Knowledge, attitudes, and experiences of violence among adolescent girls: a baseline assessment in the Soweto township of South Africa

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BACKGROUND

In southern Africa, women who have experienced partner violence are 1.5 times more likely to acquire HIV, as compared to those who have not experienced partner violence.[1] Gender inequality and violence reduce women's ability to choose when to have sex, whom to have sex with, and to negotiate condom use.[2] South Africa has one of the highest rates of sexual violence against girls ages 12 to 17, with more than a third of girls experiencing sexual violence before the age of 18.[3,4] As a result, adolescent girls in South Africa are disproportionately impacted by HIV, as girls ages 15-19 are eight times as likely to have HIV than boys of the same age.[5] There is an urgent need for effective interventions that address the intersections of violence and HIV among adolescent girls.

In May 2014, Grassroot Soccer (GRS) started a two-year longitudinal study in Soweto, South Africa. A baseline assessment was conducted with 200 girls aged 11-16 to better understand the practices, attitudes, knowledge, and experiences of girls related to gender, intimate relationships, and violence.

Grassroot Soccer youth participants in South Africa

METHODS

A 164-item questionnaire was administered to grade 8 female learners in 4 schools in Soweto, Guateng (n=200; mean age=13.61) on mobile phones using Open Data Kit (ODK) software. For the analysis, SPSS version 18 was used for simple frequency distribution and cross tabulation. Self-efficacy, gender-equitable beliefs (measured using a modified Gender Equitable Men scale), justification of violence, HIV knowledge, and perceived benefits of soccer were analyzed by age distribution. The majority of respondents were 11-13 years old (48.5%); 38.0% were 14 years old; and 13.5% were 15-16 years old. A high proportion of respondents could not report their parent's educational level (21% in case of mother's education and 30% in case of father's education).

Table 1: Sample characteristics (n=200)

Characteristic	Percent of respondents	Number of respondents
Age		
11-13 years	48.5	97
14 years	38.0	76
15-16 years	13.5	27
Living arrangement		
Only with mother	41.0	82
Only with father	6.0	12
Both parents	33.5	67
Other	19.5	39
Mother's educational level		
Up to primary	18.0	36
Some secondary	15.0	30
Matric	31.0	62
Higher than matric	15.5	31
Don't know	20.5	41
Father's educational level		
Up to primary	16.5	33
Some secondary	11.5	23
Matric	25.5	51
Higher than matric	17.0	34
Don't know	29.5	59
Total	100.0	200

[1]WHO. 2013. *Global and regional estimates of violence against women.* Geneva: WHO.
[2]Jewkes, et al. 2010. "Intimate Partner Violence, Relationship Power Inequity, and Incidence of HIV Infection in Young Women in South Africa: A Cohort Study." The Lancet 376: 41–48.
[3]Petersen, et al. 2005. "Sexual violence and youth in South Africa: The need for community-based prevention interventions." Child Abuse & Neglect, 29(11), 1238-1248.
[4]Jewkes, et al. 2009. "Preventing rape and violence in South Africa: Call for leadership in a new agenda for action." Tygerberg: Medical Research Council.
[5]Shisana, et al, 2014. South African National HIV Prevalence, Incidence and Behaviour Survey, 2012. Cape Town: HSRC Press.

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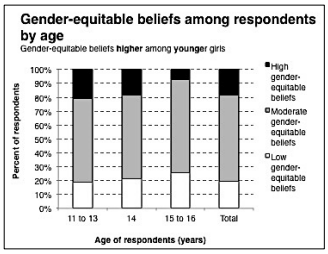
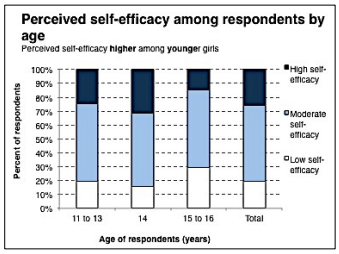
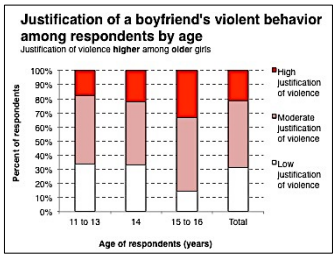
RESULTS

A larger percent of respondents aged 11-13 had high gender-equitable beliefs (21%) than the other age cohorts (14 years=18%; 15-16 years=7%). A larger percent of respondents in the younger cohorts had high perceived self-efficacy (11-13 years=25%; 14 years=32%) than the oldest cohort (15-16 years=15%). 31% of all respondents reported intimate partner violence (IPV) as unacceptable; percent of respondents reporting high justification of a boyfriend's violent behavior increased with age (11-13 years=18%; 14 years=22%; 15-16 years=33%). The mean level of HIV-related knowledge decreased with age (11-13 years=3.53; 15-16=3.22). Associations were found between participants reporting high perceived benefits of soccer and high self-efficacy and high gender-equitable beliefs.







Figures 1-3: Level of gender-equitable beliefs, perceived self-efficacy and justification of a boyfriend's violent behavior by age

47% of all respondents identified street, 24% school, and 17% home as high-risk areas of violence. 48 respondents (42%) reported experiencing IPV, and 126 (63%) reported experiencing non-partner violence in the last 12 months. 62% of respondents who had experienced violence reported disclosure of experience to parents. 58% of respondents shared IPV experiences with mothers; 2% with fathers. 31% and 36% respectively reported to police for IPV and non-partner violence.

CONCLUSION

Findings indicate that older girls were more likely to report low gender-equitable beliefs, self-efficacy, and HIV-related knowledge, and high justification of a boyfriend's violent behavior than younger girls. These data also demonstrate high experiences of violence and absence of the father when disclosing violence among girls. Findings highlight the need to understand which social, relational, and psychological factors influence experiences and perceptions of violence among adolescent girls at different ages or developmental stages. Creating a safe space and integrating linkages to support services, family, and schools is critical.

GRS has incorporated these findings into its girls-only programming, which targets schoolgoing girls ages 12-16. GRS will conduct endline surveys to determine whether the use of sport-based methodology can positively impact participants' knowledge and attitudes towards violence and reduce the likelihood of experiencing violence.

Grassroot Soccer's girls-only school-based programme in South Africa

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