

**CAUSES, CONSEQUENCES AND MANAGEMENT STRATEGIES OF GENDER
BASED DOMESTIC VIOLENCE: A CASE OF CENTRAL DIVISION OF KITUI
DISTRICT, KENYA.**

BY

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**A Thesis Submitted to Graduate School in Partial Fulfillment of the Requirements
for the Award of Master of Education Degree in Guidance and Counselling of
Egerton University.**

EGERTON UNIVERSITY

March, 2007

DECLARATION

I declare that this thesis is my original work and has not been previously presented for the award of a degree in any other university.

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DEDICATION

This work is dedicated to all those who supported me in order to realise my dreams:-

To God Almighty who has brought me this far, Amen.

To my dear daughters, Doreen and Grace for being understanding and patient with me throughout this work.

To my Husband Boniface who sacrificially gave his time to the family support in order to make my studies a bearable moment.

To my house girl, Elizabeth for her faithfulness during this strenuous experience.

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ABSTRACT

Gender based domestic violence is prevalent in both developed and developing countries. It is in fact a major constraint to development in many parts of the world. However, it seems that the causes, consequences and management strategies used in different places vary. In Kenya, surveys on gender based domestic violence have been done in areas such as Nairobi and Kisii. In effect, there is need to study this vice in other parts of the country. This study was therefore carried out in Central Division of Kitui District and its purpose was to analyse the causes and consequences of gender based domestic violence. More so, the study attempted to find out if there are management strategies used to address the problem. The research type was a descriptive study that used *ex post facto* research design. Sampling was done from a population of 24, 792 married men and women. The sample was composed of 200 married men and women. However, after data collection only 106 questionnaires were returned. On the other hand, eighty (80) respondents were interviewed making the total number of respondents used in the data analysis equal to 186. The main study instrument was a questionnaire and its reliability was calculated using Cronbach's reliability coefficient, which was found to be 0.72. Data collected was analysed using the Statistical Package for Social Sciences (SPSS) version 11.5. Frequencies and percentages were used to analyse the causes, consequences, and management strategies addressing gender based domestic violence. In addition, the Pearson's product moment correlation coefficient and the t-test were utilized to establish if there was a statistically significant relationship between the rate of violence and the level of education, level of income, and the rate of alcohol consumption. Further, the t-test was used to examine if there was a statistically significant difference between the rate of violence among men and women. The level of significance was acceptable at $\alpha = 0.05$. Results from this study showed that alcohol consumption was a major cause of domestic violence. Mental stress, reduced family income and poor family health were some of the mentioned consequences of gender violence. There was a significant relationship between the rate of violence and the level of education, the level of income and the rate of alcohol consumption. The study findings also showed a statistically insignificant difference in the rate of violence between married men and women. Therefore, it was recommended that there is need for education on harmonious family living, provision of guidance and counselling services to the affected population, and formulation of policies that lead to legal procedures in settling of family disputes.

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LIST OF ABBREVIATIONS AND ACRONYMS

CEDAW	_	Convention on Elimination of all forms of Discrimination Against Women.
COVAW	_	Coalition on Violence against Women.
CRC	_	Convention on Human Rights of a Child.
ECLAC	_	Economic Commission for Latin America and the Caribbean.
FAIDA	_	Family Advancement in Development Agency
FAWE	_	Forum for Africa women Educationists.
FIDA	_	Federation of Women Lawyers.
UDHR	_	Universal Declaration of Human Rights.
UN	_	United Nations.
UNESCO	_	United Nations Educational Scientific and Cultural Organization.
UNFPA	_	United Nations Population Fund
UNICEF	_	United Nations Children's Education Fund
UNIFEM	_	United Nations Development Fund for Women.
WHA	_	World Health Assembly.
WHO	_	World Health Organization
SPSS	_	Statistical Package for Social Sciences
GBDV	_	Gender Based Domestic Violence

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to the United Nations General Assembly (1993), gender based domestic violence involves men and women and usually results in physical, sexual, or psychological harm or suffering to the victims. It also includes threats of such acts, coercion or arbitrary deprivation of liberty. A study from World Health Organisation (1996) indicates that between 16% and 52% of women worldwide are physically assaulted by an intimate partner at least once in their lives. In addition, according to the Inter-American Development Bank's special report on domestic violence in 1999, gender based violence results in direct loss of money due to health care, police, court costs and productivity. Besides financial losses, gender based violence has also been identified as a contributory factor to maternal mortality rate by 55 percent (World Bank, 1993).

Further, the World Health Organisation in 1996 documented that, among women aged 15-44 years, gender violence often leads to death and disability. In addition, studies in India, Bangladesh, the USA, Papua, New Guinea and Peru indicate a high correlation between domestic violence and suicide rates (WHO, 1997). Statistics published in 1997 by the World Health Organization on studies conducted in 24 countries in America, Europe and Asia revealed that between 20% and 50% of the women interviewed reported that they suffered physical abuse from their male partners. More over, according to an international report on the status of women in 140 countries, the number of women reporting physical abuse by a male partner during the period 1986-1993 was 21% to 60% (Neft & Levine, 1997).

Besides, a study done in South Africa showed that one adult woman out of every six is assaulted regularly by her mate. In at least 46% of these cases, the men involved also abuse the women's children (Russell, 1991). In addition, a study in northern Nigeria found that 16% of female patients seeking treatment for STDs were children under the age of five and 10% of these were cases of incest (UNFPA, 1999).

In a representative sample taken from two districts of Uganda, women between 20-44 years reported that 41% had been beaten or physically harmed by a partner (Blanc et al, 1996). In Kenya, data collected from a Baseline survey among women in Nairobi indicated that 50% of women interviewed reported an experience of domestic violence

thus indicating a reasonably high prevalence of the vice. Consequently, further research especially involving both men and women in other parts of the country has been recommended (Federation of women lawyers (FIDA, 2001). In Kitui district research on gender based domestic violence has not been done. However surveys on human rights violation have been conducted by FAIDA a non-governmental organisation where cases of gender violence take 80% of the total human rights violation acts in the district (FAIDA, 2002). This organisation further documented that 30% of these gender violence cases were reported from the central division of Kitui district.

The health consequences of Gender-based violence (GBDV) according to Heise (1999) include short-term health effects that have non-fatal outcomes such as minor cuts, headaches, pains and bruises. In addition, the long-term health outcomes include organ damage, chronic disabilities, mental disorders, depression, pregnancy complications and even fatal consequences such as suicide and murder. For majority of women, the persistent insults, abuse, confinement, harassment and deprivation of financial and physical resources may prove more harmful than physical attacks and result in women living in a permanent state of fear and sub-standard, mental and physical health (UNFPA, 1999). In support of this, the WHO information tool on violence notes that women have reported that the mental torture and living in fear and terror was undoubtedly the worst and most profound and long-lasting aspect of gender-based violence (WHO, 1997).

For many countries, the economic cost of gender based domestic violence is substantial. For example, in Canada, a 1995 study estimated that violence against women costed the country 1.5 billion Canadian dollars lost in reduced labour productivity, and increased medical and community support services (UNICEF, 1987). Often, those who experience physical abuse end up using more medical services due to later complications. Such increased demand for health care services and loss in terms of productivity has become a big milestone to economic development especially among the developing countries (UNPFA, 1999).

It has become increasingly clear that GBDV adversely affects men and women's well being although men's cases of abuse are rarely reported. However, the manifestations of GBDV often go undetected and a large number of women and men continue living through repeated abuse and assault without any recognition of their ordeal or adequate provision for care or support. Available information on the linkages between violence and

psychological ailments comes primarily from research conducted in developed countries. As such, a lot of scientific evidence is required from developing countries.

In order to address and manage the problem of gender based violence, International Conferences and Campaigns have resolved to a large extent in increasing awareness and breaking the wall of silence that surrounded gender based violence. For instance, the Convention on the Elimination of All Forms of Discrimination against Women has several provisions, which are applicable to gender based violence (UNFPA, 1999). Nevertheless, women's groups and feminist movements have lobbied and put pressure on governments to enact legislation and policies that punish, prevent or protect women against GBDV. In response, concerned non-governmental organisations have also established programmes and services to either support, care or inform women who have been abused (Neft & Levine, 1997). More often, the Programmes that target changing community attitudes towards GBDV have proved most beneficial (World Bank, 1993).

According to United Nations Children's Fund (UNICEF, 1999), specialist services like residential shelters and refuges, special courts, women's police stations and special desks set up at local police stations have also proved beneficial to women who have survived abuse from their partners. However, there are few specialist refuges for women in developing countries. On the other hand, no management strategies have been set up to address male victims of violence. Clearly, the costs of operating such services require funding beyond the means of most Non-governmental organisations that tend to do most of the innovative work on GBDV in developing countries.
<http://www.ippf.org/resource/gbv/ma98/1.htm> - top

1.2 Statement of the Problem

Gender-based domestic violence affects men, women and children. It is a serious problem that transcends racial, economic, social and religious lines. More so, it affects human health, undermines human dignity and in the long run become a major drawback to economic development. When families get involved in gender-based violence, a lot of time is spent in settling of disputes and nursing psychological and physical wounds of violence. This becomes worse where management strategies of gender based domestic violence are not available. In a recent survey done in Kenya (FIDA, 2001), the aspect of management of gender-based Violence was not tackled, yet victims of this vice go through very traumatic experiences. Also, the survey recommended that there is need to include men in studies on gender-based violence. It is with this view that this study

involved both men and women and endeavoured to analyse the causes, consequences and management strategies of gender based domestic violence among married men and women.

