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Awareness of Gender Based Violence Interventions by Women of Reproductive Age in Kibera Slums

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ABSTRACT: *Gender-based violence (GBV) is a major worldwide public health concern which is quite prevalent with domestic violence being voiced as the most common (WHO, 2020). According to WHO (2020), at least 1 in 3 women have experience physical or sexual violence. A study by NCRC (2020) showed cases of gender- based violence in Kenya reported between January and June, 2020 (that is 2,032) are way above the total numbers reported between January and December, 2019 (that is 1,057), representing 92.2% increase and confirming an escalation of incidents (NCRC, 2020). Kibera slum is not spared from GBV cases and other public health issues. A cross-section study was designed to determine the level of awareness of the available GBV interventions among women of reproductive age in Kibera slums and to determine the factors associated with awareness of available GBV interventions offered to women of reproductive age in Kibera slums, the second largest slums in Sub-Saharan Africa. The data was collected with a questionnaire from a sample of 390 interviewees. The findings showed that only 9 (2.3%) which is a small percentage had adequate awareness of the types of interventions that were available for GBV while 112 (28.7%) were not aware of any GBV interventions. The age, education level, occupation, affordability, accessibility, cultural factors, and acceptability of the services were the factors associated with the awareness of available GBV interventions. The study recommended the training of the public and private sectors on the importance of the GBV interventions so as to ensure that the survivors are attended to early enough to curb long-term consequences and that the perpetrators are punished for the vice and there is also a need to raise the women of Kibera slums from low socio-economic status which make them susceptible to and victims of GBV.*
KEYWORDS: Kibera slums, Women of reproductive age, Gender-based violence, Interventions, Awareness

INTRODUCTION

A study done by NCRC (2019), established that women stayed in abuse relationships for the sake of the children. Also threats by the spouse that he would take away the children from the mothers

if they tried to leave and since most males are the breadwinners the wives persevere in these abusive relationships. A study done by. Jason C and Chantal H. (2015) in Nairobi's Kibera slums, shows that 36% of the female residents reported being physically forced to have sex (in comparison to 14% of all the Kenyan women) and more than 30% of women reported being forced to perform other sexual acts (in comparison to 14% of all the Kenyan women). However, GBV interventions in Kenya, like in many other countries, have not fully met the needs of women who are survivors of GBV. Previous study findings have shown that the victims of gender-based violence do not follow-up the legal cases since they take too long from three years or more and this can also be costly to the victims who mainly rely on others for monetary help. Some of the survivors have also been affected by the violence physically which leads to constantly need to seek medical attention from hospitals due to ill health which is quite costly. This paper has two specific objectives namely:

i. to determine the level of awareness of available GBV interventions among women of reproductive age in Kibera slums.
ii. to determine the factors associated with the awareness of available GBV interventions offered to women of reproductive age in Kibera slums.

Theoretical framework

Guiding Principles for all GBV Interventions

The GBV strategy lies in providing services for GBV survivors. The GBV sub-sector aim is to ensure services are accessible, confidential, prompt and appropriate to survivor needs, wishes and decisions, and available in locations where there is need. A multi-sectoral model is used for holistic interventions that involves inter-agency collaboration and coordination across key sectors, including (but not limited to) psychosocial, health, legal/justice, and security. They include GBV prevention, coordination response, and advocacy adhering to the following guiding principles:

Right based approach

This is important in GBV, and cannot be addressed when we have not worked on basic gender equality. It involves analysis of the root cause of the problem. When an avenue for their voices is heard, it enables people to rebuild and develop solutions (UNFPA, 2015).

Community based/ Participatory approach

This involves decision making, accommodating the views of a community and ideas to develop programmes that prevent GBV. This is used to developed and change communities positively.

