YOUNG WOMEN'S PERCEPTIONS OF AND ATTITUDES TOWARDS INTIMATE PARTNER VIOLENCE IN KIBERA, NAIROBI CITY COUNTY

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DECLARATION

This project paper is my original work and has not been presented for a degree in any other university.

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This project paper has been submitted for examination with my approval as the University supervisor.

Signature: _____ Date: _____

Prof. Simiyu Wandibba

DEDICATION

Dedicated to:

My Husband
Jim Kijogi Irandu

My Daughters
Imani Ina Kijogi
Imara Mweru Kijogi

My strength, My inspiration, My reason for living!

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ABSTRACT

This study explored the perceptions of and attitudes towards intimate partner violence among young women in Kibera. The study specifically sought to describe the nature and magnitude of intimate partner violence, to establish the perceptions of and attitudes to intimate partner violence, and to investigate the relationship between perceptions, attitudes and experiences of intimate partner violence among those young women.

The study employed a cross-sectional descriptive research design. A random sample of 107 eligible young women was selected from across Kibera. Data were collected through survey, key informant interviews, case studies and focus group discussions. Quantitative data were processed and analysed through Epi Info 7 computer software, and the findings presented using tables, bar graphs and pie charts. Qualitative data were organised and summarised in relation to the study objectives and emerging themes and the findings presented using direct quotations and selected comments, narratives and verbatim quotes.

The study findings suggest high prevalence of intimate partner violence among young women in Kibera. Young women's perceptions were found to be significantly associated with the type of intimate relationship and type and context of intimate partner violence. Attitudes were significantly associated with acceptance and justification of the violence. Experience of violence correlated with higher recognition of the violence. However, there was no significant correlation between experience of violence and attitudes to the violence.

On the basis of the findings, the study concludes that intimate partner violence among young women in Kibera is a major problem. Risk factors include older age, lower education level, being in a dating relationship and agreement with violence supportive perceptions and attitudes. Therefore, the study recommends targeted intimate partner violence prevention and response interventions by the relevant state and non-state actors, including State Departments of Education, Gender, Children and Social Development and civil society organisations. The study also calls for sustained sensitization and awareness-raising programmes, attitude and behaviour change campaigns, psychosocial support services and further research on intimate partner violence.

ABBREVIATIONS AND ACRONYMS

CARE	Cooperative for Assistance and Relief Everywhere
CBO	Community-Based Organisation
CBS	Central Bureau of Statistics
CDC	Centre for Disease Control and Prevention
COHRE	Centre on Housing Rights and Evictions
DHS	Demographic and Health Survey
FGD	Focus Group Discussion
ICRW	International Centre for Research on Women
IPV	Intimate Partner Violence
KNBS	Kenya National Bureau of Statistics
KWAHO	Kenya Water for Health Organisation
NGO	Non-Governmental Organisation
SNAP	St. Neots Abuse Project
US	United States
UN	United Nations
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Fund for Women Development
VAW	Violence Against Women
VicHealth	Victorian Health Promotion Foundation
WHO	World Health Organisation
YADEN	Youth Arts Development and Entrepreneurship Network

Chapter One: Background to the Study

1.1 Introduction

> *Violence against women and girls continues unabated in every continent, country, culture. It takes a devastating toll on women's lives, on their families, and on society as a whole. Most societies prohibit such violence – yet the reality is that too often, it is covered up or tacitly condoned* (United Nations Secretary General, Ban Ki-Moon, 8th March, 2007).

Violence against women (VAW) has in recent years gained unprecedented and significant global attention as a gross violation of fundamental women's human rights and a major impediment to achievement of gender equality (WHO, 2013; UN, 2006). VAW results in profound and far reaching negative impact on the victims, families and the wider society (WHO, 2010; UN, 2006; VicHealth, 2004; Krug *et al*., 2002), including harmful direct and indirect/long-term physical and mental health outcomes on women and children and high social and economic cost on societies (WHO, 2013; Krug *et al*., 2002).

Of particular concern is VAW in intimate relationships, also referred to as intimate partner violence (IPV), because it is pandemic. IPV cuts across all settings and all socioeconomic, religious and cultural groups (WHO, 2012:1) and is the most socially tolerated form of VAW (Ellsberg and Heise, 2005; Krug et al., 2002; Heise *et al*., 2002). IPV manifests itself in various forms including physical, sexual and emotional abuse and controlling behaviours (WHO, 2012:1). It occurs from adolescence and early adulthood onwards in the context of dating relationships or marriage/cohabitation (WHO, 2010) and is perpetrated almost exclusively by male partners (Sen, 2003; Krug et al., 2002).

Population-based studies indicate that, globally, nearly about one third (30%) of all women who have been in a relationship have experienced IPV (WHO, 2013:16), with the levels ranging from 10%-71% (WHO, 2005; Ellsberg and Heise, 2005; Kishor and Johnson, 2004; Krug *et al.,* 2002). Women in developing countries are the most vulnerable to IPV with lifetime prevalence of IPV in Africa being amongst the highest at 36.6% (WHO, 2013:16) and ranging from 20% to 71% in sub-Saharan Africa (Antai and Antai, 2008:2). In Kenya, two consecutive national demographic and health surveys (DHSs) indicate that nearly half of the women (49% and 47%, respectively) have experienced IPV, with much of the violence being

current (CBS *et al.*, 2004; KNBS and ICF Macro, 2010). Many other studies also suggest high levels of IPV in Kenya (Njagi, 2012; Chesire *et al*., 2010; FIDA Kenya, undated; Mutuku, 2007; COVAW, 2003, 2006; Houben, 2003; Population Communication Africa *et al*., 2002; Ondicho, 1993). Women from areas with lower socioeconomic status experience higher IPV than those from higher socio-economic status (Brodus, 2008; Chesire *et al*., 2010)

IPV affects a substantial proportion of young women, with those aged 16-24 years being the most vulnerable (Nam *et al.*, 2011; Sands, 2009; Albaugh and Nauta, 2005, cited in Thornton, 2007; US Department of Justice, 2001) and particularly those in teenage, in dating relationships and from low socioeconomic backgrounds (WHO, 2012, 2013; Nam *et al*., 2011; Ardayfio-Schandorf, 2005). A study in America, for instance, found that approximately one third of high school and college students had experienced IPV (Fincham *et al.*, 2008). On the other hand, a study in South Africa found that 42% of females aged 13-23 years had experienced IPV (Swart *et al*., 2002, cited in WHO, 2010, 2012).

Studies in Kenya reveal that young women experience IPV more frequently than older women (CBS *et al.*, 2004; KNBS and ICF Macro, 2010), with those aged 15-19 years experiencing three times more IPV than those aged 40-49 years (CBS *et al*., 2004: 245). One study found that IPV is prevalent among university students, and particularly physical IPV (Njagi, 2012). A study among young people aged 10-24 years in Nyeri found that 21% of sexually active females had experienced sexual IPV (Erulkar, 2004:182). Another study among young people aged 10-19 years in Kibera slums found that 1 in 6 females had experienced IPV (Erulkar and Matheka, 2007:19).

The pervasive nature of IPV is attributed to its benign social acceptance and legitimization (Schuler and Islam, 2008:55), characterised by entrenched patterns of IPV supportive norms in many societies (Offenhauer and Buchalter, 2011; VicHealth, 2010; Uthman et al., 2009). In developing countries, IPV is perceived and justified as a normal and inevitable aspect of intimate relationships and culture (Hatcher *et al*., 2013; Zimmerman, 1994, cited in KNBS and ICF Macro, 2010; Heise *et al*., 1999; Flood, 2007; Krug *et al*., 2002). A study across a wide range of 7 developing countries, for instance, found that 11-94% of the women that had experienced IPV and 9-86% of those that had not experienced IPV accept and justify IPV in some circumstances (Kishor and Johnson, 2004:11). A study of 17 countries in sub Saharan

Africa found that IPV is widely accepted in certain circumstances by men and women in all the countries studied (Uthman, 2011:28, 29). In Kenya, the 2008-09 DHS found that 44% of the men and 53% of the women are tolerant of IPV in certain circumstances (KNBS and ICF Macro, 2010:238). Other studies have also established more or less similar trends of tolerance and acceptance of IPV in Kenya (Njagi, 2012; Ochieng, 2007; Mutuku, 2007; Ondicho, 1993).

Young women may not be impervious to the prevailing culture of social acceptance of IPV but their social context and intimate relationships is different enough from their older counterparts that their experiences of IPV, understanding of normative intimate partner relations and roles, beliefs governing acceptable and unacceptable behaviour and familiarity with concepts of abuse may also differ (Offenhauer and Buchalter, 2011; Mulford and Giordano, 2008; Harvey *et al*., 2007; Oyediran and Isiugo-Abanihe, 2005; Coghlan *et al.*, 1996). For instance, it is reported that young women are less likely than their older counterparts, to hold values that reinforce secrecy and acceptance of blame for IPV, subservience in intimate relationships, acceptance of IPV in certain circumstances and strong sense that IPV is a private issue and should not be aired publicly (Wolkenstein and Sterman, 1998, cited in Coghlan *et al*., 1996:64).

Age 16-24 years is a critical period in relation to the dynamics of IPV because it is usually when young women begin to explore intimate relationships and subsequently establish values, patterns of behaviour, skills and knowledgebase upon which their future intimate relationships will be based on (Schutt, 2006; Flood, 2007; Werkele and Wolfe, 1999; Stern, 2011). It is also during this period that young women initially can become victims of IPV and/or nurture patterns of IPV that would be carried through into their adult relationships (Flood, 2007; Foshee *et al.*, 2007, cited in Offenhauer and Buchalter, 2011; Silverman *et al.*, 2001). Understanding the nature and magnitude of IPV among the young women and their perceptions and attitudes towards IPV is therefore critical to understanding and explaining IPV in their relationships, nurturing healthy non-violent relationships and preventing patterns of IPV later in life (Oyediran and Isiugo-Abanihe, 2005; Schutt, 2006).

Research on IPV however mainly targets adult married/cohabiting women (Cascardi and O'Leary, 1992, cited in Leaman and Gee, 2008:1), with limited attention to teenage and

young women in non-cohabiting intimate relationships (Uthman *et al*., 2009; Sands, 2009; Coghlan *et al*., 2006; Schutt, 2006; Krug *et al.*, 2002). Few studies explore women's perceptions and attitudes towards IPV, particularly in sub-Saharan Africa (Uthman *et al.*, 2009; Coghlan *et al*., 2006). Studies on IPV in relation to young people have mainly been conducted in western countries whose social and cultural contexts greatly differ with developing countries (CDC, 2007; Ellsberg *et al.*, 2000).

This study therefore sought to explore the perceptions of and attitudes towards IPV among young women in Kibera, the largest slum area in Kenya.

1.2 Problem Statement

IPV is not only a gross violation of women's human rights and a major impediment to achievement of gender equality (WHO, 2013; UN, 2006), but also has severe negative impact on women's health, the social well-being of families and the wider society (WHO, 2013; UN, 2006; Krug *et al*., 2002). IPV results in a wide range of short-term and long-term problems for women, including death, physical injuries, disability, chronic health conditions, neurological disorders, stress and depression and pregnancy and reproductive health complications (WHO, 2010; UN, 2006; Krug *et al*., 2002). It also influences negative child health and development outcomes including behavioural and emotional problems (WHO, 2010:15). Finally, IPV has adverse economic impact ranging from lost productivity of the victims to increased use of health, social and other related services (WHO, 2010:15).

Despite accumulation of literature on IPV over time, there is a paucity of research on IPV in relation to young women (Sands, 2009; Schutt, 2006; Coghlan *et al*., 2006; Krug et al., 2002) in developing countries (Ellsberg *et al*., 2000; Stern, 2011; Uthman *et al*., 2009; CDC, 2007). Literature primarily revolves around IPV among adult married or cohabiting women and scarcely addresses the higher risk young women in dating relationships (Nam *et al*., 2011; Sands, 2009; Cascardi and O'Leary, 1992, cited in Leeman and Gee, 2008; Albaugh and Nauta, 2005, cited in Thornton, 2007; U.S. Department of Justice, 2001). Yet dating IPV is a precursor of marital IPV (Njagi, 2012:2). Literature also suggests that perceptions and attitudes are a prominent predictor of IPV (Offenhauer and Buchalter, 2011; VicHealth, 2010; Uthman *et al.*, 2009; Cascardi and Avery-Leaf, 2000) yet there has not been much research on

young women's perceptions and attitudes towards IPV (Uthman *et al*., 2009; Sands, 2009; Coghlan *et al*., 2006; Smith *et al*., 2005, cited in Fincham *et al*., 2008).

This study therefore undertook to explore the perceptions of and attitudes towards IPV among young women in Kibera. To do this, the study sought answers to the following questions:

1. What is the nature and magnitude of IPV among young women in Kibera?
2. What perceptions and attitudes do young women in Kibera have towards IPV?
3. Is there a link between perceptions and attitudes towards IPV and experiences of IPV among young women in Kibera?

1.3 Objectives of the Study

1.3.1 General Objective

To explore perceptions of and attitudes towards IPV amongst young women in Kibera.

1.3.2 Specific Objectives

1. To describe the nature and magnitude of IPV among young women in Kibera.
2. To establish the perceptions and attitudes towards IPV among young women in Kibera.
3. To investigate the link between perceptions and attitudes towards IPV and experience of IPV among young women in Kibera.

1.4 Assumptions of the Study

1. IPV in all its manifestations is prevalent among young women in Kibera.
2. Young women's perceptions of and attitudes towards IPV are inextricably linked to their gender role attitudes and justification and acceptance of IPV.
3. Young women's perceptions of and attitudes towards IPV are proximate determinants of their experiences of IPV.

1.5 Justification of the Study

This study adds on to the current body of knowledge on IPV, particularly contributing insights about young women's experience of IPV and perceptions of and attitudes towards IPV. The study findings can be used to inform the programmes and interventions targeted at building cultures of non-violence, equality and respect within intimate relationships. The study findings can be used to design gender courses for schools and colleges and community-based advocacy and public education campaigns on IPV and other forms of VAW.

The envisaged primary beneficiary of the study is Polycom Development Project, a community-based organisation (CBO) in Kibera. The study provides benchmarks upon which the organisation can improve and/or develop relevant IPV prevention interventions, particularly within their *Girls Speak Out, G-Pende, Young Women Initiative* and *We Can End All Violence against Women Campaign (We Can)* projects and any other future youth targeted interventions on VAW. The benchmarks include identification of entry points for influencing positive attitude and behaviour change and identification of indicators for monitoring and evaluating the impact of the respective interventions. Other beneficiaries include non-governmental organisations (NGOs) and civil society organisations (CSOs) involved in youth oriented VAW intervention programmes in urban slum areas.

1.6 Scope of the Study

The study was conducted in broader Kibera, covering 10 sites, namely Katwekera, Makina, Mashimoni, Lindi, Kisumu Ndogo, Soweto, Kianda, Jamhuri, Ayani and Olympic. It focused on the nature and magnitude of, perceptions of and attitudes towards IPV among a cross-section sample of 107 young women aged 16-24 years. The study was guided by feminist and ecological theories.

1.7 Limitations of the Study

The study was restricted to a statistically non-representative sample of the target young women. The study also mainly targeted non-married/non-cohabiting young women that were available and/or willing to participate, hence the possibility of underrepresentation of other categories of young women. These limit the generalizability of the study findings to a wider

cross-section of young women in Kibera. The study was based on self-reporting and given the sensitive and personal nature of IPV and the stigma associated with victimisation, there is the possibility of underreporting of IPV experiences and socially desirable responses and subsequent possibility of underestimation of the problem. To mitigate these limitations, the study collaborated with two CBOs in the identification of specific study sites and local research assistants and data collection was spread across one week to ensure a diversity of the target young women. All the potential study respondents were informed about the study objectives and confidentiality procedures.

1.8 Definitions of Key Terms

Perceptions: Beliefs about the definition of IPV and conception of behaviours that constitute or do not constitute IPV.

Attitudes: Values and beliefs about the causes of IPV and about whether there are circumstances when IPV is acceptable or unacceptable within relationships.

Violence against women (VAW): Collective term for violent/harmful acts primarily or exclusively committed against women because they are women.

Intimate partner violence (IPV): Violence against women within a heterosexual intimate relationship.

Young women: Women aged 16 to 24 years.

Chapter Two: Literature Review

2.1 Introduction

This chapter reviews the literature relevant to the research problem. The literature is reviewed using the following subheadings: the nature and magnitude of IPV, causes of and risk factors for IPV and perceptions of and attitudes towards IPV. The chapter also discusses the theoretical framework that guided the study.

2.2 Nature and Magnitude of IPV

Literature on IPV operates with definitional and conceptual inconsistencies attributed to lack of a universal definition of IPV (Ellsberg and Heise, 2005; Pelser *et al.,* 2005; Kelly and Johnson, 2008, cited in Sands, 2009; DeKeseredy and Schwartz, 2011) and varying scope of the definition of IPV from study to study and from context to context (Tjaden and Thoennes, 2007:5). The bone of contention seemingly revolves around narrow versus broad definition of IPV and gender-neutral and gender-specific definitions (DeKeseredy and Schwartz, 2011:4. One source of contention is about whether to limit the definition to violence in marital or cohabitation relationships, whether to include non-cohabiting intimate relationships, whether to limit the definition to physical violence and whether to include the myriad behaviours that persons may use to control, intimidate, and otherwise dominate another person in the context of an intimate relationship (Tjaden and Thoennes, 2007:5). Another contention is whether to limit the definition to VAW and whether to include violence against men and violence in same sex relationships (ibid).

Accordingly, IPV is variously defined as:

> *Self-reported experience of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15 years* (WHO, 2013:6).

> *Behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours* (WHO, 2010:11).

> *Any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship* (Krug *et al.*, 2002:89).
>
> *Actual or threatened physical, sexual, psychological or emotional violence involving current or former spouses (married and de facto partners) or current or former boyfriends* (Mouzos and Makkai, 2004:42).
>
> *Physical, emotional/mental, sexual or financial abuse of one person on another, within the context of an intimate relationship* (Dutton *et al*., 2006: ii).
>
> *Emotional, physical, psychological or sexual abuse perpetrated against a person by that persons spouse, former spouse, partner, former partner* (McCue, 2008:2).
>
> *Behaviours occurring within the context of an intimate, romantic relationship between two individuals for which one or both partners consciously perform actions that cause harm to the other partner* (Sands, 2009:3).

Reminiscent of the lack of a universal definition, is the range of terms used to describe IPV including 'domestic violence', 'intimate partner violence/abuse', 'spouse abuse', 'violence against women' or 'wife abuse/assault' in relation to adults (Chesire *et al*., 2010; McCue, 2008; Tjaden and Thoennes, 2007; WHO, 2005; CBS *et al*., 2004) and 'dating violence', 'adolescent aggression', 'teenage relationship violence', 'partner violence', 'teen abuse', and 'interpersonal violence between adolescents' in relation to young people (Offenhauer and Buchalter, 2011; Barter, *et al*., 2009; Mulford and Giordano, 2008; Schutt, 2006).

'Domestic violence' is the most consistently employed term in literature but in some contexts it is used to refer to any violence that takes place in the home, including violence against children and the elderly (Ellsberg and Heise, 2005; Mouzos and Makkai, 2004). The terms 'intimate partner violence/abuse' and 'spouse abuse' have been criticised for being gender neutral and for failure to explicitly recognise that the vast majority of perpetrators and victims of IPV are generally men and women, respectively (Ellsberg and Heise 2005; Tjaden and Thoennes, 2007; Schütt, 2006). The terms 'wife abuse/assault' have been criticised for their limitation to marital relationships and exclusion of the diverse range of young people's intimate relationships ((Ellsberg and Heise 2005; Tjaden and Thoennes, 2007; Schütt, 2006). 'Dating violence' is the most consistently used term with reference to adolescent and teenage intimate relationships (Schutt, 2006:16).

Despite lack of a universal definition and inconsistent terminology in literature, the key conceptual components linked to the various definitions and terms are consistent. They all generally conceptualize IPV as a broad concept incorporating a continuum of aggressive, abusive and controlling behaviour in any intimate relationship. The debate about the most appropriate terminology notwithstanding, 'intimate partner violence' would seem inclusive of all types of VAW within the context of an intimate relationship regardless of marital status and excludes violence between people who are not intimate partners such as child, elderly and sibling abuse. A consistent definition and terminology for IPV would, however, ensure uniformity in research and comparability across studies and subsequently facilitate effective monitoring of IPV trends over time and appropriately inform intervention efforts.