1.3 Purpose of the Study

The purpose of this study was to identify the causes, the consequences and management strategies of gender based domestic violence in Central Division of Kitui District, Kenya.

1.4 Objectives of the Study

The objectives of the study were:

- (i) To identify the causes of domestic violence among married men and women in Central division of Kitui district.
- (ii) To examine the consequences of gender based domestic violence on the victims.
- (iii) To find out if there are adopted management strategies of gender based domestic violence in Central division of Kitui district.
- (iv) To ascertain the relationship between socio-economic background and the rate of violence.
- (v) To determine if there is a relationship between the rates of Alcohol consumption and the rate of violence.
- (vi) To determine if there is a statistically significant difference in the rate of violence among married men and women in Central Division of Kitui district.

1.4.1 Research Questions

Research questions in this study included: -

- (i) What are the causes of domestic violence among married men and women in Central Division of Kitui District?
- (ii) What are the consequences of gender based domestic violence to the victims in Central Division of Kitui District?
- (iii) Are there management strategies adopted to address gender based domestic violence in Central Division of Kitui District?

1.4.2 Hypotheses of the Study

The following hypotheses were tested:

HO₁: There is no statistically significant relationship between socio economic background and the rate of violence among married men and women in Central Division of Kitui District.

HO₂: There is no statistically significant relationship between the rate of alcohol consumption and the rate of violence among married men and women in Central Division of Kitui District.

HO₃: There is no significant difference in the rate of violence between married men and women in Central Division of Kitui District

1.5 Significance of the Study

The findings of this study are expected to enlighten individuals and the community on the causes and consequences of gender based violence in this area. In addition, the study is likely to inform health care providers in this area of the need for sensitivity to recognize domestic violence and offer support services where necessary. It is also expected that the findings of this study should expose community-derived methods of managing and resolving the problem of gender-based domestic violence. Further, the findings of the study should draw attention to governmental and non-governmental organizations involved in fighting for human rights and especially those against domestic violence so that they may intensify their activities in this area. Social workers and counsellors who try to change attitudes on violence should use the findings to create awareness in the society. Finally, the results from the study should show the need for the government to formulate policies that address this problem.

1.6 Scope of the Study

The scope of the study was limited to examining issues of domestic violence in four areas: - physical, psychological, sexual and economic abuse. In addition, the sample was confined to men and women in a marriage relationship in Central division of Kitui district only, thus generalization was made to this study area only. The management strategies considered included support groups such as Non Governmental Organisations and Hospitals. Other service providers such as chiefs, relatives, friends, police, religious leaders and psychological counsellors were also included.

1.7 Assumptions of the Study

The assumptions of the study included the following:

- (i) That the respondents would co-operate and give required information accurately, honestly and trustfully.
- (ii) That all the areas of the division would be accessible.
- (iii) That gender based domestic violence was prevalent among men and women in the chosen area of study.

1.8 Definition of Terms

In this study, the following terms were conceptualised as:-

Cultural background; Refers to all the things and activities that make peoples entire way of life but in this study the term was used to refer to the ethnicity of the respondents.

Domestic violence: Any act of violence that result in or is likely to result in physical, sexual or psychological harm or suffering to women or men, including threats of such acts, coercion or arbitrary deprivation of liberty, and that which occurs within a home setting

Education: This is the process of acquiring knowledge and skills either formally in a school setting or informally through observation and experience from the society.

Education level: Four categories were identified to show the level of education achieved by a respondent. These include; no formal education, primary, secondary and post secondary education.

Gender based violence: Is violence involving men and women, which is derived from unequal power relationships between men and women.

Gender: Refers to differences between men and women in socio-cultural aspects rather than physical differences only and consequently society assigns different roles to men and women.

Income level: This refers to the financial returns over one-year period. It was determined by asking the respondents to estimate their gross income (in Kenya Shillings) from all sources in the previous year. The levels to be used are; 0 - 10,000, 10,001 - 50,000, 50,001 - 100,000 and 100,001 and above.

Marriage: This term was used to refer to a relationship whereby a man or a woman aged between 15-49 years is living with the other spouse at the time this study was carried out.

Management strategies of gender-based domestic violence: Methods adopted by individuals or a community to cope with or resolve problems of gender-based violence

Mental health status: This term refers to the state of mind in clinical terms where a person may have a stable mind or be a victim of a mental disorder or disease. In

the study the term was used to classify respondents in accordance to this definition but on the basis of personal history and any previous clinical diagnosis.

Personality type: This refers to a person's characteristics as classified by Friedman in 1984 as personality Type-A and Type-B. A person with Type-A personality is aggressive, ambitious, competitive, preoccupied with achievement and impatient. A person with type-B personality is more relaxed, easy going, patient, speaks and acts more slowly.

Prevalence of gender based domestic violence: This refers to the number of cases reporting to be victims of gender based domestic violence. In this study, three categories were identified as follows: Low prevalence for 0- 20 cases, moderate prevalence for 20- 50 cases and High prevalence for 50 and above cases.

Psychological wounds of violence: This is mental and emotional pain experienced by victims of violence.

Rate of alcohol consumption: This is defined by the number of times a respondent's partner gets drunk in a week. These rates were categorised as: - low rate for once, moderate rate for twice, high rate for four times, and severe for those who get drunk every day.

Rate of violence: The number of times a respondent has experienced violent acts within a month. Violence rate of between 0 – 2 times was termed as low, while a rate of 3 – 5 times was mild. Abuse rates of 6 -7 and 7 – 10 were considered moderate and high respectively.

Socio-economic background: This term usually refers to the various social and economic experiences a person has gone through in life and has contributed to what they are at the present. These factors include education, occupation, cultural practices, economic activities, interactions with other people and the physical environment. However, in this study the term was used to refer to education level and income level of a respondent

Victim of violence: The person who is affected by violence whether physically, socially, psychologically or economically.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter, the major concepts and variables of interest in this study were discussed and the relevant literature reviewed. The topics covered include conceptualization of gender based domestic violence, an overview of worlds' organization perspectives on gender based domestic violence, gender based domestic violence against women and against men, culture and gender based domestic violence, the general causes and consequences of gender based domestic violence, management strategies adopted in some parts of the world, and the current state of gender based domestic violence in Kenya. The theoretical and conceptual frameworks are also discussed.

2.2 Conceptualization of Gender Based Domestic Violence

Gender-based violence is violence involving men and women, in which the female is often the victim, and which is derived from unequal power relationships between men and women (UNFPA, 1999). According to Coalition on Violence against Women (COVAW, 2003) Domestic violence within the home is about power and control, where the perpetrator of the same uses violence as a way of immobilizing the other. Gender based violence is violence directed at individuals on the basis of their gender and boys and men can also be the target (Barnes, 1999).

Gender based violence is acknowledged as a violation of human rights and a constraint to development throughout the world (WHO, 1999). It affects women and men, girls and boys of all ages in different ways. However, females are more often the victims than males, with children and women with disabilities facing the most challenges (Heisse, 1998).

According to Neft and Levine (1993), gender-based violence takes place throughout the life cycle and can be grouped into five main categories:

- (i) **Sexual violence;** for example, Sexual harassment, incest, rape, forced prostitution and sexual slavery;
- (ii) **Physical violence;** involves, wife battering and assault, female infanticide, child assault by teachers and gay bashing;

- (iii) **Emotional and psychological violence;** such as threats of violence, insults and name calling, humiliations in front of others black mail and the threat of abandonment;
- (iv) **Harmful traditional practices;** include female genital mutilation (FGM), denial of certain foods and forced or early marriage.
- (v) **Socio economic violence;** such as discriminatory access to basic health care, low levels of literacy and educational attachment, inadequate shelter and food, economic deprivation, armed conflict and acts of terrorism.

Violence against men on the other hand has been going on in some parts of the world but under great cover (Gross, 1998). Many societies do not encourage men to talk publicly about their misery. Rather, some men suffer violence in their families in silence and in fear of intimidation by other men (Ingolo, 2002).

2.3 World Organization's Perspectives on Domestic Violence

In the 1990's, violence against women has emerged as a focus of international attention and concerns. This is first seen in 1993 when the UN General Assembly passed the declaration on the elimination of violence against women (UN, 1993). Then in 1994 at both the International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing, women's organizations from around the world advocated ending gender violence as a high priority (WHO, 1999).

