



**UNIVERSITY OF NAIROBI
DEPARTMENT OF SOCIOLOGY**

**Prevalence and risk factors for Intimate Partner Violence among Married
Female Adolescents in Busia District in Western Kenya**

**Project Paper Submitted in Partial Fulfilment for the Masters of Arts Degree
in Sociology-Medical Sociology**

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DECLARATION

This Study Report is my original work and has not been submitted for examination in any other university for a degree award.

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This Project Paper has been submitted for examination with my approval as University Supervisor.

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DEDICATION

This project work is dedicated to my mother Eunice Mutabi Rufus for being with me during this long journey.

ACKNOWLEDGEMENT

I am grateful to God for life and good health throughout the time of this study. I am also grateful to all those who assisted me one way or another during my study period. I am particularly indebted to the team of community health workers that assisted me during the data collection exercise, my wife Mrs. Mercy Murerwa for her invaluable support and my colleagues, Mr. Michael Maithya and Ms. Faith Salano for intellectual and moral support during this study.

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LIST OF ACRONYMS

1. **AIDS:** **Acquired Immune Deficiency Syndrome**
2. **AU** **African Union**
3. **FGC** **Female Genital Cutting**
4. **CDC** **Centre for Disease Control's**
5. **CHWs** **Community Health Workers**
6. **CTS** **Conflict Tactics Scales**
7. **IP** **Intimate Partner**
8. **DHS** **Demographic and Health Survey**
9. **DRC** **Democratic Republic of Congo**
10. **HIV:** **Human Immunodeficiency Virus**
11. **CRC :** **Convention on the Rights of the Child**
12. **IPV** **Intimate Partner Violence**
13. **KDHS:** **Kenya Demographic and Health Survey**
14. **RH** **Reproductive Health**
15. **SPSS** **Statistical Package for Social Sciences**
16. **UN** **United Nations**
17. **UNFPA** **United Nations Population Fund**
18. **WHO:** **World Health Organization**

ABSTRACT

For more than a decade, Intimate Partner Violence (IPV), also referred to as domestic violence or spouse abuse, has been recognized as major global public health problem, as well as serious human rights abuse.

This study assessed the prevalence and risk factors for Intimate Partner Violence among Married Female Adolescents in Busia District in Western Kenya. To measure the prevalence of IPV, the study questionnaire borrowed from the Conflict Tactics Scales (CTS) (Straus, 1990; Straus, 1979), which includes questions that ask women whether their current or most recent (if divorced, separated, or widowed) husband/partner ever perpetrated any of a series of behaviourally specific acts of physical or sexual violence. Purposeful sampling was done and both quantitative and qualitative methods of data collection were used.

The study revealed that sexual and physical violence is wide spread among married female adolescents in Busia district. 66.5 percent of the sampled population reported having experienced physical and sexual violence or either of the two forms of violence from their spouse within the past 12 months compared to the national prevalence of 39.0 percent (KDHS, 2008) for women between 15-49yrs.

A multiplicity of factors at individual, relational, community and societal levels were found to protect or put married female adolescents to a risk of partner violence. At the individual level, respondents' with a slightly higher level of education, those with financial autonomy, those who approved IPV and those who participated in organized social activities were found to be at a higher risk of experiencing IPV. At the relationship level, male partner aggression behaviour in the community and use of alcohol were found to expose their female spouse to violence while communication on family matters between the spouses was found to be a protective factor against IPV. At the community and societal levels, economic inequality between the spouses, male superiority and weak community sanctions for IPV were associated with high IPV prevalence among married female adolescents in Busia District.

The study concluded that early marriage as a process in its self sets the stage for married adolescent girls to experience IPV by changing all the known and safe parameters of their life. The loss of protective aspects of family and friends, the expectation to initiate sexual activity, isolation and less power to negotiate with their marriage partner a state of affairs with which they can feel safe and comfortable increases their vulnerability to partner violence.

The study recommended a series of actions for both immediate response and long term response to IPV experience by married female adolescents. The need for community mobilization, community based prevention, access to services and specific interventions for addressing IPV with specific target groups were recommended in the short run. The study recommends enforcement of legal age at marriage, gender equity promotion, empowerment of women and male engagement as long term strategies in addressing the IPV problem.

CHAPTER ONE

1.0 INTRODUCTION

For more than a decade, Intimate Partner Violence (IPV), sometimes called domestic violence or spouse abuse, has been recognized as a major global public health problem, as well as serious human rights abuse. The impact of IPV poses a challenge to public health, economic and social development and has been documented in publications such as the WHO Multi-country study on women's health and domestic violence against women (Garcia-Moreno et al., 2005)

IPV includes acts of physical aggression, sexual coercion, psychological/emotional abuse and controlling behaviours by a current or former partner or spouse (Heise & Garcia-Moreno, 2002). It may be manifested through deprivation or neglect as opposed to overt acts of violence or harassment. Physical violence by an intimate partner is often accompanied by sexual violence, deprivation, isolation and neglect, as well as by psychological abuse. Research has suggested that in some cases the psychological abuse experienced may have a more lasting impact than the physical injuries sustained, and that this can be true even where those injuries are severe.

Some forms of IPV may fall within the criminal law and while other do not. Punching, kicking, destroying possessions, stabbing, rape or sexual assault can all be dealt with under criminal law. However, telling a partner what to wear, withdrawing affection, controlling their financial affairs, criticizing their abilities, stopping them from seeing friends, making them do things they don't want to do to prove their love or making them think they are mad, stupid, useless, worthless, a failure to mention but a few, often do not fall under the criminal law.

IPV can happen within marriage, long-term partnerships or short-term intimate relationships, and can be perpetrated by ex-partners when these relationships have ended. It has been documented as largely perpetrated by men against women, although such violence also occurs in same-sex couples and can be perpetrated by women against men. As a category of interpersonal violence, intimate-partner violence includes dating violence that occurs among young people; although the pattern of such violence may be different to that

experienced in the context of long-term partnerships, and studies often examine the two issues separately.

Many people view IPV as exclusively part of certain ethnic or racial communities, or as unique to certain classes within their societies. People often discussed IPV in terms of the race, ethnicity, class, education level or age of the abuser or victim. This view conflicts with research that shows IPV occurs in all social, economic, religious and cultural groups and that women and girls bear the blunt side of it. The WHO report shows that there is a wide range in the reporting of physical or sexual violence across countries, and that women who experience violence are also likely to experience physical and mental health problems (Garcia-Moreno et al., 2005).

The aim of this study is to estimate the prevalence of IPV among married female adolescents in Busia District as well as to identify factors that may either protect or put married female adolescents at risk of partner violence.

1.1 Background Information

1.1.1 Global perspective

Domestic violence or violence that is expressed using intimate acts is unfortunately as timeless as history. Rape and other sexual exploitation have been used to demoralize groups of people as in German concentration camps, on North America-bound slave ships, and in World War II Japanese brothels filled with "comfort women." Society-sanctioned forms of violence against women include infibulation and female genital cutting, also known as female circumcision. Virtually all the world's societies view or have viewed women as less valuable than men. From "honor" killings of women for being rape victims or having premarital sex in some countries, to women being omitted from serving on juries in the United States until 1701 and prevented from voting until 1920, the view that women are somehow second-class citizens encourages mistreatment of women.

There has been a growing body of international research on the magnitude and patterns of gender-based violence. Worldwide, men experience higher levels of physical violence than women as a result of war, gang-related activity, street violence, and suicide, while women

and girls are more likely to be assaulted or killed by someone they know, such as an intimate partner (Heise and Garcia Moreno, 2002).

In the recent years, findings of high levels of victimization of men by their intimate partners in some industrialized countries, has resulted in a demand for an increased focus on male victims. Globally however, IPV has been documented as largely perpetrated by men against women. One does not have to look far to find women struggling in the pool of intimate partner violence. Women are victims of violence in approximately 95 percent of the cases of IPV.

International responses to intimate partner violence and sexual violence against women have been grounded mainly in the human rights framework, which understands the pervasiveness of violence against women to be an obstacle to equality, development, and women's full enjoyment of their fundamental rights and freedoms (Beijing Declaration paragraph 112, 1995). In calling nations to action, the United Nations (UN) Declaration on the Elimination of Violence against Women calls on States to exercise due diligence to, among other things, prevent acts of violence against women whether they are perpetrated by the State or private actors (Article 4.c), and to develop comprehensive preventive approaches (Article 4.f).

The World Health Organization has also called for increased attention to primary prevention of intimate partner violence and sexual violence, through the recommendations of the World report on violence and health (Krug et al., 2002), World Health Assembly Resolution 56.24 on implementing the report's recommendations (WHA 2003), and in the recommendations of the WHO Multi-country study on women's health and domestic violence against women (Garcia-Moreno et al., 2005).

1.1.2 Intimate partner violence in Africa

Africa uniqueness relating to rich, cultural and familial traditions creates a complex environment to understanding and addressing IPV. National and local policies around gender-based violence, including inheritance rights policies, marriage and divorce laws, domestic and sexual violence laws, and laws around cultural practices such as Female Genital Cutting (FGC/M) and early marriage vary widely. Many countries recognize both constitutional and traditional legal systems, even though the two often contradict each other,

and the power of and boundaries between the two are not always clear (Armstrong, 1998; Benninger-Budel, 2000; Center for Reproductive Law and Policy, 2001).

Population-based studies on IPV in Ethiopia, Kenya, Namibia, South Africa, Tanzania, Zambia, and Zimbabwe have found that 13–57 percent of women report having been physically assaulted by a partner at some point in their lives. Throughout the East Central and South Africa region, researchers have found that large proportions of women and men see violence as a common, acceptable means for men to “punish” their female partners. Such punishment is justified usually by behaviours that transgress local gender norms, such as refusing sex with a husband, arguing with a husband, not performing household duties, talking back, or not asking permission to do something such as leave the house (Armstrong, 1998; Best, 2005; Heise et al., 1999; Jewkes et al., 2001; Jewkes, 2002; Kim and Motsei, 2002; Moffett, 2001; Njovana and Watts, 1996; Rude, 1999; Wood and Jewkes, 2001).

In some areas, women are generally seen as property to be sold, inherited, and controlled. For example, Halim argues that women in Northern Sudan use the term “nihna bahaim,” meaning “we are cattle,” to describe themselves and their status of being “saleable, disposable, replaceable, not individuals but property to be acquired” (Center for Women’s Global Leadership, 1994). Focus groups in South Africa maintained that the practice of bride price upholds the belief that women are property and can be bought and sold (Kim, 2002). Ward argues that in Sudan, too, bride price serves to label women as men’s property (Ward, 2005). Research from South Africa suggests that many men see sex with their wives and girlfriends as their right and consider use of force as an acceptable means of initiating it (Wood and Jewkes, 2001).

Africa response to IPV is well demonstrated through the African Charter on Human and People’s Rights. Article 18 (3) of the charter makes provisions for states to ensure the elimination of every form of discrimination against women and to ensure the protection of the rights of the woman and the child as stipulated in international declarations and conventions. This provision is brief and concise but it may be properly construed as conferring very extensive mandate on states to eliminate any form of discrimination against women including practices that constitute violence against women.

The African Union (AU) Solemn Declaration on Gender Equality in Africa reaffirms the African countries' commitment to the principal of Gender equality as enshrined in Article 4 (1) of the Constitutive Act of the African Union. It was concluded at the Heads of State and Government meeting in the third Ordinary Session of the Assembly in Addis Ababa, Ethiopia, from 6-8 July 2004. At Article 9 of this Declaration, the Member states undertook to Sign and ratify Protocol to the African Charter on Human and People's Rights to the Rights of Women in Africa by the end of 2004 and to support the launching of the public campaigns aimed at ensuring its entry into force by 2005 and usher in an era of domesticating and implementing the Protocol as well as other national, regional and international instruments on gender equality by all State Parties.

1.1.3 Intimate partner violence in Kenya

Kenya is generally regarded as a patriarchal society. Domestic violence is common and women are dissuaded from seeking protection from abuse, in part, by cultural biases condoning violence such as wife-beating or for fear of stigmatization in their own communities. The Kenya Demographic and Health Survey (KDHS, 2008), revealed that 39 percent of the married, divorced or separated women aged 15 – 49 years reported to have ever been physically or sexually violated by their husbands or partners during their lifetime compared to 44 percent in 2003. About 32 percent reported having been violated in the last one year before the survey compared to 29 percent in 2003. Rural women are more likely to be victims of physical and sexual violence. The survey further revealed that 15 percent of married women are sexually violated compared to about 13 percent in 2003.

Notably, Kenya has ratified the International Covenants on the Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. It is also a party to the African Charter on Human and Peoples Rights. Kenya has also ratified the Convention on the Elimination of Discrimination against Women. Theoretically, therefore, Kenya is committed to safeguarding women and girls from all forms of violence.