2.2.1 Forms of IPV

IPV encompasses three broad forms – physical, sexual and psychological/emotional abuse – which though studied as separate categories are not mutually exclusive (WHO, 2012; UN, 2006). Physical abuse is almost always in many cases accompanied by sexual assault and psychological abuse (WHO, 2012; Krug *et al*., 2002). Physical abuse and sexual abuse often occur in a single abusive occurrence and psychological abuse often precedes, occurs with and/or follows physical and sexual abuse but can occur in the absence of the other types of abuse (Mouradian, 2000:1).

Physical abuse includes a wide spectrum of physical aggression from pushing, slapping, arm-twisting or hair pulling, throwing objects, strangling, slamming or holding someone against a wall, chocking, scratching, biting, burning, beating, kicking and assault with a weapon, to severe assault and battery (WHO, 2012; Foshee *et al.,* 2007, cited in Offenhauer and Buchalter, 2011; Harne and Radford, 2008; Krug *et al.*, 2002).

Sexual abuse includes a continuum of sexual activity that covers forced sexual intercourse and other forms of sexual coercion and abusive sexual contact (Krug *et al.,* 2002; UN, 2006). Common sexual IPV in relation to young women include rape and attempted rape, pressure to have sex when it is unwanted, unwanted kissing, touching or fondling and other acts leading to non-consensual sex (Cascardi and Avery-Leaf, 2003:2) and the practice of early and/or forced marriage especially in Africa and Asia (UN, 2011:1).

Psychological/emotional abuse is manifested in various forms including verbal abuse, such as, name calling and insulting, constant belittling, criticizing, berating, humiliation and blaming. There is also controlling behaviour, such as, isolation from friends and family, monitoring movements, restricting or denying access to and control over money and other resources, spying on a partners interactions or insisting on always knowing of a partner's whereabouts, perceptions of entitlement, jealous actions and possessiveness. Third are threats and intimidation, such as, threats to hurt a partner, threats to damage partner's possessions, throwing objects at a partner but missing, and starting but stopping short of hitting a partner. It also includes emotional manipulation such as threatening suicide, ignoring the partner, or threatening to break up (WHO, 2012; UN, 2006; Krug *et al.,* 2002: Offenhauer and Buchalter, 2011).

2.2.2 Prevalence of IPV

IPV affects a significant proportion of women worldwide irrespective of their social, cultural, economic and political backgrounds and has no age boundaries (WHO, 2012; UNICEF, 2000; Heise *et al.,* 1999). A recent global analysis of IPV reported that 30% of all women who have been in a relationship have experienced IPV (WHO, 2013:16). The most recent WHO study of IPV identified an international prevalence range of between 15% and 71% (WHO, 2005:5), which corroborated their earlier study that put the rates at between 10% and 69% (Krug *et al.,* 2002:89) and other studies that reported a range of between 10% and 60% and between 20% and 71% in sub-Saharan Africa (Antai and Antai, 2008:1).

In Kenya, the 2003 and 2008-09 DHS reports indicate that nearly half of the women (49% and 47% , respectively) had experienced IPV, with much of the violence occurring within the 12 months preceding the surveys (CBS *et al.,* 2004; KNBS and ICF Macro, 2010). A study conducted in low income residential areas in Kisumu found that 52% of the women experience IPV (Chesire *et al*., 2010:2). In another study conducted in Nairobi, marital IPV accounted for 48.8% of all the VAW cases reported to the provincial administration and 23% of the cases reported to the police department (COVAW, 2003:29). Literature also suggests that the IPV rates could be higher given the culture of social acceptance and silence on IPV in Kenya (Ssemawala *et al*., 2008; FIDA, undated; COVAW, 2003).

Physical abuse is the most common IPV, with prevalence rates ranging between 10% and 60% (WHO, 2005; Ellsberg and Heise, 2005; Pelser *et al.,* 2005; Krug *et al*., 2002). On the other hand, sexual IPV prevalence rates range between 6% and 59% (Krug *et al*., 2002:89). Globally, 35% of the women who have been in a relationship have experienced physical and/or sexual IPV (WHO, 2013:16), with the prevalence ranging from 23% to 56% (WHO, 2005:6). Psychological IPV has not received as much research attention as physical and sexual IPV but multi-country studies estimate a prevalence rate of between 20% and 75% (WHO, 2005; UN, 2006). Physical IPV, in its most severe condition, results in death, with as many as 38% of all female murders worldwide (WHO, 2013:26) and 40% - 70% in Australia, Canada, Israel, South Africa and US, frequently in the context of an ongoing abusive relationship (Krug *et al.,* 2002:93).

In Kenya, prevalence rates of physical IPV range from 37% to 40% and sexual IPV from 16% to 17% (CBS *et al.,* 2004; KNBS and ICF Macro, 2010), with some studies indicating relatively higher rates at 52% (Chesire *et al*., 2010; Nyamwega, 2008) and 81% (Mutuku, 2007). The most recent DHS found that 30% of the women had experienced psychological IPV (KNBS and ICF Macro, 2010:253).

IPV trends reveal that the violence is not limited to established relationships such as marriage or cohabitation, but is also a common experience for many young women in dating relationships (Schuler and Islam, 2008; Coghlan *et al*., 2006; Pinheiro, 2006; Schütt, 2006; Sands, 2009; Fincham *et al.,* 2008). Literature suggests that young women aged 16-24 years, are particularly vulnerable and experience higher rates of IPV than other groups (U.S Department of Justice, 2001; Sands, 2009; Nam *et al.,* 2011), with IPV increasing in teenage (Nam *et al*., 2011; Ardayfio-Schandorf, 2005) and as longer relationships are formed in young adulthood (20-24 years) (Sands, 2009; Pinheiro, 2006; Schütt, 2006; Fincham *et al.,* 2008; Werkele and Wolfe, 1999).

Studies in the US indicate that one third of high school and college students have experienced IPV (Fincham *et al*., 2008:260) with approximately 1 in 5 high school students having experienced physical and/or sexual IPV (Silverman *et al.,* 2001:574). A study in Canada found that 16% - 35% of post-secondary female students had experienced IPV in the 12

months preceding the study and 45% had been sexually abused since leaving high school (DeKeseredy and Kelly, 1993, cited in Coghlan *et al.*, 2006:63). A study in South Africa found that 42% of females aged 13–23 years had experienced physical IPV (Swart *et al.*, 2002, cited in WHO, 2012:3). In Kenya, whereas young women (15-19 years) have the lowest proportion of women that have experienced IPV (42%), they experience IPV three times more than older women (40-49 years) (CBS *et al.*, 2004:245). One study of young people in Nyeri aged 10-24 years found that 21% of the sexually active females had experienced sexual IPV (Erulkar, 2004:182). Another study among young people in Kibera slums aged 10-19 years found that 1 in 6 females had experienced IPV three months preceding the study (Erulkar and Matheka, 2007:19).

Perpetration of psychological IPV through electronic technologies, cell phones and social networking, particularly by young people, is emerging as an area of research interest. Whereas the prevalence is yet to be fully established due to limited research, use of technology to perpetrate IPV is postulated to be high (Offenhauer and Buchalter, 2011:6). A study in the US, for instance, found that a significant number of teens had experienced levels of high-tech-facilitated excessive partner monitoring, put downs and harassment, threats of physical harm, demands for unwanted sex and sharing of private or embarrassing photos or videos (Picard, 2007, cited in Offenhauer and Buchalter, 2011:7). Studies also draw attention to 'sexting'-sending sexually explicit photographs or messages through mobile phone which seems to be common among young people (Offenhauer and Buchalter, 2011:7). Current research is, however, inconclusive about the extent to which technology heightens the risk or prevalence of IPV among young people (Draucker and Martsolf, 2010, cited in Offenhauer and Buchalter, 2011:8) which in turn contributes to variances in prevalence estimates (Offenhauer and Buchalter, 2011:8).

It is difficult to ascertain the actual magnitude of IPV given the variability in reported prevalence rates in literature occasioned by different definitions, categorisation and measurements of IPV, target groups, timeframes and study methodologies across studies (Arias *et al.*, 1987, and Stacy *et al.*, 1994, cited in O'Keefe, 2005; Schutt, 2006). Other challenges of measuring IPV include minimising of experiences by research participants, mingling of perpetration and victimization data (Hotaling and Sugarman, 1990, cited in O'Keefe, 2005:2) reliance on self-reporting which increases the chance of socially desirable

responses and other biases in reporting (Sugarman and Hotaling, 1989, cited in O'Keefe, 2005; Schutt, 2006). Further, given the private nature of IPV, fear and stigma in disclosing victimisation and widespread acceptance of IPV (KNBS and ICF Macro, 2010:245), findings of prevalence studies may not necessarily represent the actual occurrence of IPV but rather the victims that are willing to disclose (Miller, 2012:11). The IPV prevalence studies, however, consistently validate the prevalent and pervasive nature of IPV.

2.3 Causes of and Risk Factors for IPV

Literature posits that there is no single or direct factor that can fully account for IPV. IPV is generally seen as a product of interrelated socio-cultural and socio-economic causal factors occurring within a particular social context. The following factors feature prominently and are notably consistent across cultures and throughout the world.

2.3.1 Gender Inequality

> *Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women (*UN, 1993:1).

Gender inequality is advanced as the most significant and underlying cause of IPV (Krug *et al.*, 2002:89). In this sense, IPV is shaped by gendered inequalities of power and associated factors, which results from adoption of patriarchy - pervasive systemic social belief system that espouses male superiority and dominance and female inferiority and subservience (UN, 2006:28) as a relationship framework for intimate relationships (Ruth 1998; Loue, 2002; Dobash and Dobash, 1979; McCue, 2008). The attendant gender socialisation grooms females for victimization and males for aggression in intimate relationships (O'Keefe, 2005:5), consequently perpetuating and sanctioning IPV and transmitting it through generations (UN, 2006).

2.3.2 Social Norms and Beliefs

Socio-cultural norms and values regarding gender and towards family, marriage and gender roles are among the strongest predictors of IPV (Khawaja *et al.*, 2007). Traditional gender

norms that associate masculinity with superiority, dominance, toughness, male authority, honour and aggression and femininity with inferiority, submissiveness and obedience, and the social norms that tolerate and justify IPV contribute significantly to IPV (Heise, 1998; Oxfam, 2004; Flood, 2007). They include traditional gender role attitudes, the tolerance of the physical punishment of women, the perception that men 'own' women and the right to physically discipline women for 'incorrect behaviour' and high level of IPV acceptance in the general population (Oxfam, 2004; Krug *et al.*, 2002; UN, 2006). Perceived women's transgression of conventional gender roles is a consistent trigger of IPV throughout the world (Krug *et al*., 2002:95), with IPV being most common and higher in societies where traditional gender roles are rigidly defined, emphasized and enforced (Oxfam, 2004; Flood, 2007).

2.3.3 Exposure to Violence

Studies correlate exposure to and experiences of IPV with intergenerational transmission of perpetration and acceptance of IPV (Kishor and Johnson, 2004; Flood, 2007). Many cultures condone use of physical IPV in certain circumstances and within certain boundaries of severity (Jewkes, 2002:1426). Men therefore learn to use violence and aggressive behaviour in intimate relationships, women learn to tolerate the behaviour and young people and children learn that IPV is normal (Jewkes, 2002:1426; Flood, 2007; Flood and Pease 2006, cited in Flood, 2007; O'Keefe, 2005; Crespi, 2003). Accordingly, men and women who grow up in environments where IPV abounds are more likely to become perpetrators and victims, respectively, as adults (Ellsberg *et al.*, 2000:1596). Cross-cultural studies also intimate linkages between IPV and conflict situations/community violence. It is postulated that people living in poor households and neighbourhoods are often exposed to violence within and outside the family, resulting in high acceptance of violence to resolve conflicts (Flood and Pease, 2006, cited in Flood, 2007; Crespi, 2003).

2.3.4 Weak Community Sanctions

Studies have found a correlation between the level of collective efficacy in intervening on IPV and experience of IPV. IPV is more prevalent in societies that have weak or no community sanctions or prohibitions of IPV, where abused women have no access to social support and IPV resources and where there is strong socio-cultural support for privacy of the family and

the right of men to exercise authority over women and (Heise *et al.*, 1999; Krug *et al.*, 2002; Flood, 2007). Women that are involved in social institutions and have strong social connections experience lower IPV than those who are socially isolated (Heise *et al.*, 1999; Krug *et al.*, 2002; Flood, 2007).

2.3.5 Relationship Conflict

Intimate relationships that are dysfunctional, unhealthy and characterised by high levels of discord and conflict are associated with a high risk of IPV, with the most prominent variables being disagreements and conflicts about women's transgression of traditional gender roles and norms (Jewkes, 2002:1426). Studies in South Africa and Thailand, for instance, show that verbal marital conflict is significantly related to physical IPV (Krug *et al*., 2002:99). Unequal power relations including significant interpersonal/couple disparities in economic, educational or employment status is also associated with high risk of IPV (UN, 2006:33,37), particularly in situations where the woman has the upper side and the man holds traditional beliefs about his role as provider (Flood, 2007:14). There is however contention regarding the extent to which relationship conflict is a risk factor or consequence of IPV (O'Keefe, 2005:6).

2.3.6 Poverty

Many studies suggest a link between socioeconomic status and occurrence of IPV, in which women from poor/low socioeconomic backgrounds have a higher risk of experiencing IPV than women of high socioeconomic status (Krug *et al*., 2002; UN, 2006; Mouzos and Makkai, 2004). It is argued that various poverty related social conditions including low income, crowding, hopelessness, conflict, stress, and a sense of inadequacy in some men for failing to live up to their culturally defined roles and expectations (Krug *et al*., 2002; UN, 2006; Mouzos and Makkai, 2004; Kishor and Johnson, 2004), heightens women's risk of victimisation (Heise, 1998). Some studies however dispute a strong linkage between IPV and socioeconomic status (CBS *et al*., 2004:243)

2.3.7 Alcohol Consumption

Many studies have found excessive alcohol use to be associated with provocation of violent and aggressive male behaviour towards women thereby increasing the risk of IPV (Hindin *et al.*, 2008:24). Accordingly, women whose partners are habitual drunkards have been found to experience more IPV than those whose partners are moderate or non-drinkers (Krug *et al.*, 2002; Kishor and Johnson, 2004; Pelser *et al.*, 2005; OKeefe, 2005). A study in Canada, for instance, found that women who lived with heavy drinkers were five times more likely to be assaulted by their partners than those who lived with non-drinkers (Rodgers, 1994, cited in Krug *et al*., 2002:98). A study in Kenya found that women whose husbands are often drunk are twice more likely to experience IPV than those whose spouses do not drink alcohol (KNBS and ICF Macro, 2010:257).

The correlation between alcohol and IPV is however controversial, with some researchers arguing that the relationship is not causal while others argue that the link is culturally dependent hence the connections are socially learned and not universal (Hindin *et al*., 2008; Krug *et al*., 2002). It has also been argued that alcohol use or excessive drinking is just but an excuse for IPV because there are men who drink and do not perpetrate IPV and men who are teetotallers that perpetrate IPV (Ondicho, 1993:7)

2.3.8 Socio-demographic Factors

Young age is consistently highlighted as a risk factor for IPV and subsequently to account for vulnerability and prevalence of IPV among young women (Krug *et al.*, 2002; WHO, 2005; Mouzos and Makkai, 2004). Young women's vulnerability is attributed to their lifestyles, increased contact with young males who are more likely to use violence, and their relative inexperience at identifying and avoiding potentially violent situations (Coumarelos and Allen, 1998, cited in Mouzos and Makkai, 2004:27).

Studies have found that a woman's marital status is a determinant of risk and prevalence of IPV. Women that are divorced/separated or are in a second or higher order relationship have the highest rates of IPV while those that are in their first marriage or are widowed experience the lowest rates of IPV (KNBS and ICF Macro, 2010; Kishor and Johnson, 2004). Women in cohabiting relationships experience slightly higher levels of IPV than married women or women in non-cohabiting relationships (Johnson, 1996, cited in Krug *et al*., 2002). Women in

cohabiting relationships also have a higher risk of being killed by a partner than married women (Kishor and Johnson, 2004:27). The younger a woman is at marriage, the higher the experience of IPV (Kishor and Johnson, 2004:28).

Low academic achievement has been associated with increased risk and higher prevalence of IPV (Kishor and Johnson, 2004; KNBS and ICF Macro, 2010). Women with primary or lower level education, for instance, have 2-5 times increased risk of IPV than higher educated women (Kishor and Johnson, 2004; WHO, 2010) while women with secondary or higher education are least likely to experience IPV (KNBS and ICF Macro, 2010:256). The linkage between education level and IPV has, however, been found to be inconsistent, with some studies, for example, reporting that women that are employed are more likely to experience IPV (CBS *et al*., 2004:243) and that women with a higher level of education have increased risk of sexual IPV (WHO, 2010:21).

According to the literature IPV is caused by various interrelated individual and social-structural context factors. It is instructive that the factors associated with IPV, while multifaceted and complex, are manifestations of social construction of gender and the attendant unequal power relations between women and men (Kishor and Johnson, 2004; Jewkes, 2002; Heise, 1998). This lends credence to the ideology that positions gender inequality as the root cause of IPV and reflects IPV as a socially learned behaviour. The contradictory and inconsistent findings in relation to the socioeconomic and socio-demographic risk factors call for more conclusive research to establish the actual extent and significance of their contribution to IPV.

2.4 Perceptions of and Attitudes towards IPV

Literature posits that perceptions and attitudes are the most significant risk factor and predictor of IPV (Offenhauer and Buchalter, 2011; VicHealth, 2010; Uthman et al., 2009; Cascardi and Avery-Leaf, 2000). Perceptions and attitudes contribute to the evolvement of broader social norms and values that sanction and sustain IPV (Sands, 2009:3). Besides, studies have consistently found that women's susceptibility to IPV is greatest in societies where the violence is a socially accepted norm and where IPV supportive perceptions and attitudes are prevalent (Jewkes, 2002; Riggs and O'Leary, 1989, cited in Ahn, 2002; Heise,

1998). The argument is that men who hold IPV supportive perceptions and attitudes are more likely to use IPV against women (Heise, 1998; VicHealth, 2006) and the women are more likely to tolerate, accept and even rationalise IPV (Heise et al., 1999; Zimmerman, 1994, cited in KNBS and ICF Macro, 2010).

Perceptions and attitudes have also been found to influence people's conception of and response to IPV (Daws *et al.*, 1995; Hawkins, 2007; VicHealth, 2010). People's perceptions of and attitudes towards IPV determine whether they acknowledge or deny experiences of IPV, whether they tolerate or take offence of IPV in their lives, whether they ignore or notice other people's experiences of IPV, whether they respond with empathy to victims and offer them support and whether they justify or oppose IPV in whichever circumstances (Coghlan *et al.*, 2006; VicHealth, 2010). Perceptions and attitudes can therefore severely limit women's ability to recognise and define their experiences of IPV as such and their options for preventing and responding appropriately to the violence (Coghlan *et al*., 2006:64). Women who perceive IPV as culturally acceptable, justifiable and/or as a normal part of an intimate relationship, for instance, are more likely to tolerate IPV and blame themselves and are unlikely to report such violence or leave the relationship (VicHealth, 2010:42).

Young women's intimate relationships differ substantially from long-term intimate relationships in their power dynamics, relationship experience, social skill development and influence of peers (Sands, 2009; Mulford and Giordano, 2008; Flood, 2007). Young women's relationships are characterised by heightened power inequalities occasioned by dating older males (Gamache, 1991, cited in Flood, 2007:14), young women do not typically depend on intimate partners for financial stability and are less likely to have children to provide for, factors which often bind adult women into abusive relationships (Flood, 2007:14). Young women may also have more contact with the media and social institutions thus influencing their knowledge and behaviour (Hyman, 1999, cited in Coghlan *et al.*, 2006:64). It follows that there could also be major differences in perceptions and attitudes (Oyediran and Isiugo-Abanihe, 2005).

Literature on perceptions and attitudes towards IPV revolves around three domains-definitions of IPV, attitudes towards the causes of IPV and attitudes towards justification and acceptance of IPV, with the latter as a cross-cutting and overarching theme. Understanding

young women's perceptions of and attitudes towards IPV offers the potential to understand the extent to which they accept and justify IPV and their behaviour on the same, which would subsequently elucidate IPV prevention strategies.