In 1996 the 49th World Health Assembly adopted a resolution declaring domestic violence as a public health priority (WHO, 1997). Also in 1998, United Nations Development Fund for Women launched regional campaigns in Africa, Asia, Pacific and Latin America to draw attention to the issue of violence against women globally (UNIFEM, 1999). In 1999 the United Nations Population Fund declared violence against women a public health priority (UNFPA, 1999).

2.4 Gender Based Violence against Women

The United Nations Declaration on the Elimination of Violence Against Women, adopted by the UN General Assembly in 1993, defines violence against women as "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. This declaration also says that violence against women encompasses, physical, sexual and psychological

violence occurring in the family and in the general community including battering, sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation, sexual harassment, and intimidation at work, in educational institutions and elsewhere, trafficking in women, forced prostitution, and violence perpetrated or condoned by the state" (UN Declaration, 1993). All of these forms of violence are associated with power inequalities: between women and men, as well as with growing economic inequalities both within and between countries.

According to (Heisse, 1996) violence against women is a manifestation of historically unequal power relations between men and women, often leading to domination over and discrimination against women. In addition, the Human Rights Watch (1995) observes that violence against women is often a cycle of abuse that manifests itself in many forms. For instance, at the very beginning of life, a girl is a target of sex selective abortion or female infanticide in cultures where son preference is prevalent. During childhood, girls face enforced malnutrition, early marriage and forced prostitution or bonded labour (UNICEF, 1989). In fact, some go on to suffer throughout their lives through rape and murder at the hands of intimate partners (UNFPA, 1999).

Girls at puberty are prone to female genital mutilation in some cultures and often become victims of incest, child prostitution and pornography (Heisse, 1996). More so, at the adolescent stage they face date rape, courtship violence which can be in form of acid throwing, verbal and physical abuse. Adult women mostly become economically dependent on men and often become victims of incest, sexual harassment, pornography, marital rape, trafficking in women, dowry abuse and partner homicide. The elderly women often face abandonment while disabled women at times become victims of rape (Watson, 1982). Despite all the given perspectives of violence against women, this study will look at violence among women in a marriage relationship and focus on physical, sexual verbal and psychological abuse.

2.5 Gender Based Violence against Men

Gender violence affects both men and women, although many men may feel uncomfortable discussing an issue, which at times seems to reflect on men in general, portraying all of them as aggressive, violent, irresponsible, wife beaters or sexual predators. Women can also be violent and many men may not be violent. Men are also

frequent victims of violence, particularly young men, with homicide a major cause of death amongst 15-44 year old men (PAHO 1998).

A review of literature on crime and violence cited by Barker (1999) concludes that masculinity has been seen as inherently violent and that the impact of gender socialization on men has largely been ignored in the study of violence (Messerschmidt, 1993). Some of the literature suggests that while girls are usually socialized closer to home, young men tend to find their peer support on the street or outside the home. Maleness is defined in many cultures as aggression and control and dominance of women or others who are considered weaker. Many cultures condone aggression as a means for males to express anger. In some cultures there may also be rigid codes around "family honor" leading to "honor killings" of women who have been raped, usually by male members of their own family.

Barker (1999) postulates that in low income settings, where mainstream sources of masculine identity such as educational achievement or stable employment are difficult to access, young men may be more inclined to adopt violence or other behaviors of control as a way to prove their manhood. A better understanding of how masculinities are shaped in different environments would be an important contribution to the field of violence and not just to violence against women.

In terms of prevention and other interventions, it is certainly important to have more men address violence against women as an issue and to take some responsibility for changing the social norms and values that allow this gross violation of human rights to go on unquestioned (Piot, 1999). However, at the same time it is necessary to critically assess the approaches being used, and to ensure that resources to address the issue are allocated in the most effective way and are not diverted from the hard-won program efforts of many women's organizations. Over the last twenty years it has been these organizations that have provided basic care and support to women experiencing violence and their children, and increasingly work on prevention and even programs for batterers. The growing interest in men's groups working on violence against women does not always recognize that changing the norms and values of relationships from those of control and dominance to those based on mutual respect and equity requires not only individual but also structural change.

There is no one profile of men that defines who will or will not be a batterer other than having been exposed to violence as a child. Thus, management that focus on

working with children of women experiencing abuse may be an important prevention strategy with an impact on the children themselves, but also on decreasing violence and improving health and well-being of the men and women of the future. School programmes starting at an early age that help to shape and promote more equitable gender relations and non violent forms of conflict resolution may be important interventions to initiate change in the prevailing norms. Teaching of non-violent parenting may be another important avenue to develop further as an intervention for the prevention of violence. (Beaglewood, cited in Piot, 1999).

However, the most common management strategy so far for men has been batterer intervention programmes (BIPs). Batterer intervention programmes (BIPs) aim to change the behaviour of batterers. They were initiated in the 1970s and have tended to focus on group rather than individual treatment. They vary in length, but tend to be relatively short, usually around 20-30 weeks. In many cases in the United States they have become court-mandated in lieu of incarceration. BIPs have often not been systematically monitored and evaluated, limiting the knowledge about the effectiveness of these interventions. Some research suggests that overall BIPs appear to contribute to the cessation of physical domestic violence in around 53% to 85% of men who complete the prescribed intervention (Austin & Dankwort, 1999).

However, there are many methodological limitations to these studies, including lack of control groups, different outcome measures, small sample sizes, and different post treatment follow-up period (National Research Council, 1996). Another problem is that there tends to be a low compliance rate, except in those cases where it is mandated by the law. Most studies show a drop out or non-engagement rate of about two thirds of the rate of completers and a majority of men do not come back after the first session.

Furthermore, the evaluations that do exist have focused on the reduction of violence rates as reported by batterers themselves – and at times confirmation by their spouses-, but have not considered the well-being and safety of women, or whether they are empowered or disempowered by such interventions (Austin & Dankwort 1999.) Several reports show that while men had stopped the physical abuse after participating in a BIP, the verbal and psychological abuse may continue or get worse (Edleson, 1990.) This highlights the need for BIPs to address not only physical but also psychological abuse and other forms of control. These programmes should have a strong focus on women's safety, and on addressing gender roles and power inequalities.

Gross (2002) recorded that a battered husband has historically been ignored or subjected to ridicule and abuse as was the case in France in 18th century where a battered husband was made to wear an outlandish outfit and ride backwards around the village on a donkey. Generally researchers do not investigate about husband abuse because it is thought to be a fairly rare occurrence and in most traditions men are seen as sturdy and self-reliant so that the issue of male abuse is considered irrelevant (FIDA, 2001). However, surveys from police records in the United States have shown male abuse as a reality. For example, in a police report from New Jersey, between 1976 and 1985, it was found that there was an overall ratio of 1.3:1.0 of murdered wives to murdered husbands (Kephart & Jedlicka, 1982). In this report, it was also recorded that black husbands are at greater risk of spouse homicide and victimisation than white husbands.

In Africa some men have abandoned their families because their women have become tormentors in verbal and physical abuse. Some of these men drown their frustrations in bars, while others take hard drugs (Barnes, 1999). Frustrations are even more for the jobless, retrenched, and men who earn less than their spouses because their homes turn into prisons (Segal, 1997). According to Mbekar (2003), at least five men in Kenya are battered every week but as it has been the case over the past century, men experience domestic violence but under great silence

2.6 Culture and Gender Based Domestic Violence

In many societies, there are cultural institutions, beliefs and practices that undermine women or men's autonomy and contribute to gender based domestic violence. Certain marriage practices can disadvantage families especially where customs such as dowry and bride wealth have been corrupted by western consumer culture (Bowman, 2003). Over the years, dowry has become an expected part of the marriage transaction. In effect, dowry demands can escalate into harassment, threats and abuse, and in extreme cases partners are driven to suicide, divorce or pursue another marriage (Armstrong, 1994).

Almost every traditional African society was patriarchal and a woman's place within this scheme was decidedly subordinate (Bowman, 2003). Institutionalisation of this inequality remains woven in African customary law. For example, in most customary systems, the women have no right to inherit from their husbands and are not regarded as sharing ownership of marital property. In this case, there is power in African tradition, and norms that explains domestic violence. Some argue that wife beating is regarded as normal within traditional African culture. For example, culture allows men to beat their

wives among the Yoruba of Nigeria, the Maasai, Kamba, Luhya and the Kalenjins of Kenya (Mbiti, 1979).

Other cultural practices that perpetuate gender violence include uneven distribution of power within traditional African marriages, the impact of polygamy, the acceptance of male promiscuity and the power of extended family over the married couple (Bowman, 2003). According to Armstrong (2002), violence arises frequently in Zimbabwe out of quarrels over money and jealousy. A wife is seen as challenging her husband's authority when she inquires about his extra marital movements.

In addition cultural attitudes towards female chastity and male honour also serve to justify gender violence and exacerbate its consequences in parts of Latin America and Near East, a man's honour is often linked to the sexual purity of the women in his family (Jehl, 1999). Other cultural practices that perpetuate gender violence include uneven distribution of power within traditional African marriages, the impact of polygamy, the acceptance of male promiscuity and the power of extended family over the married couple (Bowman, 2003). According to Armstrong (2002), violence arises frequently in Zimbabwe out of quarrels over money and jealousy. A wife is seen as challenging her husband's authority when she inquires about his extra marital movements. In effect, wife's questioning is a challenge to the husband's traditional rights and is seen as threat to his culturally prescribed position, provoking violence in response.