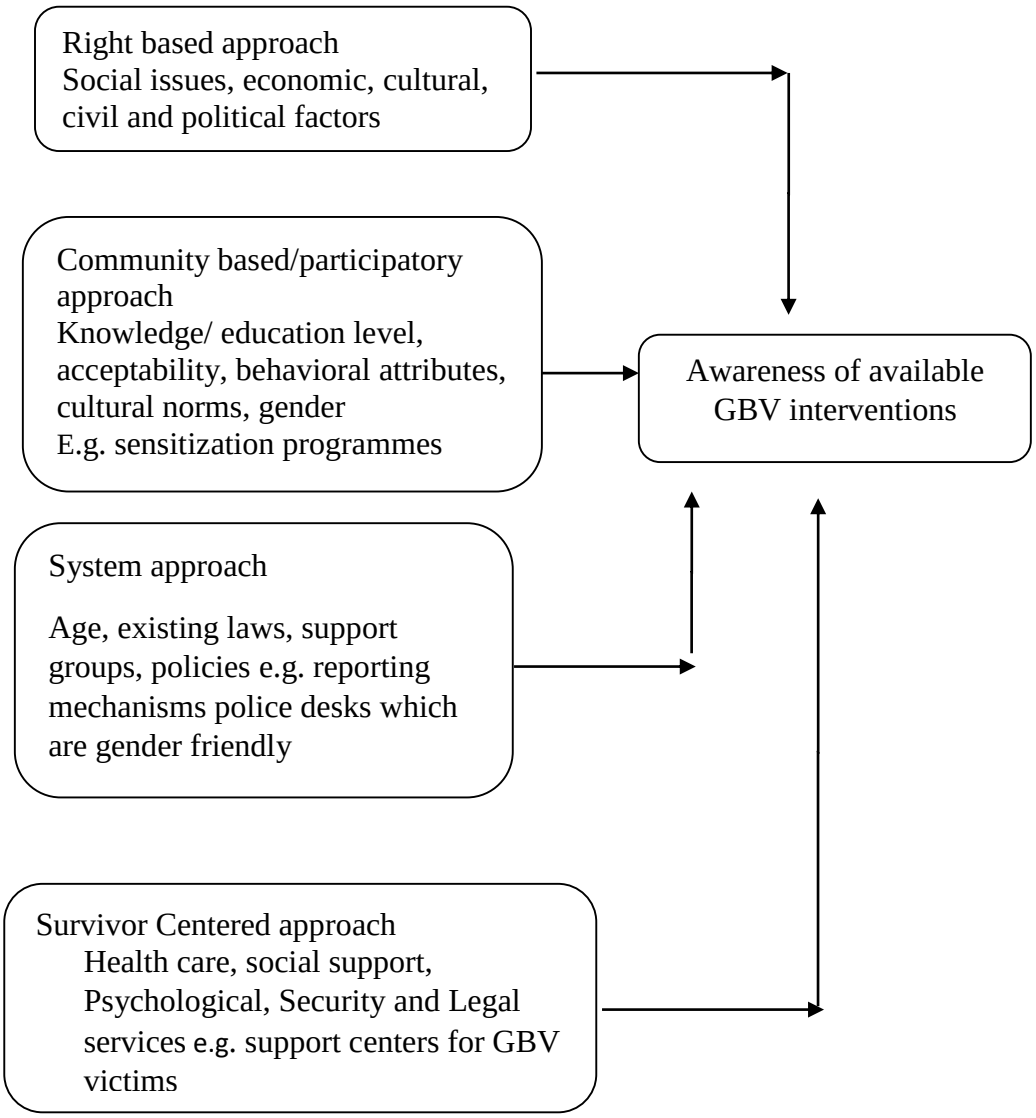
System approach

This is a result-oriented system which is geared towards preventing GBV. Policies are made at national and international levels so as to safeguard the rights of vulnerable people.