2.4.1 Perceptions of IPV

People's definition and conceptualisation of IPV is mainly determined by their socio-cultural belief system (Hawkins, 2007; Ahn, 2002). Culture plays a critical role in determining what behaviours are deemed abusive and in what particular situational contexts (Harne and Radford, 2008:4) and setting boundaries on the acceptability of certain behaviours within an intimate relationship (Easteal, 1994, cited in Nam *et al*., 2011; Pelser, 2005), which in turn shapes the personal meanings that people attach to IPV experiences (Harne and Radford, 2008). In societies where physical IPV is widely viewed as 'normative aggression', for instance, people may not deem or typify 'slapping, hitting or beating' as IPV, particularly in situations where they are viewed as necessary discipline measure (Eckman *et al*., 2007:39). Similarly, sexual assault and rape that occurs in the context of intimate relationships may not be perceived as IPV (UNICEF, 2000; Pelser *et al.*, 2005; Harne and Radford, 2008) because of the underlying assumption that a consensual intimate relationship connotes male partners right to unlimited sexual access (UNICEF, 2000; Barker and Ricardo, 2005; Greiff, 2010).

People often identify and recognise acts of physical abuse as IPV because they are more visible and more easily conceptualized, but are less clear about which non-physical acts constitute IPV (Sands, 2009; Ahn, 2002; VicHealth, 2010). Psychological abuse, which is more abstract, is often conceptualised with greater ambiguity and tendency to downplay psychological aspects of IPV (Ahn, 2002:40). People are less likely to identify and recognise acts of psychological abuse or see it as serious compared with physical and sexual abuse (Sands, 2009; Ahn, 2002; VicHealth, 2010). Non-verbal behaviours including 'controlling the social life of one's partner by preventing their contact with family and friends', 'repeatedly criticizing one's partner' 'giving a partner the silent treatment to get one's way in the relationship', 'checking a partner's phone calls/texts/Facebook/email or excessively checking in with a partner', and showing up at places a partner goes in order to keep her/him are often not rated as IPV (VicHealth, 2010:23).

Women define IPV more broadly and have a greater understanding of behaviours that qualify as IPV because they are most often the targets of the violence (Carlson and Worden, 2005, cited in Hawkins, 2007:31). Whereas young women recognise multiple forms of IPV and articulate the full range of behaviours and relationship dynamics that constitute IPV, they define IPV relative to their personal experiences and perceptions about the seriousness of and harm caused by different actions (Coghlan *et al*., 2006:78). They, for instance, do not deem verbal abuse, occasional 'hit or slap', single occurrence of abuse, abuse 'in the heat of the moment', abuse devoid of intention to harm and abuse in the context of a play fight or other playful situation, as IPV (ibid). Young women's failure to identify and define abusive behaviours within their intimate relationships as such relate with perceptions of IPV that condone the violence (Sands, 2009:3).

It would seem that definitions of IPV misconstrue the violence to be limited to physical and sexual abuse, leaving out psychological IPV. Definitions of IPV are context and age specific, with considerable variability between various cultures and communities and between young women and their older counterparts. What may be considered IPV within one environment may be considered 'normal' in another environment (Pelser, 2005:6) and young women define IPV based on their experiences and socio-cultural influences (Coghlan *et al*., 2006:78).

2.4.2 Attitudes about Causes of IPV

There are diverse attitudes about what precipitates IPV, including victim blaming presumptions such as the belief that IPV is prompted by some action, inaction or demeanours of women (Sen, 2003:119). There are also patriarchal presumptions such as values that endorse male aggression and women's subjugation in society, the belief that IPV is the legitimate prerogative of a man in response to apparent transgressions by a woman or normal relationship conflict (VicHealth, 2010; VicHealth, 2006) and that IPV is inevitable and culturally acceptable (Sen, 2003:119). Third, is the notion that IPV is caused by uncontrollable/momentary loss of temper during arguments/disagreements (VicHealth, 2006; VicHealth, 2010). Finally, are the external factors such as poverty and use of alcohol and drugs (VicHealth, 2006; VicHealth, 2010; Krug *et al*., 2002; Sen, 2003).

Notwithstanding the diverse nature of the attitudes towards the causes of IPV, they in essence reinforce the culpability of IPV on women, diminish men's inhibitions and responsibility for IPV, justify and excuse IPV and simplify, trivialise and normalise IPV and its impacts, (VicHealth, 2006, 2010; Sen, 2003) and thereby implicitly condone IPV. There seems to be a thin line between attitudes towards the causes of IPV and the causes of and risk factors for IPV, with many of the respective attitudes also featuring as causal factors. This would seem to suggest some level of uncertainty about the causes of IPV and is also another pointer to the complex nature of IPV. The emerging question would be where to draw the line between actual and assumed causes of IPV.

2.4.3 Attitudes towards Justification and Acceptance of IPV

One of the most prominent themes regarding justification and acceptance of IPV revolves around the social and cultural acceptance of IPV, characterised by the beliefs that IPV is normal, culturally accepted and inevitable (VicHealth, 2006; O'Keefe, 2005; Sen, 2003; Cascardi and Avery-Leaf, 2000). Research in a wide variety of settings reveals that IPV is often socially condoned and justified under various circumstances (Heise *et al.,* 1999; Kishor and Johnson, 2004; Jewkes, 2002). In one such study, 11%-94% of women that had never experienced IPV justified IPV under certain circumstances (Kishor and Johnson, 2004:66, 67). Another study found that 50%-90% of women in about half of the study sites agreed that IPV is justified under various circumstances (WHO, 2005:10). The most recent DHS in Kenya found that 44% of the men and 53% of the women find IPV acceptable in some circumstances (KNBS and ICF Macro, 2010:238), while the immediate past study had reported justification of IPV by the majority (⅔) of the women and men (CBS *et al.*, 2004:44).

Another prominent theme revolves around retribution for women's transgression of normative gender roles and norms. Literature reveals a consistent trigger of IPV across the world including perceived disobedience of a female partner, arguing back, suspicions of a female partner's infidelity, not having food ready on time, not caring adequately for the children or home, questioning the man about money or girlfriends, going somewhere without the man's permission and denying the man sex (Krug *et al*., 2002; Uthman *et al*., 2009; Antai and Antai, 2008). In sub-Saharan Africa, "neglecting the children" is the most common reason for

justifying IPV followed by "going out without informing husband" and "arguing back with the husband", with significant proportions of men and women also accepting IPV as justifiable punishment for disobedience, adultery and disrespect for the husband's relatives (Uthman *et al*., 2011:28).

Studies have found similar trends of widespread tolerance of IPV among young people. A US study, for instance, found that half of boys and a third of girls between 14 and 21 years find it acceptable to hit a woman or force her to have sex in certain circumstances (Wan and Bateman, 2007). Young women in the UK have been found to widely experience and accept IPV (Schutt, 2006:14). Studies in Kenya indicate that young women aged 15-19 years are among those that are most likely to accept IPV (CBS *et al*., 2004; KNBS and ICF Macro, 2010). In studies conducted in Kibera and Mathare slums, young women and men cited various transgressions of gender roles as justification for IPV (Erulkar and Matheka, 2007; Ssemawala *et al*., 2008).

Distinction of the circumstances under which IPV is acceptable/unacceptable and/or justifiable/unjustifiable, is based on the level of violence that is perceived as 'proportionate' to the woman's offence (Krug *et al.*, 2002; Ondicho, 1993). It is deemed IPV if a man is perceived to have overstepped the set boundaries by, for example, being 'extremely' violent or beating a woman without 'a reason' (Krug *et al.*, 2002; Ondicho, 1993). It would seem therefore that that legitimisation of IPV is mainly hinged on the entrenched societal tolerance of physical IPV as a 'discipline' measure within intimate relationships and widely perceived legitimate prerogative of a man to physically discipline women when they err (VicHealth, 2010; UN, 2006; Oxfam, 2004; Krug *et al*., 2002; Heise *et al.*, 1999).

The scope of justification and acceptance of IPV vary from context to context and with significant variances by gender, age and IPV experience. In patriarchal communities women are equally or more likely to justify IPV than men (Uthman *et al*., 2009). On the other hand, less patriarchal communities men are significantly more likely than women to justify IPV (Khawaja *et al.*, 2007:215). Women that have experienced IPV are more likely to justify IPV than other women (Khawaja *et al.*,, 2007:215). Younger people are more likely to accept and justify IPV than older people (Sands, 2009; Uthman *et al*., 2009; Flood, 2007; Nabors *et al.*, 2006). In addition, young women are less likely to agree with attitudes that reinforce secrecy,

acceptance of blame for violence, subservience in intimate relationships, acceptance of violence in certain circumstances and strong sense that IPV is a private/family matter compared to older women (Wolkenstein and Sterman, 1998, cited in Coghlan *et al*., 2006). Studies have also shown that young men are more likely than young women to justify and accept IPV (Nabors *et al.*, 2006). A study in Australia among the youth aged 12-20 years, for instance, found that males were more likely than females to agree with statements condoning IPV (National Crime Prevention 2001, cited in Flood, 2007:14).

Blurred and contradictory definitions of IPV (Coghlan *et al*., 2006:71) and IPV supportive attitudes among young women is attributed to their inexperience in intimate relationships and their social networks and peer group norms (Flood, 2007:14). Young women may excessively romanticise their relationships to the extent that they perceive abusive behaviour as signs of love and devotion (Levy, 1990, cited in Flood, 2007:14). The common expectations among young women about having a boyfriend (Schutt, 2006:21), exaggeration of dominant definitions of masculine and feminine behaviour (Flood, 2007:14) and having friends or acquaintances that are experiencing IPV or that have a general tendency towards use of aggression in relationships (Vezina and Hebert 2007; Riggs and O'Leary, 1989, cited in O'Keefe, 2005) may also significantly contribute to their acceptance and normalisation of IPV (Vezina and Hebert 2007; Riggs and O'Leary, 1989, cited in O'Keefe, 2005; Schutt, 2006; Flood, 2007). Studies in South Africa, for instance, indicate that girls more often begin having sex because of peer pressure and being forced by a partner (Buga *et al*., 1996, cited in Heise *et al*., 1999:10) coupled with the belief that forced sex is the norm and the way people interact sexually (Varga, 1999, cited in Heise *et al*., 1999:11)

The innumerable studies on perceptions of and attitudes towards IPV and their linkages to occurrence of IPV point to an area of interest in IPV research. The literature reveals two schools of thought that are seemingly not mutually exclusive. One conceptualises a direct causal relationship in the sense that IPV supportive perceptions and attitudes directly lead to IPV. The other one opines that the relationship is correlational in the sense that IPV supportive perceptions and attitudes influence justification and tolerance of IPV and subsequently perpetration of IPV. The intersection is ultimately in the consistent ideology that IPV supportive perceptions and attitudes contribute significantly to IPV.

2.5 Theoretical Framework

This study was guided by two theories - feminist theory and ecological theory - which have heavily influenced IPV research. Each of the theories contributed uniquely and complemented to the other in the study's understanding of young women's perceptions, attitudes and experiences of IPV.

2.5.1 Feminist Theory

Feminist theory is an extension of feminism movement for women rights into theoretical and philosophical fields hinged on several types of evolving feminist ideology. Feminist theory on IPV revolves around patriarchy as the singular causal explanation for IPV (Dobash and Dobash, 1979; Hawkins, 2007; DeKeseredy and Schwartz, 2011). The theory attributes IPV to the pervading social structure of male dominance and female subservience, and subsequent gender specific socialization processes and practices (Werkele and Wolfe, 1999; McCue, 2008; Loue, 2002) and oppression of women (Ruth 1998; Werkele and Wolfe, 1999; Loue, 2002; Dobash and Dobash, 1979; McCue, 2008). The theory points to the socio-cultural belief system that gives men greater power and priviledge than women and subsequent socialisation processes and practices that promote traditional gender role attitudes (McCue, 2008; Crespi, 2003; Loue, 2002; Werkele and Wolfe, 1999) and IPV tolerant attitudinal beliefs (Werkele and Wolfe, 1999; Dobash and Dobash, 1979). In other words, IPV is an expression of embedded systemic gender and power inequalities and structurally sanctioned male domination within an intimate relationship (Dobash and Dobash, 1979; DeKeseredy and Schwartz, 2011).

Feminist theory has been widely applied to the understanding and explanation of the basis of men's perpetration of IPV against women and the social acceptance of IPV. Feminist approaches focus on existing power imbalances between men and women that create and perpetuate IPV, societal messages that sanction males' use of violence and aggression and the proscribed gender roles that dictate how women and men should behave in their intimate relationships (McCue, 2008). This study mainly drew from Dobash and Dobash's (1979) feminist theory which argues that legitimisation of IPV by wider society facilitates a social

context that normalises and tolerates IPV and subsequently perpetuates high levels of IPV (McCue, 2008; Loue, 2002).

Feminist theory is supported by the greater authority of men in many cultures, male aggressiveness, male domination and control over women and children, societal attitudes that exemplify women's oppression and domination such as the pervasive perception that being in an intimate relationship infers consensual sexual relations, gender norms and social practices such as wife beating, victim blaming for IPV (McCue, 2008; Hawkins, 2007; Loue, 2002; Dobash and Dobash, 1979) and polygyny, restriction of movement of women, bride wealth and other practices that account for lower achievement of women in socio-economic and socio-political spheres (Uthman *et al*., 2009). Feminist theory is also vindicated by considerable research evidence that supports the linkages between gender inequality, gender role attitudes and occurrence of IPV. Significant relationships have been established between high risk and prevalence of IPV and patriarchal societies where gender attitudes and perceptions support marked inequality between women and men (Abeya *et al*., 2012:2) and traditional gender-role attitudes (Uthman *et al*., 2009; Flood, 2007; VicHealth, 2006; Cascardia and Avery-Leaf, 2000; Sugarman and Frankel, 1996, cited in Ahn, 2002; Dobash and Dobash, 1979).

This study used feminist theory to determine and analyze young women's shared patriarchal ideologies and beliefs and norms that ascribe to traditional/rigid gender roles that sanction use of aggression and violence in intimate relationships. Young women's behaviour is based on culturally and socially transmitted ideology. They are usually exposed to patriarchal social structures and shaped by lifelong gender socialization processes that project a female partner as submissive and docile. Their perceptions and attitudes regarding male superiority, gender roles and IPV are therefore inextricably linked to their conception of IPV and justification and acceptance of IPV thereof.

Feminist theory has, however, been criticised for the exclusive focus on the concept of patriarchy and gender, which is deemed narrow and inadequate in defining IPV. Critics argue that the theory erroneously casts men/women as a singular homogenous group and assumes that there is a direct linear relationship between status of females in societies and rates of IPV (Campbell, 1992, cited in McCue 2008:15). The theory fails to recognise that there are men in

patriarchal societies that do not perpetrate IPV and who find such conduct unacceptable (Stark and McEvoy in McCue, 2008; Dutton *et al*., 2006; Hawkins 2007), and it is also silent on IPV against men and does not account for women that perpetrate IPV (McCue, 2008:15). Feminist theory has also been challenged for being heterosexist and consequently limited in explaining IPV within same sex intimate relationships, though this has been rebutted by the argument that such relationships mimic the traditional male and female relationship roles (ibid), hence the need for the second theory.

2.5.2 Ecological Theory

The ecological theory is based on Bronfenbrenner's (1979) ecological systems model which proposes that human behaviour is influenced by the physical and social environment, specifically the interrelationship among personal, situational and socio-cultural factors (Barter *et al*., 2009:155). The ecological systems model is popular with contemporary researchers on IPV because it offers a comprehensive theoretical approach to understanding IPV; the model integrates the complexities of the social context in which IPV occurs and provides a more adequate characterisation of the diverse causal and risk factors for IPV (Zahn *et al*., 2004). Significant relationship has been established between the incidence of IPV and socioeconomic factors and socio-demographic factors. This study adopted the ecological theory utilized by WHO (Krug *et al*., 2002), which proposes that IPV results from several interconnected factors, conceptualized as four circles (Figure 2.1).

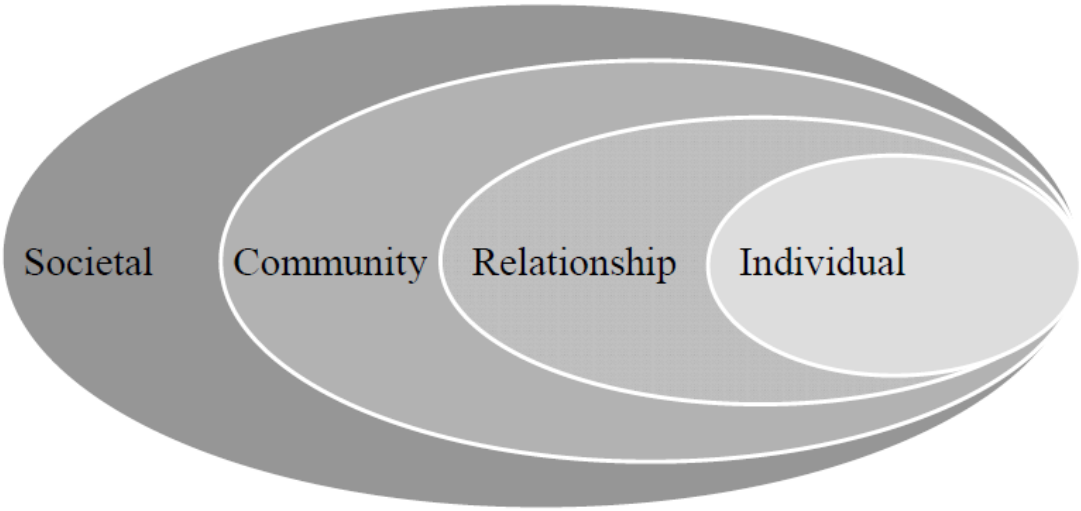

Figure 2.1: Ecological model of factors associated with IPV
Source: Krug *et al*. (2002)

Individual level factors encompass personal characteristics and experiences that influence the individual's response or behaviour to IPV including personality traits, attitudes and beliefs about IPV, witnessing IPV and IPV history and experiences, sex/gender and age (Krug *et al.*, 2002; Heise *et al.*, 1998; Oxfam, 2004).

Relationship level reflects factors in the immediate context in which IPV takes place – frequently the family or other intimate or acquaintance relationships – that influence the risk of IPV. They include patriarchal family structure/male dominance and control of intimate relationships (e.g., male control of wealth and decision-making), habitual marital conflict and instability, unhealthy family relationships and interpersonal disparities in economic, educational and employment status (Krug *et al.*, 2002; Heise *et al.,* 1998; Oxfam, 2004).

Community level factors encompass the institutions and social structures and environmental characteristics that contribute to or protect against IPV including poverty and associated factors (e.g., overcrowding, unemployment, and low socio-economic status), lack of institutional support/weak community sanctions against IPV, social environment supportive of IPV (e.g., community attitudes that tolerate and legitimise male violence, social norms restricting women and women's isolation and lack of social support) (Krug *et al.*, 2002; Heise *et al.*, 1998; Oxfam, 2004).

Societal level factors comprise the overarching social cultural values, attitudes and beliefs that encourages or inhibits IPV including male dominance (e.g. notions of masculinity linked to dominance, honour, and aggression, sense of male entitlement, norms granting men control over female behaviour), stereotypic/rigid/traditional gender role beliefs, acceptance of violence as a way to resolve conflict, acceptance of physical punishment of women and cultural attitudes that excuse violence as a way to resolve interpersonal disputes, lack of gender equality, cultural patterns of wife beating ((Krug *et al.*, 2002; Heise *et al.*, 1998; Oxfam, 2004).

The study used ecological theory to understand the predictors of perceptions and attitudes related to IPV at different levels of young women's physical and social environment and their vulnerability to IPV. Young women's perceptions, attitudes and experiences of IPV are shaped by the interplay of socio-demographic characteristics, individual beliefs and practices within their intimate relationships and their community and societal norms regarding gender and power. The most significant predictors include age, education and marital status, poverty and associated factors and level of acceptance/agreement with traditional gender roles and IPV supportive norms.

The social environment contributes either to condone, perpetrate or reduced IPV in society. Young women can learn IPV tolerant attitudinal beliefs through patriarchal gender socialization, traditional gender norms and social practices, exposure to unequal social networks and authority structure, exposure to poverty, exposure to community violence and IPV and/or living in a culture of violence and general acceptance and justification of IPV. Studies have shown that young women from lower socio-economic groups and those that hold IPV supportive norms have higher rates of IPV (Bergman, 1992, cited in Barter *et al.*, 2009; Makepeace, 1987, cited in Cascardi and Avery-Leaf, 2000).Other studies have shown that attitudes towards IPV is one of the prominent predictors when compared to other potential causal factors such as social and empowerment factors (Uthman *et al.*, 2009).