The commonly reported causes of arguments that escalate to partner abuse according to Armstrong, (1994) include: -

- (i) Disputes about the husband's traditional economic obligations to his extended family, seen as a direct threat to the economic survival of the nuclear household.
- (ii) Anger over the partners perceived failure to adequately fulfil their role within the traditional decision of household labour.
- (iii) Violence occasioned by the wife's "talking back" which is a failure to conform to her submissive role.
- (iv) Partners engaging in extra marital affairs.

Certainly marriage traditions undermine the ability of women to escape abusive relationship. For example, parents in the Indian subcontinent are reluctant to allow their daughters to return home for fear of having to pay a second dowry (Visaria, 1999). In addition cultural attitudes towards female chastity and male honour also serve to justify gender violence and exacerbate its consequences. In parts of Latin America and Near

East, a man's honour is often linked to the sexual purity of the women in his family. If a woman is defiled sexually through rape or voluntary engages in sex outside marriage, she defiles the family honour. In fact in the Arabian countries such women are murdered in what they refer as to honour killings (Jehl, 1999).

On the other hand, sexual coercion in most African cultures is accepted as the norm. At early ages, boys are expected to engage into sex with girls whether they resist or not. This creates a culture of forced sexual acts that are then transmitted into marriage (Onyango, 2002). Although culture can aggravate women's vulnerability it can also serve as a creative resource for intervention. Many traditional cultures have mechanisms such as public shaming or community healing that can be mobilized as resources to confront partner abuse (Bowman, 2003).

2.7 Causes of Domestic Violence

There is no one single factor to account for domestic violence. Increasingly research has focused on the inter-relatedness of various factors that should improve our understanding of the problem within different cultural contexts (United Nations Development Fund for Women, 1997). Several complex and interconnected institutions suggest social and cultural factors have kept women particularly vulnerable to the violence directed to them, all of them being manifestation of historically unequal power relations between men and women (Schuler, 1996). These factors include: lack of economic resources, increasing levels of poverty, cultural ideologies, lack of legal protection and alcohol taking among others.

2.7.1 Lack of Economic Resources

Lack of economic resources underpins women's vulnerability to violence and their difficulty in extricating themselves (World Bank, 1993). The link between violence and lack of economic resources and dependency is circular. The threat and fear of violence keeps women from seeking employment, and compels them to accept low-paid, home – based exploitative labour (Schuler, 1996). Due to economic independence, women have no power to escape from violent relationships. Macro economic policies such as structural adjustment programmes, globalisation and the growing inequalities have created increased levels of violence in several regions like Latin America, Africa and Asia (UNICEF, 1999).

2.7.2 Increasing Levels of Poverty

Increasing levels of poverty, unemployment, hardship, income inequality, and alcohol abuse have led to increased violence in the society in general (WHO, 1997). These factors act indirectly to raise women's vulnerability by encouraging more risk taking behaviour, more alcohol and drug abuse, breakdown of social support networks and the economic dependence of women on their partners (UNICEF, 1999).

2.7.3 Cultural Ideologies

Cultural ideologies both in industrialized and developing countries provide legitimacy for violence against women in certain circumstances (Dutton, 1994). Religious and historical traditions in the past have sanctioned the chastising and beating of wives (Heisse, 1996). Male control of family wealth inevitably places decisions making authority in male hands. Women sexuality is tied to the concept of family honour in many societies. Traditional norms in these societies allow the killing of errant daughters, sisters and wives suspected to defile the family with forbidden sex, marrying or divorcing without the consent of the family (Indira, 1995).

2.7.4 Lack of legal protection

Lack of legal protection, particularly within the sanctity of the home is a strong factor that perpetuates violence against women (WHO, 1996). In many countries domestic violence is exacerbated by legislation, law enforcement and judicial systems that do not recognise domestic violence is a crime (Sen, 1996). Investigations by Human Rights watch, (1995) have found that in cases of domestic violence, law enforcement officials frequently reinforce the barterer's attempts to control and demean their victims. Even though several countries now have laws that condemn domestic violence, when committed against a woman in an intimate relationship, these attacks are more often tolerated as the norm than prosecuted as laws (UNICEF, 1999).

2.7.5 Patriarchal Structures and Gender Inequality

Gender based violence is supported or re-enforced by gender norms and values that put women in a subordinate position to men (Campbell, 1985). This cuts across all social classes, religion and education levels. While there are still variations by race, class, geography or region that need to be explained, unequal gender relations have been identified by feminists and other scholars as a cornerstone of domestic and sexual

violence against women (Monk, 1970). The specific cultural context plays an important role in defining the mechanisms through which gender inequality and other factors affect violence.

Heise (1998), reviewed existing research and summarized some of the factors related to violence and organized them according to the levels of an ecological model. Many of the factors identified are closely related to norms and values around gender and social equity. For example, at the level of the family, male dominance and male control of wealth appear important, while at the macro social level, it is notions of male entitlement/ownership of women, masculinity linked to aggression and dominance, rigid gender roles, and acceptance of interpersonal violence as a means of resolving conflict (Heise, 1998).

The National Research Council review (1996) in the U.S.A. states that several studies support the fact that men raised in patriarchal family structures in which traditional gender roles are encouraged are more likely to become violent adults, to rape women acquaintances, and to batter their intimate partners than men raised in more egalitarian homes (National Academy of Science, 1996). Schuler and colleagues, studying violence against women in Bangladesh, point out that although most violence by men against women in Bangladesh occurs in the home, it does not originate or persist only within the home. Rather violence is one element in a system that subordinates women through social norms that guide their place and conduct (Schuler *et al*, 1996). Their research pointed out that violence is most frequent when women transgress or challenge the roles traditionally ascribed to them by society.

A study in an urban poor population in Mexico City similarly found that gender violence and the disorders related to it are embedded in their social relations, particularly with male partners (Finkler, 1997). Finkler describes how traditional ideologies reinforce women's economic dependence on men, and notions about their domestic role and social inferiority, and how these ideologies are further transmitted through biomedical practice. While both men and women in the lower socio-economic strata are exposed to many forms of hardship and denigration, the power given to men by the prevailing ideologies and the use of physical violence against women generate what Finkler calls "life's lesions" in women (Finkler, 1997).

Cross-cultural anthropological and ethnographic studies of gender violence, such as that of Levinson (1989) and the review of 14 cultures by Counts, Brown and Campbell

(1992), also identify the role of social and cultural mores, including those around gender relations, in the acceptance and promotion of violence. Counts *et al* found that the presence and severity of wife beating ranged from very frequent to almost non-existent, although physical chastisement of wives was tolerated and even considered necessary in most societies. Cultures with a concept of masculinity associated with dominance, toughness or male honor also were found to have higher overall levels of violence against women (Campbell, 1985).

Cultural norms around violence, gender and sexual relationships are not only manifested at the individual level, but are also re-enforced or not by the family, the community and the broader social context, including the media. Dobash & Dobash (1992) have shown how historically husbands' domination over wives, including the use of violence, has been sanctioned by cultural beliefs. In many settings violence is considered normal and a prerogative of men or husbands. The socialization of boys and girls often reflects related cultural norms and values. Males are encouraged to be aggressive and sexually active, while girls are taught to resist sexual activity. Disturbing data from several countries show that girls often experience the first sexual act by force or they accept it out of fear of violence (Wood & Jewkes, 1997). This highlights the need to address social norms and attitudes that promote unequal gender and sexual relationships, starting with children and adolescents. It is important to understand how these social norms that condone and legitimize gender violence, contribute to high levels of violence, in order to devise interventions against them.

2.7.6 Witnessing Violence

Exposure to domestic violence between parents when growing up has been shown to be associated with domestic violence in studies from Nicaragua (Ellsberg *et al*, 1997), Cambodia (Nelson & Zimmerman, 1996) and in Canada (Johnson, 1996). One third of children who have been abused or exposed to parental violence become violent adults and sexual abuse in childhood has been identified as a risk factor in males for sexual offending as an adult (National Research Council, 1996).

A critical review of 52 studies conducted in the U.S. that included comparison groups by Hotaling and Sugarman (1986) found that the only risk marker for women consistently associated with being the victim of physical abuse was having witnessed parental violence as a child. As regards sexual assault, Koss and Dinero (1989) concluded that it was generally not predictable, but to the extent it could be, was accounted for by variables

that represent the after effects of childhood sexual abuse, including influences on drinking, sexual values and level of sexual activity (National Research Council, 1996).