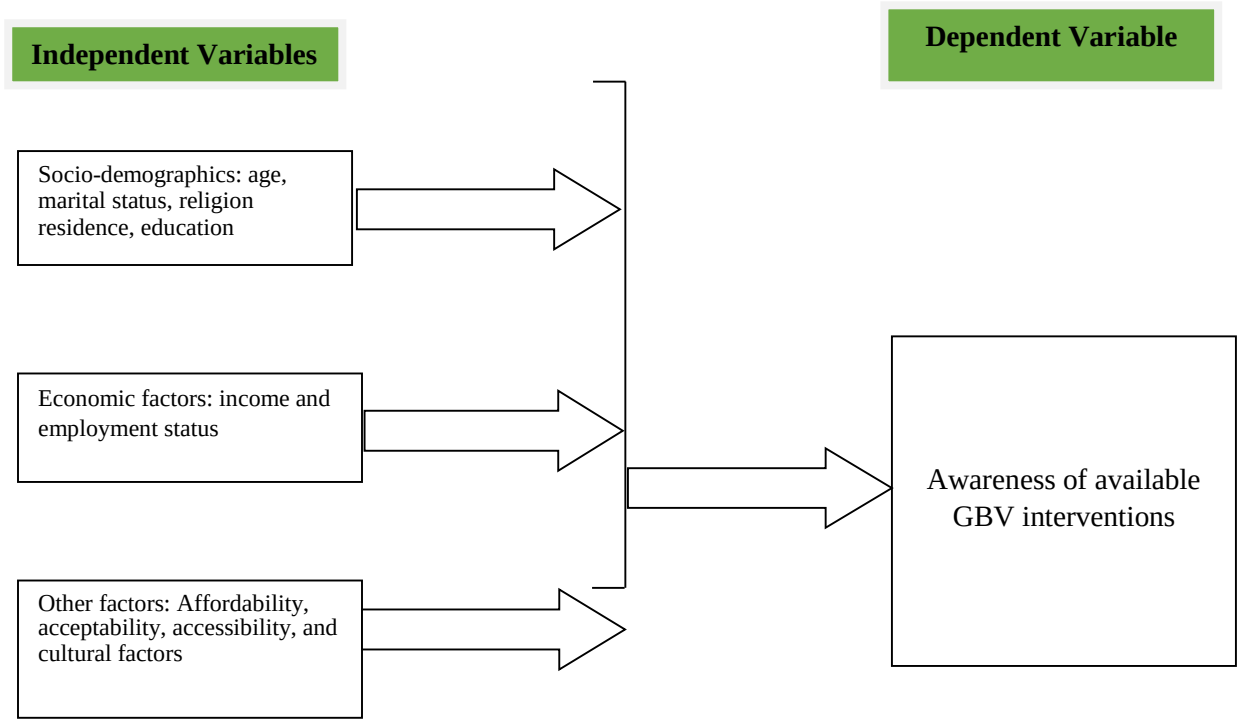
Survivor centered approach

Survivors are empowered by improving access to appropriate, acceptable and good services such as health care, legal services and security, psychological and social support. This includes safety, confidentiality, respect, non-discrimination of the survivors. (UNFPA, 2015).

Theoretical Framework Summary



The conceptual framework



Source: Westoff and Ochoa (1991)

Gap and justification of the study

The rate of violence in Kibera is almost as twice as high as that of the general population in Kenya. Women in Kibera slums have reported violence against them to be highly prevalent. Yet, few studies have been carried out on assessment of availability and effectiveness of GBV interventions among women of reproductive age in Kibera slums. There have been lack of comprehensive national policy on GBV prevention and response for long time although there are recent improvements in this direction. Few shelters and safe houses have been established but these are inadequate and there is still limited coordination of stakeholders working on GBV prevention and response. The health, security and justice sectors have limited capacity and resources to effectively respond to GBV and implement anti-GBV programmes. There is inadequate focus on programmes that address GBV in the public and private sectors and inadequate enforcement of legislation to curb GBV. There is even weak data management and a poor monitoring and evaluation framework for GBV management. Besides, there is weak utilization of existing research to inform policy and programming. The rehabilitation and reintegration programmes targeting GBV perpetrators are limited. Many people have the misconception that GBV unduly focuses on girls and women at the

expense of men and boys. There is low documented evidence on what works for primary prevention in the country as well as interventions. In June 2021, the Government of Kenya unveiled a policy brief titled "Kenya's Roadmap to advancing gender equality, ending all forms of gender-based violence and female genital mutilation by 2026." The country made commitments that would remove the systemic barriers that allow GBV to thrive. While this is commendable, Kenya has seen a steady rise in GBV violations during humanitarian crises occasioned by the COVID-19 pandemic (WHO, 2020). According to Opola (2021) while the existing policy and legislative framework makes provision for prosecution of perpetrators and protection victims of GBV there are still challenges including the legal dilemma of sex between minors, weak chain of custody of forensic evidence resulting in acquittals and lack of comprehensive prevention mechanisms (Opola, 2021). Hence, the findings of this study will contribute to raising more awareness on the GBV problematic as part of advocacy efforts to promote the health and wellbeing of women living in informal settlements.

METHODS

The study was conducted in Kibera slums in Nairobi County. The Kibera population is about 170,070 people living in 131,901 households (Kenya National Bureau of Statistics, 2010). Out of these 48% are males while 52% are females. The Kibera slum has 13 villages namely; Makina, Gatwekera, Lindi, Kisumu Ndogo, Mashimoni, Kianda, Silanga, Kambi Muru, Soweto West, Soweto East, Laini Saba, Kichinjio and Raila.

A descriptive cross sectional study design was chosen. The study used mixed methods research where both qualitative and quantitative data were collected using a questionnaire. Women of reproductive age, that is 14 - 49 years, in Kibera slums that met the criteria and were willing to participate in the study were selected to answer the questions. The population for women in Kebera slums was 52% hence women population was 88,437.