Limitation of the ecological theory is that factors associated with IPV are mostly studied in isolation without due consideration of the mediating effects of the other factors in the model (Zahn *et al*., 2004). Many studies focus solely on risk factors and exclude protective influences that may minimize the effects of the identified risk factors (Zahn *et al*., 2004). The

model also fails to explain why some people that present many risk factors are not victims/perpetrators of IPV (Zahn *et al*., 2004).

Both the feminist and ecological theory underscore the centrality of gender, power, patriarchy and attendant perceptions and attitudes in perpetuating perpetration and social acceptance of IPV. Accordingly, IPV is a by-product of the underlying social belief system that espouses the philosophy of male superiority and female inferiority and reinforcement of the attendant practices and social structures that relegate women to lesser status (Ondicho, 1993:56). The theory points to the subsequent need to restructure existing social systems and structures that sustain male dominance, female subservience and IPV supportive perceptions and attitudes.

In summary, the literature review generally provided a platform of existing knowledge and critical perspectives in the study of perceptions and attitudes against which to assess young women's perceptions and attitudes relating to IPV. It highlighted definitional and conceptual discrepancies of IPV and the challenges thereof, the basis of perceptions, attitudes and practices that inform, shape and perpetrate the ideology that legitimizes IPV and the subsequent pervading nature of IPV. In addition, the wide range of commonly held IPV supportive attitudinal beliefs also occur among young people as evidenced in the many studies reviewed.

Chapter Three: Methodology

3.1 Introduction

This chapter describes the research site, study design, study population, sampling procedures, data collection methods, data analysis and presentation and the ethical considerations for the study.

3.2 Research Site

This study was conducted in Kibera, situated in Nairobi City County's south western peri urban zone and approximately 5km from Nairobi city centre (Fig. 3.1). The study site was informed by the suggested linkages between low socio-economic status and high prevalence of IPV. Kibera is one of the largest and densely populated urban slum in Kenya, covering approximately 250 hectares of land, comprising 14 villages and ethnically diverse populations, most of whom live below the poverty line (Mutisya and Yarime, 2011; KWAHO, 2008; Hakijamii Trust *et al*., 2007). The exact population of Kibera is the subject of debate. The 2009 Kenya census put the population at 170,070, dramatically scaling down all the previous estimates of between 500,000 and over 1 million. Specific study sites were Katwekera, Makina, Mashimoni, Lindi, Kisumu Ndogo, Soweto, Kianda and Olympic and Ayany and Jamhuri estates.

Kibera is characterised by high unemployment levels, informal oriented economic activities, as well as poor and inadequate education and health facilities, amongst other challenges associated with informal settlements (Mutisya and Yarime, 2011; Opiyo and Oyugi, 2010; Onyango and Tostensen, 2015). A majority of the residents are either unemployed (Opiyo and Oyugi, 2010:11.; Onyango and Tostensen, 2015: 2) or in casual employment in the industrial and service sectors, with casual jobs such as provision of security, construction and gardening constituting the employment base for men and as a source of domestic workers in the middle and high income neighbourhoods (Opiyo and Oyugi, 2010; KWAHO, 2014). A significant percentage of residents are engaged in petty trade along the railway line, roadsides and pathways as sources of livelihoods (Opiyo and Oyugi, 2010; 11).

Access to education and healthcare services is a major challenge. Kibera lacks adequate public education and health facilities, which has spurred an influx of informal/private education and health facilities (Opiyo and Oyugi, 2010; Mutisya and Yarime, 2011; Onyango and Tostensen, 2015). For instance, there are less than five government sponsored primary schools and nearly all the government sponsored health facilities are found outside the Kibera neighbourhood (Opiyo and Oyugi, 2010:16). The private schools are usually characterised by shortage of qualified staff, overcrowded classrooms, lack of proper learning facilities and materials and subsequently substandard quality of education (Onyango and Tostensen, 2015:3) and are accessed depending on one's capacity to pay the fees charged (Opiyo and Oyugi, 2010:14). Some of the private health facilities are unregistered and/or are run by non-professionals at high fees (Opiyo and Oyugi, 2010:14, 16).

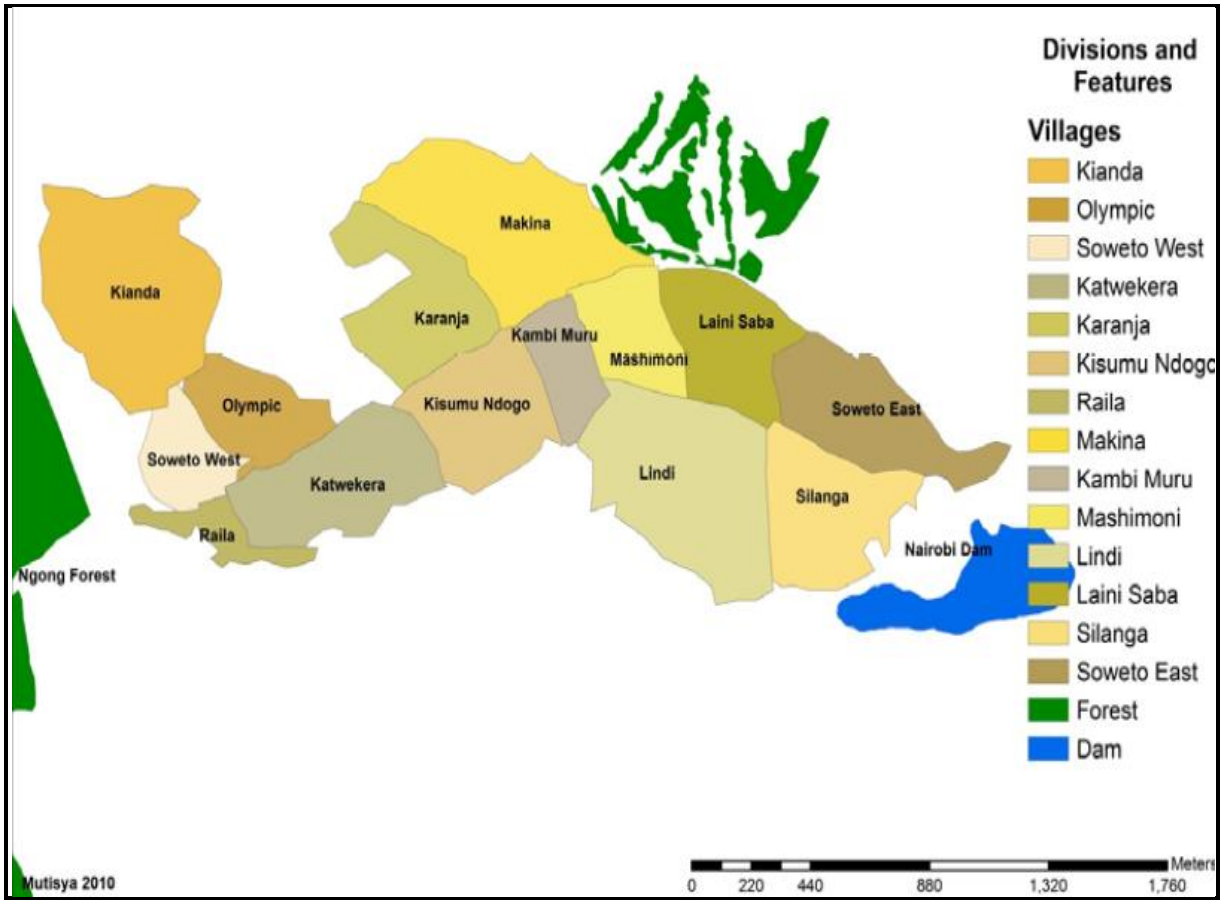

Figure 3.1: Map of Kibera Villages

Source: Mutisya and Yarime, 2011

3.3 Study Design

This study employed a cross-sectional descriptive design, using both quantitative and qualitative research methods. Random sampling was used to select the study sample. Survey, involving a self administered questionnaire, was used to collect quantitative data while focus group discussions (FGDs), case studies and key informant interviews were used to collect qualitative data. Quantitative data were processed and analysed through Epi Info 7 computer software, and the findings presented using tables, bar graphs and pie charts. Qualitative data were organised and summarised in relation to the study objectives and emerging themes and the findings presented using direct quotations and selected comments, narratives and verbatim quotes.

3.4 Study Population and Unit of Analysis

The target population comprised young women aged 16 to 24 years from Kibera. The unit of analysis was the individual respondent defined as a young woman aged 16 to 24 years residing in Kibera.

3.5 Sample Size and Sampling Procedure

The study sample consisted of a total of 107 of the target young women. These were randomly selected using an organisational outreach of two community-based organisations (CBOs), Polycom Development Project and Kibera Women for Peace, which were purposively selected based on their work on young women's empowerment in the area.

3.6 Data Collection Methods

3.6.1 Survey

The study employed a structured questionnaire (Appendix I) to gather information from a wide range of young women within the 16-24-years age range. The survey questionnaire was designed in four parts. Part A sought socio-demographic information including age, ethnicity, education level, relationship status, and family background. Part B sought information about

perceptions of IPV including definition and causes of IPV. Part C comprised questions on attitudes towards IPV including justification and acceptance of the violence. Part D contained questions on experiences of IPV.

3.6.2 Focus Group Discussions

Two FGDs were held with subsets of survey respondents, 16-19 years and 20-24 years, with 8 and 7 discussants, respectively. The respondents were purposively selected based on their willingness and availability to participate in the FGDs. A focus group discussions guide (Appendix II) was used to facilitate the discussions. The FGDs addressed the nature of IPV, and perceptions and attitudes relating to IPV among young women.

3.6.3 Case Studies

Interviews were conducted with selected survivors of IPV who voluntarily agreed to participate. The purpose of the case studies was to develop and demonstrate an understanding of a variety of the lived experience of young women's perceptions and attitudes relating to IPV. The interviews revolved around the young women's intimate partner relationships including challenges/problems faced, what caused the challenges/problems, how they dealt with the challenges/problems and advice they would give to other young women experiencing similar challenges/problems in their relationships. In total four case studies were documented. Data were collected using an interview guide (Appendix III).

3.6.4 Key Informant Interviews

Three key informant interviews (KIIs) were held with institutional representatives that interact with IPV among young women in Kibera during the course of their work. They included the Coordinator of Polycom Development Projects and two young women peer counsellors attached to the organisation's G-Pende Project. A key informant interview guide (Appendix IV) was used to pursue discussions on the nature and magnitude of common forms of IPV among young women, young women's vulnerability to IPV, young women's perceptions, attitudes and behaviour in relation to IPV and strategies for addressing IPV among young women.

3.7 Data Processing and Analysis

Data collected were processed and analysed using both quantitative and qualitative analysis methods and the findings were presented through statistical and narrative methods, respectively. The survey questionnaire data was processed and analysed using Epi info7 computer software package and the findings were presented using tables, bar graphs and pie charts. Data from the FGDs, case studies and KIIs were collated, organised and summarised based on the study objectives and the findings were presented using direct quotations and selected comments, narratives and verbatim quotes.

3.8 Ethical Considerations

All potential respondents were informed about the study objectives, confidentiality procedures and voluntary participation after which those that agreed to participate gave verbal consent. Respondents were not required to give their names or information that would reveal individual identity. They were also at liberty to withdraw their participation at any point in the study and/or decline to answer questions that they did not wish to answer.

Chapter Four: Young Women's Perceptions of and Attitudes towards IPV

4.1 Introduction

This chapter presents the study findings based on research questions and study objectives. The chapter describes the profile of the respondents, nature and magnitude of IPV among young women, young women's perceptions of IPV, their attitudes towards IPV, and the correlation between their perceptions, attitudes and experiences of IPV.

4.2 Socio-demographic Profile of Respondents

4.2.1 Age of Respondents

The study involved a survey sample of 107 young women aged 16-24 years. A majority (80%) of the respondents were aged 19-24 years, with 20 years being the highest (16%), and median age was 21.

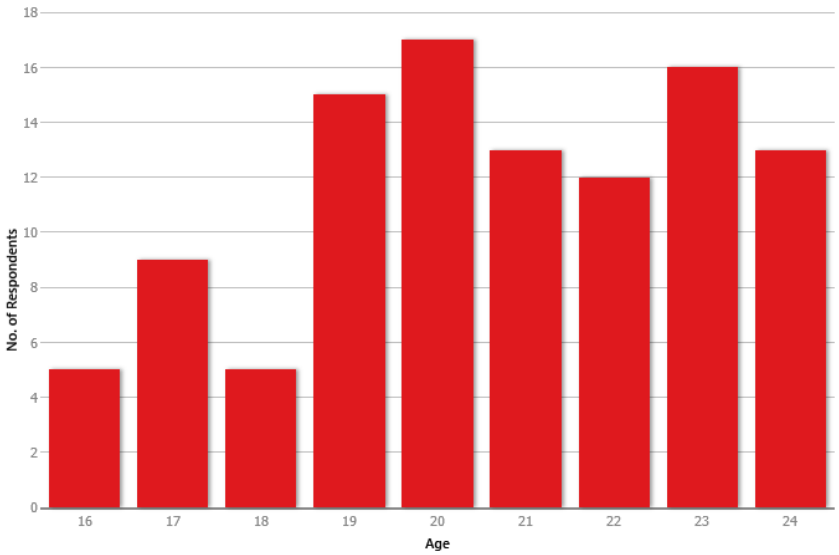

Figure 4.1: Age of respondents

4.2.2 Residence of Respondents

The respondents were drawn from 8 Kibera villages and 2 adjacent estates. About a quarter (26%) of the respondents were residents of Soweto, followed by Mashimoni (21%), Makina

(17%), Katwekera (15%) and Lindi, Kisumu Ndogo, Olympic, Jamhuri, Ayany and Kianda with a total of 23% of the respondents (Table 4.1).

Table 4.1: Respondents' residence

Residence	Frequency	Percentage
Soweto	28	26
Mashimoni	22	21
Makina	18	17
Katwekera	16	15
Others (Kianda, Kisumu Ndogo, Olympic, Jamhuri, Ayany, Lindi)	23	22

4.2.3 Ethnicity of Respondents

Ethnicity of the respondents reflected the pattern of the general population of Kibera; Luo (45%), Abaluyia (13%), Kikuyu (10%), and Kamba (10%) and 8 other ethnicities, including Kalenjin, Kisii, Digo/Miji Kenda, Taveta, Samburu, Turkana, Maasai and Nubian, comprising of a total of 10% of the respondents and ranging between 3% and 1% each. The ethnicity of 11% of the respondents was not established (Table 4.2).

Table 4.2: Ethnicity of respondents

Ethnicity	Frequency	Percentage
Luo	48	45
Abaluyia	14	13
Agikuyu	11	10
Akamba	11	10
Others (Kalenjin, Abagusii, Nubian, Taveta, Samburu, Turkana, Maasai, Digo/Miji Kenda)	11	10

4.2.4 Education Level of the Respondents

The respondents were fairly educated with a majority (86%) having a post-primary education, including secondary education (52%), college (21%) and university (16%). Only 9% had primary level education. However, 4% of the respondents did not indicate their education level (Table 4.3).

Table 4.3: Education level of respondents

Education Level	Frequency	Percentage
Secondary	56	52
College	23	21
University	14	13
Primary	10	9
Missing	4	4%

4.2.5 Relationship Status and Family Background of Respondents

Most (82%) of the respondents had either current or past intimate relationships (82%). Half of the respondents reported being currently in dating relationships, 16% were married or cohabiting, a similar number (16%) reported past intimate relationships and a few (7%) reported being divorced. Only 9% of the respondents had never engaged in an intimate relationship. Most (67%) of the respondents had no children and came from both-parents family backgrounds (56%). A relatively significant number (30%) of respondents had children and came from single parent families (27%) (Table 4.4).

Table 4.4: Relationship status and family background of respondents

Relationship status	Frequency	Percentage
Have a boyfriend but not living with him	54	50
Married/living with a boyfriend	17	16
Used to have a boyfriend but now I don't	17	16
Have never had a boyfriend/ been married	10	9
Was married but now I am not	8	7
Family Background		

Both parents family	60	56
Single parent family	29	27
Divorced/separated parents	10	9
Orphaned	6	6

4.3 Nature and Magnitude of IPV

The study explored the prevalence of three types of IPV, namely, physical, sexual and psychological/emotional. Respondents were asked if they had ever experienced specific manifestations of indirect experience of and frequency of IPV. The study reveals high prevalence of IPV among young women. Figure 4.2 indicates that the majority (71%) of the respondents had experienced some form of IPV. Psychological/emotional IPV was the most common, with 64% of the respondents reporting some form of that IPV, followed by sexual and physical IPV reported by 39% and 21% of the respondents, respectively. Figure 4.3 indicates that the most common acts of IPV include being 'frightened by his temper' which was reported by 55% of the respondents, 'demands to access facebook or email or to know mobile phone callers' (48%) and 'demands to know your whereabouts at all times' (47%). Eighty per cent of the respondents knew other young women that had experienced IPV and the frequency of IPV was mostly rated 'sometimes' (45%) and 'very often' (38%), with only 5% rating it 'rare/never' (Figure 4.4). The high occurrence of psychological IPV would seem to suggest higher non recognition and/or acceptance of the IPV.

