

**ABUSE AND ITS' PSYCHOLOGICAL IMPACT ON WOMEN AMONG ABAGUSII
COMMUNITY OF KENYA.**

BY

ESTHER MWANGO NYABUTO

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Requirements of Master of Education Degree in Guidance and Counseling of
Egerton University.

EGERTON UNIVERSITY

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DECLARATION

This research project report is my original work and has not been presented for a degree or a diploma in any other university.

Signature:.....

Date.....

Esther Mwango Nyabuto

Reg. No. EM 16/0558/02

RECOMMENDATION

This research project report has been submitted with my approval as University Supervisor.

Signature.....Date.....

Dr. B.E.E. Omulema

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DEDICATION

This research project is dedicated to my dear husband Haron Nyabuto Nyambane, my children Maurine, Emily, Naomi and Livingstone, and parents for their encouragement, patience and understanding during my long stay away from home. Also to my dear colleagues, Gladys Makori and Lucy Momanyi for their moral support and consideration during my M.Ed Degree in Guidance and Counselling.

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ABSTRACT

Abuse is an extremely complex phenomenon, deeply rooted in gender-based power relations. In the Abagusii community, women abuse has been and is still taking place. Quite a number of women are left either physically injured or some die out of the same. This has brought a major set-back to development within this society. Abuse includes physical, sexual, psychological and economic abuse. This study was descriptive survey which was meant to find out the forms of abuse, the causes of abuse and the psychological impact of abuse. The purpose of the study included determining the forms of abuse, the causes of abuse, physical and the psychological impact of abuse. This study covered three districts and it involved a total population 14,800 women in and outside marriage with a sample of 120 respondents. Three administrative divisions were selected from three districts covering the Abagusii community; Kisii Central, Gucha District and Nyamira district. The main tool for data collection was a questionnaire. It was administered to both married and unmarried women. The data was analyzed descriptively using frequency tables, means and percentages. The research was meant to help the Kenyans society and other agents working in the country to recognize that women abuse was and still a serious problem impending development as well as violating human right issues of its victims, particularly women. This was also meant to create awareness of the vice. The findings indicated that several forms of abuse exists in the Abagusii community which were due to inequality between men and women, patterns of using violence to resolve conflicts, male authority and control of decision making and transgression of gender roles. The research also revealed that abuse is accompanied with a number of psychological impact; which include stress disorders, depression, anxiety and suicide attempt. To reduce the abuse, workshops and campaigns should be held to promote human rights education to empower women, eliminate laws that discriminate against women, strengthen women in decision-making and leadership and increase women's access to and control of economic resource. Women should be educated through workshops and campaigns to help improve their self-esteem and sense of personal power. Abuse occurs in all social economics and educational classes. However, consistent list of events do cause abuse, which constitute transgression of gender norms, more so in defining proper roles and responsibilities of men and women.

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LIST OF ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome, which is caused by Human Immunodeficiency Virus (HIV).

CREAW: Center for Rehabilitation and Education for Abused Women (It has its headquarters in Nairobi).

HIV: Human Immunodeficiency Virus, which weakens body cells and lowers body immunity.

PTSD: Post-Traumatic Stress Disorder.

STI: Sexually Transmitted Infections such as syphilis.

CHAPTER ONE: INTRODUCTION

1.1 Background Information

Abuse is any deliberate behaviour which is geared towards hurting another person (Population Report, 1990). It is a term used to describe a variety of actions that occurred in society relationships. The term is used narrowly to cover incident to physical attacks. It may take the form of physical and sexual violation, such as punching, choking, stabbing, burning with water and acid, or setting a blaze, the results of which can range from bruising to death. Abuse also includes psychological or mental abuse which consist of repeated verbal abuse, harassment, confinement and deprivation of physical, financial and personal resources. (United Nations, 1990).

The above forms of abuse exist in the Abagusii community where quite a number of women both married and single are affected. This is because of sex roles prescribed by the Abagusii culture which perceives women as domestic slaves in disguise. Barrenness for instance, results in blaming each other and often it is the women who get the blunt end of the deal. Fights especially in Abagusii community also arise from sex of the children, often with the bias towards preference of male children. Parenting and control of children causes misunderstanding and fights break up. Another cause of abuse is infidelity, where one of the partners engages in extra marital affairs, jealousy is aroused in the other and is followed by aggression. Drugs and alcohol are other causes of abuse with these communities which sometimes lead to serious beating or even killing.

While Abuse has several consequences for the affected, it is a social problem that warrants an immediate co-ordinated response from multiple sectors. Many cultures have beliefs, norms and

social institutions that legitimize and therefore perpetuate women abuse. In many societies children learn that males are dominant and that abuse is an acceptable means of asserting power and resolving conflicts;

(UN Assembly declaration on elimination of violence, 1993). Women as mothers and mothers-in-law unwittingly perpetuate violence by socializing girls and boys to accept male dominance and by yielding to male demand throughout life. In some courts, men who confess to murdering their wives are acquitted in the name of legitimate defense of honour (Population Report, 1999), and most cases end up with little or no punishment at all.

According to World Bank (Discussion paper, 1997) most studies on violence against women reveal the following: The perpetrators of abuse are almost exclusively men. In most societies 80-90% of homicide offenders are male (Gartner & McCarthy, 1991). Women are at greatest risk of abuse from men known to them. Contrary to the view of the family as a haven of love and support, data from around the world suggest that women are at greater risk of abuse in their homes than anywhere else.

In the Abagusii community physical abuse in relationships is almost always accompanied by severe psychological and verbal abuse. Those who work with victims of abuse report that women often consider psychological abuse and humiliation more devastating than physical assault (Casey, 1988). In abuse, nearly 50% of the abusers are not mentally ill, contrary to common perception. Studies of abusive men in the United States indicates that few exhibit diagnosable psychopathology (Mairo, 1988) and among those who do, there is no consistent pattern of illness (Bograd, 1984).

1.2 Statement of the Problem

In the Abagusii community, women abuse is a paradox, because it occurs where people maintain intimacy and experience the greatest emotional support in their relationships. A number of women are abused physically, sexually, financially and even psychologically. This leaves them physically injured or death. The extent and magnitude of abuse cannot be precisely measured because there are many cases where victims fail to report. The few cases reported are only known either to area assistant chiefs or village elders, who normally settle them at village level. Abuse leads to a number of psychological problems such as suicide attempt, stress, resulting to divorce, leading to single parent families and interferes with economic growth at society level. However there is no documented evidence about abuse in the Abagusii community. Therefore it is crucial that detail scientific research be conducted to establish forms of abuse, causes and psychological impact of abuse.

1.3 Purpose of Study

The study was aimed at investigating abuse and its psychological impact on women in Abagusii community, Kenya. It also examined various forms of abuse, their causes and psychological impact, besides ways of promoting non-violent relationships in the community.

1.4 Objectives of the Study

This research had the following objectives;

- i. To determine the forms of abuse against women among the Abagusii community.
- ii. To establish the causes of abuse against women among the Abagusii community.
- iii. To assess the psychological impact of abuse against women among Abagusii community
- iv. To determine prevalence rates of abuse against women among the three Abagusii districts.

1.5 Research Questions

- i. What were the forms of abuse against women among the Abagusii community?
- ii. What were the causes of abuse against women in the Abagusii community?
- iii. What were the psychological impact of abuse against women among Abagusii Community?
- iv. What were the prevalence rates of abuse against women among the three districts of Abagusii community?

1.6 Significance of the Study

Abuse against women affects woman's health in that it snaps woman's energy, compromising their physical health and eroding their self-esteem. This study might contribute to existing knowledge by giving more information and creating awareness about the forms and causes of abuse. The research might help the Kenyans and other agents working in the country to recognise that abuse in society is a serious problem impeding development as well as violating human rights issues of its victims, particularly women. It might help women and society in general to realize their rights and know how to promote non-violent relationships.

1.7 Scope and Limitations of the Study

In terms of location, the study was done in three divisions; Masaba division, Rigoma division and Ogembo division each from a different district within the Abagusii community. This gave a total of 120 respondents. The study was meant to investigate the forms of abuse, their causes and psychological impact of abuse. It was not possible to collect information from every division in Abagusii community due to insufficient resources.

