having the next South Africa sort of fits, migration, Health Research Symposium as part of the core. We had one last year, and we'll have one later on this year as well. So I really hope that you will all participate and be part

of this initial, initial cohort of getting this network up and up and running. It's really there for you and Suresh and I, you know, I'm just speaking for Suresh, but are delighted with the level of participation and engagement. The IOM colleagues yesterday asked me to pass on their their recognition of the work that you're all doing, and they were very impressed by how, how, how smart you all are. I said, I'm not surprised. I know they are so. So that was nice to always have that from an outside perspective, but that's really it for me. Sure. Is there anything you'd like to add?

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Soorej Jose Puthooppambil 27:01

No, I actually want to echo exactly what you told. Jo. It's always very interesting for me, because most of my teachings are actually for European or North American students. So through the core, actually, am I learning a lot more on what happens in ground reality, how you see, if you remember I told in the beginning, like truth is always related. So it's interesting, like how you approach topics and what's relevant for you, and how you see things and various kinds of things. So it has been a rewarding and enriching experience for me. And as Jo said, the idea of the core is actually to build capacity to to train future leaders. Leaders doesn't always mean to be the prime minister of president, but leaders in their own terms on how to inform, how to use evidence to inform policy. And as Jo was saying, we are nothing but happy and grateful for the time we had to interact with you and learn how you approach those things. So thanks a lot for Jo, and thanks a lot for you guys for patient listening to us and wish you all the best for your research and studies. Thank you.



Jo Vearey 28:09

Thanks so much. Thanks so much. Suresh, so I think on that high note, let us close this inaugural workshop, this inaugural winter school, and we are looking forward to engaging with you more in the future. If you're happy, I'm going to keep the mailing list going. If you would prefer to leave it, then obviously you're welcome to, but I will use it as a way of communicating with you all moving forward. Yeah. So please enjoy water. If you have water, stay warm, as warm as you can those that are traveling, please travel safely. Yeah, and we'll be in touch very soon. Take care. Everyone. Bye.