1.2 Problem Statement

World over, Violence between intimate partners is a significant public health problem. While there are several studies focusing on IPV or domestic violence, there is no estimate of the global prevalence of either intimate-partner violence let alone the concentration of such violence to specific groups of individuals such as married female adolescents although there has been an attempt to relate age and violence. Fiebert and Gonzalez 1997; Archer, 2000; Straus and Ramirez 2002, Kishor and Johnson's 2004

To date, most studies on adolescents are focused towards adolescent sexual and reproductive health; Amuyunzu-Nyamongo et al. (2006), James-Traore T, Magnani R, Murray (2001), Beal, A. C., Ausiello, B. A. & Perrin, J. M. (2001), with emphasis on information and service needs of unmarried, often in-school adolescents. Those that have ventured to the effects of early marriage have focused on premature sex and pregnancy and school drop-out. The level of attention to the needs of married female adolescents and especially the extent of IPV in adolescent marriages has been marginal.

In addition, studies focusing on IPV have often failed to recognize married female adolescents as a universe of their own and usually combine them under married women category. This categorization fails to recognize the confluence of social vulnerabilities that married female adolescents face by virtue of their age, impeded autonomy, and removal from their previous social networks.

Further, current understanding of factors associated with intimate partner violence and sexual violence derives mainly from research in high-income countries. Primary prevention strategies in low and middle-income countries would be much strengthened by more and better research on risk and protective factors in diverse socioeconomic and cultural contexts. Much work remains to be done, therefore, to analyze the extent of IPV affects on particular segment or groups of individuals and the full impact of IPV on such segments or groups.

This study focuses on estimating the prevalence of IPV among married female adolescents in Busia District in Western Kenya with particular emphasis on physical and sexual violence

by male intimate partners as well as identifying factors that may either protect or put married female adolescents at risk of partner violence.

1.3 Study questions

1. To what extent do married female adolescents experience physical and sexual violence from their male intimate partners?
2. What factors increase the chances of violation by an intimate partner?
3. What factors decrease the chances of violation by an intimate partner?

1.4 Objectives of the study

1.4.1 General objective

To assess the prevalence and risk factors for Intimate Partner Violence among Married Female Adolescents in Busia District in Western Kenya.

1.4.2 Specific Objectives

1. Estimate the prevalence of IPV among married female adolescents with particular emphasis on physical and sexual violence by male intimate partners in Busia District in Western Kenya.
2. Assess risk factors for IPV among married female in Busia District in Western Kenya.
3. Identify factors that may limit the incidence of IPV among married female adolescents in Busia District in Western Kenya.

1.5 Justification of the study

Research indicates that IPV poses a significant public health problem. IPV is associated with increased mortality, injury and disability, worse general health, chronic pain, substance abuse, reproductive disorders, and poorer pregnancy outcomes. IPV is also associated with an overuse of health services and unmet need for services, as well as strained family relationships.

Age at first marriage in the developing world is increasing almost without exception. An analysis by Mensch et al., (2004) found substantial decline in the proportion of young men and women married in most developing-country regions. Though a declining phenomenon,

the number of individuals affected remains large. In 2002, population Council analyses of United Nations country data on marriage indicated that if the timing of marriage does not change, over 100 million girls would be married as children (as defined by the Convention on Rights of the Child) in the next ten years.

Studies indicate that young people both girls and boys experience significant levels of sexual coercion (Pinheiro 2006). Studies of forced sexual initiation, for example, have found that between 7 percent and 48 percent of adolescent girls and between 0.2 percent and 32 percent of adolescent boys report that their first experience of sexual intercourse was forced (Jewkes et al., 2002). In fact a growing body of research suggests that the younger the age of sexual debut, the more likely it is that the first sexual experience is coerced (Dickson et al., 1998; Erulkar, 2004; Koenig et al., 2004; Garcia-Moreno et al., 2005).

The body of IPV research has several gaps. There is no estimate of the global prevalence of either intimate-partner violence or sexual violence let alone the concentration of such violence to specific groups of individuals such as married female adolescents despite the danger posed by this kind of violence.

It is important to also highlight that generally, the needs of married adolescents have been neglected over the years for various reasons including historical, legal, social and cultural reasons. The concept of adolescence itself did not originate from African cultures and traces its roots in Western cultures where the ratio of married to unmarried adolescents has remained consistently comparatively low.

Although the global evidence base on the prevalence of intimate-partner and sexual violence is substantial, the same cannot be said for the global evidence base on the prevalence of intimate-partner and sexual violence specific to married female adolescents and the risk and protective factors that relate to such violence. Furthermore, current understanding of factors associated with intimate partner violence and sexual violence derives mainly from research in high income countries.

In Kenya, the minimum legal age at marriage is 18 for both sexes. However, twenty-five percent of Kenyan adolescent girls are married before age 18, and 5 percent are married

during early adolescence, that is, before age 15. Considerable variation in marriage rates occurs by region; girls in rural areas are significantly more likely than those living in urban areas to be married during adolescence according to Population Council analysis of Kenya Demography and Health survey 2003.

When girls are married at a young age in Kenya, it is often due to poverty, dowry pressures, parental concerns about premarital sex and pregnancy, or other economic or cultural reasons. For many, marriage marks the beginning of their sexual life and an increased social isolation, as girls typically leave their homes and natal villages, losing contact with friends and peers. Existing data cannot definitively show the causal links between early marriage, poverty, low educational attainment, and other social indicators, which are likely multi-directional. However, studies have found that married girls have many disadvantages related to health, social, and economic spheres hampering their ability to negotiate their reproductive and broader lives including the needs of their children.

Most of these studies on adolescents are focused towards adolescent sexual and reproductive health with emphasis on information and service needs of unmarried, often in-school adolescents. Those that have ventured to the effects of early marriage have focused on premature sex and pregnancy and school drop-out. The level of attention to the needs of married female adolescents and especially the extent of IPV in adolescent marriages has been marginal.

Research therefore, on the extent of IPV on married female adolescents is vitally important to efforts of combat violence and creating an environment in which such adolescents can fully exercise their rights to safety. A greater understanding of violence against married female adolescents within a specific culture can support the much needed efforts to reduce IPV in Kenya which is what this study seeks to contribute towards.

1.6 Definition of terms

a) Adolescence

This study will adopt the United Nations Population Fund (UNFPA) and World Health Organization (WHO) definition of adolescent as persons between the ages of 10 to 19 years.

It is a period of transition from childhood to adulthood and a critical state in the development of gender roles, and in the perceptions of the self and others.

b) Marriage

Marriage in this study is regarded in broad terms as simply a socially recognized union between a man and a woman or women which could be legal or reported.

c) Married female adolescents

The phrase “Married female adolescents” is used in this study to refer to girls between the ages of 10 and 19 that have entered into socially recognized marital union.

d) Intimate partner

The term has been used in this study to connote a sexual partner specifically between a man and a woman in socially recognized marital union.

e) Intimate Partner Violence (IPV)/ Domestic violence

These two terms have been used interchangeably in this study and refer to any behaviour within an intimate partner relationship that causes physical, psychological or sexual harm. World Report on Violence and Health (Krug et al., 2002)

f) Sexual violence

The study has adopted Jewkes et al. definition of sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Sexual violence includes rape, defined as physically forced or otherwise coerced penetration of the vulva or anus, using a penis or other body parts or an object. Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus” (Jewkes, Sen and Garcia Moreno, 2002, page 149)

g) Physical Violence

The study has adopted Centre for Disease Control’s definition of Physical violence as “the intentional use of physical force with the potential for causing death, disability, injury, or

harm. Physical violence includes, but is not limited to, scratching; pushing; shoving; throwing; grabbing; biting; choking; shaking; slapping; punching; burning; use of a weapon; and use of restraints or one's body, size, or strength against another person" (CDC, 2007).

CHAPTER TWO

2.0 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Literature review

2.1.1 International IPV trends

Globally, while a number of countries have recognized that early marriage is a rights violation by enacting legislation, there has been little empirical investigation on the prevalence of domestic violence on married female adolescents and of the effect of marriage on girls. This study therefore draws generally on available literature on women's empowerment and general studies on domestic violence.

Kishor and Johnson (2004), using data from the Demographic and Health Surveys (DHS) in nine developing countries: Cambodia, Colombia, Dominican Republic, Egypt, Haiti, India, Nicaragua, Peru, and Zambia conducted a comparative study 'Profiling Domestic Violence: A Multi-Country Study'. The surveys used in their report were conducted mostly after 1998 and collected comprehensive demographic and health data from women ages 15 to 49. In addition, information was collected on "empowerment" indicators such as education, employment, and participation in household decision-making.

Researchers also asked the women about their experience of domestic violence throughout their adult lives, including detailed questions about their experience of physical, sexual, and emotional violence within their current relationships. The percentages of women who said an intimate partner had ever abused them ranged from 48 percent in Zambia and 44 percent in Colombia to 18 percent in Cambodia and 19 percent in India. More than one in six married women in each country that was studied reported being pushed, shaken, slapped, or targeted with a thrown object by their male partners. At least one in 10 reported being threatened or publicly humiliated by their husbands.

Examining the relationship between age and gender violence, Kishor and Johnson found inconsistent patterns across countries. Upon multivariate analysis, they found that a married woman's age significantly affects her risk of violence in about half the countries, and that where it does, girls aged 15–19 are at greater risk than older women. In Egypt, Haiti, India,

and Nicaragua, the odds of experiencing violence are significantly lower for older married women than for married girls aged 15–19.

World Health Organization (WHO) conducted a multi-country study on ‘Women’s Health and Domestic Violence against Women’. The study was based on interviews with more than 24, 000 women from rural and urban areas in 10 countries: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania. The study aimed at making recommendations and calls for action by policy makers and the public health sector to address the human and health costs, by integrating violence prevention programming into a range of social programmes.

The 2005 study report found that one quarter to one half of all women who had been physically assaulted by their partners had suffered physical injuries as a direct result. The abused women were also twice as likely as non-abused women to have poor health and physical and mental problems, even if the violence occurred years before. Poor health includes suicidal thoughts and attempts, mental distress, and physical symptoms like pain, dizziness and vaginal discharge.

In addition, women who were in physically or sexually abusive relationships were more likely to report that their partner had multiple sexual partners and had refused to use a condom than women in non violent relationships. Women who reported physical or sexual violence by a partner were also more likely to report having had at least one induced abortion or miscarriage than those who did not report violence. Although pregnancy is often thought of as a time when women should be protected, in most study locations, between 4 percent and 12 percent of women who had been pregnant reported being beaten during pregnancy. More than 90 percent of these women had been abused by the father of the unborn child and between one quarter and one half of them had been kicked or punched in the abdomen.

Further, the study found that at least 20 percent of women reporting physical violence in the study had never told anyone before being interviewed. Despite the health consequences, very few women reported seeking help from formal services like health and police, or from

individuals in positions of authority, preferring instead to reach out to friends, neighbors and family members. Those who did seek formal support tended to be the most severely abused.

Over all, the percentage of women who reported sexual abuse by a partner ranged from 6 percent in Japan and Serbia and Montenegro to 59 percent in Ethiopia, with the majority of settings falling between 10 percent and 50 percent. The proportion of women physically forced into intercourse ranged from 4 percent in Serbia and Montenegro to 46 percent in provincial Bangladesh and Ethiopia. In most settings, about half of sexual violence was a result of physical force rather than fear.

A report titled 'Intimate Partner Violence among Couples in 10 DHS Countries: Predictors and Health Outcomes' by Michelle et al. 2008 analyzes partner violence data from 10 Demographic and Health Surveys (DHS): Bangladesh (2004), Bolivia (2003/2004), the Dominican Republic (2002), Haiti (2005), Kenya (2003), Malawi (2004), Moldova (2005), Rwanda (2005), Zambia (2001/2002), and Zimbabwe(2005/2006)

The report indicate wide variation across countries in the prevalence of physical or sexual violence experienced by women and perpetrated by their current husband/partner from 75 percent in Bangladesh to 16 percent in the Dominican Republic. The highest reported rates of physical violence were in Bangladesh (71 percent), Bolivia (52 percent), and Zambia (45 percent). The lowest reported rates were in Haiti (12 percent) and the Dominican Republic (15 percent). The highest rates of sexual violence were reported in Bangladesh (26 percent), Kenya (15 percent), and Bolivia (14 percent), whereas the lowest rates were reported in Moldova (3 percent), the Dominican Republic (5 percent), and Zambia (6 percent). Bangladesh, where men rather than women, were asked about (perpetrating) IPV stands out as having the highest rates of both physical and sexual violence.

In analyzing factors associated with experiences of physical and sexual violence, the report indicates that not working (compared with working in a non-agricultural job) is protective for women in Bolivia, the Dominican Republic, and Zimbabwe. Working in agriculture is also protective for Bangladeshi women, but a risk factor for women in Malawi. Younger age at marriage is a significant risk factor in Bangladesh, Bolivia, the Dominican Republic,

Kenya, Rwanda, and Zimbabwe, even after all other controls are introduced, and in Rwanda and Zimbabwe living in a cohabiting union, rather than marriage, is a risk factor for violence.