1.8 Assumptions of the Study

In the study, the researcher made the following assumptions:

- i. The respondents gave true and honest responses.
- ii. All women in the Abagusii community have undergone abuse at some stage in life.
- iii. The factors identified in the sampled divisions were identical to other divisions in the Abagusii community.

1.9 Definition of Terms

The following are terms with their operational definitions as used in various sections of the research report;-

Abuse: It is a general label covering any violation where the victim and the perpetrator have some personal and family relationship or where they have had a relationship in the past.

Aggression: A form of hostility which is complex and multiply determined in its cause, difficult to predict and in many instances hard to control.

Anxiety: A vague objectless fear; an uneasy fearful feeling, which is characterised by reliving a situation or an experience.

Depression: Refers to an emotion characterized by “sadness”, crying, withdrawal from others and feelings of inadequacy, low-self esteem, sleep impairment and depressed moods.

Ecological Factors: refers to factors arising from the environment which facilitate change.

Gastrointestinal disorder: Inflammation of the stomach and the intestines.

Gynaecological Disorders: Diseases or disorders in women related to pregnancy, which usually results from stress or abuse of some kind.

Phobic disorder: Anxiety disorder characterized by intense, irrational fear of a specific object or situation.

Phobia/panic disorder: Intense, irrational fear of specific things, or certain situations.

Psychopathology: Refers to the pathology of the mind, which is the science of mental disorders or psychological causation of disorders and abnormalities.

Somatic Complaints: Disorders pertaining to the body parts.

Syndrome: Number of symptoms, which collectively indicate an often abnormal condition of body or mind. Refers to particular combination of a person’s actions, opinions e.t.c. that can be expected to occur together.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

In this chapter various aspects are addressed which include various forms of abuse against women in society. These are financial abuse, psychological abuse, sexual abuse and physical abuse. Causes and symptoms associated with abuse are also discussed. Causes of abuse involves majorly transgression of gender norms and economic inequality between men and women among others. Symptom associated with abuse include a history of attempted suicide or suicidal thoughts, physical injuries during pregnancy, injuries that do not match the explanation of how they occurred and feeling of anxiety. The chapter also gives reasons as to why abused women stay in abusive relationships and this is because of lack of other means of economic support, emotional dependency and lack of support from family and friends. It also focuses on barriers to addressing abuse, impacts of abuse, abuse in the Kenyan context, theoretical and conceptual framework of a study. However still these aspects addressed in this chapter are later incorporated in chapter four which is addressing results and discussions.

2.2 Forms of Abuse against Women

According to CODESRIA Gender Institute, (collection of papers, 1997) a number of forms of violence were identified and these include:

Symbolic violence: this form of violence involves discrimination owing to customs, traditions or societal laws and regulations. For instance barren mothers were and are still discriminated upon in society for their inability to bear children. In Abagusii community women are not allowed to eat certain foods such as chicken and this leaves women stranded beyond valid explanations, involving food prohibition.

Institutional violence: is one which is meted out from the state apparatus such as when the political rights of women are denied, women are raped in official custody or the laws and the

military are used to brutalise women. Male-perpetuated violence is also a form of abuse which occurs at personal level and usually sexual abuse occurs. This form of abuse occurs throughout the life of a woman. Sometimes sex selective abortions occur. This implies that the expectant mother undergoes clinical check up and scan to help the community or father of the child to know the sex of the baby to be born. If the family had more girls than boys, then check-up and scan is carried out to help the community or father of the child to know the sex of the foetus. If the check-up reveals a female sex foetus then the family advises for an abortion with a claim that girls are not inheritors of the family possessions. However, still at reproductive age, women are abused by their male partners whereby they get battered during pregnancy. They are subjected to marital rape, dowry abuse and murder. These lead to psychological abuse and even partner homicide.

Abuse in relationships is not limited to psychological abuse, but it has other categories. In relationship the abused woman undergoes a number of abuses which involve psychological and emotional abuse (Larson, 1986). This includes threats, insults and put-downs. They can just be as damaging as physical abuse because they endanger a woman's feelings of self worth and her ability to control her own life. There also occurs social abuse. This form of abuse occurs most frequently in a domestic situation where a woman is kept totally dependent on her partner and isolated from the support of others (Lori, 1994). In such a case a woman's response is limited to options available to her.

In the same way financial abuse can also occur. In this category a woman is prevented from seeking employment or not allowed to have a bank account or keep any of her income. Having no control of money keeps a woman totally dependent and at the whim of others; even for her

basic needs. Sexual abuse can also take place whereby a woman is forced to do or watch something sexual without the woman's consent or to have pain inflicted on her during sexual acts. Physical abuse also occurs which includes hitting, punching, slapping, biting, kicking or bruising, breaking bones, throwing things and even using weapons. The denial of human needs such as food, water, sleep and even shelter are also forms of physical abuse which occur throughout the life cycle of a woman.

2.3 Causes of Abuse in Relationships

Using complex statistics and coded ethnographic data from 90 societies throughout the world, Levinson (1989) identified four factors that are taken together and are strong predictors of the prevalence of abuse against women in society. These factors are economical inequality between men and women, a pattern of using physical abuse to resolve conflicts, male authority and control in the family and a woman's inability to divorce. These findings reinforce the feminist view that women abuse is not an inherent part of maleness, but a function of socially constructed norms of accepted behaviour. As Cheryl Bernard, Director of Australia's Ludwig Boltzmann institute of politics notes: "Violence against women in the society takes place because the perpetrators feel and their environment encourages them to feel that this is an acceptable exercise of male prerogative, a legitimate and appropriate way to relieve their own tension in condition of stress to sanction female behaviour, or just to enjoy a feeling of supremacy" (Bernard, 1986,).

2.4 Symptoms Associated with Abuse

To uncover a history of abuse in female clients is to ask about it. Nonetheless, several types of injuries, health conditions and client behaviour should raise health care providers' suspicion of abuse. According to world reports (Ending violence against women, 1999) the following are symptoms associated with partner abuse.

- i. Chronic vague complains that have no obvious physical cause.
- ii. Injuries that do not match the explanation of how they occurred.
- iii. A male partner who is overly attentive, controlling or unwilling to leave the woman's side.
- iv. Physical injuries during pregnancies.
- v. Late entry into pre-natal care.
- vi. A history of attempted suicide or suicidal thoughts.
- vii. Delay between injuries and seeking treatment.
- viii. Urinary tract infection.
- ix. Chronic irritable bowel syndrome.
- x. Chronic pelvic pain.

When these signs are present, health providers should be sure to ask their clients about possible abuse, remembering to be emphatic and respectful of the clients' privacy.

2.5 Why Abused Women stay in Abusive Relationships

A woman's response to abuse is often limited by the options available to her. Women remain in abusive relationships because of fear of retribution, lack of other means of economic support, concern for the children, emotional dependency, lack of support from family and friends, due to too much love; where some women genuinely love their mates in spite of abuse, fear of sinning-until death do them part and an abiding hope that "he will change." (CREAW Article, 2000). In developing countries, women cite the unacceptability of being single or unmarried as an additional barrier that keeps them in destructive marriages. At the same time, denial and social stigma often prevent women from reaching out for help. In surveys for instance, 22-70% of abused women say that they have never told anyone about their abuse before being asked or interviewed. Those who reach out do so primarily to family members and friends. Few have ever

contacted the police (Population Report, 1999). Abuse has been linked to many serious health problems both immediate and long term. This includes injuries sometimes leading to death or disability, a variety of chronic physical conditions, reproductive health problems, mental health disorders, including suicide and unhealthy behaviour such as drug abuse.

2.6 Barriers to Addressing Violence

Lack of technical competence and resources; Health workers often do not ask women about their experience with abuse, because they feel unprepared to respond to the needs of the victims. Some view domestic abuse as a private issue and fear that clients would be upset or offended if asked about abuse. Others feel that they do not have the time or resources to help practitioners to inquire about abuse and to feel competent to address the needs of abused women. Some professional schools are making efforts to address abuse (Population Report, 1999). This has helped to create awareness about the vice and its' causes.

Cultural stereotypes and negative social attitudes: Health care providers typically share the same cultural values and societal attitudes towards abuse that are dominant in the society at large. Thus they think that some women deserve abuse or that a wife's obligation is to be sexually available to her husband at all times. They also frequently assume that abuse and sexual assault occur only among poor women, or among women of certain ethnic or religious background (Population Report, 1999).