2.7.7 Alcohol

Alcohol merits some mention since research has consistently found heavy drinking patterns related to intimate partner and sexual violence (National Research Council, 1996). It is true that many people may drink without engaging in violent behaviour and many battering incidents and sexual assaults occur in the absence of alcohol, however some evidence exists that violent men who abuse alcohol are violent more frequently and inflict more serious injuries on their partners than do men without alcohol problems (Frieze & Browne, 1989 in Heisse, 1998.) Addressing violence in alcohol dependence treatment programmes can be useful potentially to help reduce the incidences of partner abuse.

2.8 Consequences of Domestic Violence

Gender-based violence adversely affects victims, family members, communities and states on profound emotional, physical, psychological and economic levels (UNICEF, 1999). Thus the consequences of GBDV can be categorized into: - Aspects of denial of fundamental rights, undermining of human development goals, health consequences and impact on children.

2.8.1 Denial of Fundamental Rights

One of the consequences of GBDV is denial of human rights to both men and women. International human rights instruments such as the Universal Declaration of Human Rights UDHR, adopted in 1948, the Convention Against Women (CEDAW), adopted in 1979, and the Convention on the Rights of the Child (CRC), adopted in 1989, affirm the principles of fundamental rights and freedoms of every human being (UNFPA, 1999). Both CEDAW and the CRC are guided by a broad concept of human rights that stretches beyond civil and political rights to the core issues of economic survival, health and education that affect the quality of daily life for most people (Cook, 1994). It is therefore legally binding under international law for governments that have ratified with these organizations to protect all People from crimes of violence and to also bring the perpetrators to Justice (Human Rights Watch, 1999).

2.8.2 Undermining of Human Development Goals

There is a growing recognition that countries cannot reach their full potential unless both women and men's potential to participate fully in the society are denied (Heisse, 1996). Data on the social, economic and health costs of violence leave no doubt that violence against women undermines progress towards human and economic development (WHO, 1999). Women's participation has become key in all social development programmes, be they environmental, for poverty alleviation, or for good governance. By hampering the full involvement and participation of women, countries are eroding capital of half their populations (World Bank, 1993). True indicators of a country's commitment to gender equality lie in its actions to eliminate violence against both genders in all areas of life (WHO, 1996).

2.8.3 Health Consequences

The consequences of gender violence are far reaching. It impacts on all aspects of family, their health and that of their children, and also on broader society (Finkler, 1997). In addition, there are many ways in which violence perpetuates itself. Violence is sustained by inequality and in turn perpetuates inequality. For example, domestic violence is associated with poverty, but it also perpetuates poverty (United Nations, 1995). For example, by reducing women's opportunities for work outside the home, their mobility and access to information and children's schooling. It impacts on women's ability to care for themselves and their children, and is associated with self-destructive behaviours such as alcohol and drug abuse. Moreover, violence determines men and women's sense of self-worth (Kalat, 1996).

Gender based violence, particularly domestic violence and sexual abuse, has been associated with many negative health consequences. These include: injuries (ranging from cuts and bruises to severe injuries leading to permanent disabilities such as loss of hearing); sexually transmitted diseases; HIV/AIDS; unwanted pregnancy; gynaecological problems; chronic pelvic pain, sometimes associated with pelvic inflammatory disease; hypertension; depression; anxiety disorders; post-traumatic stress disorder; headaches; irritable bowel syndrome and various psychosomatic manifestations (UNFPA, 1999).

Violence is increasingly recognized as a cause of injury among spouses and its impact on mental health and on sexual and reproductive health is also of great magnitude (WHO, 1997). Forced sex, whether by a partner or a stranger, can directly lead to an unwanted pregnancy or a sexually transmitted infection, including HIV/AIDS. Violence and fear of

violence can also indirectly affect sexual and reproductive health, as they impact on women's ability to negotiate safer sex, including use of condoms, and their use of contraception. Data from the United States shows that an estimated 32,101 pregnancies are as a result of rape each year, the majority of them among adolescents. Fifty percent of these ended in abortions and 5.9% placed the infant for adoption (Holmes et al, 1996). There is also a close relationship between violence and mental ill health (Elsbergh *et al*, 1999).

Violence also occurs during pregnancy, with consequences not just for the woman, but also on the foetus or the infant. A review of studies from the United States found the prevalence of abuse during pregnancy to range from 0.9 to 20% with the majority of studies reporting a prevalence rate between 4% and 8.3% (Gazmararian *et al*, 1996). Another study in India found a powerful association between women's experiences of "wife-beating" and infant and fetal loss, even after controlling for education and parity (Jeejeebhoy, 1998).

Gender violence can also lead to death. Deaths from female homicide are usually much lower than homicide deaths in men. For example, in the Americas external causes are responsible for 51.7% of male deaths and 24.5% of female deaths. For men, the main external cause is homicide, accounting for 39.5% of the total, while for women homicide was the second external cause of death accounting for 23.2% of such deaths (National research council, 1996). However, in women, death from homicide is known to be associated with a history of domestic violence (Johnson, 1996). A high proportion of women are killed by people known to them, particularly partners and ex partners. Many of these deaths may take place around the time that a woman decides to look for help, or to leave the abuser. In the United States during 1992, 5,373 women died as a result of homicide, six out of every ten of them were murdered by someone they knew; about half were murdered by a spouse or someone with whom they had been intimate (Johnson, 1996.) Between 1976 and 1996, for persons murdered by intimates, the number of male victims was an average of 5% per year, and the number of female victims went down to an average 1% (U.S. Department of Justice, 1998).

For many women, chronically beaten or sexually assaulted, the emotional and physical strain can lead to suicide. Research in the United States, Nicaragua and Sweden has shown that battered women are at increased risk of attempting suicide (Abbott, 1995).

These deaths are dramatic testimony of the limited options for some women facing a violent relationship.

2.8.4 Impact on Children

Studies indicate that domestic violence also impacts on children, whether they only witness the domestic violence or are themselves abused. These consequences include behavioral problems, which are often associated with child management problems, school problems, and lack of positive peer relations (Jaffe et al, 1990). Children exposed to partner abuse also have a number of school adjustment difficulties, including dropping out of school.

Jaffe (1990), reports the results of a study by Hughes of children residing in shelters, which showed that 55% of the sample of children studied, were characterized as withdrawn and 10% were described as having made suicidal gestures. Other reports refer to a high degree of anxiety, with children biting fingernails, pulling their hair, and having somatic complaints of headaches and tight stomachs. Studies have also found that children who witnessed higher frequencies and intensities of partner abuse, performed significantly less well on a measure of interpersonal sensitivity (the ability to understand social situations and the thoughts and feelings of persons involved in those situations) than did those children exposed to less frequent and intense partner abuse behaviors (Jaffe et al, 1990).

A review of United States research by the National Academy of Science states that one third of children who have been abused or exposed to parental violence become violent adults (National Research Council, 1996). This is particularly the case for male children, whereas girls witnessing violence are more likely to end up as victims of violent relationships. Thus, it becomes difficult to separate causes from consequences, as growing up in a family where the mother is abused becomes an important way in which the cycle of domestic violence gets perpetuated. Furthermore, it serves to reinforce and perpetuate gender stereotypes and unequal gender relationships, which in turn will contribute to violence against women. Witnessing domestic violence also contributes to general violence, in that these children learn violence as the means by which to solve conflict (Glass, 1997).

In addition to witnessing, childhood victimization also perpetuates the cycle of violence in other ways. Childhood experiences of sexual abuse have been shown to be associated with low self-esteem, inability to say no to unwanted sexual relations and self-

destructive behaviors including alcohol and drug abuse (Jaffe, Wolfe & Wilson, 1990). It is also strongly associated with depression, other mental health problems and for subsequent sexual abuse. A study in Barbados found that sexual abuse was the most important determinant of high-risk sexual behavior (Handwerker, 1993). After controlling for 17 possible confounding variables identified in prior studies, sexual abuse remained strongly linked to: the number of years sexually active before age 20, number of partners per five year interval, lack of condom use and history of STDs (Handwerker, 1993).

2.9 Management Strategies for Gender Based Domestic Violence

Domestic violence is a complex problem and there is no one strategy that will work in all situations (World Bank, 1993). Violence may take place within very different societal contexts, and the degree to which a community sanctions it will naturally influence the kind of strategy needed. Due to the dynamism of factors responsible for domestic violence, strategies and interventions, which have been adopted by different communities, are also diverse (UN, 1993).

According to World Health Organization (1996), the most basic strategy has been the identification of groups and individuals, which should be involved in planning to eradicate domestic violence. At the level of the family, the stakeholders include: women, men, adolescents and children. Within the local community partnerships have been developed to include traditional elders, religious leaders, community-based groups, neighborhood associations.

Hoffman (1994) added that the justice system such as police and courts, the health care system, parliament, provincial legislative bodies, and the education sector have been useful in attending to issues of domestic violence. Also at the international level, United Nations agencies, the World Bank and regional development banks have not been left behind in resolving domestic violence. Over the years, there have been key intervention areas adopted by these organisations or groups depending on the context of arising domestic problems. According to WHO (1996), these include advocacy and awareness raising, direct service provision to victim survivors, legal reforms, networking and community mobilization.