In 5 of the 10 countries studied (Bolivia, the Dominican Republic, Malawi, Zambia, and Zimbabwe), women who believe that wife beating is justified in at least one of five circumstances were more likely to report experiencing physical or sexual violence. Women's recall of violence between their parents was a significant predictor in all six countries where this variable was measured. That is, women who reported that their fathers beat their mothers were significantly more likely themselves to have experienced violence by their husbands/partners than women who did not recall such violence.

Men's alcohol use was statistically significant for all eight countries in which this variable was measured. The odds of physical or sexual violence for women reporting alcohol use by their husbands/partners ranges from 1.64 in Bolivia and 1.67 in Zambia to 3.63 in both Kenya and Haiti.

The study found that women who make decisions about their own health care jointly with their husband/partner or someone else were significantly less likely to report experiencing violence in Bolivia, Haiti, and Malawi, compared with women who make these decisions on their own. In these three countries, women reporting that their husbands/partners alone or someone else alone has the final say about women's own health care also were less likely to report violence than women who reported that they themselves make such decisions alone. The patterns are similar for decision making about large household purchases. In Bolivia, Haiti, and Kenya, women were less likely to report experiencing violence when decisions are made jointly with their husbands/partners. In addition, in Bolivia, Haiti, and Kenya, women were less likely to report violence when the husband/partner or someone else decided alone about large purchases.

2.1.2 Regional IPV trends

Tjaden and Thoennes (2000) using data from United States of America conducted a research on 'Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence against Women Survey'. The survey consisted of telephone interviews

with a nationally representative sample of 8,000 U.S. women and 8,000 U.S. men about their experiences as victims of various forms of violence, including intimate partner violence.

The survey compared intimate partner victimization rates among women and men, specific racial groups, Hispanics and non-Hispanics, and same-sex and opposite-sex cohabitants. It also examined risk factors associated with intimate partner violence, the rate of injury among rape and physical assault victims, injured victims' use of medical services, and victims' involvement with the justice system.

According to the study, rates of intimate partner violence vary significantly among women of diverse racial backgrounds. The survey found that Asian/Pacific Islander women and men tend to report lower rates of intimate partner violence than do women and men from other minority backgrounds, and African-American and American Indian/Alaska Native women and men report higher rates. However, differences among minority groups diminish when other sociodemographic and relationship variables are controlled.

Women experience more intimate partner violence than men do. The survey found that women are significantly more likely than men to report being victims of intimate partner violence whether it is rape, physical assault, or stalking and whether the timeframe is the person's lifetime or the previous 12 months. According to the study, Women experience more chronic and injurious physical assaults at the hands of intimate partners than men do. The survey found that women who were physically assaulted by an intimate partner averaged 6.9 physical assaults by the same partner, but men averaged 4.4 assaults. The survey also found that 41.5 percent of the women who were physically assaulted by an intimate partner were injured during their most recent assault, compared with 19.9 percent of the men.

Abraham et al., (2004) using data from South Africa conducted a cross-sectional study titled 'Sexual violence against intimate partners in Cape Town: Prevalence and risk factors reported by men'. The study was conducted with men working in three of the six municipalities in Cape Town between June 1998 and February 1999. The sampling frame was a list of male employees working in the Civil Engineering, Water and Cleansing, and

Parks and Recreation Divisions. A computer-generated random sample of 600 names from each of the three municipalities was obtained, giving a total of 1800 names. Of these, 37 were women's names, 28 were of men who reported no female partners, 66 were of men who refused to participate, 283 were of men who were unavailable because of absenteeism or leave, and 18 were of men with whom incomplete interviews were conducted. Thus an overall response rate of 78.8 percent was achieved and the analysis was based on 1,368 interviews.

According to the study, the perpetration of sexual violence against intimate partners in the past 10 years was reported by 15.3 percent of the men. After adjustment for socio-demographic circumstances, the factors associated with such violence were involvement in physical conflict outside the home, problematic alcohol use, having more than one current partner and abusing partners verbally. While having frequent conflict with partners was important for the risk of sexual violence, only two types of conflict sources were significantly associated with this risk, namely conflict over sexual refusal and conflict when men perceived their authority to be undermined.

The study concluded that sexual violence in intimate relations was common. The risk of being sexually violent was associated with the use of violence to solve problems in other settings, having more than one current partner, alcohol abuse and verbally abusing a partner. It was also associated with particular types of conflict stemming from ideas of male sexual entitlement and dominance.

In a study titled 'Intimate partner violence among pregnant women in Rwanda' Joseph Ntaganira et al., (2008) sampled of 600 (300 Human Immunodeficiency Virus (HIV) Positive and 300 HIV negative) pregnant women attending antenatal clinics and administered a questionnaire which included items on demographics, HIV status, Intimate partner violence (IPV), and alcohol use by the male partner.

The survey questionnaire was administered in January 2006 by trained research staff from the School of Public Health, National University of Rwanda to women attending prenatal care services in two urban antenatal clinics in Kigali and two rural antenatal clinics (one in South Province and another in North Province). Consecutive antenatal clinic attendees from

urban (300) and rural (300) areas were recruited into the study. Mean age and proportions of IPV in different groups were assessed. Odds of IPV were estimated using logistic regression analysis.

Findings of the study indicated that of the 600 respondents, 35.1 percent reported intimate partner violence in the last 12 months. HIV+ pregnant women had higher rates of all forms of IPV than HIV- pregnant women: pulling hair (44.3 percent vs. 20.3 percent), slapping (32.0 percent vs. 15.3 percent), kicking with fists (36.3 percent vs. 19.7 percent), throwing to the ground and kicking with feet (23.3 percent vs. 12.7 percent), and burning with hot liquid (4.1percent vs. 3.5 percent).

HIV positive participants were more than twice likely to report physical IPV than those who were HIV negative. Other factors positively associated with physical IPV included sexual abuse before the age of 14 years, having an alcohol drinking male partner and having a male partner with other sexual partners. Education was negatively associated with lifetime IPV.

The study recommended that screening for IPV be an integral part of HIV and Acquired Immune Deficiency Syndrome (AIDS) care, as well as routine antenatal care. It also recommended that services for battered women be made available.

In 2010, Anu Manchikanti Gómez and Ilene S Speizer conducted a study on community level intimate partner violence and the circumstances of first sex among young. Their secondary data analysis utilized Demographic and Health Surveys (DHS) from five sub-Saharan African countries: Liberia (2007), Zimbabwe (2005/06), Mali (2006), the Democratic Republic of Congo (DRC) (2007), and Kenya (2003).

Descriptive statistics were calculated for each country. In a bivariate analysis the mean community-level of IPV was computed by the circumstances of first sex to determine whether women who experienced premarital first sex were more likely to come from communities with a higher prevalence of IPV as compared to women who experienced first sex in union. Adjusted Wald tests were used to compare differences in means. For multivariate analyses, logistic regression was performed for the binary outcome variable. Adjusted odds ratios and 95 percent confidence intervals presented.

In Mali, and Kenya bivariate analyses showed that young women who had premarital first sex were from communities where a significantly higher percentage of women reported IPV experience compared to young women who had marital first sex. Multivariate analyses confirmed the findings for these two countries; young women from communities with higher IPV were significantly more likely to have had premarital first sex compared to first sex in union. In Liberia, community-level IPV was associated with a lower risk of premarital sex as compared to first sex in union at a marginal significance level. There was no significant relationship between community-level IPV and the circumstances of first sex in the Democratic Republic of Congo or Zimbabwe.

The study concluded that that context matters for Reproductive Health (RH) and that individualized efforts to improve reproductive health may be limited in their effectiveness if they do not acknowledge the context of young women's lives. They recommended that programs target prevention of violence to improve RH outcomes of youth.

2.1.3 National IPV trends

Tabulations of data from Adolescent Reproductive Health Information and Services Survey, Central Province, Kenya 2001, by Erulkar and Onoka indicated that attitudes regarding domestic violence were generally progressive, with most respondents disagreeing with statements condoning abuse (Erulkar and Onoka 2003). Nevertheless, a slightly higher but significant proportion of girls married during adolescence and unmarried girls held conservative views: 9.0 percent of married versus 3.6 percent of unmarried girls felt it was okay for a man to beat his wife, 4.5 percent of married versus 1.6 percent of unmarried girls said it was okay for men to force women to have sex.

No significant difference was found between sexually active unmarried girls and girls married during adolescence in terms of ever experiencing sexual coercion (14.4 percent of married vs. 15.4 percent of unmarried sexually active girls). Among married girls in the study, 22.8 percent of girls under age 20 had experienced sexual coercion compared to 17.3 percent of the older married girls; and 10.9 percent of the younger girls were hit by their husband in the past month, compared to 7.6 percent of older girls (Erulkar and Onoka 2003).

2.1.4 IPV and Adolescents

Biological maturation is a component of age that involves both social and biological processes. It is a social process that brings about signs of physical maturation which are reacted to by the adolescent as well as by others. Reviews indicate that early maturation relative to peers is a source of vulnerability linked to various problems in adolescent development. For many, pubertal maturation also coincides with the onset of dating, as youth seek to express their maturity.

Evidence of physical maturation may also be interpreted as signaling availability for intimacy, exposing youth to the positive and negative aspects of intimate relationships. More physically mature youth, especially young girls, may face overtures by older males for intimate relationships, where each may bring different expectations to the relationship, potentially leading to conflict. Early maturation may then become an additional source of vulnerability in intimate partner relationships as youth accommodate to pressures for more mature behaviors without the requisite preparation.

Given the higher prevalence of partner violence among young adults, adolescents are a crucial group for study and intervention. Patterns of conflict that precipitate domestic violence in the adult years may start in adolescent dating experiences. Alternatively, violent dating experiences may form part of a lifelong continuum, beginning with violence experienced as a child in the family of origin and continuing with violent adolescent dating experiences and violence in families formed in adulthood. Other demographic factors suggested as risk markers for partner violence during adolescence include family structure, race, ethnicity, and the importance of religion in the adolescent's life.

Experiences during childhood, such as witnessing domestic violence and experiencing physical and sexual abuse, have been identified as factors that put children at risk. Violence may be learnt as a means of resolving conflict and asserting manhood by children who have witnessed such patterns of conflict resolution. Nearly all studies that have included a variable on witnessing interparental violence have found this experience to be a risk factor for women experiencing violence (Kishor and Johnson, 2004). Jeyaseelan et al.'s study in India found that exposure to parental violence (father hitting mother) was a risk factor for a woman's experiencing physical violence (Jeyaseelan et al., 2007). Adult women in the

Philippines who witnessed violence between their parents were significantly more likely to report perpetrating IPV, being a victim of IPV, or being in a reciprocally violent relationship (Ansara and Hindin, 2008). Using data from the children in the same study in the Philippines, Fehringer and Hindin (2008) found that witnessing violence between parents was associated with victimization and reciprocal violence in partnerships in young adulthood.

2. 1.5 Causes of IPV

There is no one single factor to account for intimate partner. Increasingly, research has focused on the inter-relatedness of various factors that should improve our understanding of the problem within different cultural contexts. Several complex and interconnected institutionalized social and cultural factors have kept women particularly vulnerable to the violence. Factors contributing to their vulnerability include: socioeconomic forces, the family institution where power relations are enforced, belief in the inherent superiority of males, and legislation and cultural sanctions. Lack of economic resources underpins women's vulnerability to violence and their difficulty in extricating themselves.

The link between violence and lack of economic resources and dependence is circular. On the one hand, the threat and fear of violence keeps women from seeking employment, or, at best, compels them to accept low-paid, home-based labour. And on the other, without economic independence, women have no power to escape from an abusive relationship. The reverse of this argument also holds true in some countries; that is, women's increasing economic activity and independence is viewed as a threat which leads to increased male violence. This is particularly true when the male partner is unemployed, and feels his power undermined in the household.

Studies have also linked a rise in violence to the destabilization of economic patterns in society. Macro-economic policies such as structural adjustment programmes, globalization, and the growing inequalities they have created, have been linked to increasing levels of violence in several regions, including Latin America, Africa and Asia. Increases in poverty, unemployment, hardship, income inequality, stress, and alcohol abuse has led to increased violence in society in general, including violence against women. These factors also act indirectly to raise women's vulnerability by encouraging more risk-taking behaviour, more

alcohol and drug abuse, the breakdown of social support networks, and the economic dependence of women on their partners.

Cultural ideologies both in industrialized and developing countries provide 'legitimacy' for violence against women in certain circumstances. Religious and historical traditions in the past have sanctioned the chastising and beating of wives. The physical punishment of wives has been particularly sanctioned under the notion of entitlement and ownership of women. Male control of family wealth inevitably places decision-making authority in male hands, leading to male dominance and proprietary rights over women and girls. The concept of ownership, in turn, legitimizes control over women's sexuality, which in many law codes has been deemed essential to ensure patrilineal inheritance.