Institutional constraints also play a role as barriers to addressing women abuse. Clinicians working with victims of abuse often feel that their institutions and colleagues value their work less than other types of clinical interventions. Most programs designed to address abuse in health

care setting have been the work of very committed individuals but their initiatives rarely have become institutional policy. Legal liability or involvement is a major concern that keeps health workers often doing more for victims of abuse. In some countries health workers often refuse to examine raped or otherwise abused women because they want to avoid having to testify in court. Some countries have passed law mandating that health care providers report child abuse and sometimes abuse of adult women. With adult victims such laws are generally counterproductive because they take control away from the abused women, jeopardise her safety and may make it less likely that she will seek health care for fear that her partner will be arrested as a result. Women's needs are often neglected because of bureaucratic gaps or inadequate co-ordination between the health and criminal justice systems. In some countries doctors are prohibited from treating women who have been raped or battered without authorisation from the courts or police. Lack of referral services and insufficient co-ordination between health workers and the abuse often prevent women from receiving necessary medical care, including emergency contraceptives and STI screening (Larson, 1986). This renders women helpless especially if one cannot afford to pay for the services.

Women's reluctance to disclose abuse: most women do not volunteer information. Many women say nothing about abuse because they fear that they will be blamed for it.

- i. Fear of reprisals from their abusers is another reason that many women stay silent. In much of the world women are unable to obtain health care without the knowledge or permission of their spouses or other male family members.
- ii. Women living in abusive relationships typically are subject to strict control over mobility, and abusive partners may go to great lengths to keep them from getting help. Often, men will not allow their wives to visit health centre unescorted, especially if they are going to be

treated for injuries due to abuse. Women are especially unlikely to disclose abuse to health care providers in front of their abusers (Lori, 1994). This hinders disclosure of abuse.

2.7 Abuse Cycle in Relationships

According to an article of abuse cycle (CREAW 2000), abuse occurs in stages as described below:

Tension building stage: in this stage the wife or woman tries to avoid the behaviours she knows will upset her partner. The partner looks for reasons to blame her. He incites her with ridicule, threats, and places restrictions to pick up a fight. This may last long and he finds faults, displays anger or simply frustrates her efforts to be nice to him.

Acute explosion stage: in this stage rage gets out of control and the husband/man looks for a chance to teach her a lesson and displays the physical force which discharge all tension build up. Uncontrollable and serious abuse occurs which includes pinch, choke, knifing, twist, burn, throw or other acts as above.

The resolution, calm and loving stage: in this stage tension is released. The man is remorseful and may even beg for forgiveness. He promises to reform, kindness, contrition and loving behaviour is redisplayed. He becomes tearful, regretful, makes up with gifts, tenderness and promises. This is a very deceitful stage. Most women believe the partner has changed. He is her dream- come -true. Most women stay because he needs her. It is a prelude for repeat of cycle (CREAW, 2000).

2.8 Impact of Women Abuse

Women abuse leads to the following impact:

Health status and health care system: Women abuse has serious consequences for their physical and mental health. Abused women are more likely to suffer from depression, anxiety, psychosomatic complaints, eating problems and sexual dysfunctions. It may affect the reproductive health of women through the following:

Transmission of STD's including HIV and AIDS. Sexual abuse in women appears to increase the risk of sexually transmitted infections, largely through its effect on high-risk sexual behaviour (Population Report, 1999). Data from India suggest that abusive men may be more likely to expose their wives to infections. This is because they are more likely to have engaged in extra marital sex and to have STI symptoms than were non-abusive men.

Unplanned pregnancies: Sexual coercion harms women's reproductive health directly by causing unwanted pregnancies. At the same time abuse leads to high risk pregnancies; whereby a woman is physically or sexually abused during pregnancy, usually by her partner. Pregnant women who experience abuse are more likely to delay seeking prenatal care and to gain insufficient weight (Larson, 1986). Some adverse pregnancy outcomes such as miscarriages, abortion, premature labour and foetal distress might also occur.

Precipitating various gynaecological problems including chronic pelvic pains and painful intercourse. Sexual and physical abuses appear to increase women's risk for many common gynaecological disorders, some of which can be debilitating. An example is chronic pelvic pain, which in many countries accounts for as many as 10% of all gynaecological visits. A variety of studies have found that women suffering from chronic pelvic pain are consistently more likely to have a history of child hood sexual abuse, sexual assault, and /or physical and sexual abuse by their partners (Smith, 1982). These factors themselves acts as risk factors for further aggression,

forming a cycle of abuse. Effects of abuse may also be fatal as a result of intentional homicide, severe injury or suicide.

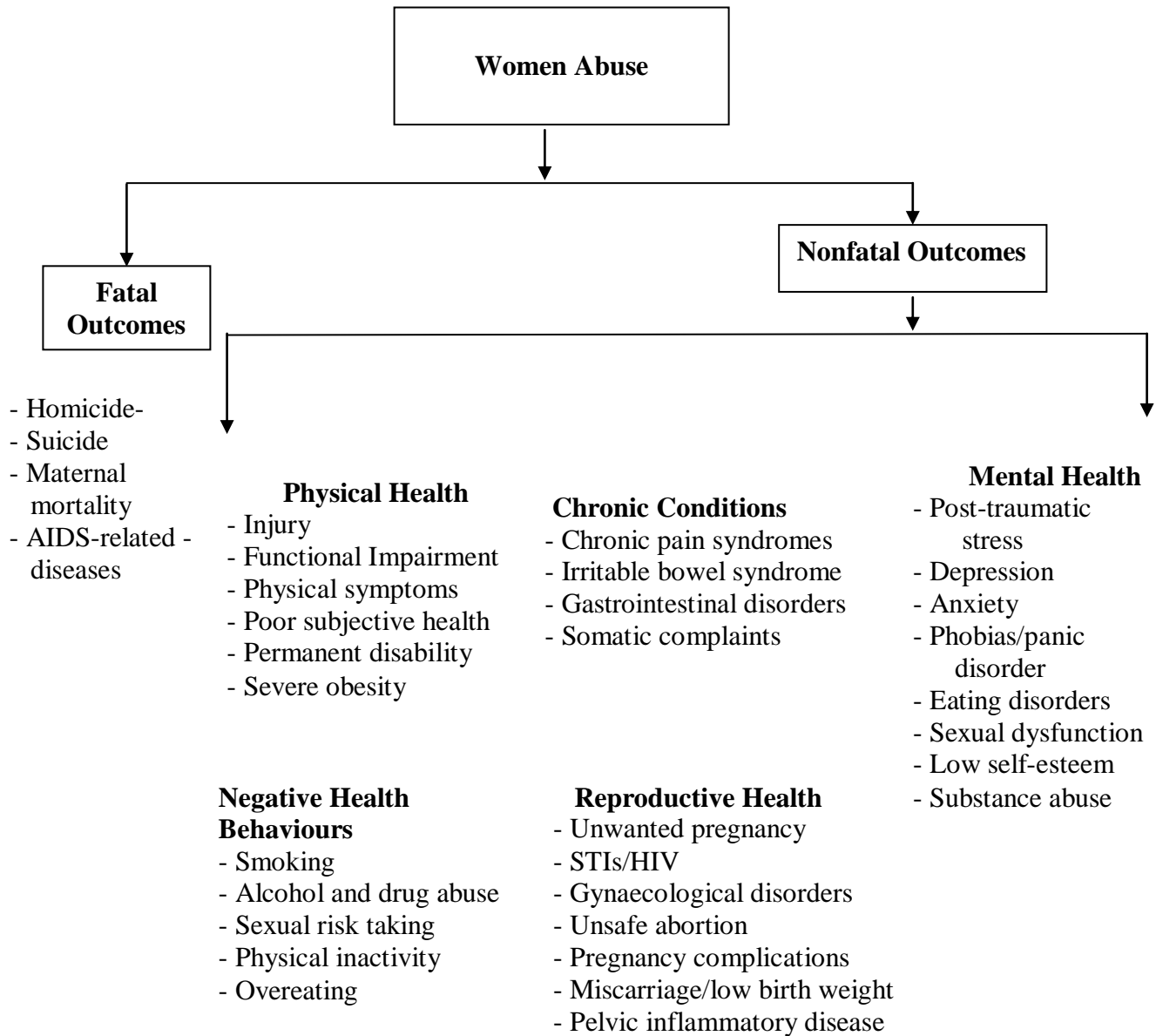


Figure 1: Health Outcomes of Abuse against Women (Lori, 1994).

