Prevalence and factors associated with intimate partner violence among adolescent girls and young women in South Africa: Summary of findings. HSRC: Pretoria

Background: Evidence indicates that intimate partner violence (IPV) is disturbingly high among South African adolescent girls and young women (AGYW). Understanding prevalence and risk factors for IPV among these emerging adults is critical for developing appropriate interventions to prevent adverse health outcomes later in life. Although, much research on IPV has been conducted with adults, there is scarcity of nationwide studies on IPV among AGYW. The aim of this study was to examine the prevalence of IPV and its associated factors among AGYW, aged 15-24 years, using the South African national HIV prevalence, incidence, behaviour and communication survey conducted in 2017.

Methods: The data used in this secondary analysis was obtained from a cross-sectional, population-based household survey conducted using a multi-stage stratified random cluster sampling approach. Multivariate stepwise backward logistic regression modelling was used to determine factors associated with IPV.

IPV Prevalence
Of 716 AGYW that responded to the two commonly answered questions on IPV, 13.1% (95% CI: 9.6-17.6) indicated that they experienced IPV.

AGYW who reported IPV were more likely to report:
- The odds of reporting IPV were significantly lower among:
  - AGYW residing in high SES households compared to those in low SES households
  - AGYW residing in rural informal/tribal areas compared to urban areas
  - AGYW experiencing IPV had higher odds of reporting psychological distress compared to their counterparts

Multivariate model of factors associated with IPV among AGYW

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Results

Discussion
Key findings
Physical IPV prevalence of 13.1% nationally;
- IPV prevalence was higher among Black Africans, unemployed, AGYW who are not orphans
- IPV prevalence lower among married AGYW

Noteworthy Models
IPV was significantly associated with;
- Low SES households
- Urban areas
- Psychological distress.

Conclusion
Being a victim of physical IPV has been linked to socio-economic deprivation. There is a need for targeted structural interventions in low SES households especially in urban areas (NSP GBV – Pillar 5 = economic power).
IPV victims suffer from depression and anxiety as measured by psychological distress.
- Community and psychosocial support have been shown to be major factor in reducing depression and anxiety symptoms post physical IPV (NSP GBV – Pillar 4 = Response, Care, Support and Healing).

A partnership with AGYW and parents must be considered a top priority in fighting IPV (NSP GBV – Pillar 2: Prevention and Rebuilding Social Cohesion).

Need for a nationally representative survey specific on IPV and other forms of gender-based violence in order to guide policy and design more nuanced and targeted IPV interventions in the country (NSP GBV – Pillar 6: Research and Information Management).