In management of gender based domestic violence, it is certainly important to have both men and women address the issue and to take some responsibility for changing the social norms and values that allow this gross violation of human rights to go on unquestioned (Piot, 1999). However, at the same time it is necessary to critically assess

the approaches being used, and to ensure that resources to address the issue are allocated in the most effective way and are not diverted from the hard-won program efforts of many women's organizations. Over the last twenty years it has been these organizations that have provided basic care and support to women experiencing violence and their children, and increasingly work on prevention and even programs for batterers. The growing interest in men's groups working on violence against women does not always recognize that changing the norms and values of relationships from those of control and dominance to those based on mutual respect and equity requires not only individual but also structural change.

However, the most common management strategy so far for men has been batterer intervention programmes (BIPs) in the United States. Batterer intervention programmes (BIPs) aim to change the behavior of batterers. BIPs have often not been systematically monitored and evaluated, limiting the knowledge about the effectiveness of these interventions. Some research suggests that overall BIPs appear to contribute to the cessation of physical domestic violence in around 53% to 85% of men who complete the prescribed intervention (Austin & Dankwort, 1999). Furthermore, the evaluations that do exist have focused on the reduction of violence rates as reported by batterers themselves and at times confirmation by their spouses, but have not considered the well-being and safety of women and women, or whether they are empowered or disempowered by such interventions (Austin & Dankwort 1999.) Several reports show that while men had stopped the physical abuse after participating in a BIP, the verbal and psychological abuse may continue or get worse thus the need for BIPs to address not only physical but also psychological abuse. These highlights should have a strong focus on women's safety, and on addressing gender roles and power inequalities In Africa, and in Kenya, there has not been legal management procedures especially to deal with male or female batterers in marriage relationships.

2.10 Gender Based Violence in Kenya

Violence in any form is a serious problem that transcends racial, economic, social and religious lines. The problem is wide spread in sub-Saharan Africa. Surveys conducted in the region show that 40% in Zambia, 42% in Kenya, 46% in Uganda and 60% in Tanzania women reported regular physical abuse (Heisse, 1996). Domestic violence in Kenya may exceed the 42% if other forms of violence such as psychological and economical abuse are included in these surveys. According to FIDA, 2001, domestic

violence is one of the reasons why many families remain poor despite working hard towards their well being for example if one is battered in a family, the amount of time and money lost in search for medical attention is very high (Juma, 2002). The FIDA (2001) annual report reveals that domestic violence was the most common human rights violation of the year out a total of 62 murders reported between Jan and September 2000, FIDA estimated that 29 cases involved a man killing his wife. This means 47% of all murders nation wide are as a result of domestic violence and included broken limbs and fractures, amputations, physical marks, missing teeth and hair.

Between January and November 2000, the Kenyan media reported some 50 deaths and 59 cases of severe injuries from domestic violence (Juma, 2002). In addition, according to Kwamboka (2002), domestic violence is becoming common among the affluent in Kenya with a strong socio-cultural link. Thus, Women who are either too dependent or too independent are more likely to face domestic violence than their peers who fall under neither of the extremists.

Results from a survey conducted by FIDA (2001), showed that domestic violence is a significant public health problem among the women. 50% of the women interviewed had experienced domestic violence in one way or another. About 44% of women who experienced domestic violence reported, to friends, relatives, and administration. The larger percentage (56%) did not report these incidents.

Men in Kenya have also had their share of domestic violence. Ingolo (2002) observed that the tradition in Kenya forbids men from crying or speaking about any abuse administered to them especially by women. Men are not supposed to speak up, not to cry because they will be seen as cowards. As a result, they opt not to come up in the open. This tradition is now changing. Battered men have now set up a body to protect them from their spouses. The organization, Men for Gender Equality Change Now (MGEN), was set up but has not picked up great publicity (Mbekar, 2003).

Incidents of husband abuse have recently been reported in the media. For example, in October 2003, a woman from western Kenya was charged for assaulting her husband who suffered severe wounds in the head and the body (Mulama, 2003). In another case, George Angwenyi from Kisii endured a decade of physical abuse from his wife and consequently sought assistance from FIDA-Kenya (Ingolo, 2002). John Irungu from Nairobi sought divorce through a Nairobi court on grounds that his wife was abusing him and he could no longer withstand her punches (Mulama, 2003). More recently, Simon

Kingori from Tigoni was set ablaze by his wife after a quarrel over food while in another incident Anne Njeri acknowledged before a Nairobi court of beating her husband for provoking her (Ogutu, 2005). These incidents clearly show that abused men have started coming out in public in this decade than it has been in the previous years.

Generally there has not been any established policy in Kenya to address how the problem of Gender based domestic violence should be managed. More often the victims of GBDV are referred to the community elders who rarely offer any lasting assistance (FIDA, 2001). In effort to look into this problem; a family protection bill was drafted in 2001 to seek to address gender violence but has faced a lot of opposition. This bill has also been tabled in the on going drafting of constitution but still faces a lot of challenges (Ghati & Okoth, 2002).

Meanwhile, various voluntary and non-governmental groups are offering legal aid, shelter and health support to victims of gender based violence. These are located in the major urban centres and mainly attend to female victims of violence. Examples of these groups are: Coalition on Violence against Women-Kenya (COVAW (K), Nairobi Women's Hospital, Centre for the Rehabilitation and Education of Abused Women (CREAW), FIDA-Kenya, Legal Resources Foundation (LRF) and Women's Rights Awareness Program (WRAP). Unfortunately, there has not been such support groups to attend to male victims of domestic violence.

2.11 Relationship between Gender- Based Domestic Violence and Level of Education

Education is an empowering tool for both women and men (WHO, 1999). The level of education may impact positively or negatively on the rate of abuse among intimate partners. Studies done in Colombia on the relationship between partner violence and unintended pregnancy showed that almost half (48%) of the victims had secondary education but only 9% had been educated at a higher level (World Bank, 1993). However, in another study conducted in India results showed that domestic violence rises with the level of education (WHO, 1999). In India, the study found out that a woman's risk of being beaten, kicked or hit rose along with her level of education and in effect, this correlation points to the imperative need for attitudinal change among men and women in the society in general.

Kephart and Jedlika (1998) also analysed crime records relating to domestic violence and found a correlation between the level of education and domestic violence. The relationship between the two differs from one place to another, and depending on other

personal characteristics, such as gender, ethnicity, mental health and the level of income (WHO, 1999).

2.12 Relationship between Gender Based Domestic Violence and the Level of Income

According to Heisse (1998), low income is one of the risk factors for victimization in an intimate relationship. Poverty and associated factors such as overcrowding create a fertile ground for violence (UNFPA, 1999). Studies have not shown a direct casual relationship between partner abuse and the rate of abuse but a correlation exists between the two. For example a study done in Colombia (World bank, 1993) showed that majority of the victims of intimate partner abuse lived in urban areas (69%) and had attained secondary education. However, at post secondary level only 9% were reported to be victims of intimate partner abuse. Gelles (1997) observed that low income and poverty in general may be risk factors for victimization, but there are variations due to other intervening factors such as differences in race, differences in couple's income, gender, traditional gender norms and mental health status.

Family violence researchers suggest that socio-demographic indicators of structural inequality influence propensities for domestic assaults (Anderson, 1997). In addition, Feminists' Scholars argue that domestic violence is rooted in gender and power imbalances. Using self-reported data from the National Survey of families and households a study was conducted by Anderson in 1997. The study examined the relationships among socio-demographic characteristics, gender, status compatibility, and domestic abuse. Results indicated that incompatibilities in income and educational status are differentially associated with domestic violence as perpetrated by women and men.

2.13 Relationship between Gender- Based Domestic Violence and Rate of Alcohol Consumption

Results from recent studies indicate that alcohol is not a clearly identified direct cause of partner abuse, though it is a correlate and may be a contributing factor (Gelles, 1993). Blanks (1996) argues that if alcohol were a direct, cause of partner abuse either through disinhibition or because of its cognitive distortion properties, consumption would precede the violence in a preponderance of instances. However, alcohol use sometimes precedes intimate partner abuse; sometimes it occurs during an abuse episode and in other cases it is absolutely absent. In fact, more than half of intimate partner abuse is perpetuated by someone who is sober at the time (Browne, 1997 & Straus, 1989). Furthermore, if alcohol

abuse were a direct causal factor in partner abuse, a cessation of the alcohol use should be associated with cessation of the relationship abuse (Gelles 1997).

However, Kalat (1996) purported that alcohol more than any other drug has been linked with a high incidence of violence and aggression. Similarly, Russell (1998) indicated that there exists a simple direct linear causal relationship between alcohol taking and intimate partner abuse. World Bank (1993) also documented that there is a high correlation between the rate of alcohol taking and the rate of abuse in families.

2.14 Theoretical Framework of the Study

Theoretical perspectives that have been used to explain domestic violence among intimate partners were Social learning theory, Feminist Theory and an Ecological Model of factors associated with partner abuse by Heisse, 1898.