Abuse presents an undue burden on health system. Studies from various countries for instance, United States, Zimbabwe; indicate that women with a history of abuse have increasingly health care costs. In America, studies indicate that medical care costs of women who were raped or assaulted were 2.5 times higher than the costs of non-victims, in the year that the study was carried out. Abuse has indirect effects on the society. It represents a drain on the economically reproductive work force and generates a climate of fear and insecurity. Canada's national survey on women abuse reported that 30% of battered wives and 50% of women had to take sick leaves from work because of harm sustained. A study of abused women in Canada, found that abused women earned 46% less than women who did not suffer abuse even after controlling other factors that affect earnings (World Bank Discussion Papers, 1997). This lowers a woman's standard of living and her family.

2.9 Promoting Non-violent Relationships in Society

Health workers can educate themselves about physical, sexual and emotional abuse and explore their own biases, fears and prejudices. They can provide supportive, non-judge mental care to victims of violence and ask clients about abuse in a friendly, gentle way. Leaders of reproductive health programmes can establish policies and procedures to ask women clients about abuse to establish protocol that clearly indicates appropriate care and referral for victims of abuse and promote access to emergency contraceptives. They should also lend facilities to women groups seeking to organise support groups and to hold meetings. In the process of promoting non-violent relationship, the community and religious leaders should urge understanding, compassion and concern for victims of abuse, challenge religious interpretations that justify violence and abuse of women. They should also make their houses of worship available as temporary sanctuary for women in crisis, provide emotional and spiritual guidance to victims of abuse, support the efforts

of abused women to leave relationships that put them at risk and integrate discussions on health relationships and alternatives to abuse into religious education programs (Population Report, 1999). This will enable the abused women to adjust to harsh lives of abuse in society.

Mass media can also promote non-violent relationship as follows:

- i. Respect the privacy of victims of rape by not printing their names without their permission.
- ii. Avoid sensationalising cases of violence against women, place events in their proper context, and use them as an opportunity to inform and educate.
- iii. Provide free airtime or space for messages about gender violence and announcements of available services.
- iv. Reduce the amount of violence portrayed on television.
- v. Develop socially responsible radio and television programming that depicts equitable and non-violent relationships between men and women.
- vi. Develop programming that creates public dialogue about sexual coercion, rape and abuse (Population Report, 1999)

Parents are advised to refrain from arguing in front of their children and teach their children to respect others and themselves. They should also encourage the health, safety and intellectual development of their daughters as well as their sons and encourage their self-esteem. They should use non-violent forms of discipline to their children and teach children non-violent ways to resolve conflicts and talk to their children about sex, love, hatred and relationships; emphasising that sex should always be consensual (Mitchell, 1978). This will enable the young people to grow up respecting others and themselves.

According to justice reform system, the gross inadequacy of most laws in protecting victims or sanctioning violent perpetrators has made legal reform an important priority for many groups working on women abuse. Clearly amending laws on paper is not enough to ensure change, but strong laws can be considerable asset in helping women protect themselves from abuse. Three critical tasks in legal reform are changing laws that keep women trapped in abusive relationships, removing barriers to prosecutions and eliminating aspects of the law that are prejudicial to women. A number of laws have worked to trap women in relationships. Article 114 of Guatemala's Civil Code, for example ,grants a woman's husband the right to prohibit her from working outside the home; among other things ,this drastically limits a woman's ability to raise the financial independence needed to escape an abusive relationship(Garcia,1992).In Equador, until 1989 legal reforms, a husband had a right to force his wife to live with him no matter how abusive he might have been (Ponce, Palan & Jacome,1992).And in Chile, divorce is illegal for any reason, even in cases of extreme violence(Valdez,1992).Such laws put woman living in violent relationships at substantial risk.

Laws in other countries make almost impossible to prosecute victims of women abuse, especially abuse perpetrated by an intimate partner. In Pakistan, for example, four male Muslim witnesses must testify before a man can be convicted and subjected to the *had* punishment (the most severe) for rape(Human Rights Watch 1992). Evidence considers women incompetent as witnesses in cases of rape and grant their testimony only the status of corroborative evidence. In addition, in the vast majority of countries, the law does not recognise marital rape or domestic violence. Although most legal systems have laws against assaults, these provisions are often difficult to convict an intimate partner. Similar distinction hold in India, where assaults that do not cause grievous harm are non-recognisable offences-that is, the police can take no action

without first seeking a warrant from the magistrate. Grievous harm includes only certain types of permanent injuries, such as emasculation, loss of sight or hearing or permanent disfigurement of the face (article 319-26 of the Indian Penal Code; Agnes 1988). This puts a woman's life at risk at all times.

In the legal system of many countries the burden of proof and the penalties for violence against women are biased against intimate assaults .However, a growing number of government, including some in the developing countries, such as Maliysia, Puerto Rico,have passed laws or reformed their penal Code to criminalize domestic violence. A substantial number of countries e.g.Bolivia, Brazil and Chile have bills under consideration (Lori, 1994).As with protection orders, such laws are only as good as their enforcement, and it is in implementation that the legal response to women abuse has been co-ordinated community intervention. This strategy brings together the policy makers concerned from batterer treatment programs, and other relevant groups-in regular meetings to develop a co-ordinated response to abuse in the family, (Population Report, 1999). At this level, the woman lives at the mercy of the community which can decide an otherwise.

2.10 Women Abuse in Kenya

It is also apparent that, there is an escalating trend of reporting of cases of women abuse in the last few years and this is threatening the stability of highly valued family life and woman's contribution to development .For example “, In 1994, the world awakened to the shocking news of Grace Kerubo, a Kisii woman who was murdered by her husband, assisted by other male relatives for allegations of unfaithfulness.” Only severe cases of abuse are reported in the newspapers and the less severe ones such as wife beating are rarely reported.

For example, the following incidences were reported in the country's dailies,

“Ms.Pamella Odira had her buttocks slashed with a panga by her new husband. After interviewing this women the press found that she was newly wedded and she did not know why the husband decided to treat her in such a cruel manner”,(D N, 8 January 1997). In another incidence, “a man 60 years of age killed his wife over land matters; the man slashed his wife after she objected the sale of family land,” (DN, 4 March 1997). In another bizarre incidence it was reported that, “a 50 -year old man stabbed his wife to death and drained her blood into a bucket after she allegedly refused to give him two thousand, five hundred Kenyan shillings, which he had given her to keep,”(KT, 13 June 1997).

Existing Gender inequalities in society accompanied by believes enforced by patriarchal kin systems give the male members of the society supremacy over women. These reports indicate the presence of a growing malice, which calls for individual, local and national action. So far violence is a private affair. As a result the majority of its victims will continue suffering in the muffled recesses of this private domain. There is no government policy formulated to deal with the problem, neither is there an existing legal framework meant to protect victims and would-be victims of abuse. Abuse requires legal intervention and legal strategies must be formulated and action taken as one of the effective means of bringing abuse to an end.

2.11 Theoretical Framework

The study is based on the following theories.

- (i) Intra-Individual theory
- (ii) Socio-learning theory

The main proponent of the theories is Sigmund Freud (1952). According to him human nature is basically deterministic. People's behaviour is determined by irrational forces, unconscious motivations, biological and instinctual drives. He postulated the concept death instinct, which accounted for the aggressive drive. He asserted that people manifest through their behaviour an unconscious wish to die or hurt themselves or others. In his view both the sexual and aggressive drives are powerful determinants of why people act as they do.

2.12 Intra-Individual theory

This theory explains abuse in terms of individual related to personality, or defects, alcohol and drug use as causing violent psychopathological tendencies in humans. It further explains that chromosomes in male are medically linked to abuse. These chromosomes are productive of low intelligence, which correlates with low education level, limited occupational opportunities and increased frustrations. This leads to anti-social behaviour and violence,(Jarvik,1973).Some theories link organic brains syndrome to violent outbursts(Monroe,1970). However the study in the Abagusii community reveal that in many families, drunkenness may occur without any violence precipitated while violence may occur without any alcohol being consumed. According to Leonard and Blane(1992),the relationship between alcohol use and violence is moderated both by the man's level of hostility and the level of marital satisfaction.