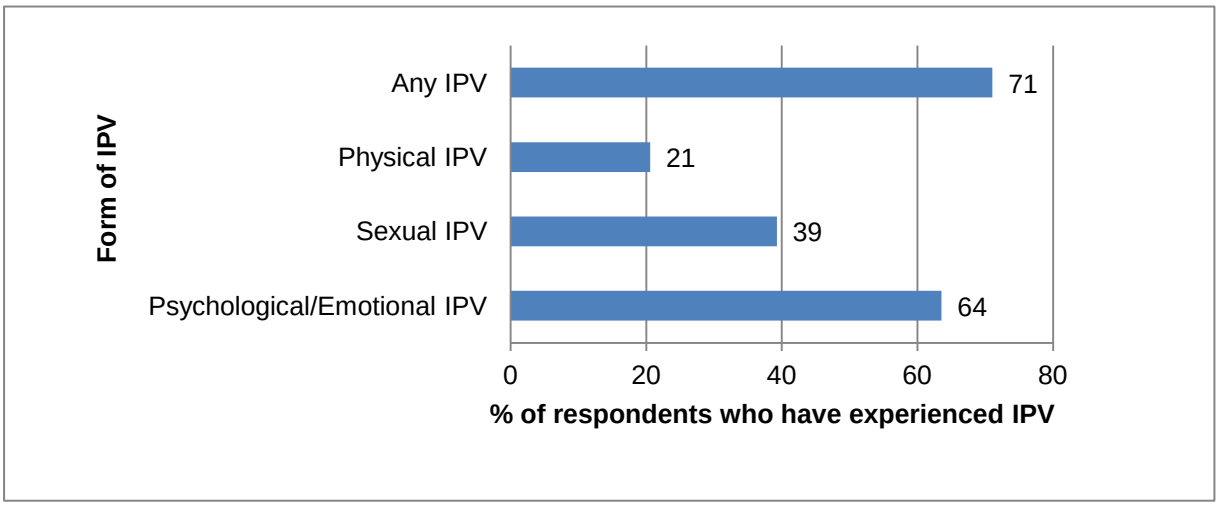

Figure 4.2: Experience of IPV

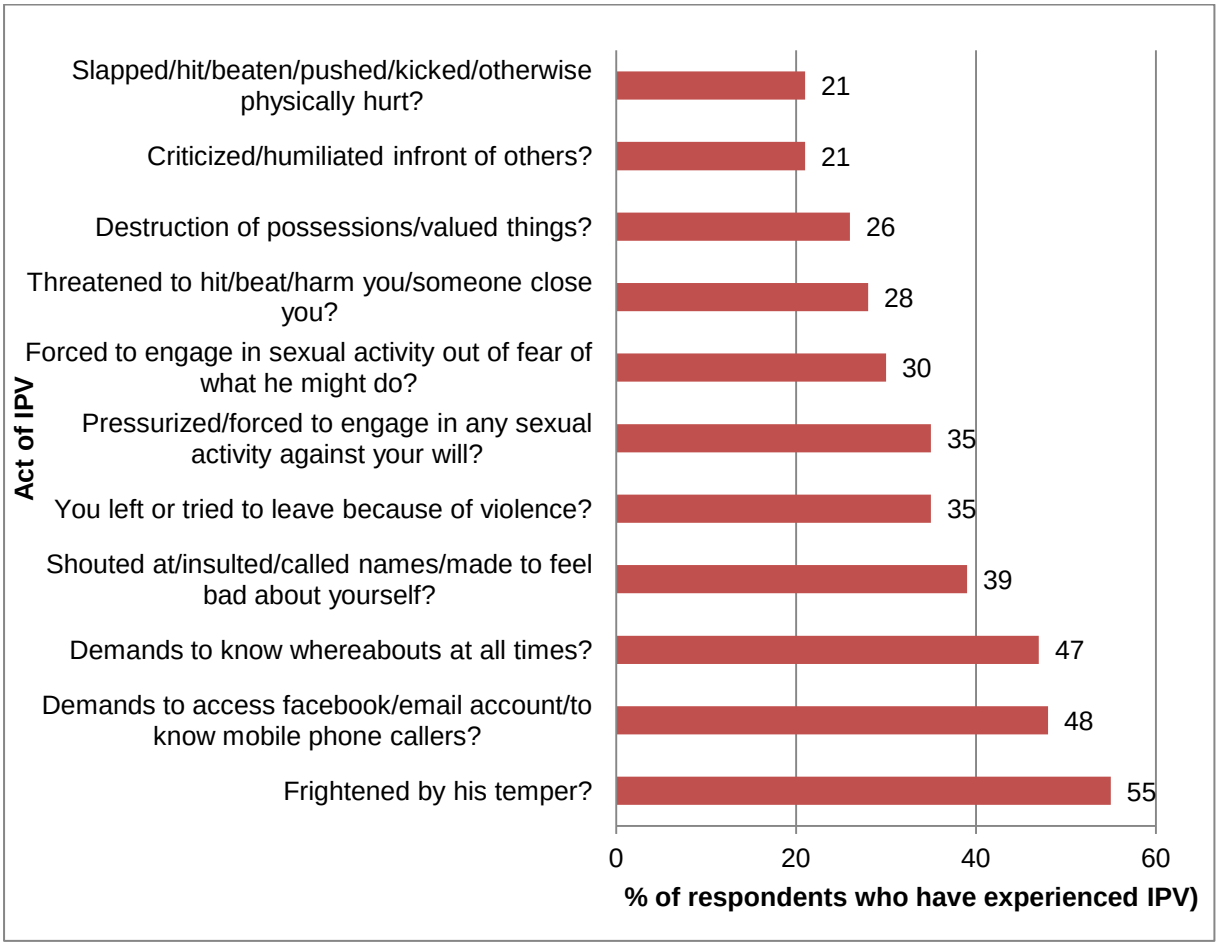

Figure 4.3: Experience of specific forms of IPV

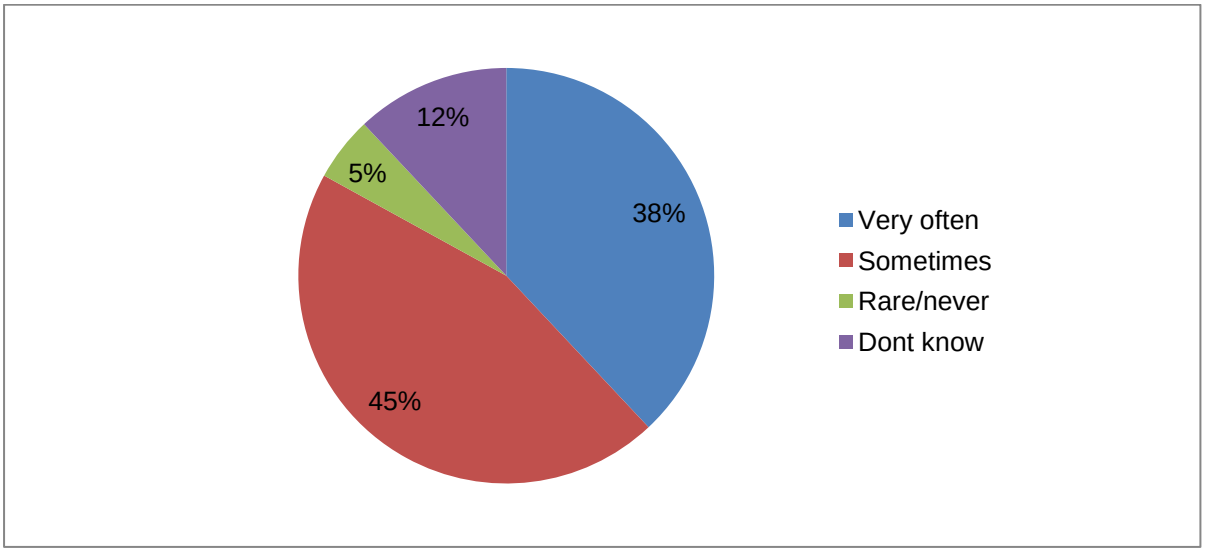

Figure 4.4: Frequency of IPV

Analysis of experience of IPV by socio-demographic factors reveals that age, education level, relationship status and family background are risk factors for IPV. Figure 4.5 indicates that young women in the 20-24 age group are at higher risk of IPV than their younger counterparts in the 16-19 age group. According to Figure 4.6 young women with secondary education are the most vulnerable, those with primary education are less vulnerable than those with college and university education, while those with university education are least vulnerable. Figures 4.7 and 4.8 suggest a lower risk of IPV for young single women with past dating relationships and insignificant correlation between young women's maternal status and experience of IPV, respectively. These findings may partly be because young women generally start building long-term intimate relationships during secondary and post-secondary phases. Higher education is also associated with greater knowledge, skills and resource acquisition and, consequently, lower risk factors and tolerance for IPV. It is, however, confounding that primary education correlates with lower experience of IPV than higher levels of education. A possible explanation for this is that lower education correlates with lower knowledge which may significantly limit ability to recognise and define experiences of IPV as such. Past relationships may also influence current relationship behaviour.

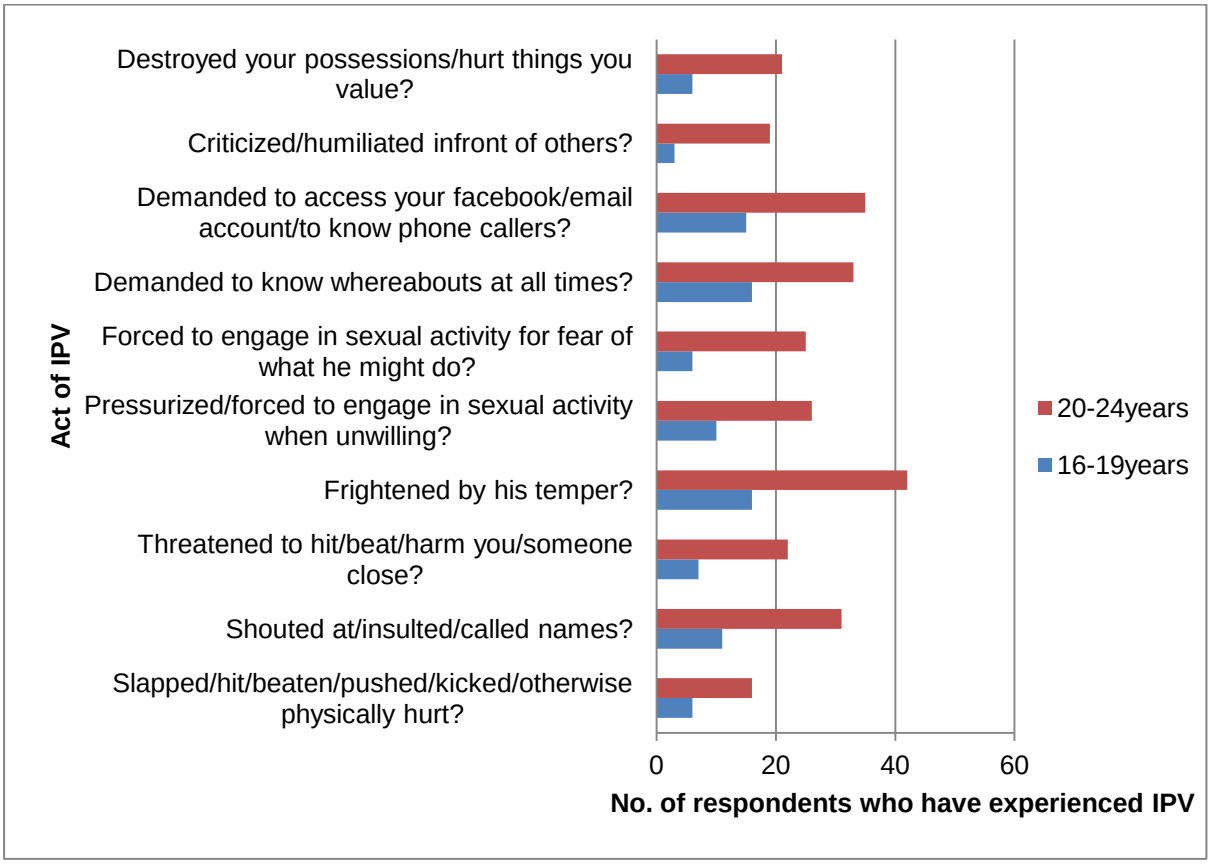

Figure 4.5: Experience of IPV by age

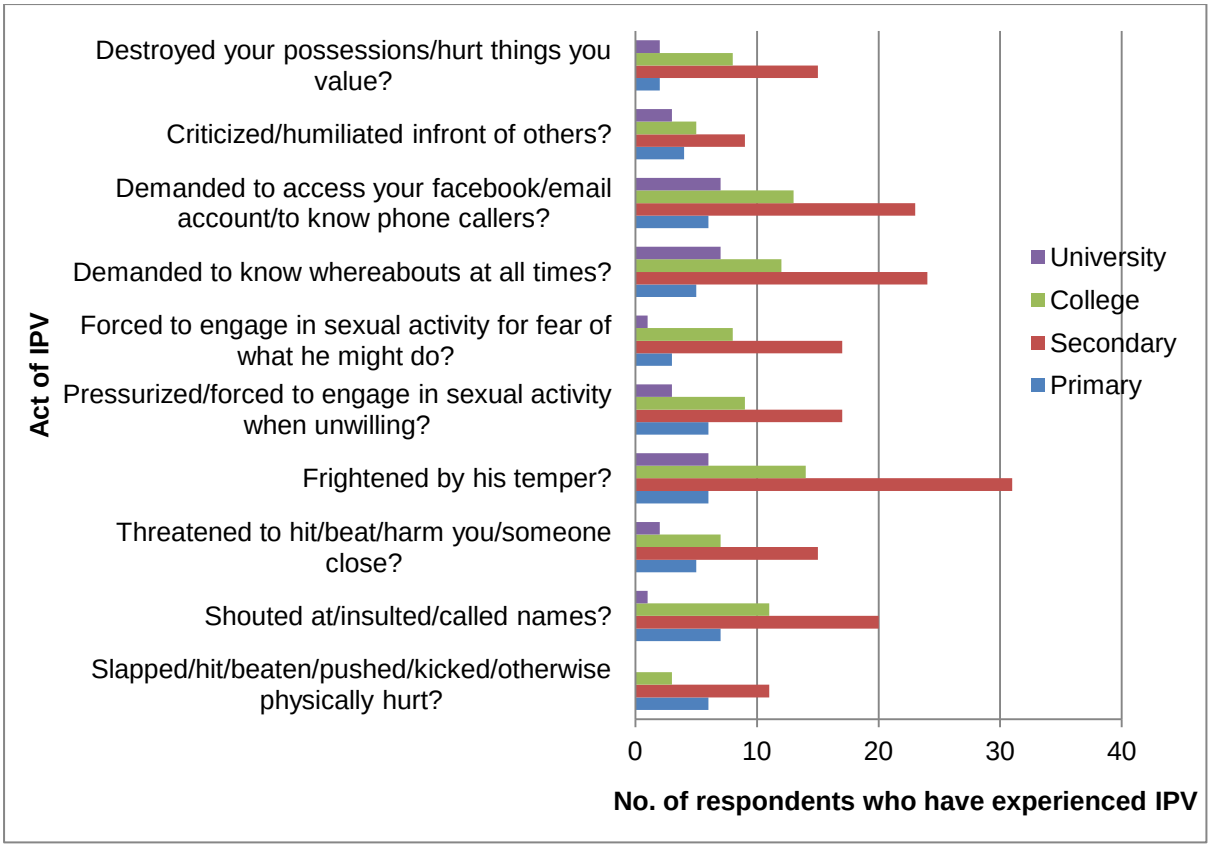

Figure 4.6: Experience of IPV by education level

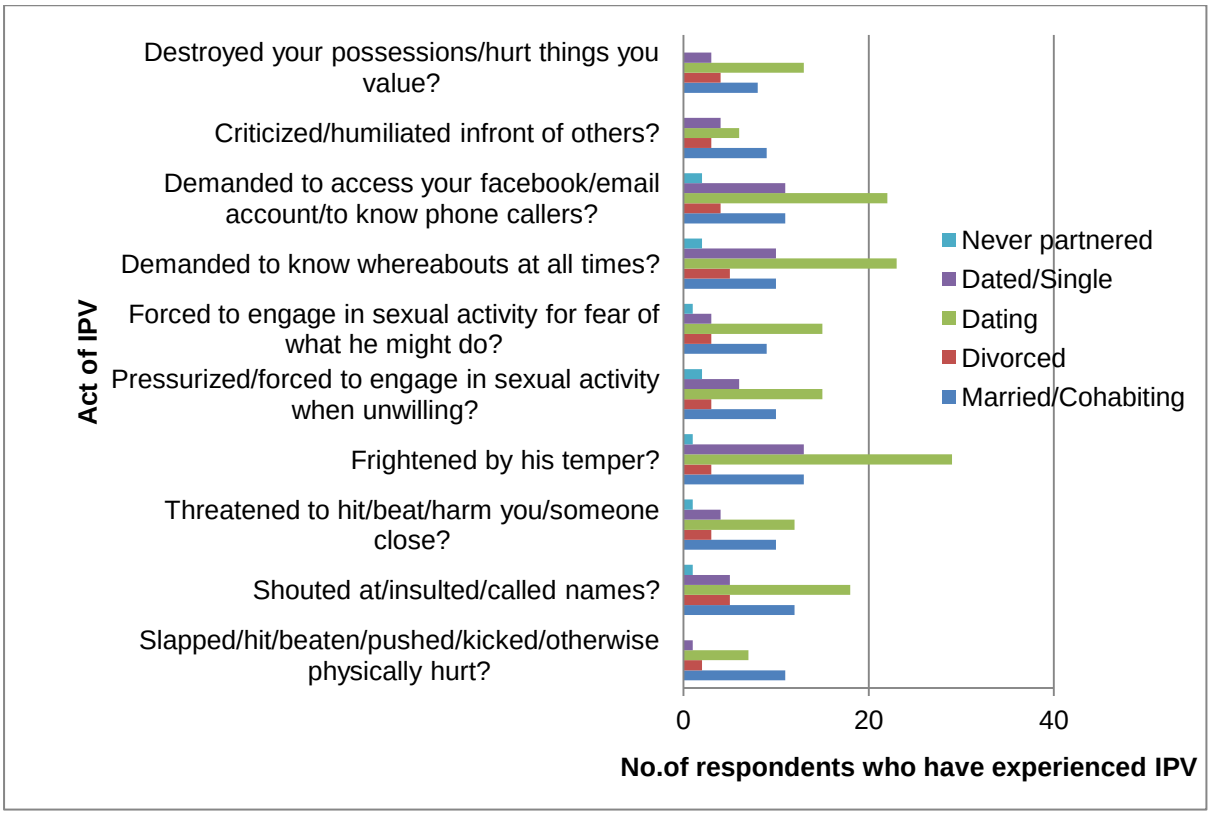

Figure 4.7: Experience of IPV by relationship status

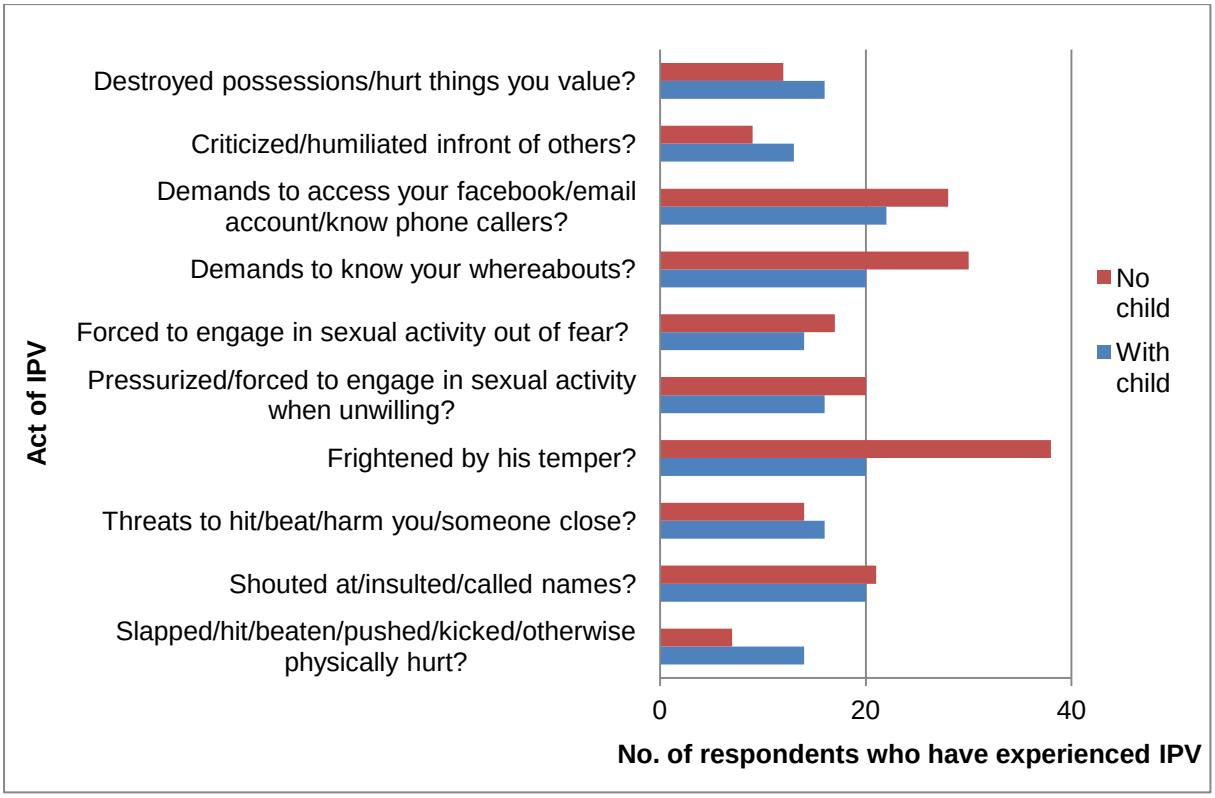

Figure 4.8: Experience of IPV by maternal status

Review of qualitative data would seem to associate high risk and experience of IPV along with cohabiting relationships, polygynous marriages and having children, linked to women's economic and livelihood dependency on intimate partners. This is clearly captured in the two case studies and key informant interview below.

> *Kash (not her real name) is a 19 year old woman. She dropped out of school 2 years ago and has been cohabiting with a man since. They started dating when she was in form 2 and they have been together for three years. The man "talks the whole night", doesn't adequately cater for her basic needs, insults her and doesn't like her relatives. She moved out to her sister's place but is planning to go back to her husband. She blames her mother in law for her predicament and insists that she is ready to confront and "teach her husband a lesson".* (Case study)

> *Kesh (not her real name) is a 22 year old woman. She is married as a second wife. She met the husband while working as a domestic worker in his neighbourhood. His first wife has no children. Kesh had a baby boy. When he approached Kesh and asked for her hand in marriage, she agreed because she thought he really loved her son. They have been married for 5 years, during which she has endured psychological IPV. The husband is very insecure; he is always suspicious that she is unfaithful, he doesn't want her to leave the house, yet he doesn't provide adequately for basic needs. (*Case study)

*Most young women are in come-we-stay relationships...mostly because they get pregnant, so they feel that their lives are destroyed because they are caged in marriage...they suffer in silence, they are somehow trapped in their relationships because they are pregnant... (*Key Informant)

4.4 Perceptions of IPV

The study used selected manifestations of physical, sexual and psychological IPV in marriage/cohabitation and dating contexts to measure the respondents' definition and conceptualisation of IPV. Three sub scales (YES, NO, Depends on situation) were used to measure the extent to which the respondents consider the acts of IPV as violence. The respondents were also asked to agree or disagree with various IPV definitional statements.

The study suggests high recognition of IPV by the respondents. There was 70% and 72% recognition of marital and dating IPV, respectively, and relatively significant recognition of contextual IPV (Figures 4.9 and 4.10).