2.14.1 Social Learning Theory

According to the Social Learning Theory, (Bandura, 1986), everything we do has been learned. Much learning in humans, results from observing the behavior of others and from imagining the consequences of our own actions. Often children copy the behavior they have observed from others.

Social learning Theory therefore, explains violence as a coping mechanism learned through observation or experience. Modelling is a contributory factor to learning violent behaviour as well (Gentlewarrier, 1991). This theory maintains that the likelihood of repeated abusive behaviour is contingent upon reinforcement. Intergenerational transmission of violence is one component of social learning theory (Coleman, 1994). This aspect maintains that children who witness or experience violence in their family of origin are more likely to integrate violence into their behavioural repertoire.

Research has been done linking exposure to violence during childhood and the experience of violence as an adult in an intimate relationship. Lie and Gentlewarrier (1991) conducted a correlational study that examines the relationship between witnessing or experiencing violence in the family of origin and violence in a marriage relationship. Results suggested that participants who witnessed aggression between members of their family of origin were more likely to have been a victim of aggression with a current intimate partner. In this study, the principles of observational learning, imitation, and intergenerational transmission of violence have been used as a guide in understanding the causes of gender based domestic violence.

2.14.2 Feminist Theory

Feminist Theory developed out of a Social American Women's' movement whose roots can be traced in the early 18th century. Mary Wollstone Crofts' vindication of the Rights of Women in 1792 is considered as the first manifesto of a conscious political Feminism. Thus in the 19th century, the movement had begun to look at women's' status and to seek legal protection incase of oppression.

Up to 1970's, research and explanations for domestic violence typically blamed the victim (Merrill, 1996). With the growth of the feminists' movement in the United States, feminists have focused on helping women raise their awareness of ascribed gender roles and oppressive social status through social action. According to this theory, domestic violence is a manifestation of gender-based oppression, which promotes rigid family and societal roles, thereby limiting economic opportunity for women. This gender-based theory has been a guide in explaining domestic violence in this study.

2.14.3 Ecological model

According to the model, the source of domestic violence is demonstrated into four major co-existing factors, namely the individual perpetrator, relationship, community and society.

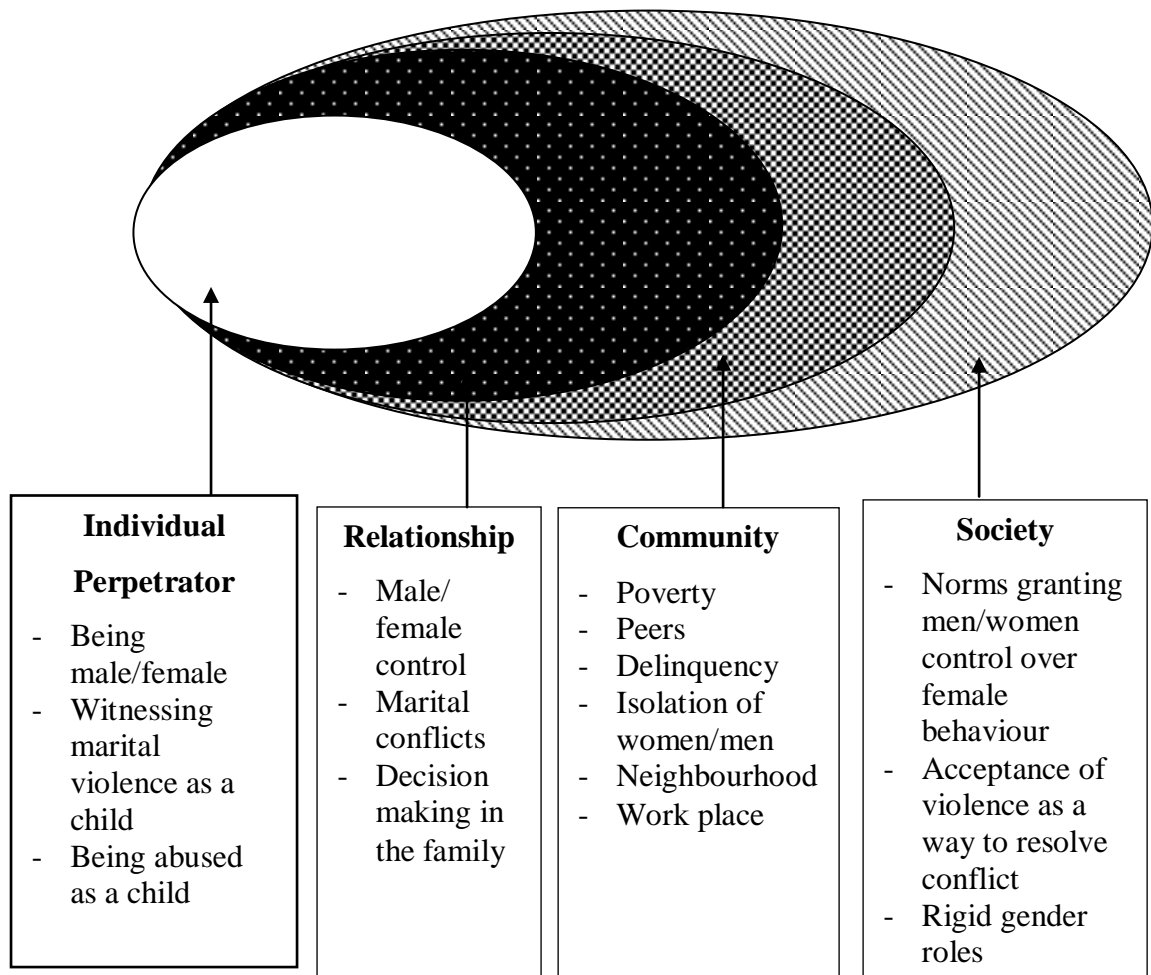


Figure 1: Ecological Model of Factors Associated with Partner Abuse.

Source: Adapted from Heisse, 1998. Population Report Centre Page 8.

The model is visualized as four concentric circles. The innermost circle represents the biological and personal history that each individual brings to his or her behaviour in relationships. The second circle represents the immediate context in which abuse takes place, frequently the family or other intimate or acquaintance relationship. The third circle represents the institutions and social structures, both formal and informal in which relationships are embedded. The fourth circle is the society that reflects economic and social environment, including cultural norms. There is evidence of some bias in this model where men are viewed to perpetrate gender violence, but in this study the researcher will treat both genders equally so as to establish unbiased information.

Therefore, in this study, an eclectic approach was adopted where the ideas from the above theories and model were amalgamated in conceptualising gender based domestic violence. Thus GBDV may be caused by learning violence from observation and experiences in childhood. Rigid family and societal roles that may be oppressive may limit males or females in accessing opportunities that may lead to economic development.

2.15 Conceptual Framework

The study on gender-based violence was conceptualised in accordance to explanations given by the already explained theories and with reference to an ecological model adopted from Heisse, (1998). Therefore, social learning theory, feminist theory and the ecological model for gender violence have given guidance in understanding of the causes and consequences of gender based domestic violence in this study. The dependent variables, which include the prevalence of gender, based domestic violence, consequences of gender violence and management strategies were conceptualised as a function of the independent variables that include: income level, educational level, the rate of alcohol taking and the causes of gender based domestic violence. The extraneous variables, which include: personality type, cultural background and mental health status, may also influence prevalence of gender-based violence but this was controlled by holding these factors constant. Thus, the interaction of independent, dependent and extraneous variables in the study is as illustrated in Figure: 2.