2.13 Social-Psychological Theories

The theory was proposed by Dollard and Miller, (1950). These theories examine the individual with the social environment; a component of individuals, groups and organisations. It further explains the following theories;

Frustration-aggression theory:

Which views the expression of aggression as a response of frustration being the product of learning (Steinmetze, 1988, Abraham, 1995). The study revealed that highly related violence is related to social stress such as poverty and job loss. As marriage declines in satisfaction a growing sense of anger and frustration emerges in men that increases the potential for women abuse.

Social-learning theory:

Proposed by Albert Bandura and Richard Walters, (1963) . It views violence as a learnt phenomenon. Together with the role model theory, they assume that children learn violent behaviour when they see their parents or significant others resolving their problems by means of violence (Abraham, 1995).The study revealed that children then model this role of violent interpersonal behaviour when they themselves become parents.

Conflict theory:

The theory assumes that conflict is an inevitable part of association, which are characterised by supper ordinate and subordinate relationship as well as competing goals. The family is viewed as an arena of confrontation, and conflicting interests and so abuse is a likely outcome.

2.14 Conceptual Framework

In this study, an ecological framework is used to understand the interplay of personal, situational and social cultural factors that combine to cause abuse. In this model, women abuse results from interaction of factors at levels of social environment. The model can best be visualized at three levels. The first level represents the forms of abuse. The second level represents economic and social environment including cultural norms. The third level includes the psychological impact

of women abuse. (Population Report, 1999).A wide range of studies agree on several factors at each of these levels that increase likelihood that a man will abuse his partner. This is summarized as shown below.

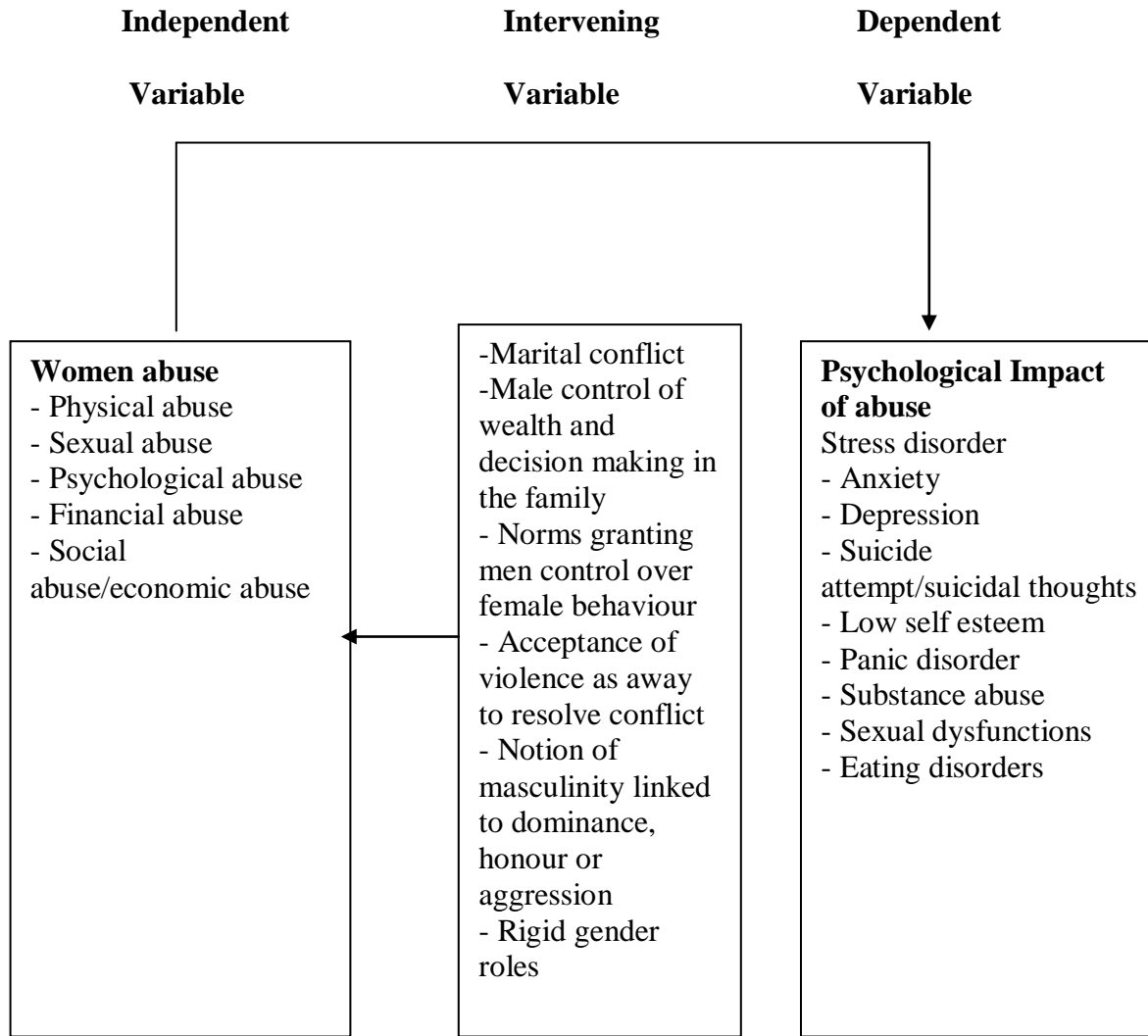


Fig. 2: Factors Associated with Abuse

From the conceptual frame work a woman undergoes all types of abuse which leads to a number of psychological impact in her life. This includes depression, stress disorder, anxiety, and suicidal thoughts. At the society level, women's isolation and lack of social support, together with male peer groups that condone and legitimize men's violence, predict higher rates of abuse.

Studies from around the world have found that women abuse is most common where gender roles are rigidly defined and enforced, and where the concept of masculinity is linked to toughness, male honour or dominancy. Other cultural norms associated with abuse include tolerance of physical punishment of women and children, acceptance of violence as a means of settling interpersonal disputes, and the perception that men have ownership of women. By combining individual-level risk factors with findings of cross-cultural studies, the ecological model contribute to understanding why some societies and some individuals are more violent than others and why women especially wives, are so consistently the victims of abuse.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter focused on survey research design the researcher used, target population, population location, sampling procedures and sample. It also explains the data collection procedures and the tools used to collect data. It gives a summary of variables and the tests used in data analysis.

3.2 Research Design

The researcher used descriptive survey research design to gather information. The design was appropriate because the researcher was out to examine the effects of natural treatment occurring, that is abuse, thereafter assessing its impact which is a dependent measure (Lokesh, 1992). This design enabled the researcher to obtain intensive information on women abuse amongst the Abagusii Community. Data collected on abuse provided insight on various forms of abuse existing in this community. These enabled the researcher to describe, explain and evaluate various forms of abuse existing among Abagusii community.

3.3 Location of the Study

The study covered three divisions: Ogembo division from Gucha District (Kisii South), Masaba Division from Kisii central District, and Rigoma Division from Nyamira District (Kisii North). The location of the study was convenient to the researcher and it provided rural / urban setting to all the respondents who provide the information during data collection.

3.4 Population

The study targeted a population of approximately 14,800 women of age between 20 to 80 years of age. According to Kenya's sixth population census conducted in 1999, these divisions revealed the following women population between 20 to 80 years of age.

Table 1
Population Distribution

Districts	Division	Female Population 20-80 years of age
Gucha District (Kisii South)	Ogembo	4,067
Kisii Central	Masaba	5,598
Nyamira District (Kisii North)	Rigoma	5,084
Total	3	14,749

(Director of statistics,1999).

Despite National Intercensal growth rate being 2.9% the researcher targeted a population of 14,800. These served as a representative sample for the study.

According to Kathuri, (2000) the required size for randomly chosen sample can be calculated as;

$$S = \frac{X^2 Np (1-p)}{d^2 (N-1) X^2 p(1-p)}, \text{ where}$$

S = required sample size

N = given population size

P= Population proportion for the table construction (assumed to be 50)

d = Degree of accuracy = 0.05

X^2 = Chi-square for one degree of freedom = 3.841 (95%) confidence level.

From this formula a sample of 120 was used because the population was highly homogenous on the variable being studied.