The sample size was calculated using Kothari et al. (2004) as follows: using p of 0.45 as per KDHS (2014). Where p is the prevalence of gender-based violence in Kenya which is at 45%.

$$n = Z^2 P (1- P) / d^2 = (1.96)^2(0.45) (0.55) / (0. 05)^2 =380.3184$$

Since Kibera has 13 villages, a sample from each village was obtained by 380.32/13=29.3 which was conveniently rounded to 30 women per village, leading to a total of 390 study participants. Thus, 30 participants were recruited for the study from each village. Convenient sampling was used to attain the sample size desired as GBV depends on many factors but is not a standalone factor. Ethical clearance and research permits were sought from the Research Ethics Review Committee at Kenyatta University, Kenyatta University Graduate School, National Commission for Science Technology & Innovation, and approval from Nairobi City County for the research.

The informed Consent form was given to the participant who signed it upon freely agreeing to participate in the study for those above 18 years and the assent for those between 14-17 years. There was total maintenance of confidentiality for the all respondents through identifying them using by numbers but no actual names were used. All the other ethical considerations were strictly respected including the principle of no harm to subjects.

RESULTS

Level of awareness of types of GBV interventions that can be offered to women of reproductive age in Kibera Slums.

Respondents were asked whether they were aware of any GBV interventions that could be offered to women of reproductive age in Kibera. Table 1 below shows that out of the 390 respondents, 47 (12.1%) said provision of support to shelter facilities, 122 (31.3%) said outreach and awareness creation, 22 (5.6%) said prosecution of perpetrators, 28 (7.2%) said the provision of proper protection of the victims against harassment, 39 (10%) said funding and cost reduction for treatment while 112 (28.7%) were not aware of any GBV interventions. As per these findings, only 9 (2.3%) which is a small percentage had adequate awareness of the types of interventions that were available for GBV while 112 (28.7%) were not aware of any interventions.

Table 1

Type of intervention	Frequency	Percent
Provision of support to shelters facilities	47	12.1
Outreach and awareness creation	122	31.3
Training police and outreach	22	5.6
Prosecution of perpetrators	11	2.8
Provide proper protection of victims against harassment	28	7.2
Funding and cost reduction for treatment	39	10.0
Not aware of any interventions	112	28.7
Two or more interventions	9	2.3

Factors associated with awareness of available GBV interventions

Table 2 below shows the socio-demographic factors associated with awareness of available GBV interventions.

Table 2

	Category	Awareness of available GBV interventions				
		No	Yes	χ2	df	p value
Age	14-24	37 (13.21%)	28 (25.68%)	17.207	2	0.009
	25-34	147 (52.5%)	59 (54.12%)			
	35-49	96(34.28%)	23(20.18)			
Marital status	Single	51(18.21%)	18(16.51%)	12.768	2	0.12
	Married	136(48.57%)	71(64.22%)			
	Cohabited	93(33.2%)	21(19.24%)			
Education level	No formal education	16(5.71%)	10(9.17%)	25.648	3	0.001
	Primary	86(30.71%)	58(52.29%)			
	Secondary	113(40.35%)	34(31.19%)			
	College	65(22.46%)	8(8.25%)			
Religion	Christian	192(68.57%)	81 (73.39%)	2.894	1	0.576
	Muslim & Hindu	88(31.42%)	29 (27.52%)			

Table 2 above shows that the variable age significantly affects the awareness of the available GBV interventions (χ (2) = 17.207, p = 0.009 <0.05). There was a significant association between the variable education status and the awareness of the available GBV interventions (χ (3) = 25.648, p = 0.001<0.05). The other socio-demographic variables were not associated with awareness of available GBV interventions (p > 0.05).

Table 3 below shows the economic factors associated with awareness of available GBV interventions

Table 3

	Category	Awareness of available GBV interventions				
		Yes	No	χ2	df	p value
Family monthly income	<5000	104(37.14%)	48(44.03%)	5.578	2	0.472
	5000-10000	112(40%)	46(41.28%)			
	10001-150000	65(22.85%)	15(15.59%)			
Occupation	Farming	90(32.13%)	17(15.59%)	34.958	3	0.001
	Business	66(23.57%)	51(46.78%)			
	Permanent employment	70(24.99%)	27(24.76%)			
	None	54(19.28%)	15(13.75%)			
Spouse Occupation	Business	112(39.99%)	49(44.94%)	20.136	4	0.065
	Casual employment	42(15%)	32(28.44%)			
	Permanent employment	32(11.42%)	7(7.33%)			
	None	94(33.57%)	22(20.18%)			

Table 3 above shows that there is a significant relationship between occupation and awareness of available GBV interventions (χ (3) = 34.95, p = 0.001 < 0.05)

Table 4 below shows the other factors associated with awareness of available GBV interventions.