Many studies in both the United States and developing nations find an association between alcohol consumption and domestic violence (Kishor and Johnson, 2004). Based on data from Rakai, Uganda, men who consumed alcohol sometimes or frequently were significantly more likely to physically abuse their wives, and women who reported ever use of alcohol were more likely to report experiencing physical violence in the 12 months prior to the survey (Koenig et al., 2003). Data from South African men show that when either partner was using alcohol, men were more likely to report perpetrating physical violence in the past 10 years (Abrahams et al., 2006). Based on the Kenyan DHS, alcohol use by the male partner was associated with women's ever experiencing either physical or sexual abuse (Kimuna and Djamba, 2008). In addition, research using data from the Peruvian DHS shows a significant association between male partners' alcohol use and women's reports of physical violence (Flake, 2005). Using nationally representative data from China, Paris and colleagues (2004) found that women's alcohol consumption was significantly related to male-to-female and female-to-male physical violence, while men's alcohol consumption was significantly related only to male perpetration of violence.

Studies have also investigated of victims attitudes towards intimate partner violence. Based on data from the 2000 Haiti DHS, sexual violence was associated with women's approval of wife beating (Gage, 2005). Among men in Cape Town, South Africa, perceiving wife beating to be acceptable was associated with perpetrating violence against a partner in the past 10 years (Abrahams et al., 2006). Data from men and women in refugee camps in

Jordan show that both men who have perpetrated IPV and women who have experienced spousal IPV were significantly more likely to approve of wife beating than those who had not (Khawaja et al., 2008). Using data from the 2000-2001 Zambia DHS, Lawoko found that women who reported a history of IPV were significantly more likely to approve of wife beating in one or more circumstances than women who reported no history of IPV (Lawoko 2006).

Generally, available literature present variations in the ways intimate partner violence is studied mainly because of differences in variables measured. Comparing results from different studies is difficult and may be often impractical. Other factors which may make data incomparable include variations in selection criteria for study participants and contextual actors.

Differences resulting from the sources of data, methods of collection, respondents' perceptions and the willingness of respondents to talk openly and honestly about experiences with violence may also contribute to variations. However, the variations notwithstanding, there is need to carry out more context specific studies on IPV to contribute to better understanding of the problem in different social contexts and support targeted evidence based policy and programmes mechanisms to address intimate partner violence.

2.2 Theoretical Framework

Several theories have been advanced to provide a conceptual understanding of intimate partner violence (IPV). This study will hinge on three theories namely the social exchange theory, the social learning theory and the feminist theory. A brief discussion on each of the theories is presented below.

Social exchange theory is rooted in interpersonal relations and is based on a central idea that "the exchange of social and material resources is a fundamental form of human interaction". In this theory, emphasis is not on explaining action by values/ norms but on explaining action by what works effectively for realizing ones interest. Under the social exchange theory, human interaction is driven by pursuing rewards and avoiding punishments and costs. Gelles 1985, contend that domestic violence occurs when costs do not outweigh rewards. Costs in this context include the potential for defensive physical action by the

victim, potential of being arrested and imprisoned, loss of personal status, and dissolution of the domestic arrangement.

The social learning theory suggests that people learn to be violent by being immediately rewarded or punished after they commit violent behavior, through reinforcement, and by watching the experiences of others, called modelling. Social learning theory proposes that individuals who experienced violence are more likely to use violence in the home than those who have experienced little or no violence. The family is the institution and social group where people learn the roles of husband and wife, parent and child. The home is the prime location where people learn how to deal with various stresses, crises, and frustrations. In many instances, the home is also the site where a person first experiences violence. Not only do people learn violent behavior, but also they learn how to justify being violent.

According to feminist theory, domestic violence emanates from a “patriarchal” school system which assigns men the responsibility for controlling and managing female partners. Under this theory, domestic violence is attributed to a flaw in societal structure rather than to any specific individual male pathology. This theory focuses mostly on men’s perpetration of violence and lays emphasis on the roles of the patriarchy, constructions of masculinity and femininity, and structural constraints in wife abuse. The theory explains violence against women as a function of economic and social processes that operate directly and indirectly to support a male-dominated social order and family structure as motivated by a husband’s need to be in control of his wife. Patriarchal perspectives also argue that violence may be in response to a man’s feeling of powerlessness and of being threatened by a loss of control over an independent spouse.

Each of these three theories offers valuable insight into domestic violence. For instance, the social exchange theory offers a basis for law enforcement and prosecution of offenders; the social learning theory helps to explain why children who witness abuse sometimes grow up to be abusers themselves thereby providing rationale for corrective interventions to “unlearn” abusive behaviour and the feminist theory supports interventions targeted at helping perpetrators of violence to reform and helping to empower victims.

2.3 Conceptual Framework

Intimate Partner Violence results from the interaction of a number of factors. None of the theories discussed above seems to provide a comprehensive foundation on which a comprehensive approach for dealing with the many causal and outcome dimensions of domestic violence can be built as no single factor can explain why some people are at a high risk while others are not or why it is more common in some contexts than in others.

To better conceptualize the various risk factors, researchers have widely accepted the use of ecological model which explains violence as resulting from the interplay of various factors. The model is adopted by this study to explain factors that may put married female adolescents at risk of partner violence.

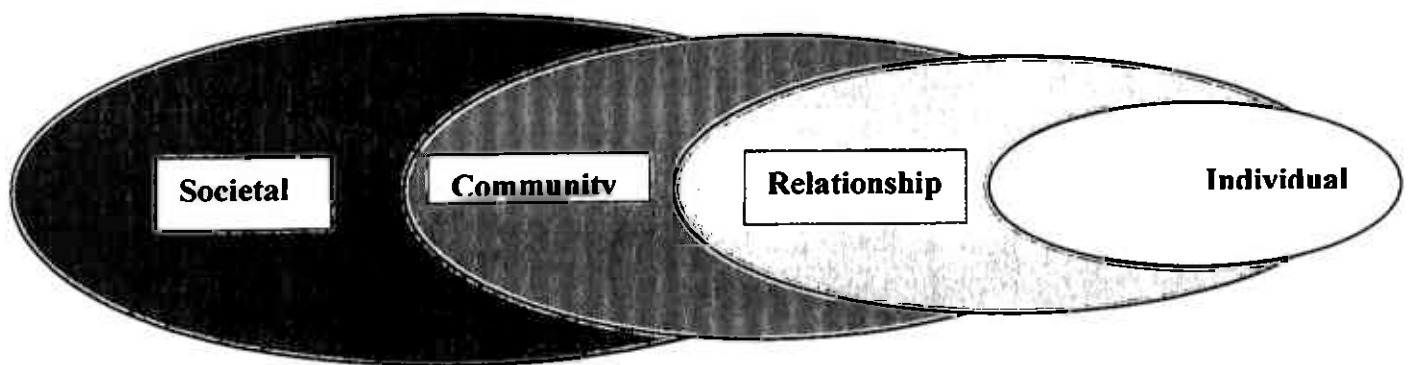


Figure 1: Ecological model (Adapted from Krug et al., 2002)

This model illustrates how an individual's exposure to violence is influenced by factors at the individual, relational, community and societal levels. The individual level of the model encompasses biological factors, beliefs and attitudes, and personal history factors that influence an individual's likelihood of becoming a victim or perpetrator. The relationship level reflects how an individual's close social relationships influence the risk of violence.

Factors at the community level relate to the settings of social relationships, such as neighborhoods, workplaces and schools and characteristics of those environments that contribute to or protect against violence. Societal level factors refer to those underlying conditions of society that either encourage or inhibit violence. The interaction of factors at various levels of the model must also be taken into account.

Rachel Jewkes and others have pointed out flaws in the ecological model, namely that (a) some risk factors could fit on multiple levels and (b) there are conceptual problems defining the difference between “community” and “society” (Jewkes, 2002). Several risk factors can indeed be placed in more than one of the levels. Poverty, for example, as studies show, can be an individual as well as a societal risk factor. Many factors at the community and societal levels may be interchangeable (Jewkes, 2002). Nonetheless, it can be argued that these supposed flaws with the ecological model simply reflect the complex way in which risk factors related to gender-based violence interact.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Description of study site

The study site (Busia District) was purposively selected because of two main reasons: one, the site was accessible to the researcher and two; early marriage is a common practice among the residents of the District.

Busia is a district in the Western Province of Kenya. It borders Kakamega District to the east, Bungoma District and Teso District to the north, Busia District, Uganda to the west, and Lake Victoria to the south. The District has recently been subdivided into Butula, Samia, Bunyala and Busia districts. In this study, Busia district comprises all the four districts.

Busia district had a population of 432,497 according to the reports of the 1999 population census. Of the 432,497 people, 232,726 were female while 199,771 were male. The population growth rate is 3.1 percent (Republic of Kenya 1999 Population Census). Administratively, the district was divided into six divisions, 29 locations and 79 sub locations. Climatically, there are two rainy seasons- long rains Busia is a district's main economic activity is trade with neighbouring Uganda, with Busia town; the district headquarters being a cross-border centre. Away from town, the district economy is heavily reliant on fishing and agriculture. Though most residents of Busia District are ethnically Luhya, there is also a substantial population of Luo and Iteso residents.

3.2 Study Design

A cross-sectional population survey study design was used employing both quantitative and qualitative methods of data collection. The methods included one on one interviews and document reviews from the relevant publications.

3.3 Study population

The study population was married female adolescents aged between ten and nineteen years.

3.4 Sampling plan

The sample size was determined using the following formula for prevalence study (Daniel, 1999)

$$n = \frac{z^2 p(1-p)}{d^2}$$

Where:

n = sample size

z = the standard normal deviate corresponding to 95 percent confidence level (=1.96)

p = expected prevalence or proportion (0.39 - Domestic violence prevalence- KDHS 2008 was used)

d = precision ($d = 0.05$).

$$\begin{aligned} n &= \frac{1.96^2 \times 0.39 (0.61)}{0.05^2} \\ &= 366 \text{ Married female adolescents} \end{aligned}$$

This formula normally sets the minimum number of questionnaires that renders the research valid, but always recommending a higher figure. To improve on precision a total of 370 married female adolescents were sampled.

3.5 Sampling procedure

A multi-stage non- probability sampling strategy was adopted to get the study sample. At the first stage, three i.e., Busia, Samia and Bunyala out of four smaller districts of the larger Busia were purposely selected for this study. This was done for two reasons. One, the principal researcher had no contact with community health workers in Butula district that could support the data collection and two, the selected sites had variations in ethnicity, economic activities, literacy levels and religious activities which was necessary in providing insight into risk factors associated with IPV experience by married female adolescents in a variety of settings. Due to financial and logistical barriers only four locations in each of the three sites were purposively selected.

At the second stage, data was collected from any willing married female adolescent at the household level in the selected locations. If a visited household had no married female adolescent, the following or the next households were visited until a married female adolescent (sample) was found. The participation was voluntary, i.e. if a woman refused to take part in the study, then that individual was considered non-participant.

3.6 Study tool

This study sought to measure the prevalence of IPV among married female adolescents in Busia District. The development of study questionnaire was guided by the available research on valid and reliable measurement of domestic violence and by guidelines set out by the World Health Organization (2001) on the ethical collection of such sensitive information. The questionnaire borrows from the Conflict Tactics Scales (CTS) (Straus, 1990; Straus, 1979), which includes questions that ask women whether their current or most recent (if divorced, separated, or widowed) husband/partner ever perpetrated any of a series of behaviourally specific acts of physical or sexual violence. Prevalence estimates of physical and sexual violence were obtained by asking direct questions about the respondent's experience of specific acts.

For physical violence, respondents were asked whether within the past twelve months their husband had ever:

- slapped her, or thrown something at her that could hurt her;
- pushed or shoved her;
- hit her with a fist or something else that could hurt;
- kicked, dragged or beaten her up;
- choked or burnt her on purpose;
- Threatened her with, or actually used a cane, knife or other weapon against her.

Sexual violence was defined by the following two behaviours:

- Being physically forced to have sexual intercourse against her will;
- Having sexual intercourse because she was afraid of what her partner might do;

Married female adolescents who reported at least one of these acts were classified as having experienced intimate partner violence, while those who reported none of these acts were classified in the no violence group.

3.7 Data quality

Women's willingness to disclose violence is known to be influenced by characteristics of the interviewers such as sex, age, marital status, attitudes, and interpersonal skills. The study used trained Community Health Workers (CHWs) of mixed gender as interviewers due to the large sample size. However the CHWs were trained for one day on intimate partner violence and how to collect the relevant data using the study questionnaire.

3.8 Data processing and analysis

Data was entered using Statistical Package for Social Sciences (SPSS). Once all the questionnaires were transferred to electronic format, data cleaning began. A series of consistency and range checks were also done to identify any unreasonable responses and to verify that the responses adhered to skip pattern.