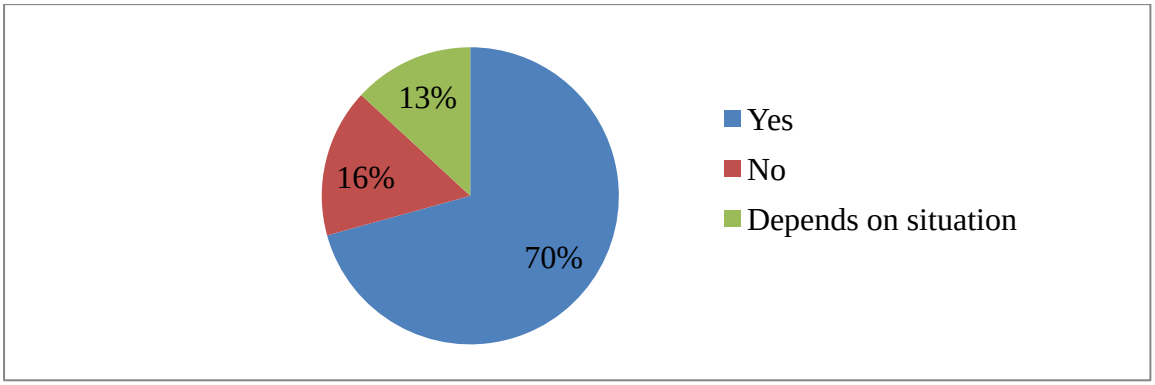

Figure 4.9: Perceptions of marital IPV

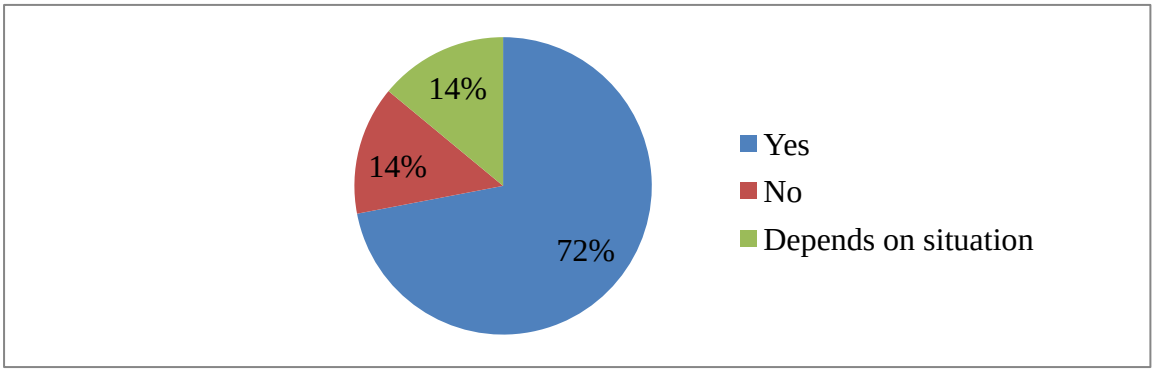

Figure 4.10: Perceptions of dating IPV

There was lower tolerance for dating than marital IPV (Figure 4.11). The statement with which most (59%) respondents agreed was 'if a husband acts jealous, it is not violent behaviour'. On the other hand, the statement with highest disagreement (79%) was 'it is not violence if boyfriend slaps hits or beats his girlfriend in reaction to the girlfriend's mistakes'.

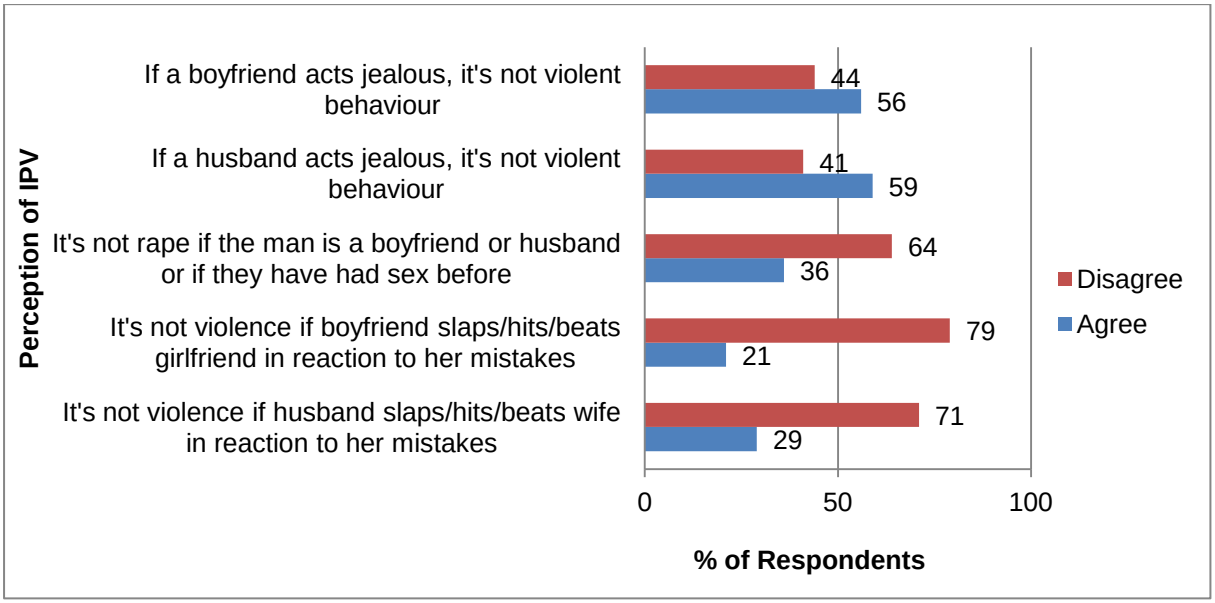

Figure 4.11: Perceptions of specific acts of IPV

There was higher recognition of visible IPV (physical and sexual) than non-physical IPV (psychological/emotional) and dating than marital IPV (Tables 4.5 and 4.6). Highest recognition (86%) was for 'boyfriend pressurizes, tricks, locks girlfriend in a room or uses alcohol/drugs to make her have sex'. Least recognition (32%) was for 'boyfriend denies the girlfriend money', which also featured the highest 'No' (26%) and 'depends on situation' (42%) responses.

Table 4.5: Perceptions of specific acts of marital IPV

Is it violence when a husband:	Yes (%)	No (%)	Depends (%)
Slaps, hits, or beats wife	77	8	15
Pushes, shakes, kicks or throws something at wife	77	12	10
Forces wife to have sex against her will	73	10	17
Shouts at or insults wife, e.g., calling her stupid	75	11	11
Ridicules or humiliates wife in front of others	74	11	14
Prevents wife from socializing with friends or family	56	13	29

Is it violence when a husband:	Yes (%)	No (%)	Depends (%)
Monitors wife's whereabouts, mobile calls or email	55	21	21
Threatens to hit, beat, makes threatening faces, hits/kicks walls, furniture, doors, etc	79	10	9
Threatens to destroy wife's personal property	77	11	10
Locks wife in or out of the house	76	17	7
Denies his wife money	52	19	29

Table 4.6: Perceptions of specific acts of dating IPV

Is it violence when a boyfriend:	Yes (%)	No (%)	Depends (%)
Slaps, hits or beats girlfriend	80	11	8
Pushes, shakes or throws something at girlfriend	80	12	7
Forces girlfriend to have sex against her will	84	7	9
Pressurizes, tricks, locks girlfriend in a room or uses alcohol/drugs to make her have sex	86	10	4
Shouts at or insults girlfriend, e.g., calling her names	76	10	14
Threatens to hit or beat girlfriend	82	9	8
Demands to know where girlfriend is all the time or checks her phone calls, SMSs, Facebook or emails	64	18	18
Criticizes girlfriend in front of others	76	11	12
Threatens to share personal information or secrets with others	59	19	22
Destroys girlfriends things	79	17	4
Denies the girlfriend money	32	26	42

A possible explanation for these findings is that dating relationships are typically not as binding as cohabiting or marital relationships. Young women in dating relationships are generally less likely to depend on their intimate partners and to have children to provide for, factors which often bind women into abusive relationships. Cohabiting or marital relationships are also generally perceived as more 'permanent' which may contribute to higher risk, experience and tolerance for IPV.

4.5 Attitude towards IPV

The first dimension of attitudes the study examined was attitude towards the causes of IPV. Respondents were asked to indicate "True' or 'False' for a list of selected beliefs on the role of societal institutions and norms, cultural value systems and environmental and individual related factors in causing or precipitating IPV. The study found that young women attribute IPV to diverse causes some of which are consistent or inconsistent with strongly held beliefs. A combined frequency of the 'True' response category was 53% and 'False' category was 46% of the total responses. Figure 4.12 indicate beliefs with which respondents had the highest 'True' response included 'lack of trust in a relationship' (92%), 'men's jealousy' (81%) and 'bad temper/arguments that get out of hand' (75%). The highest 'False' responses included 'men are violent in nature' (70%), 'mental illness' (68%) and 'reaction to day-to-day stress/frustration' (60%). On the other hand, the lowest 'True' response included 'men are violent in nature' (22%) and 'violent men are mentally ill or have psychological problems' (30%). Finally, the lowest 'False' response was for 'lack of trust in relationship causes violence' (8%).

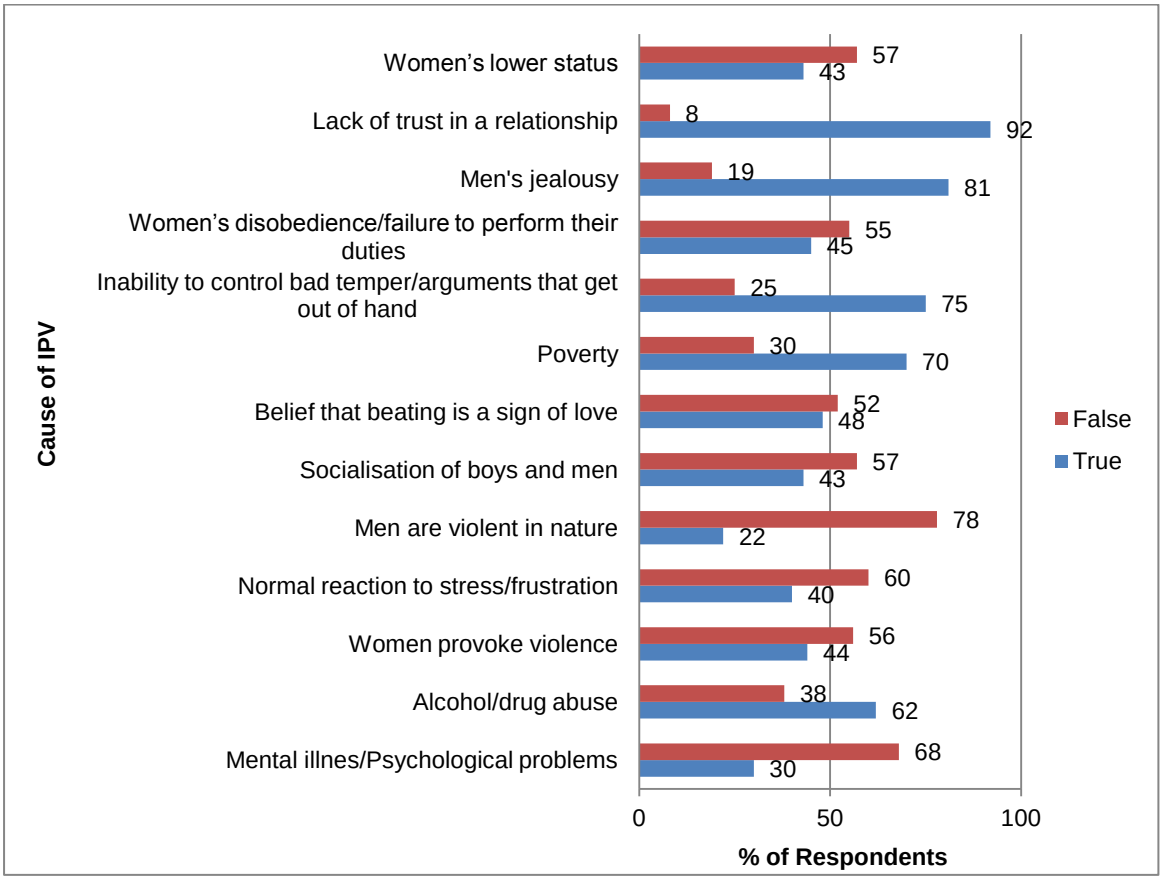

Figure 4.12: Attitudes towards causes of IPV

Findings from the qualitative data support those from the quantitative data, with IPV being attributed to women, men's characteristics and right to discipline girlfriend/wife, third parties, communication breakdown and low economic status.

> *He is very insecure with me; he thinks that I am sleeping with other men, he doesn't want me to leave the house...my co-wife is the problem... (*Case study, 22 years old, married)

> *He is very rough when he is mad. I try not to offend him but when he is mad he cannot control himself and ends up beating me....if I can change how I talk to him then we can have peace. (*Case study, 24 years old, married)

> *...his mother meddles a lot in our affairs... (*Case study, 19 years old, cohabiting)

> *...Lack of enough resources to cater for family needs. The women feel that the men are not providing, the men feel that the women are extravagant...young women are not used to living under set conditions, the man feels that he is married and should be the boss. (*Key informant, CSO Coordinator)

> *Women talking to other men, unfaithfulness, women's misdemeanours, provocation by women, men are jealous...* (FGD, Makina village)

The second dimension of IPV attitudes the study examined was attitude towards acceptance and justification of IPV. Respondents were asked to indicate their agreement or disagreement with two subsets of selected IPV attitude statements. Respondents were also asked whether a man was justified in hitting/beating his wife in selected situations. The findings suggest that significant proportion of young women hold IPV supportive attitudes and that acceptance and justification of IPV was significantly associated with women's abdication of gender roles/norms and men's role to discipline their partners.

Table 4.7 indicates that whereas most of the women disagreed with IPV supportive statements, of the first subset of 11 statements, there was a 50-50 agreement and disagreement for 'It is natural for a man to act aggressively if another man might take his girlfriend' and 34% agreement for 'A husband should have the right to discipline his wife when it is necessary'.

Table 4.7: Attitudes towards acceptance of IPV

Statement	Agree (%)	Disagree (%)
In general it is okay for a man to hit his wife	4	96
Beating wife is an effective way to discipline her	7	93
Girls sometimes deserve to be hit by their boyfriends	17	83
Intimate partner violence is a personal/private matter and people should not interfere	22	78
There is no good reason for a husband to hit/beat his wife	65	35
It is never okay for a guy to hit/beat his girlfriend	80	20
A woman cannot be raped by her boyfriend/husband	21	79
A husband should have the right to discipline his wife when it is necessary	34	66
A man is entitled to sex with his wife whenever he wants to	9	91
It is natural for a man to act aggressively if another man might take his girlfriend	50	50
Wife beating should only be used if nothing else works	10	90

Table 4.8 indicates that of the second subset of 12 statements, a significant proportion (41%) of the respondents agreed with 'A guy doesn't usually slap or hit his girlfriend unless she deserves it'.

Table 4.8: Attitudes towards acceptance of IPV

Statement	Agree (%)	Disagree (%)
A guy doesn't usually slap or hit his girlfriend unless she deserves it	41	59
It's okay for a guy to hit his girlfriend if she did something to make him angry,	10	90
It's okay for a guy to hit his girlfriend if she makes him look stupid or insulted him in front of friends	19	81
If a guy hits a girlfriend because he is jealous, it shows how much he feels for/loves her	17	83
It is okay for a guy to hit his girlfriend if he caught her flirting or cheating on him with another guy	34	66

Statement	Agree (%)	Disagree (%)
Boyfriends who hit girlfriends once deserve a second chance in the relationship	31	69
It is alright for a guy to force his girlfriend to kiss him	5	95
It is okay for a guy to pressure his girlfriend to have sex but not to physically force her	21	79
When a guy takes her girlfriend out, it is okay for him to pressure her for sex	3	97
A girl who goes into a guy's bedroom is agreeing to sex	27	73
It is expected from the girl to have sex with a guy if he spent a lot of money on her during a date	5	95
It is okay for a guy to force his girlfriend to have sex if she had agreed to have sex then changed her mind, if she has sexually excited him or if she has led him on	16	84

Figure 4.13 indicates that the most common reasons for justification included if, 'he caught her having an affair' (49%), 'she comes home drunk' (41%) and 'she neglects the children/doesn't do domestic work' (36%).

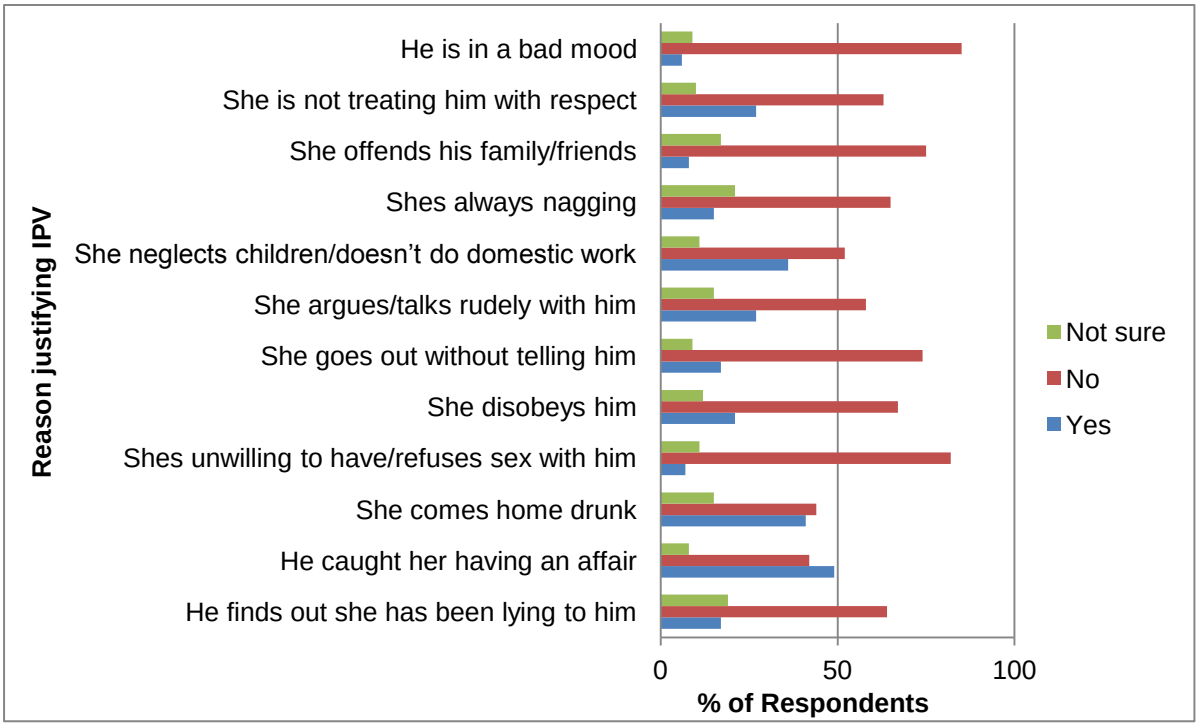

Figure 4.13: Attitudes towards justification of IPV

Findings from the qualitative data corresponded with attribution of IPV to women's transgressions. For example, discussants in one focus group discussion observed that:

> *Some women are 'big-headed' and need to be disciplined... Some girls misbehave...they insult their boyfriends/husbands in front of friends, talk badly to relatives...* (FGD, Makina village)

4.6 Perceptions of IPV and Experiences of IPV

Analysis of young women's perceptions and experiences of IPV reveals confounding correlation. Figures 4.14, 4.15 and 4.16 indicate that respondents who recognised IPV reported higher experience of IPV than those who failed to or classified IPV relative to context. This would seem to suggest that a high knowledgebase on IPV correlates with high experience of IPV, and vice versa, or absence of significant correlation between perceptions of IPV and experience of IPV. The finding may, however, also be a reflection of high IPV acceptance/tolerance levels among the respondents and subsequent non-recognition of IPV.