3.5 Sampling Procedure and Sample

The researcher used a sample of 120 respondents drawn from three divisions each from a given district. The sample was selected by random sampling method where the units (women) included in the sample were selected in proportion to their occurrence in the population (Koul, 1992.)

Taking X to be the division population. Total population for the three divisions was 14,800.

Sample for each division was calculated as: $X/\text{Total Population} \times 120$, tabulated as shown below.

$$\text{Sample} = x/\text{total population} \times 120$$

Table 2

Sample Distribution

District	Divisions	Population in each Division	Sample
Kisii Central	Masaba	4, 067	46
Gucha	Ogembo	5,598	33
Nyamira	Rigoma	5,084	41
Total	3	14,749	120

3.6 Instrumentation

To achieve the stated objectives of the study, a questionnaire was developed and used to collect data. To ensure validity and reliability of the results, the instrument was piloted on a randomly selected sample of twenty women. The sample was picked outside the divisions designated for actual data collection. The method of reliability used was test-retest. The co-efficient was 0.78 that was within the acceptable reliability coefficient level set at 0.7 and above. The reliability coefficient reflects the extent to which the items measure the same characteristics. In addition the same instruments were given to the researchers, supervisor and other experts in the

department of Education Foundation, Guidance and Counselling to help improve the content and construct validity of the items.

3.7 Data Collection Procedures

With permission from both Egerton University, division officer and area chief, the respondents were requested to accept the questionnaire. The questionnaires were distributed to all women above 20 years of age. The respondents were guided on how to respond to the items in the questionnaires. For those who were able to read and write, the researcher gave them the questionnaires to fill in and they were collected after two days.

3.8 Data Analysis

After getting the complete information from the questionnaires, the data collected was analysed using descriptive statistics. A rating scale by cumulative points was used. Categories of abuse were analyzed using frequency tables and percentages. Causes of abuse were analysed using frequency tables, means and percentages. Psychological impact and comparing the prevalence rates of abuse in the three administrative districts were analyzed using means and percentages.

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction

In this chapter the following objectives were addressed and therefore discussed as per the data given.

- i. To determine the forms of abuse against women among the Abagusii community.
- ii. To establish the causes of abuse against women in the Abagusii community.
- iii. To assess the physiological impacts of abuse against women among Abagusii community.
- iv. To determine prevalence rates of abuse against women among the three Abagusii districts.

4.2 Forms of Abuse

This section addresses the objective which sought to determine the forms of abuse against women in the Abagusii community.

Table 3

Forms of Abuse

Category	Sexual abuse	Psychological abuse	Physical abuse	Social abuse	Financial abuse
Married women	52%	54%	23.3%	35.5%	38.9%
Divorced women	72.1%	22.2%	8.3%	44.4%	52.4%
Widowed	80.6%	11.1%	27.8%	77.8%	56.9%
Never married	29.2%	16.7%	0	23.1%	27.1%

The analysis involves three administrative districts. Table 3 shows different forms of abuse from Ogembo Division (Gucha District), Rigoma Division (Nyamira district) and Masaba Division (Kisii central district). The data pertaining to sexual abuse, psychological abuse, physical abuse, social abuse and financial abuse were analysed. More about forms of abuse which include physical abuse, psychological abuse, sexual abuse, social abuse and financial abuse were tabulated. From Table 3 all forms of abuse occur against women amongst Abagusii community. Sexual abuse leads with a mean of 58.5%, followed by social abuse with a mean of 45.2%. Financial abuse ranks third with a mean of 43.8%, psychological abuse with a mean of 26.0%, physical abuse ranks last with a mean of 14.8%.

The following forms of abuse were identified during the investigation:

Sexual abuse: This form of abuse cuts across all categories of women with the divorced women and the widowed women leading with an average of 72.1% and 80.6% respectively. In this form of abuse a woman is forced into sex or watch something sexual without her consent or to have pain inflicted on her during sexual act. The research revealed that most non-consensual sex takes place among people who know each other, spouse, family members, courtship partners or acquaintances.

Table 3 shows that sexual abuse ranges between 11% -54%. It also shows that all women in marriage suffer psychological abuse, with the married women leading with an average of 54.0%. The never married women rarely suffer from psychological abuse, and about 11.1% are psychologically abused. In this form of abuse the woman gets threats, insults and put -downs which affect her emotionally. Psychological abuse can just be as damaging as physical abuse because they endanger a woman's feelings of self- worth and her ability to control her own life.

This lowers women's self-esteem; and puts women at greater risks of a variety of mental health problems, which include depression, post-traumatic stress disorder, suicide attempt, drug and alcohol use.

Results reveals that women in marriage suffer more from physical abuse, with married women and the widowed women leading with an average of 23.3% and 27.8% respectively. The never married women do not suffer from physical abuse. This is because in most cases they are in control of their own lives. Physical abuse includes hitting, punching, slapping, biting, kicking or breaking bones, throwing things and even using weapons. The denial of human needs such as food, water, sleep and even shelter are forms of physical abuse which occur amongst women in the Abagusii community.

Women of all categories undergo social abuse which ranges between 23.1%-77.8%. This form of abuse occurs most frequently in domestic situations, where a woman is kept totally dependent on her partner and isolated from the support of others such as support groups and merry-go-rounds. Such women become social misfits in the community and rarely do they disclose their social problems. The results above reveal that all categories of women are financially abused; with the widowed women and divorced women leading with average of 56.9% and 52.4% respectively. Financial abuse takes place in different forms such as when a woman is prevented from seeking employment or not allowed to have a bank account or keep any of her income. Having no control of money keeps a woman totally dependent on others even for her basic needs. However the percentage mean shows that sexual abuse is the leading with 58.5%. This is because the community has failed in empowering women, reaching out to male abusers and changing the beliefs and attitudes that permit abusive behavior.

4.3: Causes of Abuse

This section addresses the objective which determines the causes of abuse against women. Table 4 sought to determine the various causes of abuse and are analyzed as shown.

Table 4
Causes of Abuse

Causes of Abuse	Alcohol/ Drug with Abuse	Alcohol/ Drug with no abuse	No Alcohol / Drug no Abuse	No alcohol / Drug with abuse	Arrogance/ frustration	Irritation by partner
Women Category	%	%	%	%	%	%
Married	27.3	20.0	29.7	23.1	30.5	25.2
Divorced	66.7	16.7	16.7	0.0	38.9	27.8
Widowed	44.4	0.0	38.9	16.7	72.2	27.8
Never married	25.0	11.11	38.9	25.0	16.7	11.11

Causes of abuse against women are many though not well defined in relation to forms and types of abuse existing in society. Women abuse has no specific causes. Justification

for abuse frequently evolves from gender norms, that is, social norms about the proper roles and responsibilities of men and women. Typically, men are given free reign as long as they provide financially for the family. Women are expected to tend to the house and mind the children and show their partners obedience and respect. If a man perceives that his partner has somehow failed in her roles, stepped beyond her bounds or challenged a man's rights, then he may react violently, (Population Report, 1999). This leads to abuse of all categories.

Alcohol or drug use stands out to be the cause of abuse in all categories of women, with divorced women leading with 66.7%, followed by widowed women with an average of 44.4%, while the married and never married ranges between 25 –27%. According to intra –individual theory; violence or abuse is explained in terms of the individual related to personality, abnormality or defects, alcohol or drug use as causing violent psychopathological tendencies in human leading to anti- social behavior (Jarvik, 1973). However in many situations, drunkenness may occur without any violence precipitated while violence may occur without alcohol being consumed; (Leonard & Blane, 1993) This is clearly portrayed in columns four and five of table 4.2 above. According to Leonard and Blane (1992) the relationship between alcohol use and abuse is moderated by both the man's level of hostility and level of marital satisfaction.

With arrogance, Table 4 shows an average of 72.2% of widowed women have/had experienced abuse, through arrogant partners, or themselves being arrogant to their partners. Other categories of women also get abused through the same factors, which range between 17% to 39% on average. Arrogance entails irritating or provoking issues like not obeying one's partner, "talking back", not having food ready on time, failing to care adequately for the children or home, questioning him about money or girlfriends, going somewhere without his consent,

refusing him sex or expressing suspicions of infidelity. All of these constitute transgression of gender norms, and this leads to abuse. From the table, all categories of women undergo abuse as a result of irritation of partner ranging between an average of 11.1% to 27.8%, with the divorced women and the widowed leading with 27.8%.