3.9 Ethical considerations

The faculty of Arts university of Nairobi gave authorization to conduct the study. The survey data were collected with the individual's informed consent. Trained CHWs were used in data collection and married female adolescents who experienced intimate partner violence were counselled and referred to nearby health facilities. Full confidentiality and individual rights were maintained during data collection. No name of any participant was used in presenting data.

3.10 Study Limitations

1. It was not possible to establish or estimate the study population as there exists no records both at the national and regional level of their number.
2. Intimate partner violence is narrowly defined in this study as including only physical violence and sexual violence. Restricting the definition of intimate partner violence in this way raises questions about whether a more expanded definition of the concept would be associated with the same, or additional predictors.

3. Data for this study was obtained through self-reports. There is therefore possibility of inadvertent as well as intentional misreporting. However, I do not believe that women may exaggerate the reports but rather that they may be under-reporting their experiences as has been observed in other settings.
4. The study was faced by the limitation of selection bias. This was due to the fact that only those who gave informed consent were included in the study. So it is not certain if those who participated in the study were a true representative of the study population and if those who declined to participate were significantly different from those who participated.
5. Due to limited research in this area, unavailability of secondary data sources on IPV among married female adolescents was a limitation.

CHAPTER FOUR

4.0 DATA PRESENTATION AND ANALYSIS

In presenting my findings, I would like to add a note that this study employed a cross-sectional population surveys approach and therefore the findings of the study are relevant in providing a snapshot of how frequently intimate partner violence is experienced by married female adolescents and its associated factors but may not provide information on whether an observed association actually “caused” a particular outcome. In addition, the findings may not be generalized and may only apply to the area where the study was done because the sample selection was purposeful.

Both qualitative and quantitative methods were employed in data collection. A total of 370 married female adolescents responded to the interviewee administered questionnaires. The findings are outlined in this chapter.

4.1 Socio-demographic characteristics

Table 1: Percent distribution of respondents by social-demographic characteristics

Characteristics	Frequency	Percent
Location of origin		
Western Kenya	312	84.3
Other Provinces	41	11.1
Uganda	17	4.6
Total	370	100.0
Age at Marriage		
12	3	0.8
13	15	4.1
14	23	6.2
15	67	18.1
16	97	26.2
17	97	26.2
18	49	13.2
19	19	5.2

Religion		
Christian	347	93.8
Muslim	17	4.6
None	6	1.6
Total	370	100
Level of education		
None	6	1.7
Lower Primary(Class 1-4)	64	17.3
Upper Primary (Class 5-8)	243	65.7
Secondary	57	15.3
Respondents distribution by study sites		
Bunyala	123	33.2
Busia	136	36.8
Samia	111	30.0

Of the 370 respondents interviewed, 312 (84.3 percent) were born and brought up in Western Province while 41 (11.1 percent) originated from other provinces in Kenya. The remaining number of respondents representing a 4.6 percent of the sample population reported having originated from Uganda.

4.1.1 Age at Marriage

All the respondents interviewed were between ages 10 and 19 years with a majority of them falling between ages 15 and 19 years. The age at marriage ranged from 12 years to 19 years with 3 (0.8 percent) respondents reporting the earliest age at marriage and 19 (5.2 percent) respondents reporting latest age at marriage within the sample population. The mean age at marriage was 16.2 years with a mode of 16 years.

4.1.2 Religion

A majority 347 (93.8 percent) of the married female adolescents were Christians, 17 (4.6 percent) said that they profess Islam while 6 (1.6 percent) reported no religious affiliation.

4.1.3 Level of education

Six respondents representing 1.7 percent of the married female adolescents had no formal education. 64 (17.3 percent) and 243 (65.7 percent) reported having attained lower and upper primary levels respectively while 57 (15.3 percent) reported having gone up to secondary level.

4.2 Prevalence of physical and sexual IPV among married female adolescents

4.2.1 Prevalence of physical and sexual violence

This study reveals that sexual and physical violence is wide spread among married female adolescents in Busia district. Out of the 370 married female adolescents sampled in this study, 246 (66.5 percent) reported having experienced physical and sexual violence or either of the two forms of violence from their intimate partners within the past 12 months. 11 (3.0 percent) of the respondents indicated that they could not remember experiencing either of the two forms of partner violence while 113 (30.5 percent) were categorized in the non violence group having reported no incidence of IPV. The results are as summarized in the following figure below.

Number of married female adolescents who reported IPV and the association between physical and sexual violence prevalence

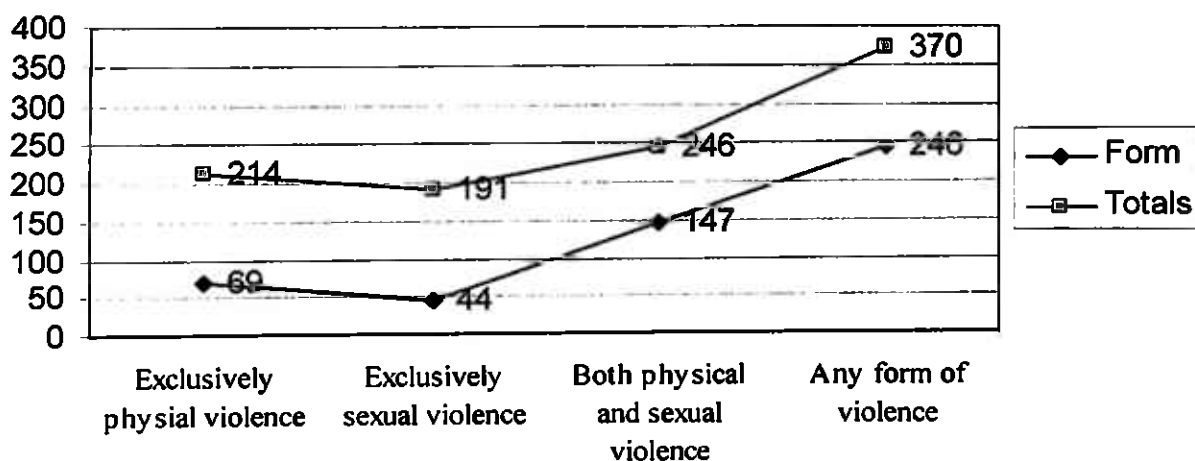


Figure 5: Shows IPV prevalence and the correlation between physical and sexual violence

As illustrated by the figure above, 246 out of 370 interviewees representing a 66.5 percent of the sample population reported experiencing any form of violence. This percentage indicates the overall prevalence of intimate partner violence among married female adolescents in Busia District.

More cases of physical violence i.e., 214 were reported in this study compared to sexual violence cases at 191. This shows that physical violence is a more predominant form of violence meted by male marriage partner. The analysis of this study however, may not conclusively confirm this as other factors such as the sensitivity of sex as a topic could have affected the reporting of sexual violation.

The study finding also sheds light on the relationship between physical and sexual forms of violence as experienced by married female adolescents in the district. Out of 246 respondents who reported having experienced any form of violence, 147 (59.8 percent) said they had experienced both physical and sexual violence. 69 (32.2 percent) of the total 214 respondents who reported physical violence experience did not report any occurrence of sexual violence. On the other hand 44 (23.0 percent) of the total 191 respondents who reported sexual violence experience did not report any occurrence of physical violence.

Based on this evidence one can argue that sexual violence often accompanies physical violence and vice versa. Evidently, 67.2 percent of those who reported physical violence also reported sexual violence experience while 77.0 percent of those who reported sexual violence also reported physical violence experience. This finding therefore implies that married adolescents who were sexually violated had a slightly higher risk of exposure to physical violence. The finding supports a strong association of the two forms of violence as experienced by married female adolescents in Busia district. A combination of factors such as married female adolescents' approval of their partner beating in cases of refusal to have sex (as revealed under risk factors discussed later on in this paper) and their inability to negotiate when and how they have sex form the basis for this association.

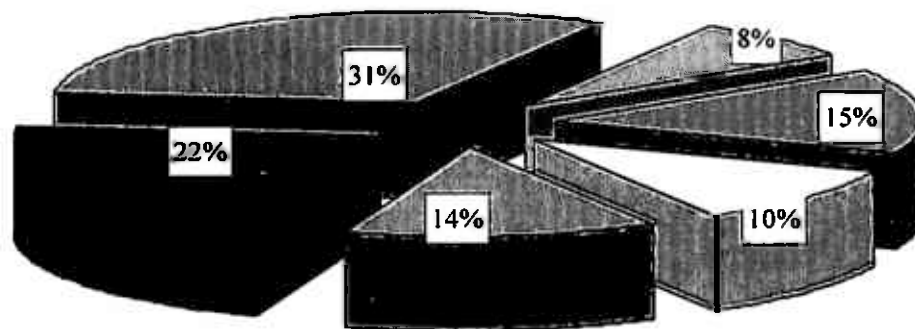
4.2.3 Prevalence of physical violence

As mentioned earlier, married female adolescents who reported at least one act of violence under any category i.e., physical or sexual were classified as having experienced intimate partner violence, while those who reported none of these acts were classified in the no violence group. In this study 214 (57.8 percent) respondents reported having experienced physical violence while 156(42.2 percent) did not report any case of physical violence.

This finding is consistent with population-based surveys that have found that between 10-70 percent of women report being physically assaulted by an intimate male partner at some point in their lives (Heise, Ellsberg and Gottemoeller, 1999). Findings from a multi-country study on domestic violence and women's health carried out by the World Health Organization in fifteen sites and ten countries found that between 13-62percent of women had experienced physical violence by a partner over the course of their lifetime.

The study also explored the level of exposure to physical violence by attempting to classify responses of married female adolescents according to the number of items out of the six used to measure physical violence they responded to in the affirmative. The figure below summarizes the finding.

Percentage of married female adolescents who reported physical violence by level of exposure in the last 12 months.



■ Six of six ■ Five of six □ Four of six ■ Three of six ■ Two of six ■ One of six

Figure 3: Shows respondents' exposure to physical violence as measured by six items

31.0 percent of those that had experienced physical violence reported IPV experience under one item while 69.0 percent reported experiencing IPV under more than one item (22.0 percent, 14.0 percent, 10.0 percent, 15.0 percent and 8.0 percent reporting IPV experience under two, three, four, five and six items respectively). I argue on the basis of this result that a yes response to more than one item is evidence of a more consistent and or high exposure to violence while at the same time not negating the fact that some of those that said yes to only one item of measure could equally be experiencing a high level of exposure to violence.

4.2.4 Prevalence of sexual violence

This study utilised two indicators to measure sexual violence i.e., being physically forced to have sexual intercourse against will and having sexual intercourse because of fear of what the partner might do in the absence of it. The figure below presents the finding.

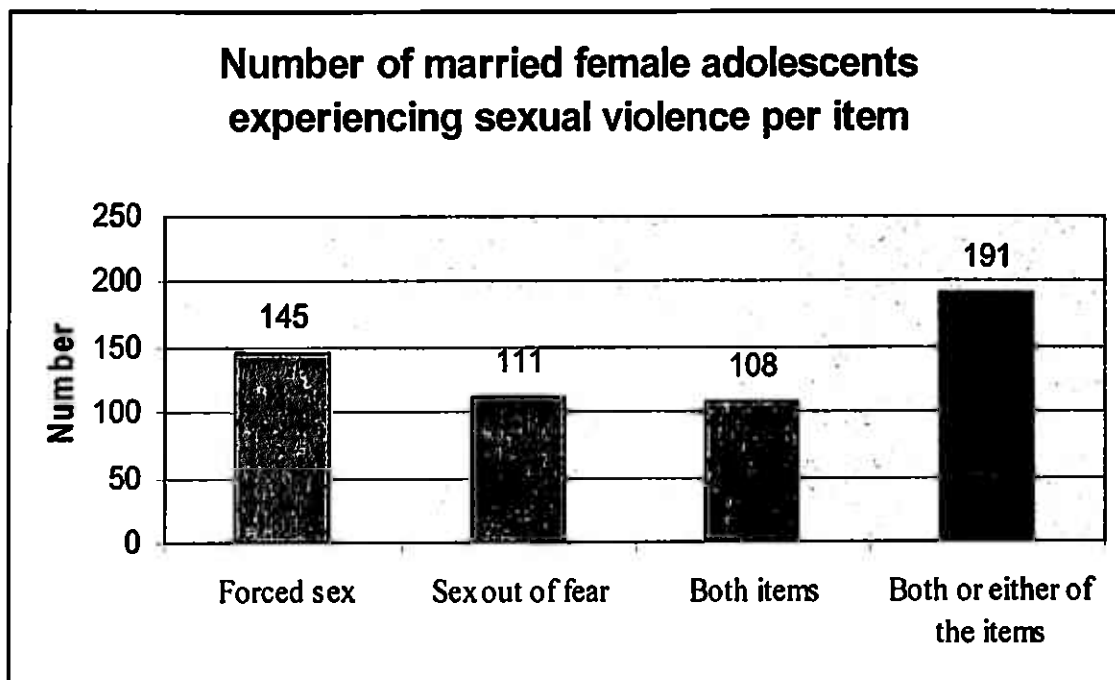


Figure 4: shows respondents' experience of sexual violence

The study found that 191 (51.6 percent) married female adolescents had experienced sexual violence from an intimate partner within the past 12 months while 48.4 percent reported no cases of sexual violence. In addition, 108 (56.5 percent) out of the 191 who reported sexual violence, responded to the affirmative to both items of sexual violence measure i.e., being forced and having sex out of fear, while 83 (43.4 percent) out of the 191 picked either of the items.