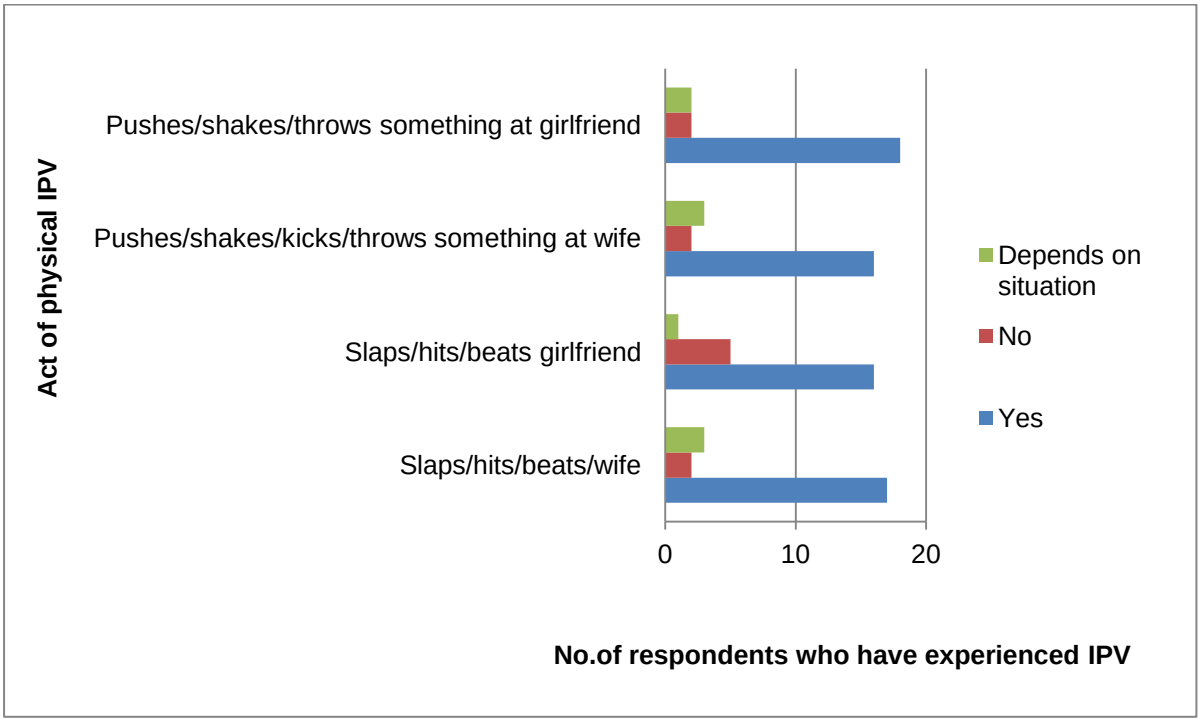

Figure 4.14: Perceptions of and experience of physical IPV

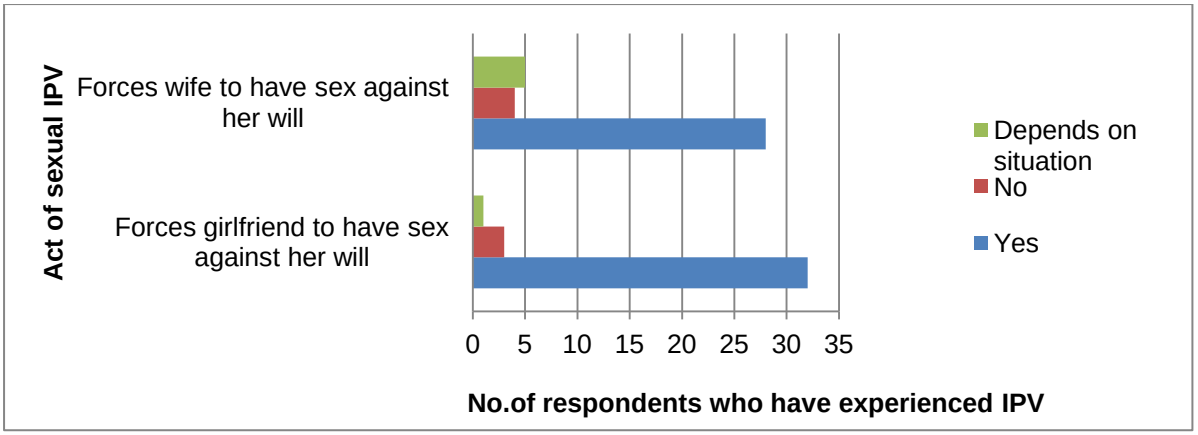

Figure 4.15: Perceptions of and experience of sexual IPV

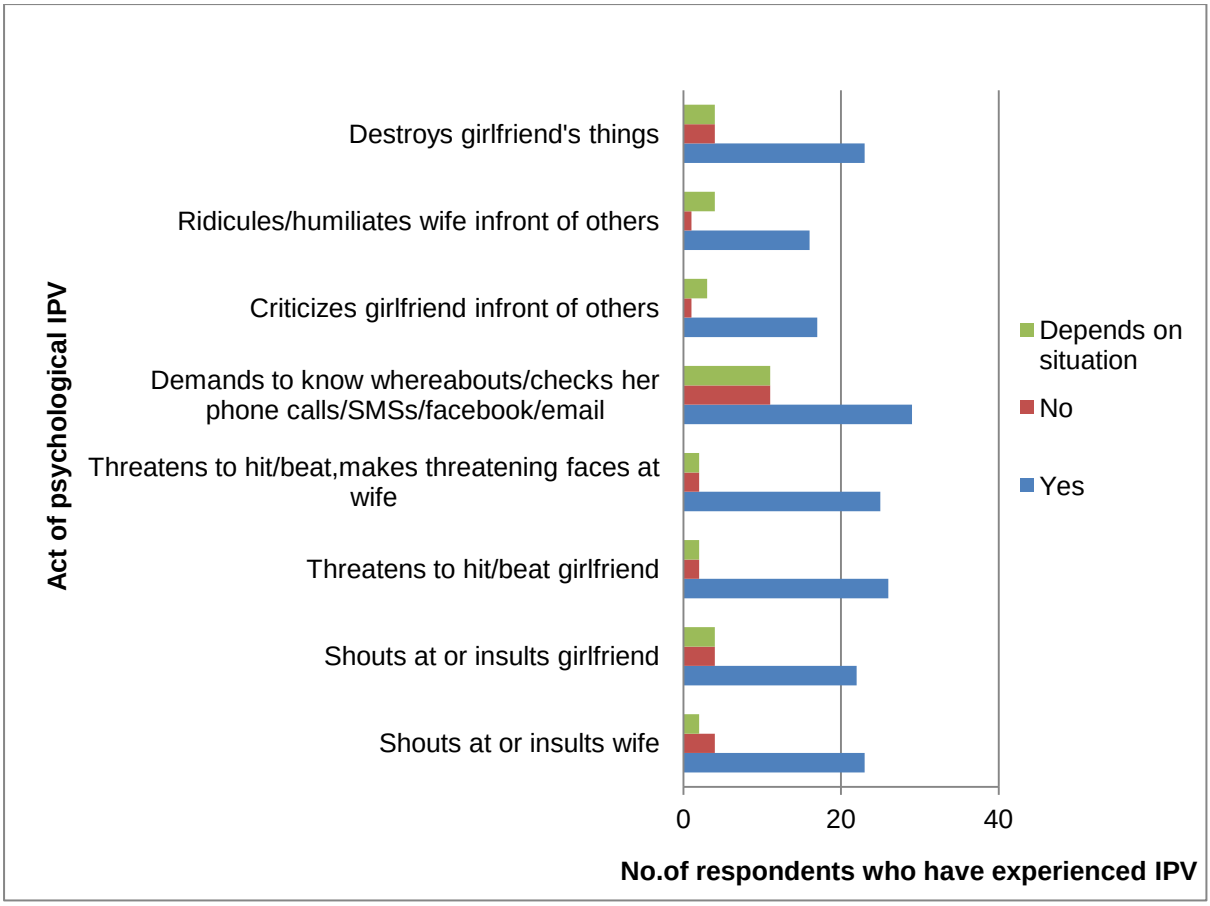

Figure 4.16: Perceptions of and experience of psychological IPV

4.7 Attitudes towards IPV and Experience of IPV

Analysis of the correlation between attitudes towards IPV and experience of IPV also revealed confounding patterns. Respondents that held IPV supportive attitudes were nearly as much likely to experience IPV as those that did not hold IPV supportive attitudes. For instance,

Figure 4.17 shows that 16 of the respondents who disagreed with the statement that 'women's lower status causes IPV' and 17 of those who agreed with 'men's jealousy causes IPV', had experienced physical IPV.

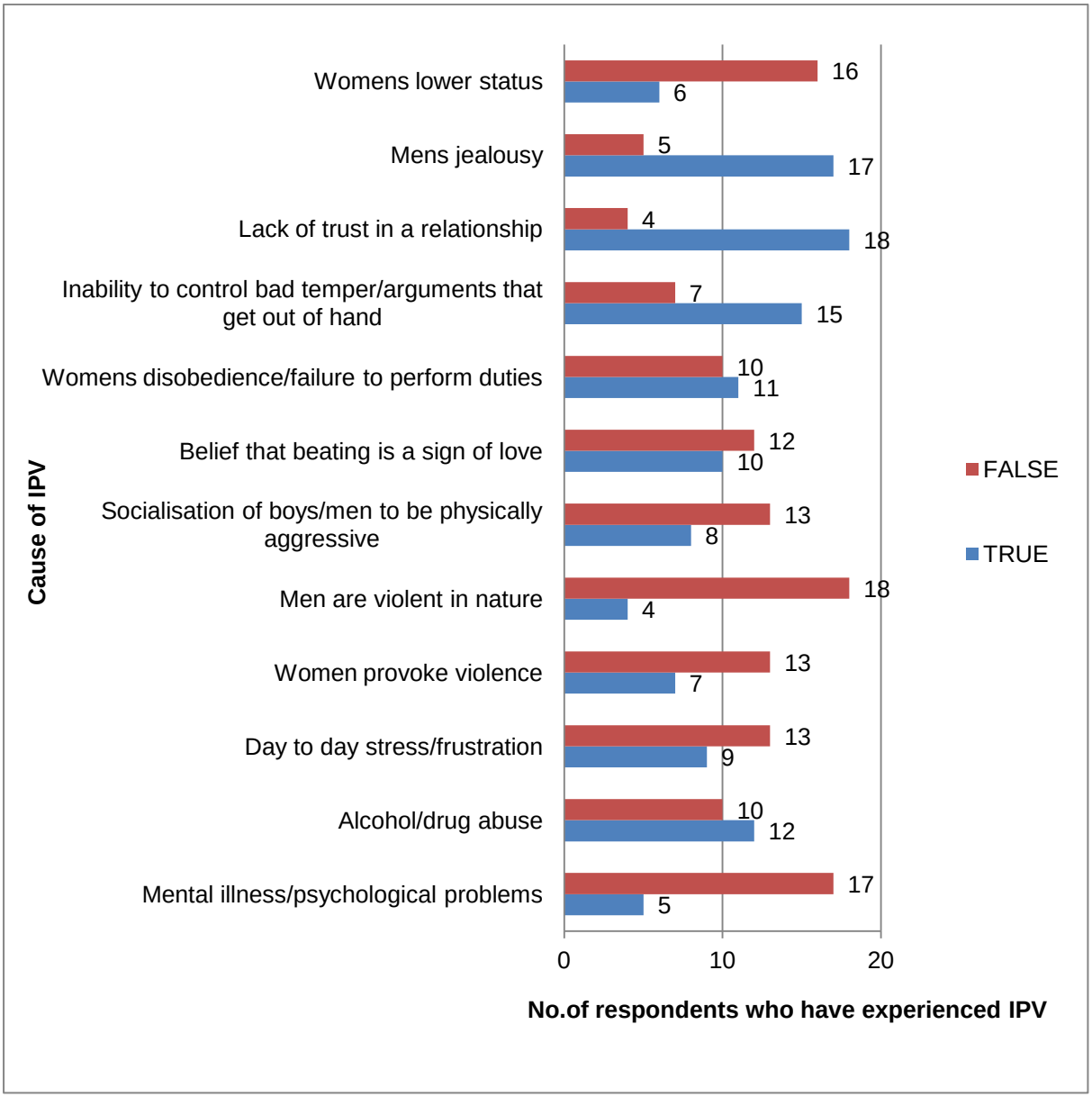

Figure 4.17: Attitudes towards causes of IPV and experience of physical IPV

Figure 4.18 indicates that 22 of the respondents that agreed 'women's disobedience/failure to perform duties causes IPV' and 22 of those who disagreed with 'women provoke violence' had experienced sexual IPV.

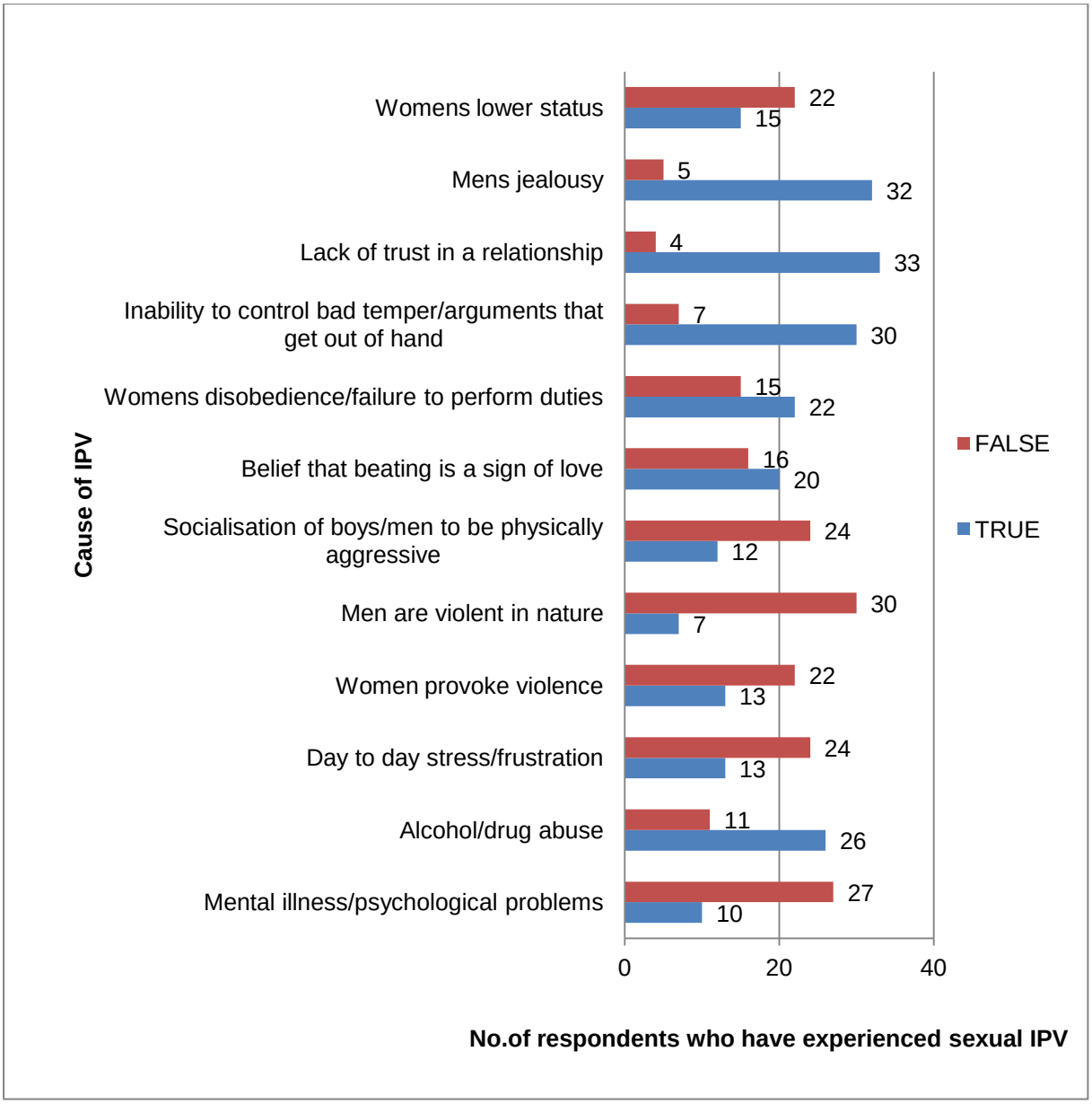

Figure 4.18: Attitudes towards causes of IPV and experience of sexual IPV

Figure 4.19 shows that 35 of the respondents that agreed with the 'belief that beating is a sign of love' and 37 of those that disagreed with mental illness/psychological problems as a cause of IPV, had experienced psychological IPV.

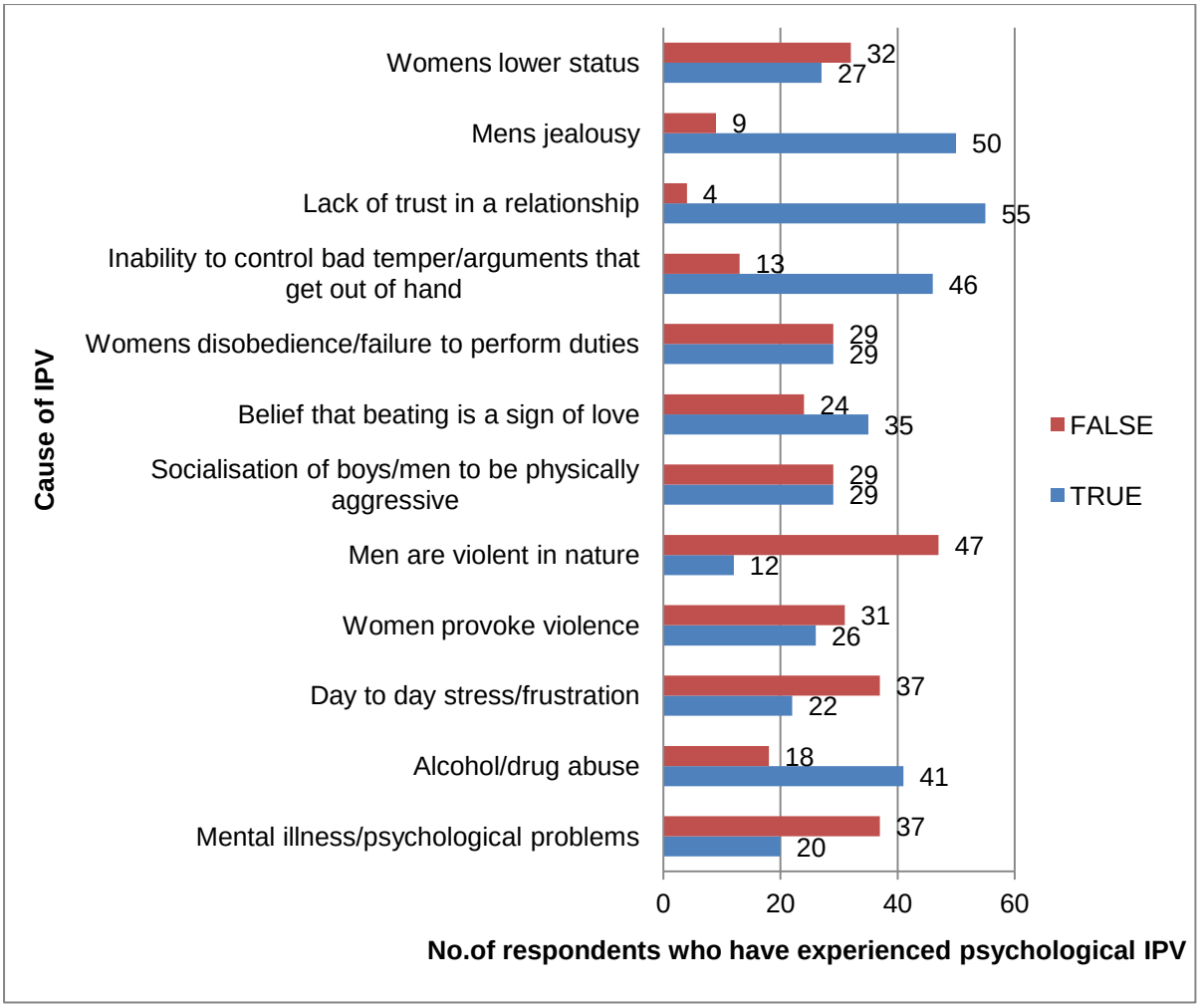

Figure 4.19: Attitudes towards causes of IPV and experience of psychological IPV

A similar trend was established with regard to correlation between acceptance and justification of IPV and experience of IPV. Acceptance and justification of IPV was associated with both experience and non-experience of IPV. For instance, Table 4.9 reveals that 13 of the respondents that agreed with the statement 'it is okay for a guy to hit his girlfriend if she did something to make him angry' and 15 of the respondents who agreed with 'it's never okay for a guy to hit/beat his girlfriend' had experienced IPV. Similarly, Table 4.10 indicates that a significant number of respondents that disagreed with IPV supportive attitudes had experienced sexual IPV.