Results from the Table 4 shows that frustration leads to partner abuse. All categories of women suffer from abuse with married women leading with 27.9%. This could be due to ones' partner frustrated in one way or another. Intra-individual Theory explains that chromosomes in males are medically linked to violence. These chromosomes are productive of low intelligence, which correlates with low education levels, limited occupational opportunities and increased frustrations. This leads to anti-social behaviour and violence (Jarvik, 1973). In social-psychological theories (the frustration - Aggression theory) views the expression of aggression either as a response to the emotion that an individual feels when some goal is blocked or as a response of frustration being the product of learning (Abraham, 1995). Abuse, therefore is seen to be highly related to social stress such as poverty and job loss. Decrease in marital satisfaction leads to a growing sense of anger and frustration emerges that increases the potential for abuse.

However from Table 4 of analysis use of drug or alcohol stands out to be the leading cause of abuse with a percentage mean of 40.9%, second is arrogance with a mean of 39.6%, followed by no alcohol / drug abuse with no abuse. Fourth is irritation with a mean of 23.0%. Fifth is no alcohol/ drug use with abuse, with a mean of 16.2%. Sixth is frustration as a cause of abuse with a mean of 15.3% and the least is alcohol/drug with no abuse of 12.0%. This implies that treating an underlying alcohol problem will not stop the vice but will help reduce it.

4.4 Psychological Impact of Abuse against Women

This section sought to address the objective which was meant to assess the psychological impact of abuse against women. The psychological impact are measurable that were analysed using symptoms related to them; these gave the data in percentage as shown in Table 5.

Table 5
Psychological Impacts of Abuse

Categories	Anxiety %	Depression %	Suicide attempt %	Stress disorder %
Married women	27.6	63.6	38.9	69.2
Divorced women	100	50	50	50
Widowed women	100	33.33	50	50
Never married women	0	33.33	33.33	33.33

The psychological impact of abuse are analyzed as follows:

Anxiety is the leading psychological impact with a percentage mean of 56.9%. Sexual assault in adulthood is also closely associated with anxiety disorders. Abuse by more than one perpetrator, abuse that includes genital or anal penetration and is frequent or continues over a long period of time causes anxiety. Anxiety is often concealed and reduced by defensive behaviors such as avoidance, where intense observable fears are the principal signs. From the table of analysis above, it shows that all the divorced women and widowed women suffer from anxiety with a

percentage mean of 100% each respectively. The never married women do not suffer from anxiety, if it exists, then it is minimal.

Sometime the abused experiences sad feelings accompanied by persistent problems in other areas of life. Problems such as appetite change, altered sleep patterns, loss of pleasure in usual activities for example sex, diminished ability to think or concentrate, self reproach or suicidal thought or acts are symptoms of depression. From the table above, all categories of women suffer from depression with the married women leading with a percentage mean of 63.6%. Depression is the third psychological effect of abuse with an average of 45.1%. It is becoming widely recognized as a major health problem around the world. The situation is particularly acute among the adult women, who in most countries suffer depression at nearly twice the rate seen in men which is, may be due to poverty, gender based discrimination and gender- based violence. (Population Report, 1999). Women who are abused by their partners, suffer more from depression than women who have not been abused. Sexual assault in adulthood is closely associated with depression and stands out to be the major cause of depression.

For some women the burden of abuse is so great that they take their own lives or try to do so. The table of results shows that divorced woman and widowed women lead with a mean of 50% each. However, an average of 43.1% of all the women who are abused attempt suicide. Women who have experienced sexual assault either in childhood or as adults are also more likely to attempt suicide than other women. (Jones, 1994). In this case self-esteem has been eroded and the woman lacks feelings of self worth.

Most of the abused women experience an internal state which can be caused by physical demands of the body or by the environment or social situations, which are evaluated as potentially harmful, and controllable, or exceeding resources for coping. (Jones, 1994) From the results above married women suffer from stress disorders more than any other category of women, with a mean of 69.2%. However, averagely 50.6% of the abused women suffer from stress disorders. This is also known as Post- Traumatic Stress Disorder (PTSD), which is an acute anxiety disorder that can occur when people go through or witness a traumatic event in which they feel overwhelming, helpless or threat of death or injury. The symptoms of PTSD includes mentally reliving the traumatic event through flashbacks, trying to avoid anything that would remind one of the trauma; becoming numb emotionally, experiencing difficulties in sleeping and concentrating, and being easily alarmed or startled. Victims of partner violence and abused women are more likely than other women to abuse alcohol and drugs, even after controlling other risk factors as prior use, family environment or parental alcoholism (Population Report, 1999). Stress disorder affects one's health and might lead to death.

Many women consider psychological consequences of abuse to be even more serious than its physical effects. The experience of abuse often erodes women's self esteem and puts them at a greater risk of a variety of mental health problems including depression, post-traumatic stress disorders, suicide, alcohol and drug use (Felicia, 1997.) This is because leaving an abusive relationship is a process, which often includes periods of denial, self-blame and endurance before women comes to recognise the abuse as a pattern, and to identify with other women in the same situation.

4.5 Relationship and Prevalence Rates of Abuse against Women.

This section sought to address the objective: prevalence rates of abuse against women. The analysis in the Table 6 sought to know prevalence rates of abuse in the three administrative districts in the Abagusii Community.

Table 6

Prevalence Rates of Abuse

Categories/ Districts	Sexual Abuse (%)	Psychological Abuse (%)	Physical Abuse (%)	Social Abuse (%)	Financial Abuse (%)	Mean (%)
Gucha	55.1	25	11.1	41.0	42.9	35.02
Nyamira	67.7	30.8	14.1	34.2	16.8	32.72
Kisii Central	52.4	22.2	19.5	60.4	51.3	41.08

Sexual abuse is more rampant in Nyamira district with a mean of 67.7%. However it ranges between 52.4% to 67.7%. Psychological abuse ranges between 22.2% to 30.8%, which is Kisii central district and Nyamira respectively. The analysis shows that physical abuse is minimal in the three districts, ranging between 11.1% to 19.5%. Social Abuse ranges between 34.2% to 60.4% in Gucha and Kisii central respectively. Financial abuse ranges between 16.8% (Nyamira) to 51.3% (Kisii central).

Overall results shows that sexual abuse is the highest in the Abagusii community with a mean of 58.3% while physical abuse is the lowest in the Abagusii community with mean of 14.9%. Kisii Central leads in abuse with a mean of 41.08%; followed by Gucha District with a mean of 35.02% and lastly Nyamira District with a mean of 32.72%. The deviation could be due to individual social-economic environment which could be due to different clans or sub-clans with

different clan norms. All forms of abuse are interrelated; for instance a physically abused woman ends up with stress disorder which is psychological: A woman who is financially abused suffers psychologically because she cannot support her self.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter contains three sections; summary, conclusion and recommendations. It gives an overview of the research done and the relevant recommendations. However, it also recommends for further research work.

5.2 Summary of the Findings of the Study

- i. Women abuse includes physical, sexual, psychological and economic abuse.

- ii. In addition to causing injury abuse increases women's long-term risk of a number of other health problems such as chronic pain, physical disability, drug and alcohol use and depression.
- iii. Various forms of abuse do exist among women in the Abagusii community, which include social abuse, sexual abuse, and financial abuse, psychological and physical abuse.
- iv. Causes of abuse against women in the Abagusii community constitute transgression of gender norms, which include failing to care adequately for the children or home, refusing him sex or expressing suspicions of infidelity, among other factors.
- v. Abuse against women leads to psychological problems such as emotional and behavioral damage that leads to a variety of risky sexual behaviors. These include depression, low self-esteem, lack of confidence and post-traumatic stress among others.

5.3 Conclusion

- i. All forms of abuse, physical, sexual, psychological and financial abuse do exist in women in Abagusii community.
- ii. Abuse frequently evolves from gender norms about the proper prescribed roles and responsibilities of men and women.
- iii. Abuse occurs mainly in conjunction with abuse of alcohol or drugs, or both, but in many cases alcohol or drugs are seldom involved. Thus treating an underlying alcohol problem can help reduce the incidence and severity of assaults but it seldom ends the violence.
- iv. abuse against women occurs in all social-economic and educational classes though not at the same prevalence rates

- v. Women often consider psychological abuse and humiliation more devastating than physical assault. Most of these women suffer from mental torture, quite a number live in fear and terror; some are depressed or have lost all confidence.
- vi. Women are most at risk of abuse or violence from men they know; and this normally takes place in their homes than anywhere else.