There are other studies that have generally shown that sexual violence within marriage is common. A study by Heise, Ellsberg, and Gottemoeller, 1999, found that approximately 10-13 percent of women were forced by a partner to have sex against their will. In another study, an analysis of 10 countries (Bangladesh (2004), Bolivia (2003/2004), the Dominican Republic (2002), Haiti (2005), Kenya (2003), Malawi (2004), Moldova (2005), Rwanda (2005), Zambia (2001/2002), and Zimbabwe (2005/2006). DHS data by Hindin et al., The highest rates of sexual violence were reported in Bangladesh (26 percent), Kenya (15 percent), and Bolivia 14 percent). According to the WHO Multi-country study on women's health and domestic violence against women (Garcia-Moreno et al., 2005), sexual violence by a partner at some point in life up to 49 years of age was reported by 6-59 percent of interviewees

While this study finding is consistent with other findings on sexual violence, one does not fail to notice that comparatively, the risk of being sexually violated by an intimate partner is higher among adolescent as evidenced by this study. There is close relationship between the finding of this study and a Nigerian study which found that 45 percent of females and 32 percent of males aged 12–21 years reported having had forced sexual intercourse (Slap, 2003). Risk factors that could explain the high prevalence of sexual and physical violence and physical among married female adolescents are discussed at a later stage in this document.

4.2.1 Prevalence of specific acts of physical and sexual violence

The figure below summarizes respondents' experience of IPV based on various items of measure.

Percentage of married female adolescents reporting any form of Partner violence

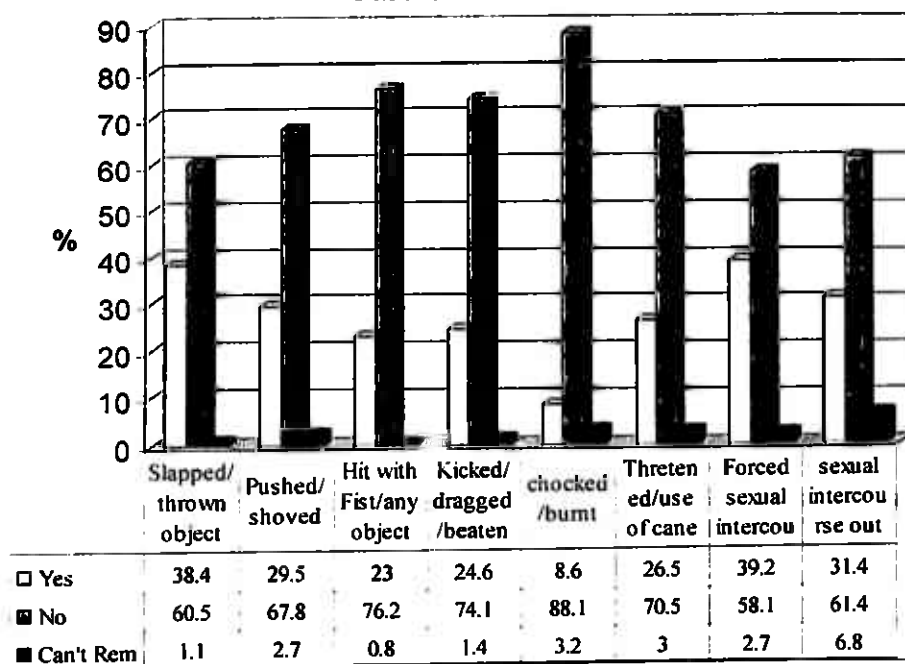


Figure 2: Shows respondents responses to specific acts of physical and sexual violence

Based on the items shown in figure 2 above, experience of specific acts of physical violence and sexual violence is wide spread among the study population. Married female adolescents' experience of physical violence ranged from 8 to 38 percent and 31 to 39 percent for sexual violence. Being slapped or intentionally hit by a thrown object by the

partner was highest rank with 38.4percent of the respondents agreeing that this had happened to them in the past 12 months. The lowest ranked act of physical violence was the act of being choked or burnt intentionally at 8.6 percent.

The two items measuring sexual violence were highly ranked with four out of 10 respondents reporting forced sexual intercourse in the last 12 months. Another three out of 10 respondents said they had engaged in sexual intercourse out of fear of what the partner might do to them.

A number of respondents said that they could not remember incidences of violence by their partners. Under this response, the item on engaging in sexual intercourse out of fear was highest ranked with 25 (6.8 percent) respondents indicating that they could not remember engaging in sex out of fear of what the partner could do to them. This was followed by the item on being choked or burnt at 3.2 percent.

This kind of response ('I cant remember') was low as expected given that many of the respondents were in recent marriages of between one and six years and that only recent acts of violence relating to the previous 12 months was sought. While all aspects of confidentiality for the respondents was ensured and their consent in responding to the questionnaire secured, one can infer that the sensitivity of IPV or the experience of the same could have contributed to this kind of response as opposed to actually not being able to remember.

4.3 Factors protecting or putting married female at risk of IPV in Busia District

An important objective of the this study was to investigate personal, family and social factors that might protect a married female adolescent from partner violence, or might put her at greater risk. Taking an "ecological" approach, the interviews covered a variety of factors at different levels that included: the individual, relationship, community and societal levels.

4.3.1 Individual factors

At the individual level the study sought to establish a married female adolescent's level of education, her financial autonomy, her beliefs and attitude towards partner violence and whether there was a defined social support structure she is engaged in.

4.3.1.1 Education

Respondents were asked to indicate the level of education they had attained before marriage. The table below shows the response to this question and the association between the level of education attained and IPV experience.

Table 2: Shows the relationship between level of education and partner violence

Number and Percent distribution of respondents by level of education and IPV experience.			
Level of school	IPV experience in the last 12 months		
	yes	no	can't remember
None	2	3	0
Percentage within the level	40.0	60.0	0.0
Lower Primary(Class 1-4)	37	22	5
Percentage within the level	57.8	34.4	7.8
Upper Primary (Class 5-8)	166	68	9
Percentage within the level	68.3	28.0	3.7
Secondary	39	18	0
Percentage within the level	68.4	31.6	0.0
Other	0	1	0
Percentage within the level	0.0	100.0	0.0

Generally all the respondents in this study attained low standards. The study did not establish respondents' completion of the mentioned levels. Five respondents representing 1.4 percent of the married female adolescents had no formal education. 64 (17.3 percent)

and 243 (65.7 percent) reported having attained lower and upper primary levels respectively while 57 (15.3 percent) reported having gone up to secondary level. One respondent reported having attained other level of education.

According to the results presented in table 2 above, there was no significant difference in IPV experience between respondents who reported different levels of educational attainment. 68.4 percent of those who attained secondary education reported IPV experience a percentage almost equal to those that reported upper primary attainment at 68.3 percent. 57.8 percent of those in lower primary also reported experiencing IPV. While 40.0 percent of those with no education reported IPV experience.

While the experience of IPV by married adolescents at different levels was not significantly different, the findings of this study indicate a gradual increase in IPV experience from an intimate partner with increase in education attainment with those that had no formal schooling reporting lower experience of IPV.

I argue that since overall majority of married female adolescents attained lower level of education, a comparison in between these lower levels may not be of significance. However, the study shows that there was a gradual increase in IPV experience by married female adolescents with minimal increase in educational attainment. This suggests that a slightly higher education attainment within the general education system puts married female adolescents at risk of IPV and therefore education in this perspective is a risk factor rather than a protective factor for this group.

This finding seems to deviate from other studies that have shown that Lower educational attainment reduces women's exposure and access to resources and increases the acceptance of violence. The study however does not assume that the relationship between educational attainment and intimate partner violence is the same regardless of the type of intimate partner violence involved. More analysis is needed to highlight how educational attainment is associated with the different types of intimate partner violence

4.3.1.2 Financial Autonomy

To determine female adolescent financial autonomy, respondents were asked to indicate who decides on how the income they earn is used. The table below summarizes responses to this question.

Table 3: Married adolescents' authority to incur expenditure

Percent distribution of respondents IPV experience by decision on respondent's income use			
Decision on use of respondent's income	IPV experience in the last 12 months		
	yes	no	can't remember
Self	49	23	3
Percentage within who decides	65.3	30.7	4.0
Both me and my husband	78	35	3
Percentage within who decides	67.2	30.2	2.6
Husband	107	52	7
Percentage within who decides	64.5	31.3	4.2
Our Parents	9	2	1
Percentage within who decides	75.0	16.7	8.3
Others	1	0	0
Percentage within who decides	100.0	0.0	0.0

Three out of four respondents (76.2 percent) mentioned their husband as part of the authority to incur expenditure with 44.9 percent confirming that it was their husband's sole decision. Only 75 respondents representing a 20.3 percent said that they were the sole decision makers in spending the income they earned. A further analysis of the 75 respondents who indicated some level of financial autonomy reveals that 49 (65.3 percent)

had experienced partner violence, 3 (4.0 percent) could not remember experiencing violence while 23 (30.7 percent) were categorised in the non-violence group.

I urge therefore that a majority of married female adolescent in Busia district have no input into final decisions regarding financial resources, and have less access to money. The findings further indicates that married female adolescents' empowerment or financial independence may not protect them from violence by their partners and that those who have their own income and exercise self authority may be at greater risk for violence from their partners.

4.3.1.3 Beliefs and attitude towards partner violence

The study presented a set of questions to respondents that aimed as exploring married female adolescents' beliefs and attitudes towards partner violence. The table below summarizes the finding.

Table 4: Married female adolescents' beliefs and attitudes towards IPV

A man justified in beating his wife/partner if:	Frequency	Percent
She neglects household responsibilities		
No	233	63.0
Yes	137	37.0
She disobeys the instructions of her husband/elders		
No	136	36.8
Yes	234	63.2
She leaves homestead for long without his permission		
No	148	40.0
Yes	222	60.0
She uses contraception without permission		
No	205	55.4
Yes	165	44.6
She refuses her husband sex		
No	236	63.8
Yes	134	36.2
Argues over money		
No	293	79.2
Yes	77	20.8

She is unfaithful		
No	90	24.3
Yes	280	75.7

Respondents' approval of violence from an intimate partner ranged from 20.8 percent to 75.7 percent. The areas that attracted a more than 50 percent approval was: being unfaithful to your husband at 75.7 percent, disobeying instructions from one's husband or elders at 63.2 percent and leaving homestead for long without the permission of one's husband at 60.0 percent. Arguing with the husband over money attracted the lowest approval at 20.8 percent.

This finding reveals that married female adolescents' approval of violence from their partners is one of the greatest risk factors for IPV. The high levels of approval of violence by the victims of the same correlated with high exposure to intimate partner violence among this particular group. It is evident that married female adolescents acceptance of intimate partner violence designate them to inferior position to men perpetuating restrictive gender roles; and dominant patriarchal values that perpetuate the occurrence of violence.

The study also sought to associate the experience of partner violence with the acceptance of partner violence by married female adolescents who agreed to at least one item listed in table 3 above. The figure below presents the results.

Percentage of married female adolescents that reported acceptance and IPV experience

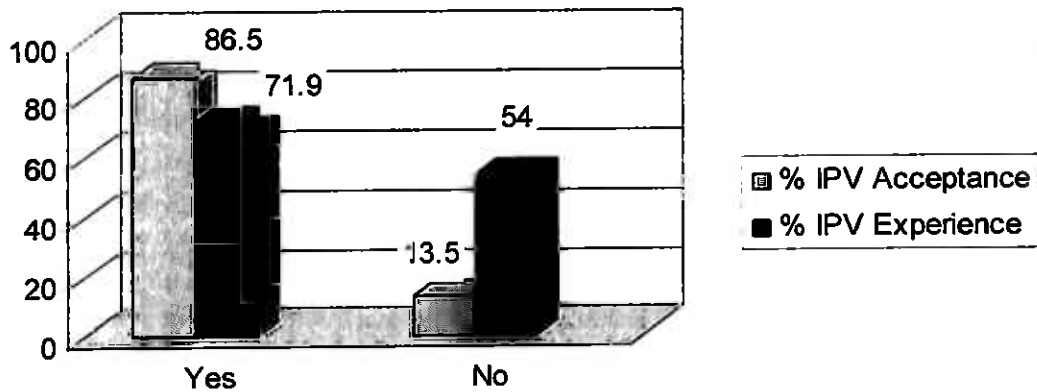


Figure 6: Shows the relationship between acceptance and IPV experience by Married female adolescents

The study reveals that almost 9 out of 10 (86.5 percent) of the total respondents agreed to at least one reason that would justify a man to beat his wife or partner leaving only one out of 10 (13.5 percent) disagreeing with all the listed reasons. Further the result shows that 7 out of 10 (71.9 percent) of those who approved at least one reason for men to beat their partner had themselves experienced IPV while 5 out of 10 (54.0 percent) of those who disapproved any listed reason for IPV also experienced violence.