Table 4

	Category	Awareness of available GBV interventions				
		Yes	No	χ2	df	p value
Affordability	No influence (scale 0)	24 (8.57%)	10(9.17%)	18.251	2	0.001
	Some influence (scale 1)	70(25%)	14(12.84%)			
	Much influence (scale 2)	186(66.42%)	86(78.89%)			
Accessibility	No influence (scale 0)	48(17.14%)	21(19.26%)	11.999	2	0.017
	Some influence (scale 1)	176(62.85%)	51(46.78%)			
	Much influence (scale 2)	56(20%)	38(34.86%)			
Acceptability	No influence (scale 0)	46(16.42%)	32(29.35%)	12.264	2	0.015
	Some influence (Scale 1)	142(50.71%)	50(45.87%)			
	Much influence (scale 2)	92(32.85%)	28(25.68%)			
Cultural factors	No influence (scale 0)	15(5.35%)	18(16.51%)	24.829	2	0.001
	Some influence (scale1)	77(27.5%)	35(32.11%)			
	Much influence (scale 2)	188(67.14%)	57(52.29%)			

Table 4 above shows that there is an association between affordability and level of awareness of GBV interventions ($\chi(2) = 18.251$, $p = 0.001 < 0.05$). For the variable accessibility, $\chi(2) = 11.999$, $p = 0.017 < 0.05$, showing that there exists a relationship between the variable accessibility and awareness of GBV interventions. The variable acceptability, $\chi(2) = 12.264$, $p = 0.015 < 0.05$, showing that the variable acceptability and awareness of available GBV interventions are statistically dependent. The variable cultural factors, $\chi(2) = 24.829$, $p = 0.001 < 0.05$, hence this shows that there exists a relationship between cultural factors and awareness of available GBV interventions.

DISCUSSION

Majority 81.3% of those interviewed had low income which means that finances play a role on their awareness to available GBV interventions. The findings of this study agree with a study done retrospectively on young women aged 18 to 24 years from Kenya, Uganda and Ethiopia that

showed that majority of these women were sexually abused before they turned eighteen, 85.2% in Kenya, 95% in Uganda and 68.5% in Ethiopia. The lower the age, education level and income the higher the chance of GBV and unawareness of available interventions.

The highest number of respondents lived in rented houses with a percentage of 89.7% and only 1.3% lived in their own houses. This is also a reflection of the fact that most of the respondents have a low socio-economic status and this is also a factor that affects awareness of available GBV interventions.

This study shows that 28.7% of the respondents were not aware of any interventions offered to victims of GBV in Kibera slums. A study done previously showed rare notification of cases by victims of domestic violence to police. This made the estimate of the unknown cases to remain high since most of them were not recorded and there is scarcity of reliable epidemiological data. Only 2.3% could be regarded as having adequate awareness of interventions of GBV and this presents a low percentage of those who have awareness of the interventions of GBV which also concurs to a research finding whereby, the national policy for prevention and response of GBV in 2014 stated that there is high levels of unawareness of GBV in community, lack of knowledge on service providers that are working around GBV, persisting cultural practices and socialization of GBV thus significantly impairing prevention of GBV. There was a weak programming on GBV prevention and response at both national and county levels as they are limited in terms of geographic scope, short-term in nature, service providers are not well resourced and services for GBV survivors are varied in terms of quality.

In this study, affordability, accessibility, cultural factors and acceptability of the services were also seen as factors that influence awareness of available GBV interventions. This concurs with a study done on violence against women, which showed GBV survivors lack support since the chain of support for reporting to the police, the healthcare providers and the judicial process being slow, ineffective and is hardly incorporated. This therefore strengthens the perpetrators causing an increase in vulnerability of the survivors.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The level of awareness of the available interventions was low where only 2.3% of respondents stated more than two forms of interventions and 28.7% were not aware of any interventions available. The age, education level, occupation, affordability, accessibility, cultural factors, and acceptability of the services were the factors associated with the awareness of available GBV interventions.

Recommendations

There is a need for training of the public and private sectors to raise awareness of the importance of the GBV interventions. This ensures that the survivors are attended to early enough to curb long-term consequences and that the perpetrators are punished for the vice.

There is a need to raise the socio-economic status of the Kibera women as a way to fight against the GBV and improve access to GBV interventions in time given that most victims were of low age, low education and low income who cannot afford some interventions or are hindered by cultural factors.

Suggestions for further Research

A regression model could show the contribution of each significant factor to the vice of gender-based violence in informal settlements like Kibera slums. A study to evaluate the GBV interventions in Kibera slums could also shed more light on this problem.

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