

Addressing sexual violence and HIV risk among married adolescent girls in rural Nyanza, Kenya

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Married adolescent girls form a large segment of Kenyan youth, yet they are largely overlooked by researchers and program managers concerned with the lives of adolescents. As evidence demonstrates, this neglected population of married girls is likely to be vulnerable and in need of support. HIV infection is much higher among adolescent girls in sub-Saharan Africa than among boys. In settings such as Nyanza Province, Kenya, rates of HIV infection are extremely high, and evidence is increasing in some settings that girls who are married are much more likely to be infected with HIV, compared with their unmarried sexually active counterparts.

Sexual violence and HIV/AIDS are a lethal combination. Research indicates that the risk of HIV infection following forced sex is likely to be higher than following consensual sex. Finding ways to tackle sexual violence and HIV infection simultaneously has therefore become a major public health endeavor.

Married adolescent girls are particularly vulnerable to sexual violence; however, there is a lack of data to guide intervention efforts specifically for such girls because they have largely remained invisible in programs. This brief describes a program addressing the problem of sexual violence and the risk of HIV transmission within marriage in Kenya's Nyanza Province. The program was based on the Population Council's analysis of the 2003 Kenya Demographic and Health Survey (KDHS) as well as on formative research within rural Nyanza.

Background

Early marriage in Kenya

In Kenya, the minimum legal age at marriage is 18 for both sexes. Twenty-five percent of Kenyan adolescent girls are married before age 18, however, and 5 percent are married during early adolescence, that is, before age 15. Considerable variation in marriage rates occurs by



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region; girls in rural areas are significantly more likely than those living in urban areas to be married during adolescence (CBS 2004).

A considerable proportion of Kenyan girls do not choose their husbands; their husbands are chosen for them, although rates of arranged marriages in Kenya are not as high as in South Asia, West Africa, and

Box 1. Key Study Findings

Married adolescent girls are at elevated risk for experiencing spousal violence and for being HIV-positive

- 41% of married girls aged 14 to 19 have been physically forced to have sexual intercourse with their spouses.
- 45% have been slapped or had a dangerous object thrown at them by their spouses. For most, this happened in the last year.
- HIV prevalence rate among married adolescent girls is almost twice that of girls aged 15 to 19 nation-wide.

Most HIV-positive married adolescent girls are not on ART

Use of PMTCT is low among this population

parts of Ethiopia. Among married girls aged 15–24, 12 percent of urban girls and 19 percent of rural girls had arranged marriages. The highest rates of arranged marriages among adolescent girls in Kenya are found in Northeastern (73 percent), Rift Valley (22 percent), and Coast (21 percent) provinces. A strong relationship is found between age at marriage and the likelihood that the marriage was arranged. Among Kenyan girls married at age 14 or 15, 33 percent had arranged marriages, compared with 13 percent of girls who married at 18 or 19. A considerable number of married adolescents and young women are in polygamous unions; nearly one in five married girls in Coast, Northeastern, and Rift Valley provinces are in such unions (CBS 2004).

The younger a girl is when she marries, the larger the age difference between her and her spouse. Kenyan girls who married at age

14 or 15 were, on average, 11 years younger than their spouses. Girls who married at 16 or 17 were nine years younger, while those who married at 18 or 19 were seven years younger than their husbands. Age differences between spouses have important implications for the division of power and decisionmaking in the household, especially when the wife is very young and her spouse is considerably older (CBS 2004).

Early marriage and the risk of HIV infection

Evidence is emerging that married adolescent girls in some settings are at increased risk of HIV infection, compared with their counterparts who are unmarried and sexually active. A study using biological markers conducted in four African cities revealed that 33 percent of married adolescent girls in Kisumu, Nyanza Province, are HIV-positive, compared with 22 percent of unmarried sexually active girls (Glynn et al. 2001; Clark 2004; Clark et al. 2006). Once a girl is married, she experiences intercourse much more frequently than before marriage, and condom use is virtually nonexistent. Moreover, the husbands of adolescents in Kisumu are considerably older and more likely to be HIV positive, compared with the boyfriends of unmarried girls. Analysis reveals that the age and HIV profile of adolescent girls' husbands and the frequency of intercourse are HIV risk factors that override the risk of infection related to multiple partnerships that characterize some unmarried girls' relationships.