This finding indicates that acceptance of IPV was higher (71.9 percent) among married female adolescents who had experienced it than among those who had not (54.0percent). This suggests that married female adolescents learn to “accept” violence in circumstances where they themselves are victims, or that those who see violence as “normal” are more likely to enter or remain in violent relationships. Other studies elsewhere have also shown a strong positive correlate between women’s attitudes towards violence and exposure to intimate partner violence and sexual violence (Boyle et al., 2009; Uthman, Lawoko & Moradi, 2009).

4.3.1.4 Participation in defined social support structures

Respondents were asked whether they were involved in any organized group such as a merry go round, a church or friends group and whether for those who were in such group(s) their husbands were supportive of them. The following table summarizes their responses.

Table 5: Married female adolescents' participation in organized group activities

Percent distribution of respondents IPV experience by involvement in organized group activities			
Involvement in an organized group	IPV experience in the last 12 months		
	yes	No	can't remember
Involved	128	46	8
Percentage within those involved	70.3	25.3	4.4
Not Involved	116	66	6
Percentage within those not involved	61.7	35.1	3.2

There was a near parity in percentages between those who said they were involved in organized group activities and those that were not at 49.2 percent and 50.8 percent respectively. Of the married female adolescents who were involved in organized group activities, 83.0 percent said their husband supported their participation while 17 percent said they had no support from their husbands. A further analysis of the 31 participants who did not secure their husband support reveal that 24 (77.4 percent) had experienced IPV. This finding is consistent with reported acceptance of violence by married female adolescents in cases where one leaves homestead for long hours without the husband permission.

The study found out that there was an association between participation in organized groups activities and married female adolescents IPV experience. A total 66 (35.1 percent) of the respondents who were not involved in group activities said they had not experienced IPV compared to 46 (23.3 percent) of those who were in such groups meaning that a married female adolescent involved in such groups was at a higher risk of partner violence.

Studies have shown that participation in group activities as well as engagement in no familial peers and mentors can significantly shape a person’s experiences and options. Exposure to peers, professionals, and other non-kin may allow social learning and openness to change. For married female adolescents in Busia district however, participation in community organized group is not a protective but rather a risk factor for IPV compared non participation. It can be argued therefore that their social structures in place do not challenge IPV or indeed the gender inequalities between women and men but on the contrary may serve to maintain the status quo of such imbalances while at the same time offering male partners of female adolescents an excuse to violate them.

4.3.2 Relationship factors

Relationship factors explored in this study referred to the partner factors and included the male partner’s level of communication with female adolescent, use of alcohol and drugs, and whether he was physically aggressive towards other men.

4.3.2.1 Level of communication

Communications was explored as a risk or protective factor for IPV. Respondents were asked how often they discussed family matters with their husband. The following table presents the finding.

Table 6: Married female adolescents’ level of communication with their husbands

How often do you discuss family issues with your husband			
	Frequency	IPV experience	Percent
Never	53	42	79.2
Not so often	116	85	73.3
Often	116	79	68.1
Very often	85	51	60

Of the total 370 respondents, only 85 (23.0 percent) said that communication with their male spouse was very often. 53 (14.3) percent of them said they never discussed family issues with their husbands. The difference in IPV experience between those who said they communicate very often and those who said there was no communication was less than 20

percentage points. However, there was a direct and inverse relationship between communication and married female adolescents' violence experience. See the figure below.

Respondent association of family communication and IPV experience

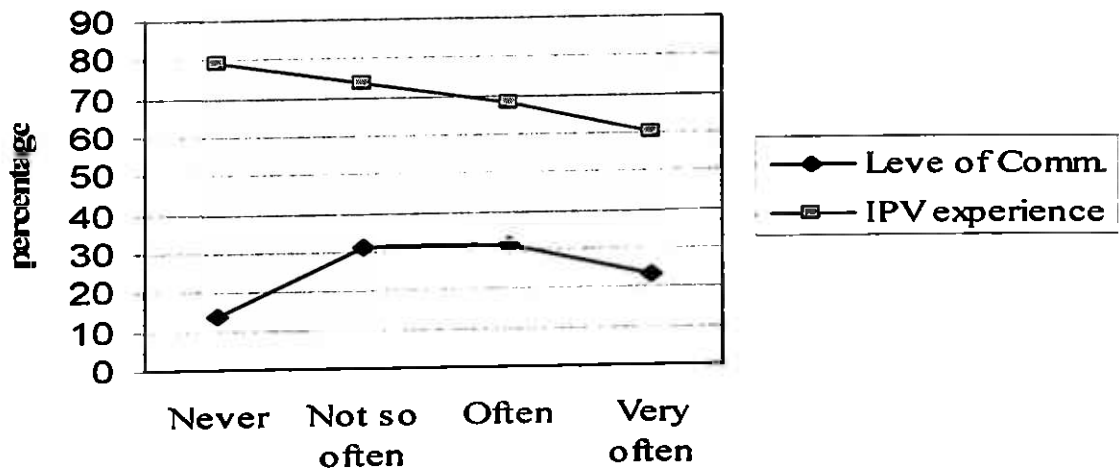


Figure 7: Shows the relationship between family communication and IPV experience by Married female adolescents

The study shows evidence that the more the partner communication, the lower the chances of IPV. Improving married adolescents communication skills may therefore a protective factor for mitigating IPV.

4.3.2.2 Alcohol use by Husband

This study investigated the relationship between alcohol use and married female IPV experience. 140 (37.8 percent) of the respondents confirmed their husband were using alcohol or another drug not prescribed by a medical practitioner at the time. Out of the 140, 115 (82.1 percent) had experience at least one form of violence in past 12 months. Only 25 (17.9 percent) of those whose husbands were using alcohol or any other drug not prescribed by a medical practitioner were in the non violence group compared to 85(39.0 percent) of those whose partners husbands were not using alcohol or any other drug not prescribed by a medical practitioner

This study established a strong association of consumption of alcohol with married female adolescents' experience of intimate partner violence. Arguably, alcohol and other drugs use seems to provoke aggressive and violent male behavior towards their female partners. This may be mediated by social norms regarding gender, alcohol use, and violence. This finding is consistent with other that indicates this strong association. Based on data from Rakai, Uganda, men who consumed alcohol sometimes or frequently were significantly more likely to physically abuse their wives (Koenig et al., 2003). In another study based on the Kenyan DHS, alcohol use by the male partner was associated with women's ever experiencing either physical or sexual abuse (Kimuna and Djamba, 2008).

4.3.2.3 Aggressive behavior

Respondents were also asked whether their partner was physically aggressive towards other men in the community. 207 (55.9 percent) said their partner had never engaged in aggressive behavior with the rest 163 (44.1 percent) indicated some level of aggression. Further, 85 (41.1 percent) of those who indicated that their husband had never engaged in aggressive behavior were in the non- violence group compared to 25 (15.3 percent) of those who confirmed that their husband was involved in some level of aggression in the community.

Male aggression is supported as a risk factor in this study. Those men that are engage in fights in the community seem to be transferring the same to their households. High incidences of male aggression may also indicative of social norms around masculinity, power, gender and violence and community acceptance of violence as a means to resolve conflicts

4.3.3 Community Factors

Related to the immediate social context, this study sought to find out the degree of economic inequality between men and women and the levels of female mobility and autonomy.

4.3.3.1 Economic inequality

This study explored the sources of income for both married female adolescents and their partners and also sought respondents view on control over financial resources. The findings are presented in the table below.

Table 7: Sources of income for Married female adolescents, their partners and their attitude toward control over resources

Respondents sources of income	Frequency	Percentage
Husband	192	51.9
Farming	151	40.8
Business	68	18.4
Employed	9	2.4
Others	5	1.4
None	2	0.5
Source of income for respondent's husband		
Business/Jua kali	129	34.9
Farming	99	26.8
Fishing	70	18.9
Employed	66	17.8
Depends on parents	1	0.3
Wife	1	0.3
Others	1	0.3
None	3	0.8
A man is allowed to control all family resources		
Agree	107	28.9
Strongly agree	97	26.2
Disagree	109	29.5
Strongly disagree	57	15.4

One out of every two married female adolescents in this study mentioned their husband as a source of income compared to only one husband out of the 370 who depended on their wife. In addition, 9 married adolescent girls considered themselves as employed compared to 66 men while 129 men were engaged in business compared to 68 of their counterparts. A further analysis reveals that 52 (26.7 percent) of those who mentioned their husband as a source of income had another alternative source of income while 140 (73.3 percent) of them entirely depended on their husband for income.

Asked to whether a man is allowed to control all family resources, 55.1 percent of the respondents agreed with only 15.4 percent of the respondents disagreeing strongly with the statement. 20.8 percent of the respondents also believe that a husband is justified to beat his wife if she argues over money.

4.3.3.2 Female mobility and autonomy

As already highlighted in a previous section of this study, female mobility and autonomy are highly sanctioned in this community. Respondents themselves believe that disobeying instructions from their husbands and or elders in the community should attract some form of punishment with 63.2 percent approving wife beating in such cases. Similarly, authority to move around and duration of stay for women is also highly sanctioned with 60.0 percent of the respondents agreeing that a woman who leaves homestead for long hours without the husband approval should be beaten.

Limitation for married female adolescents' autonomy in this community goes beyond just household and community decisions such as use of money and decision making on family welfare to include on one's own body and even health control by their husbands. In this study, 44.6 percent of the respondents believe it is justified for a man to beat his wife if she uses contraception without his approval. Similarly, 36.2 percent of the respondents agree that a woman should not refuse her husband sex at any time and see refusing sex as justifying men's violence against them.

The study finding on economic inequality, mobility and autonomy typifies the control and dominance of male over female in this particular community. It is clear that wife beating occurs more often in this community because men have economic and decision-making power in the household. Men seem to routinely resort to violence to resolve their conflicts while the women have to learn the 'dos' and 'don'ts' to avoid punishment. The finding is supported by one of the most common arguments that argues experiencing of intimate partner violence and sexual violence is the maintenance of patriarchy or male dominance within a society (Taft, 2009). Russo and Porlott 2006, argue that patriarchal and male dominance norms reflect gender inequality and inequities at a societal level, and legitimize intimate partner violence and sexual violence perpetrated by men.

For married female adolescents, their tender age at marriage and the difference between their age and that of the spouse (in this study 79.5 percent said their husband was older than them) may aggravate the situation. Because of their young age, these girls find themselves particularly isolated and with less power to negotiate a state of affairs with which they can feel safe and comfortable. Findings from other studies suggest that independent of other

factors, girls (compared to older women), or girls and women may experience less domestic power, less freedom of movement, and more partner violence (Kishor and Johnson 2004).

4.3.4 Societal Factors

Under the societal factors, the study also sought to investigate the extent to which extended family, neighbors, and friends intervene in domestic violence incidents, acceptance of male-male aggression and crime, and the role of polygamy in intimate partner violence. The table below presents the findings of the first two issues.

Table 8: Society perception of IPV and Male aggression

If a man is beating his wife, extended family members and friends will intervene.	Frequency	Percent
Agree	159	43
Strongly agree	97	26.2
Disagree	66	17.8
Strongly disagree	48	13
It is normal for men to fight whether at home or away		
Agree	48	13
Strongly Agree	27	7.3
Disagree	132	35.7
Strongly disagree	163	44.1

Cumulatively, 27.8 percent of the respondents said that members in the community would not respond to a distress call where a husband was beating his wife compared to 72.2 percent. Further, a majority of the respondents (79.8 percent) disagreed with the statement that it was normal for men to fight whether at home or away.

109 (29.5) of the respondents confirmed that they were in a polygamous marriage. A further analysis of those in this kind of relationship revealed that 83 (76.1 percent) had experienced

violence from their male partners compared to 66.7percent of those who were not in polygamous unions.

Results of this study also reveal a strong association between polygamy and multiple intimate partner violence is clear. The study reveals that this society approves polygamous marriages and men may enter into such marriage out of peer status and self-esteem. As a result these men relate to their female partners impersonally and without the appropriate emotional bonding hence increasing the chances of IPV. It is also be argued that married female adolescents being most certainly the youngest of the wives in such relationships are more susceptible to IPV as their actions and behavior compared to those of the elder wives may be lacking.