Table 4.9: Attitudes towards tolerance for IPV and experience of physical IPV

Attitude towards physical IPV	No. of respondents who agree, have experienced	No. of respondents who disagree, have experienced
In general it is okay for a man to hit his wife	1	21
Beating wife is an effective way to discipline her	2	20
Girls sometimes deserve to be hit by their boy friends	3	19
It's okay for a guy to hit his girlfriend if she did something to make him angry	13	9
It is never okay for a guy to hit/beat his girlfriend	15	6
A husband should have the right to discipline his wife when it is necessary	4	18
Wife beating should only be used if nothing else works	0	22
There is no good reason for a husband to hit/beat his wife	5	15

Table 4.10: Attitudes towards tolerance for IPV and experience of sexual IPV

Attitude towards sexual IPV	No. of respondents who agree, have experienced	No. of respondents who disagree, have experienced
It is alright for a guy to force his girlfriend to kiss him	12	25
A man is entitled to sex with his wife whenever he wants to	6	31
A woman cannot be raped by her boyfriend/husband	4	33
It is okay for a guy to pressure his girlfriend to have sex but not to physically force her	7	29

These findings suggest that experience of IPV is not necessarily related to attitudes towards IPV. This is inconsistent with previous research such as Uthman *et al*., 2009, 2010, 2011 that significantly associates agreement with IPV myths and IPV supportive with high experiences of IPV, and vice versa.

Chapter Five: Discussion, Conclusion and Recommendations

5.1 Introduction

This chapter presents a discussion of the main study findings, and the conclusion and recommendations thereof, based on the research questions and study objectives.

5.2 Discussion

The general objective of the study was to examine young women's perceptions of and attitudes towards IPV. The study specifically aimed to describe the nature and magnitude of IPV, to establish the perceptions of and attitudes towards IPV and to investigate the link between perceptions, attitudes and experience of IPV.

5.2.1 Nature and Magnitude of IPV

The study reveals that IPV is a problem among young women in Kibera and its prevalence is way much higher than in women in general population. A majority of the respondents had experienced some form of IPV, ranging from physical, sexual and psychological. Psychological/emotional IPV was the most common and physical IPV was the least common. The IPV prevalence is congruent with previous studies in Kenya which indicate that young women experience IPV more frequently than older women (CBS et al., 2004; KNBS and ICF Macro, 2010). The findings, however, are contrary to previous studies, which suggest that physical IPV is the most common (WHO, *2005;* Ellsberg and Heise, 2005; Pelser *et al.*, 2005; Krug *et al.*, 2002). This may be because young women are generally engaged in dating/non-cohabiting relationships hence reduced exposure to physical IPV.

Variables associated with the high prevalence of IPV among the respondents include age, education level and relationship status. Those aged 20-24 years had higher experiences of IPV than those aged 16-19 years. Those with secondary education had the most experiences of IPV, those with university education had the least experience of IPV while those with primary education had lower experiences of IPV than those with secondary and university education. Those in dating relationships had the most experiences of IPV and those who were single but

with past dating relationships had the least IPV experiences. This corroborates previous studies such as Krug *et al*. (2002), Mouzos and Makkai (2004) and KNBS and ICF Macro (2010) which correlate young age, low socio-economic background and dating relationships with higher IPV and higher education with lower IPV. It is suggested that young women from areas with low socio-economic status are often exposed to use and acceptance of violence to resolve conflicts and, subsequently, increased contact with males who are likely to use violence. Young women usually start engaging in long-term intimate relationships during secondary and post-secondary education phases, hence increased exposure to IPV. Higher education is also associated with greater awareness and increased capacity to identify IPV and lower tolerance for IPV. The findings, however, contradict some previous studies which suggest higher IPV in teenage (CBS et al., 2004) and among women with low academic achievement (KNBS and ICF Macro, 2010). This may be grounded on the suggested young women's inexperience at identifying and avoiding potentially violent situations (Coumarelos and Allen, 1998, cited in Mouzos and Makkai, 2004:27). The findings would also seem to suggest that education level may not necessarily be a risk factor for IPV among young women and gives credence to inconsistent linkage between education level and IPV.

5.2.2 Perceptions of IPV

The study indicates that a majority of the respondents identify and recognise specific and multiple forms of IPV. The respondents manifested higher identification and recognition of physical and sexual than psychological/emotional IPV and dating IPV than marital IPV. There is, however, a relatively significant proportion that does not recognise IPV and/or defines IPV relative to context. Further, the respondents' perceptions of IPV correlate with the type of intimate relationship and form of IPV.

These findings compare with previous studies which indicate that young women recognise multiple forms of violence and a range of behaviours and relationship dynamics that constitute IPV and define IPV based on their experiences and socio-cultural influences (Coghlan et al., 2006; Hawkins, 2007). The current study findings may be grounded on the socio-cultural belief system, which plays a critical role in determining what behaviours are deemed abusive and in what particular circumstances (Harne and Radford, 2008). In addition, people often

recognise visible acts of IPV than non-visible acts of IPV (Sands, 2009; Ahn, 2002; VicHealth, 2010).

5.2.3 Attitude towards IPV

The study found that whereas most young women disagree with IPV supportive attitudes, there is equally considerable agreement with IPV supportive attitudes. Over half of the respondents associated causes of IPV with commonly held beliefs including myths, victim-blaming presumptions, patriarchal presumptions, perpetrator characteristics and external factors. Many respondents also agreed with contextual justification of IPV and physical IPV as a disciplinary measure within intimate relationships. Acceptance and justification of IPV was mainly associated with gender roles, norms and socialisation, particularly as regards women's transgressions and men's role to discipline their intimate partners for the transgressions. The study findings correspond with previous studies that found widespread tolerance for IPV among young people based on women's transgressions of gender roles (CBS *et al*., 2004; Erulkar and Matheka, 2007; Ssemawala *et al*., 2008; KNBS and ICF Macro, 2010).

5.2.4 Linkages between Perceptions, Attitudes and Experience of IPV

The study indicates significant relationship between young women's perception of IPV and experience of IPV. Victimisation correlated with higher identification and recognition of IPV. Respondents that had experienced IPV were more likely to identify and recognise IPV than those that had not experienced it. The converse was also true. The study, however, did not find significant relationship between young women's attitudes and experience of IPV. Young women that had IPV supportive attitudes were as much likely to experience IPV as those that did not have such attitudes.

These findings are incongruent with some studies which indicate that perceptions and attitudes are the most significant risk factor and predictor of IPV (Jewkes, 2002; Uthman et al., 2009; Offenhauer and Buchalter, 2011; VicHealth, 2010). Past studies have suggested a direct causal relationship and correlational relationship between perceptions, attitudes and experience of IPV. The findings, however, would seem to give credence to the literature that

suggests that the correlation between attitudinal beliefs and actual behaviour is inconsistent (VicHealth, 2006) and that there are other significant socio-environmental risk factors and predictors of IPV beyond perceptions and attitudes (Heise *et al*., 1998; Krug *et al*., 2002; WHO, 2004; VicHealth, 2006).

5.3 Conclusion

The study findings provide critical information on the nature and magnitude of IPV, perceptions of and attitudes towards IPV and the correlation between perceptions, attitudes and experience of IPV among a sample of young women in Kibera. The study also provides further evidence concurring and confounding underlying perceptions and attitudes towards IPV and correlated behaviour. At a theoretical level, the study findings offer a plausible explanation of the extent to which young women's perceptions of and attitudes towards IPV shape their experience of IPV in patriarchal and low socio-economic contexts.

The study concludes that IPV among young women in Kibera is a major problem and is disproportionately higher than among all women in general. High risk factors for IPV among the young women include older age, secondary education level and being in a dating relationship, coupled with IPV supportive perceptions and attitudes. Further, victimisation correlates with higher identification and recognition of IPV and there is no correlation between attitudes and experience of IPV. IPV among the young women, however, results from the existing socio-cultural belief system that espouses and sustains male superiority and dominance and female inferiority and subservience and reinforces IPV supportive perceptions and attitudes.

5.4 Recommendations

The study specifically recommends the following:

1. Sustained sensitisation, awareness raising and attitude and behaviour change programmes to reduce the prevalence of IPV, challenge IPV supportive perceptions and attitudes and to influence a culture of non-violence, equality and respect within young women's intimate relationships.

2. Integration of response to IPV in social education and services programmes, including establishing social services to provide access to information, psychosocial support and/or referral services.
3. Further research to monitor IPV against young women and the perceptions and attitudes that perpetuate it and subsequently inform appropriate interventions

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APPENDICES

Appendix I: Survey Questionnaire

Study Code……

My name is Caroline Nyambura from the University of Nairobi, studying for a MA, Gender and Development Studies. This survey is part of an academic research looking into young women's perceptions of and attitudes towards intimate partner violence. The survey is targeted for girls and young women aged 16-24 years. This questionnaire is strictly anonymous. Please do not put on it your name or contact information. All answers will be kept fully anonymous and confidential and will at no time be connected to your identity. Please answer all the questions as truthfully and accurately as possible. There are no WRONG or RIGHT answers. Participation is strictly voluntary. You are free to withdraw your participation at any point or to skip any questions that you do not wish to answer. In this research, intimate partner violence refers to violence against girls/women by a boyfriend/husband.

The questionnaire has four sections, Part A, Part B, Part C and Part D. Please answer the questions by ticking in the most appropriate box (☑). It will take about 20-30 minutes to complete the questionnaire. Thank you very much very much for agreeing to participate in this survey.

PART A: SOCIO-DEMOGRAPHIC DATA

1. How old are you? .....

2. Which community do you come from? .....

3. Where do you live?
   - ☐Katwekera
   - ☐Makina
   - ☐Mashimoni

☐Lindi

☐Kisumu Ndogo

☐Soweto

☐Other (please specify)……..

4. What is your highest level of education?

☐Primary

☐Secondary

☐College

☐University

☐Other (please specify)……..

5. Do you have children / child?

☐Yes ☐No

6. Which of the following best describes your relationship status?

☐Married or living with a boyfriend

☐Was married but now I am not

☐Have a boyfriend but not living with him

☐Used to have a boyfriend but now I don't

☐Have never had a boyfriend or been married

☐Any other (please specify)……

7. Which of the following best describes your family background

☐Single parent family

☐Both parents family

☐Divorced/separated parents

☐Other (please specify)……

PART B: PERCEPTIONS OF INTIMATE PARTNER VIOLENCE

Is it violence when a HUSBAND:		**YES**	**NO**	**Depends on situation**
8.	Slaps, hits, or beats his wife?			
9.	Pushes, shakes, kicks or throws something at his wife?			
10.	Forces his wife to have sex with him when she is unwilling?			
11.	Shouts at or insults his wife e.g. calling her stupid?			
12.	Ridicules or humiliates his wife in front of others?			
13.	Prevents his wife from socializing with friends and/or family?			
14.	Monitors his wife's whereabouts, mobile calls or email contacts?			
15.	Threatens to hit or beat his wife, makes threatening faces to his wife or hits/kicks wall, furniture, doors etc?			
16.	Threatens to destroy his wife's personal property?			
17.	Locks his wife in or out of the house?			
18.	Denies his wife money?			

Is it violence when a BOYFRIEND:		**YES**	**NO**	**Depends on situation**
19.	Slaps, hits or beats his girlfriend?			
20.	Pushes, shakes or throws something at his girlfriend?			
21.	Forces his girlfriend to have sex against her will?			
22.	Pressurizes, tricks, locks his girlfriend in a room or uses alcohol/drugs to make her have sex?			
23.	Shouts at or insults his girlfriend e.g. calling her names?			
24.	Threatens to hit or beat his girlfriend?			
25.	Demands to know where his girlfriend is all the time or checks her phone calls, SMSs, facebook or email?			
26.	Criticizes his girlfriend in front of others?			
27.	Threatens to share her personal information or secrets with others?			

Is it violence when a BOYFRIEND:		**YES**	**NO**	**Depends on situation**
28.	Destroys his girlfriend's things?			
29.	Denies his girlfriend money?			

Please read the statements below and indicate whether you AGREE or DISAGREE.		**AGREE**	**DISAGREE**
30.	It is not violence if husband slaps, hits or beats his wife in reaction to the wife's mistakes.		
31.	It is not violence if boyfriend slaps, hits or beats his girlfriend in reaction to the girlfriend's mistakes.		
32.	It is not rape if the man is a boyfriend or husband or if they have had sex before.		
33.	If a husband acts jealous, it is not violent behaviour.		
34.	If a boyfriend acts jealous, it is not violent behaviour.		

Please read the statements below on the possible causes of intimate partner violence and indicate whether TRUE or FALSE.		**TRUE**	**FALSE**
35.	Violent men are mentally ill or have psychological problems.		
36.	Violence is caused by alcohol and drug abuse.		
37.	Women provoke violence.		
38.	A lot of what is called violence is really just normal reaction to day-to-day stress and frustration.		
39.	Men are violent in nature.		
40.	Society teaches boys and men to be physically aggressive.		
41.	Some women believe that if they are not beaten they are not loved.		
42.	Poverty causes violence.		
43.	Violence happens because of men's inability to control a bad temper or arguments that get out of hand.		
44.	Violence happens because of women's disobedience and failure to perform their duties.		

Please read the statements below on the possible causes of intimate partner violence and indicate whether TRUE or FALSE.		**TRUE**	**FALSE**
45.	Some of the violence happens because men are jealous.		
46.	Lack of trust in a relationship causes violence.		
47.	Violence happens because of women's lower status in African culture.		

PART C: ATTITUDES TOWARDS INTIMATE PARTNER VIOLENCE

Please answer how you truly THINK and FEEL about each of the statements below.		**AGREE**	**DISAGREE**
48.	In general it is okay for a man to hit his wife.		
49.	Beating wife is an effective way to discipline her.		
50.	Girls sometimes deserve to be hit by their boyfriends		
51.	Intimate partner violence is a personal/private matter and people should not interfere.		
52.	There is no good reason for a husband to hit/beat his wife.		
53.	It is never okay for a guy to hit/beat his girlfriend.		
54.	A woman cannot be raped by her boyfriend/husband.		
55.	A husband should have the right to discipline his wife when it is necessary.		
56.	A man is entitled to sex with his wife whenever he wants it.		
57.	It is natural for a man to act aggressively if another man might take his girlfriend.		
58.	Wife beating should only be used if nothing else works.		

A man is justified in hitting or beating his wife if:		**YES**	**NO**	**NOT SURE**
59.	He finds out that she has been lying to him.			
60.	He caught her having an affair.			
61.	She comes home drunk.			
62.	She is unwilling or refuses to have sex with him.			
63.	She disobeys him.			

A man is justified in hitting or beating his wife if:		**YES**	**NO**	**NOT SURE**
64.	She goes out without telling him.			
65.	She argues or talks rudely with him.			
66.	She neglects the children/ doesn't do domestic work.			
67.	She is always nagging.			
68.	She offends his family or friends.			
69.	She is not treating him with respect.			
70.	He is in a bad mood.			

Please indicate whether you AGREE or DISAGREE with each of the statements below:		**AGREE**	**DISAGREE**
71.	A guy doesn't usually slap or hit his girlfriend unless she deserves it.		
72.	It is okay for a guy to hit his girlfriend if she did something to make him angry.		
73.	It is okay for a guy to hit his girlfriend if she makes him look stupid or insults him in front of friends.		
74.	If a guy hits a girlfriend because he is jealous, it shows how much he feels for/loves her.		
75.	It is okay for a guy to hit his girlfriend if he caught her flirting or cheating on him with another guy.		
76.	Boyfriends who hit girlfriends once deserve a second chance in the relationship.		
77.	It is alright for a guy to force his girlfriend to kiss him.		
78.	It is okay for a guy to pressure his girlfriend to have sex but not to physically force her.		
79.	When a guy takes his girlfriend out, it is okay for him to pressure her for sex.		
80.	A girl who goes into a guy's bedroom is agreeing to sex.		
81.	It is expected from a girl to have sex with a guy if he spent a lot of money on her during a date.		

Please indicate whether you AGREE or DISAGREE with each of the statements below:		AGREE	DISAGREE
82.	It is okay for a guy to force his girlfriend to have sex if she says she had agreed to have sex then changed her mind, if she has sexually excited him or if she has led him on.		

PART D: EXPERIENCES OF INTIMATE PARTNER VIOLENCE

Have you ever been in a relationship where:		YES	NO
83.	You were slapped, hit, beaten, pushed, kicked or otherwise physically hurt?		
84.	You were shouted at, insulted, called names or made to feel bad about yourself?		
85.	He threatened to hit, beat or harm you or someone close to you?		
86.	You were frightened by his temper?		
87.	You were pressurized or forced to engage in any sexual activity (kissing, touching, having sex etc) against your will?		
88.	You were forced to engage in sexual activity (kissing, touching, sex) because you were afraid of what he might do to you?		
89.	He demanded to know your whereabouts at all times?		
90.	He demanded to access your facebook or email account or to know callers on your mobile phone?		
91.	You were criticized or humiliated in front of others?		
92.	He destroyed your possessions or things you value?		
93.	You left or tried to leave because of violence?		

94. Do you know of other girls/young women your age that have experienced any of the above behaviours in their relationships?

☐Yes ☐No

95. In your opinion, how often do you think girls/young women like you experience any of the above behaviours in their relationships?

☐Very often ☐Sometimes ☐Rare/never ☐Don't know

Appendix II: Focus Group Discussions Guide

Thank you very much for agreeing to participate in this discussion. My name is Caroline Nyambura from the University of Nairobi, studying for a MA, Gender and Development Studies. This discussion is part of an academic research looking into young women's perceptions of and attitudes towards intimate partner violence. Intimate partner violence refers to violence against girls/women by a boyfriend/husband. The study focuses on girls and young women aged 16-24 years. Please note that your participation in this discussion is strictly voluntary. You are free to withdraw your participation in the discussion at any point or to skip any questions that you do not wish to answer. All answers will be kept fully anonymous and confidential and will at no time be connected to your identity.

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1. What according to you constitutes intimate partner violence? Is any kind of the violence worse than another?

2. What kind of violence/problems do girls/young women like you experience in their intimate relationships? Are these problems rampant in Kibera? What are the most common problems?

3. What are the major causes of intimate partner violence against young women in Kibera?

4. Are there at times when a husband/boyfriend has genuine/no genuine reasons for beating his wife/girlfriend?

5. What strategies would you recommend for addressing intimate partner violence among girls/young women in Kibera?

Appendix III: Case Study Guide

Thank you very much for agreeing to participate in this discussion. My name is Caroline Nyambura from the University of Nairobi, studying for a MA, Gender and Development Studies. This discussion is part of an academic research looking into young women's perceptions of and attitudes towards intimate partner violence. Intimate partner violence refers to violence against girls/women by a boyfriend/husband. The survey is targeted for girls and young women aged 16-24 years. Please note that your participation in this discussion is strictly voluntary. You are free to withdraw your participation in the discussion at any point or to skip any questions that you do not wish to answer. All answers will be kept fully anonymous and confidential and will at no time be connected to your identity.

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1. General information - Please tell me about yourself. How old are you? What is your current relationship/marital status? etc

2. Information about the relationship – Please tell me how you met? How long have you been/were you together? etc

3. Experience of intimate partner violence – Please tell me about the problems you faced in the relationship (physical, sexual, psychological violence including controlling behavior and bad treatment)?

4. Perceptions of and attitudes towards intimate partner violence – What in your view were the reasons for the violence/problems in your relationship? (including whether there are times she feels/felt she is/was to blame for the problems)

5. Recommendations – What advice would you give other young women facing the kind of problems in their relationship?

Appendix IV: Key Informant Interview Guide

My name is Caroline Nyambura from the University of Nairobi, studying for a MA, Gender and Development Studies. Thank you very much for agreeing to participate in this interview and study. This interview is part of an academic research looking into young women's perceptions of and attitudes towards intimate partner violence. The study focuses on girls and young women aged 16-24 years. Your participation in this interview is entirely voluntary. You are free to withdraw your participation at any point or to skip any questions that you do not wish to answer. All answers will be kept fully anonymous and confidential and will at no time be connected to your identity.

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1. What are the most common forms of intimate partner violence among young women in Kibera?

2. Are young women in Kibera more vulnerable to intimate partner violence than older women? Why/why not?

3. What are the major causes of intimate partner violence among young women?

4. How do young women in Kibera respond to violence in their intimate relationships? Do they end or stay in such relationships? Why/why not?

5. What strategies would you recommend for addressing intimate partner violence among young women in Kibera?