For girls living in traditional rural settings, marriage or engagement often marks the beginning of their sexual life and of their risk of acquiring HIV infection. Likewise, parents who assume, incorrectly, that marriage protects their daughters from HIV infection frequently arrange girls' marriages. Traditionally, young brides move to their husbands' homes, where they have low status, are kept relatively isolated, and lack the power to make decisions, including sexual decisions.

Although they may be at increased risk of HIV infection, married girls may be less knowledgeable and have less access than unmarried girls to information and services related to the virus. Among married girls aged 15–24, 19 percent do not know how to avoid becoming infected with HIV, compared with 11 percent of their unmarried sexually active counterparts. The latter are significantly more likely than married girls to have acquired information about HIV from the radio, newspapers, or magazines and are more likely to have heard about voluntary counseling and training (VCT) and to know where to obtain such services.

Experiences of spousal violence among married adolescent girls in Nyanza

Findings emerging from the AIDS, Population, and Health Integrated Assistance (APHIA II) Operations Research (OR) Project in Nyanza show that 41% of married adolescent girls aged 15 to 19 in Homa Bay have experienced forced sexual intercourse with their spouses, with 88% of these girls reporting that this had occurred in the past year. This stands in stark contrast to 14% of married women nationwide (ages 15–49) who reported ever having experienced sexual violence in the context of marriage. While 27% of girls aged 15 to 19 nationwide had ever experienced physical violence since the age of 15, in Homa Bay 45% of married adolescent girls aged 15 to 19 had ever been slapped or had a potentially harmful object thrown at them by their husbands, with 84% of these reporting that this had happened in the last year (KNBS 2010). The study also reported that married adolescent girls are often overlooked for PMTCT services. Almost 70% of HIV-positive married adolescent girls surveyed in Homa Bay were not on ARVs during their last pregnancy, and 40% of the children born were not tested for HIV after birth.

A program to support married adolescent girls

Based on this research among married girls and their families in Nyanza Province, a program was designed to support three categories of adolescent girls: (1) those who are not yet married but may be contemplating marriage; (2) those who are in the process of getting married; and (3) those who are already married. Activities were designed to sensitize the community about delaying marriage, including airing radio spots on the local-language station, training drama troupes to present messages about early marriage, and training church leaders to foster awareness within their congregations. Radio, drama troupes, and church leaders also promote premarital VCT to support girls who are in the process of marriage and to advocate for couples' learning each other's serostatus before marriage. Prominent local women are trained as mentors to lead groups of married adolescent girls, provide HIV and reproductive health information and referrals, and raise awareness of gender-based violence and encourage spousal communication.

The Population Council and USAID, as part of the APHIA II OR Project, is conducting a study in Nyanza Province to understand the lives of younger married adolescents aged 14–19, and to test a model for expanding their access to reproductive health and HIV services.

Box 2. Letter from radio program listener

Dear Chakruok,

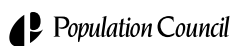
My name is Frederick. The show Chakruok has brought a lot of change in my life but most of all, it has changed my sister's life. Her name is Claris and she goes to Kusa School, Ndori. She compares her life to Dayo's life a lot. Dayo is a bright young girl and she is well informed about life. The problem is that her parents do not care too much about her. Claris has decided that she will not be involved in a sexual relationship until she is old enough.

She has decided to put in more effort in her education in order to achieve great things in future. She made this decision after observing our current neighborhood. We live by the Lake in Usenge where HIV is common. She does not want to be deceived by men just because they have some money to throw around. Thank you Chakruok for bringing these changes into our lives.

APHIA II OR Project, in collaboration a local agency, Well Told Story, has implemented a media campaign to raise the profile of the specific health needs confronting married adolescent girls in Nyanza Province. The campaign includes a radio drama, *Chakruok*, aired on Lake Victoria Radio twice a week. The Council along with its partners is also working with the Ministry of Health and community health workers in Nyanza to make regular home visits to married girls, provide important health information to married girls and their partners, and refer them to health facilities for services.

Resources

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