While there is limited literature on IPV and polygamy as a practice, many studies have shown that men who report having multiple sexual partners are also more likely to perpetrate intimate partner violence or sexual violence. Multiple partnerships are strongly associated with both the perpetration and experiencing of intimate partner violence. (Abrahams et al., 2004; Chan, 2009; Dalal, Rahman & Jansson, 2009).

From the overall results, the study found out high levels of both sexual and physical IPV experiences by married female adolescents. The high levels of acceptance of physical violence in particular by this specific group also server to underscore the weight placed by the society on IPV. Arguably, IPV is largely acceptable in the sampled community and though there seem to exist some level of community sanction towards it, (72.2 percent of the respondents said that members in the community would respond to a distress call where a husband was beating his wife) these sanctions may be weak or are clearly not punitive to deter such violence from recurring. According to the World report on violence and health (Heise & Garcia-Moreno, 2002) how a community responds to partner violence may affect the overall levels of abuse in that community.

CHAPTER FIVE

5.0 SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of findings

The findings of this study have clearly shown that physical and sexual violence is very high among married female adolescents in Busia District. Physical violence was higher compared to sexual violence. However, the study found a strong association between the two forms of violence with a higher percentage of married female adolescents who were physically violated also reporting sexual violence and vice versa.

At the individual level, the study found that although IPV was high across all the married female adolescents, experience of IPV consistently increased with slight higher education attainment. A majority of respondents depended on other people for income and decisions to incur expenditure. However, those who reported some level of autonomy also reported a higher percentage of IPV experience compared to those with lower level of autonomy and lower power to make decisions on expenditure. Those who approved specific acts of violence also consistently reported IPV experience compared to those who did not approve or justify any reason for violence.

Evidently, the study found that those who reported that they discussed family issues with their husband were less likely to experience IPV compared to those who reported rare or no communication with their husband. This finding was consistent for male partner alcohol use and aggression with those reporting that their partner used alcohol or other non prescribed drugs and or were aggressive in the community being more likely to report IPV experience compared to their counter parts. There was a high level of economic inequality between married adolescent girls and their partners and a notable community sanction on the autonomy and mobility of married female adolescents.

5.2 Conclusion

For married female adolescents in Busia district, IPV violence is even a harder challenge. Clearly this segment of the population is more vulnerable to intimate partner violence as it rated far higher compared to the domestic violence figure of 39.0 percent (KDHS, 2008) for women between 15-49yrs.

Early marriage as a process in its self seems to set the stage for married adolescent girls to experience IPV by changing all the known and safe parameters of their life. The loss of protective aspects of family and friends, the expectation to initiate sexual activity, isolation and less power to negotiate with their marriage partner a state of affairs with which they can feel safe and comfortable increases their vulnerability to partner violence.

As highlighted in this study, existing gender inequality and the low social status married female adolescents occupy predispose them to a higher degree of violence. The general acceptance of interpersonal violence by the victims themselves and in society in general and the subordinate status of women form the also form the underlying foundation for IPV experience by married female adolescents in Busia district.

5.3 Recommendations

In making recommendation to address IPV among married female adolescents, I propose short term and the long term approaches in addressing this challenge.

5.3.1 Recommendations in the short term

1. Stakeholders in public health and human rights should embark on community mobilization to develop public information and awareness campaigns as an approach to primary prevention of intimate-partner violence among married female adolescents.
2. Health stakeholders and community members in Busia district need to develop specific community prevention interventions targeted at specific target audience to mitigate IPV. Married female adolescents in particular can benefit from interventions addressing, areas such as family communication skills, and awareness of physical and sexual violence as a violation.
3. The Ministry of Public Health should build the capacity of health care providers on gender based violence to empower them to respond to cases of violence.

4. Stakeholders in public health should develop interventions aimed at reducing alcohol and substance as these poses as situational factor that contributes to increase in intimate-partner violence.

5.3.2 Recommendations in the long term

5. Ministries of Health need to put in place services such as IPV screening, counselling services among others and ensure such services are integrated with other services at health care centres.
6. The government should enforce of legal age at marriage. In accordance with the Convention on the Rights of the Child (CRC) as early marriage increases IPV risk by separating the girl from her parents (protection), reducing her freedom of expression and denying her the right to education and also the right to protection from sexual exploitation and abuse.
7. Policy makers should recognize married female adolescent as a “most at risk” group to IPV experience and review existing policy and legal framework to provide guidance on addressing intimate partner violence in adolescent unions.
8. All stakeholders in health and human rights should foster gender equality and women's empowerment by developing and enforcing gender equity promotion policies to address gender inequalities at all levels.
9. All stakeholders in health and human rights should work with men and boys in challenging power imbalances, inequitable gender norms, and norms related to masculinity.

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**RESEARCHER ADMINISTERED QUESTIONNAIRE -INTIMATE PARTNER
VIOLENCE STUDY-2010**

NOTE TO INTERVIEWERS

- You are allowed to write on this questionnaire. Indicate the response or tick as appropriate
- Please ask **ALL** questions, unless instructed to skip some.
- Please do **NOT** prompt respondents by giving them the various options (unless instructed to do so).
- All text in [brackets] is for your information. Please follow **ALL** instructions in [brackets], but don't read it out loud to the respondent.
- Whenever the respondent gives an answer that is not one of the options provided, record as 'Others' and **always** write down the actual response given

District	
Division	
Location	
Sub location	
Nearest Health centre	
Interviewer	
Supervisor	

INFORMED CONSENT

Hello, My name is Amon Murerwa Rufus and I am a student of the University of Nairobi. I am conducting a study about Intimate Partner Violence. I would very much appreciate your participation in this study.

The information you provide will help me to find out information about Intimate Partner Violence in Busia Districts in Western Kenya

The interview will take around 30 minutes to complete. I will not be taking down your name or address, so that everything you say will remain confidential. This means that no one will know who gave me these answers.

If you don't know the answer to any of the questions I ask you, or there are any questions that you don't want to answer, that is fine. Please just answer as many questions as you can. There are no "correct" answers; I just want to hear your views.

At this time, do you want to ask me anything about the survey?

Section one: Background characteristics

First I would like to ask you some questions about yourself

1.	When were you born? _____		
2.	Which religious group do you belong to? <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Other, please specify _____	1 2 3 4 5	
3.	Were you born and brought up in Western Kenya? <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2	Skip to 5
4.	If no, Which province were you born? _____		
5.	Which year did you get married? _____		
6.	What level of schooling had you attained before you got married? <input type="checkbox"/> Lower primary (Class 1-4) <input type="checkbox"/> Upper primary (Class 5-8) <input type="checkbox"/> Secondary <input type="checkbox"/> Others (specify) _____ <input type="checkbox"/> None	1 2 3 4 5	

7.	<p>What are your sources of income?</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Farming</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Business</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Employed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Husband</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Others (specify)_____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	No	Yes	No	Farming	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Business	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Employed	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Husband	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Others (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	1	2												
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Others (specify)_____	<input type="checkbox"/>	<input type="checkbox"/>	1	2																																							
8.	<p>What is the Main source of income for your husband?</p> <p><input type="checkbox"/> Farming</p> <p><input type="checkbox"/> Business</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Wife</p> <p><input type="checkbox"/> Others (specify)_____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>																																									
9.	<p>Which of the following items are available in your household?</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Electricity</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Telephone/cell phone</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Bicycle</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Running tap water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Yes	No	Electricity	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Radio	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Television	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Telephone/cell phone	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Car	<input type="checkbox"/>	<input type="checkbox"/>	1	2	Running tap water	<input type="checkbox"/>	<input type="checkbox"/>	1	2		
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Running tap water	<input type="checkbox"/>	<input type="checkbox"/>	1	2																																							
10.	<p>Who decides how the income you earn is used?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Husband</p> <p><input type="checkbox"/> Our parents</p> <p><input type="checkbox"/> Both me and my Husband</p> <p><input type="checkbox"/> Others (specify)_____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>																																									

11.	Do you know how old your husband is? <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2	Skip to 11																														
12.	If you know, how old is husband? _____ yrs																																
Section two: Family relationships Now I would like us to talk about your family																																	
13.	How long have you been together with your husband? <input type="checkbox"/> Less than one year <input type="checkbox"/> One year <input type="checkbox"/> Two years <input type="checkbox"/> Three years <input type="checkbox"/> Four years <input type="checkbox"/> Can't Remember	1 2 3 4 5 6																															
14.	Whose decision was it for you to get married? <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Own</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>My Husband/Partner</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Parents</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Relatives (Specify) _____</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No		Yes	No	Own	<input type="checkbox"/>	<input type="checkbox"/>		1	2	My Husband/Partner	<input type="checkbox"/>	<input type="checkbox"/>		1	2	Parents	<input type="checkbox"/>	<input type="checkbox"/>		1	2	Relatives (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		1	2		
	Yes	No		Yes	No																												
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Parents	<input type="checkbox"/>	<input type="checkbox"/>		1	2																												
Relatives (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>		1	2																												
15.	Did you consent to the decision of getting married? <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2																															

16.	What factors led to your marriage?	Yes No	Yes No	
	Not being in school	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	Became pregnant	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	My friends got married	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	Wanted to run away from home	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	To support my family	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	Others (Specify) _____	<input type="checkbox"/> <input type="checkbox"/>	1 2	
17.	When you got married was your husband younger, about the same age or older than you?			
	<input type="checkbox"/> Older		1	
	<input type="checkbox"/> About the same age		2	
	<input type="checkbox"/> Younger		3	
	<input type="checkbox"/> Don't know		4	
18.	Are you involved in any organized group activities (e.g. group chama, Church or friends groups)?			
	<input type="checkbox"/> Yes		1	
	<input type="checkbox"/> No		2	Skip to 15
19.	If you are involved in organized group activities, does your husband support your involvement?			
	<input type="checkbox"/> Yes		1	
	<input type="checkbox"/> No		2	
20.	How often do you discuss family issues with your husband?			
	<input type="checkbox"/> Very often		1	
	<input type="checkbox"/> often		2	
	<input type="checkbox"/> Not so often		3	
	<input type="checkbox"/> Never		4	

21.	Does your husband use Alcohol or any other drugs not prescribed by a health practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2	
22.	How often does your husband get involved in aggression or fights involving other men in the community? <input type="checkbox"/> Very often <input type="checkbox"/> often <input type="checkbox"/> Not so often <input type="checkbox"/> Never	1 2 3 4	
23.	Does your relationship with your husband's family affect how he treats you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	1 2 3	
24.	How man other wives does your husband have? <input type="checkbox"/> _____ Number <input type="checkbox"/> Don't Know	1 2	
Section Three-Physical and Sexual Violence Experiences			
<p>I am now going to ask some questions about your sexual history in the last 12 months. I know it may be difficult to remember exactly, but I would like to ask you to answer the questions to the best of your knowledge, as this information is very important for the study. Again, this information is completely private and anonymous and cannot be linked to you or any partner in any way</p>			
25.	Has your husband slapped you, or thrown something at you that could hurt you in the past 12 months? <input type="checkbox"/> Yes	1	

	<input type="checkbox"/> No <input type="checkbox"/> Can't Remember	2 3	
26.	Has your husband pushed or shoved you in anger in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Remember	1 2 3	
27.	Has your husband hit you with a fist or something else that could hurt you in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Remember	1 2 3	
28.	Has your husband kicked, dragged or beaten you up in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Remember	1 2 3	
29.	Has your husband choked or burnt you on purpose in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Remember	1 2 3	
30.	Has your husband threatened you with, or actually used a cane, knife or other weapon against you in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Remember	1 2	

					3	
31.	Have you at any time within the last 12 months been physically forced to have sexual intercourse against you will by your Husband/ partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Remember				1 2 3	
32.	Have you at any time within the last 12 months engaged in sexual intercourse with your Husband/ partner because you were afraid of what he might do to you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Can't Remember				1 2 3	
Section Four-Community Attitude towards IPV						
Now I would like us to talk about you and your community:						
33.	Is a man justified in beating his wife/partner if?					
		Yes	No	Yes	No	
	She neglects household responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
	She disobeys the instructions of her husband/elders	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
	She leaves homestead for long without his permission	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
	She uses contraception without permission	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
	She refuses her husband sex	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
	Argues over money	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
	Is unfaithful	<input type="checkbox"/>	<input type="checkbox"/>	1	2	
34.	Do you agree or disagree with the following statements	Strongly Agree	Agree	Disagree	Strongly disagree	

a	A man is allowed to control all family resources.	4	3	2	1
b	Women should not question men's autonomy/sovereignty	4	3	2	1
c	If a man is beating his wife, extended family member and friends will intervene	4	3	2	1
d	A man has the right to beat his wife because he is the one who pays dowry	4	3	2	1
e	A man that does not beat his wife is a weak man	4	3	2	1
f	It is normal for men to fight whether at home or away	4	3	2	1

Thank you very much for your time.