5.4 Recommendations

- i. Human right education should be promoted to empower women and girls and this will help in eliminating laws that discriminate against women and strengthen women in leadership and decision-making
- ii. Conduct workshops and campaigns to de-legitimise violence as a way to resolve conflict or to discipline women.
- iii. Conduct health campaigns to discourage use of alcohol and drugs.
- iv. Raising the costs of abusers of their violent behaviour such as public shaming, picketing an abuser's home or work place and requiring community services for offenders. This can help deter violence in the community.

5.5 Suggestions for Further Research

This research project focussed on women abuse in the Abagusii community. Further research needs to be carried out in other ethnic groups with large samples for more information to be gathered and fully generalised. However, male abuse should be looked into to ensure non-violent relationships prevail in the society. This is because men suffer abuse from their partners but rarely do they disclose the same.

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APPENDIX

QUESTIONNAIRE FOR MARRIEDWOMEN AND SINGLE WOMEN

Instructions

You are requested to complete this questionnaire as honestly as possible. You are assured that your responses will be treated with privacy and confidence. This questionnaire consists of questions aimed at identifying various forms of violence in intimate relations. Both open and closed questions are used. Try and respond to every item and do not indicate your name anywhere in this questionnaire.

Read each question carefully and tick [✓] the alternative that best respects your feelings in the space provided.

- 1) a) What is your marital status?
- i. Married
 - ii. Divorced
 - iii. Never married
 - iv. Widowed
- b) For how long have you been in or out of marriage?
Specify the number of years _____
- c) Which of the following does your partner or ex- partner show in life?
- i. Over attentive
 - ii. Controlling
 - iii. Unwilling to leave your side
 - iv. All the above
 - v. None of the above

- d) How you ever thought about suicide or attempted suicide?
- i. Yes
 - ii. No
- 2) a) What has been your relationship with your partner?_____
- i. Very good
 - ii. Good
 - iii. Fair
 - iv. Poor
- b) Did/does your partner ever want sex when you do not want?
- i. Yes
 - ii. No
- c) What happens in such situations?
- i. He beats you up.
 - ii. He insults you.
 - iii. Forces you into sex.
 - iv. Simply keeps quiet.
3. a) What is the education level of your partner or ex-partner?
- i. Never went to school
 - ii. He went through secondary education
 - iii. He is a graduate
 - iv. He went above graduate level
 - v. Dropped from school at some point_____ specify.

b) For how long has your partner or ex-partner owing a white-collar job?

- i. 5 years
- ii. Less than 5 years
- iii. 10 years or more
- iv. 15 years or more
- v. If otherwise, specify _____

c) What is your partner's or ex-partners financial status?

- i. Very good
- ii. Good
- iii. Average
- iv. Poor
- v. Very Poor.

d) Between you and your partner or ex-partner, who is better financially placed?

- i. You
- ii. Your partner or ex-partner
- iii. Both of you
- iv. None of you.

4. a) Does your partner have any problems with alcohol or drugs?

- i. Yes
- ii. No

b) How does it affect his behaviour with you and the children?

- i. Keeps silent
- ii. Insults you and the children
- iii. Fights you and the children
- iv. Fights you alone.

c) Do you think his behaviour is controlled by alcohol or drugs?

- i. Yes
- ii. No

d) Which of the following are you undergoing or might you have undergone?

- i. Anxiety
- ii. Vaginal itching or bleeding
- iii. Depression
- iv. Sleeping problem

5. a) Have you ever had any upsetting sexual experience with your partner?

- i. Yes
- ii. No

b) Has your partner or ex-partner ever forced you to have sex when you didn't want to?

- i. Yes
- ii. No

c) What happens in such situations?

- i. Insults you
- ii. Beats you
- iii. Simply apologizes
- iv. He simply keeps quiet.

d) What is your sexual relationship with your partner or ex-partner?

- i. Excellent
- ii. Very Good
- iii. Good
- iv. Bad
- v. Very bad

6. a) Has your partner or ex-partner ever hit you or physically hurt you?_

- i. Yes
- ii. No

b) As you know, it is common these days for a person to have been emotionally, physically or sexually victimized at some time in their life, and this affect their health many years later. Has this ever happened to you?

- i. Yes
- ii. No
- iii. Partly Yes

c) Have you ever been emotionally or physically abused by your partner or someone important to you?

i. Yes

ii. No

d) Are you afraid of your partner or anyone who is important to you?

i. Yes

ii. No

7. a) Have you ever had any upsetting financial experience with your partner or ex-partner?

i. Yes

ii. No

b) Has your partner tried to take your money or what you have worked for by force?

i. Yes

ii. No

c) Has your partner or ex-partner ever tried to keep you totally dependent on him or isolate you from support of others such as marry-go-rounds or women groups?

i. Yes

ii. No

d) Has your partner or ex-partner ever prevented you from seeking employment or owing a bank account?

i. Yes

ii. No

8) a) Which of the following have you undergone at one time?

i. Hitting

- ii. Stabbing
- iii. Kicking or bruising
- iv. Punching
- v. All the above

b) Can you be able to describe your feelings after undergoing any physical injuries stated in 8 (a)?

- i. Losses confidence
- ii. Feels demoralised
- iii. Frustrated and depressed
- iv. Feels misused
- v. Feels unwanted
- vi. None of the above.

c) What is the worst aspect of the battering experience?

- i. Mental torture
- ii. Living in fear and terror
- iii. Physical violence
- iv. Loss of all confidence

d) Have you ever been hit, slapped, kicked or otherwise physically hurt by someone when pregnant?

- i. Yes
- ii. No

9) a) Has your partner or ex-partner ever prevented you from

attending social gatherings organised at village level, with a view that they are meant for men?

i. Yes

ii. No

b) Has your partner or ex-partner ever forced you to participate in community rituals pertaining to the customs against your will?

i. Yes

ii. No

c) What happens in such situations?

i. Insults you

ii. Beats you up

iii. Simply keeps quiet

iv. None of the above

d) Which of the following ritual pertaining to your partner's or ex-partner's customs and traditions have you been forced to take part?

i. Death rituals

ii. Circumcision

iii. Wife inheritance rituals

iv. Sacrifice to ancestors

v. None of the above

vi. All the above

10. a) How many cases of physical or sexual abuse have you

i. One

- ii. Two
- iii. None
- iv. Several

b) If so, to whom have you reported the cases?

- i. Parents in law
- ii. Own Parents
- iii. Area chief or assistant chief
- iv. All the above
- v. None of the above

c) How many cases of financial abuses have you reported?

- i. Several of them
- ii. None
- iii. Two or more
- iv. Only one
- v. Not sure

d) If so, to whom have you reported?

- i. Parents or parents in –law
- ii. Village elder
- iii. Area chief /Sub chief
- iv. All of the above
- v. None of the above

11 a). Have you ever had any upsetting experience
with your partner or ex-partner during

pregnancy?

i. Yes

ii. No

b) What happens in such situations?

i. Gets beaten up

ii. Forced into sex

iii. Gets insults

iv. Kicked out of the home

v. All of the above

c) Have you ever had any physical injuries from your partner or ex-partner during pregnancy leading to miscarriages?

i. Yes

ii. No

d) Have you ever had late entry into prenatal care?

i. Yes

ii. No

12 a) What might have triggered your partner or ex-

partner towards abusing you physically or sexually?

i. He was drunk

ii. He is always arrogant

iii. Your responses or behaviour annoyed him

iv. It is its nature II III IV

b) My partner or ex-partner abuses (ed) me socially because:

- i. I disrespect(ed) his people
- ii. I despise(ed) his people customs and traditions
- iii. He acts (ed) out of stress and frustrations
- iv. It is (was) a way of controlling me

c) My partner or ex-partner abuses (ed) me psychologically because:

- i. He is (was) naturally emotional
- ii. He enjoys(ed) seeing me unhappy
- iii. He is (was) a sadist
- iv. All the above
- v. None of the above

d) My partner ex-partner abuses (ed) me financially because:

- i. He lost his job
- ii. He is (was) jealousy of my income
- iii. I earn (ed) more than him
- iv. All of the above
- v. None of the above