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 widespread 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 (KDRS, 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.