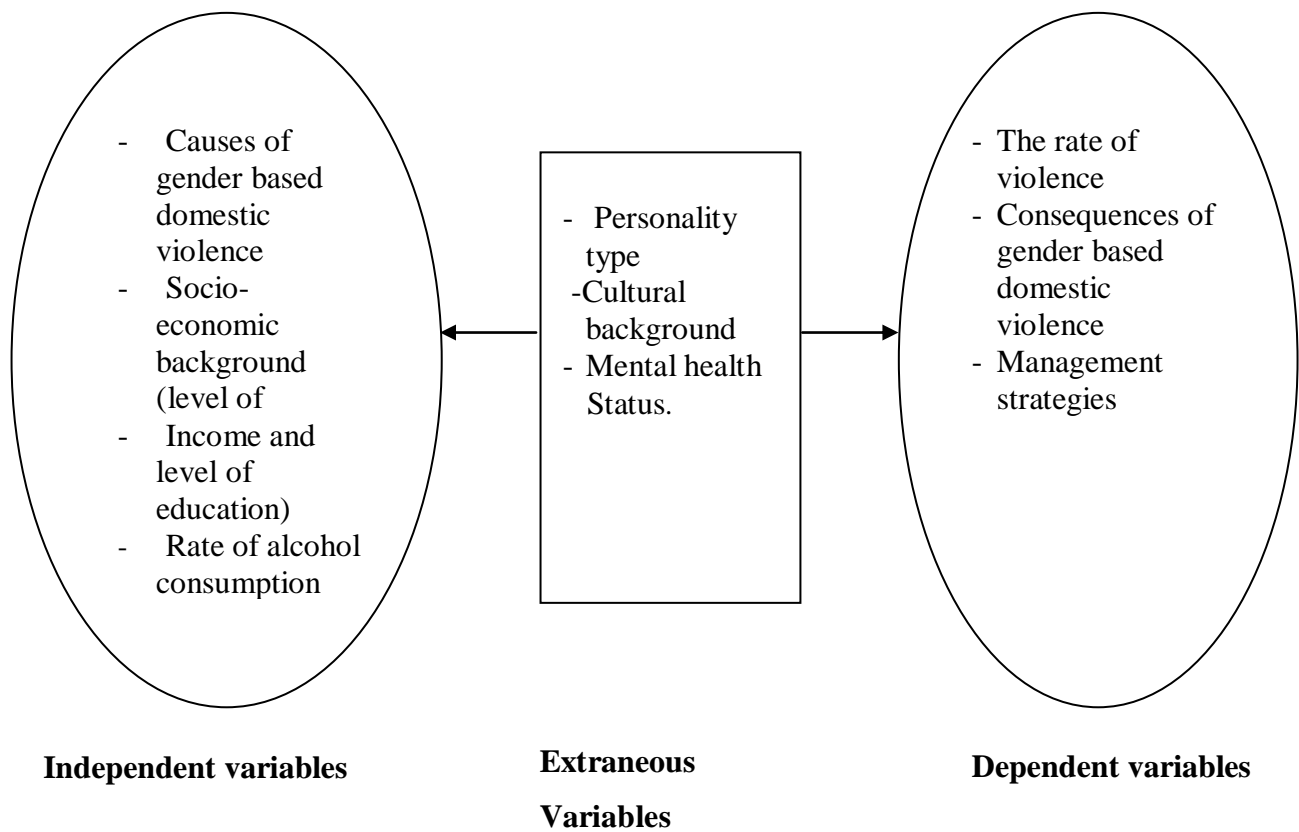


Figure 2: Model Showing the Causes of Gender Based Domestic Violence, the Influence of Socio-economic Background and the Rate of Alcohol Consumption on the Rate of Violence, and Management Strategies of Gender Based Domestic Violence.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

In this chapter, the methods and procedures that were used to carry out the study were explained under the following subheadings: Research design, study location, population, sampling procedures and sample size, instrumentation, validity and reliability of the instruments, training of research assistants, data collection procedures and data analysis.

3.2 Research Design

This study was descriptive in nature and it utilized *ex post facto* design. The *ex post facto* research design was appropriate because it studies a naturally occurring phenomenon without manipulation of variables (Kathuri & Pals, 1993). In this case, gender based domestic violence was studied when it had already occurred and the variable of the rate of violence could not be manipulated since it would be unethical to expose subjects to acts of violence and unlawful to encourage such acts. Therefore, victims and non-victims of violence were used to respond to the study instruments.

3.3 Study Location

Kitui District is one of the thirteen districts in Eastern province, Kenya. It is located in the Southern part of Kenya. It borders Machakos and Makueni districts to the West, Mwingi district to the North, Tana River district to the East and Taita Taveta district to the South. The district is subdivided into ten (10) administrative divisions namely, Central, Chuluni, Matinyani, Mwitika, Mutitu, Ikutha, Yatta, Mutonguni, Mutomo and Mutha.

Central Division of Kitui District, which comprises of eight locations, was purposively selected because the researcher is familiar with the study area. Also, Family Advancement In Development Agency (FAIDA), which is a Non-government agency lobbying for human rights awareness in this district, documents that 80% of human rights violation cases in the district are issues of domestic violence and 30% of the reported cases come from the central division (FAIDA, Annual report, 2002). This arouses the need to investigate more on the causes, consequences, and management strategies adopted to cope with the issue of gender based domestic violence in this division.

3.4 Population

The primary target population for this study was all married men and women in Kitui district. The accessible population was approximately 24,792 married men and women in Central division of Kitui district (G.O.K, 1997-2001). Only married men and women were used in the study because the scope of the study is limited to gender based violence in a marriage relationship.

3.5 Sampling Procedures and Sample Size

The sample was selected from a population of 24,792 married men and women. Frankel and Wallen (2002) recommend that the minimum number of subjects to be 100 for a descriptive study. With assistance from the area chiefs, a sample frame was prepared by making a comprehensive list of married men and women in the Central Division of Kitui District. This list was stratified by gender and then stratified random sampling method was used to select 100 respondents of which 50 were married women and the other 50 were married men. The selected respondents were not couples but they were in a marriage relationship. Ten more married men and women were randomly selected from the stratified list to cater for attrition and non-response, raising the number to 120.

In order to get a true picture of gender violence in the division, the researcher sampled out the true victims of violence. Therefore, five married men and five married women who were known victims of domestic violence from each of the eight locations were purposively selected with assistance from area chiefs, making a total of eighty (80). Hence, the total sample size was composed of 200 married men and women who were not couples.

However, after data collection, only 106 questionnaires were returned by the randomly selected respondents. Fourteen questionnaires were not returned and therefore only 106 randomly selected respondents were used in the data analysis. On the other hand, all the eighty (80) purposively selected respondents were interviewed. Thus the total Sample size that gave data for analysis was 186. Since this total is less than 200 which is the suitable number to use with the Statistical Package for social Sciences, statistical adjustments were made on the methods of data analysis in order to get more accurate results.

3.6 Instrumentation

In this study, both a questionnaire and an interview schedule were utilized to collect data. Both instruments had two sections; section A and B. Section A in each instrument addressed personal background information such as gender, marital status, level of education, level of income, cultural background, mental health status and personality type. Section B in both instruments focused on causes of domestic violence in a relationship, consequences of gender violence, rate of alcohol consumption, management strategies and personal views on how to resolve the issue of gender based domestic violence. Victims of gender based domestic violence were interviewed while the randomly selected men and women responded to a questionnaire.

3.6.1 Validity and Reliability of the Study Instruments

The development of research instruments (Questionnaire and Interview schedule) was done by examining the research objectives, hypotheses, and the related literature. Reading through the study instruments and confirming proper coverage of all the objectives established content validity of the instruments. Supervisors and other research experts from the department of psychology, in the faculty of education of Egerton University were contacted to further establish the validity of the study instruments.

A pilot study was conducted to assess the clarity and the reliability of the instruments. The pilot study was done using ten subjects from a neighbouring division and was carried out in a period of three weeks. Both instruments were pilot tested using two research assistants. In establishing the reliability of the instrument, Cronbach's alpha was used. This is because Cronbach's alpha measures internal consistency of the instruments. It is also suitable for the instruments that have not been standardized prior to the research. In this study, the reliability coefficient for the questionnaire was 0.72 while that of the interview schedule was 0.78. Reliability was acceptable if the items yielded a reliability coefficient of 0.70 and above, (Frankel & Wallen, 2000). In this case, both instruments were considered reliable.

3.7 Data Collection Procedures

The researcher obtained clearance from the graduate school then proceeded to seek permission from the Ministry of Education, Science and Technology. Once permission was granted, the researcher further obtained an introductory letter to the area chiefs from the Divisional Officer. The researcher then proceeded to collect data in a period of four

weeks. Since the homes for the study subjects were located far apart, the researcher used two research assistants from the locality to help in tracing the homes of the respondents.

The only obstacle experienced was failure to meet some of the subjects at home. However, this was overcome by paying a second visit after booking for appointments at a later date. The researcher finally collected the completed questionnaires and responses to the interview schedules in preparation for data analysis.

3.8 Data Analysis

Findings from the two research instruments (Questionnaire and the interview schedule) were analyzed using descriptive and inferential statistics. Frequencies and Percentages were used to analyse the causes, consequences, and management strategies adopted to address gender based domestic violence. In addition, Pearson's product moment correlation coefficient and the t-test were utilized to analyse the relationships between prevalence of domestic violence and level of education, Level of income and the rate of alcohol taking. Finally, the t-test was used to find out if there was a statistically significant difference in the rate of abuse amongst men and women. All tests were done at a significance level of $\alpha = 0.05$. The data was analysed by using the Statistical Packages for Social Sciences (SPSS) 11.5 version for windows. This was because SPSS is designed especially for the analysis of social science data and contains most of the routines social scientists employ (Nachmias & Nachmias, 1996).

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents results and discussions on the selected causes, consequences and management strategies of gender based domestic violence. It is based on data collected from the married men and women and selected victims of GBDV in Central Division of Kitui District. The data obtained from respondents was analysed using the statistical package for social sciences (SPSS) version 11.5. Descriptive statistics such as frequencies and percentages were used to describe and summarize the raw data, while Pearson's product moment correlation coefficient and independent samples t-test were used to test hypotheses. The discussion was done systematically in accordance to the research questions and the study hypotheses.

4.2 Demographic Characteristics of the Respondents

Section one of the questionnaire for married men and women sought information on respondents' gender, level of education, level of income, personality type and mental health status. This information was necessary in selecting groups for testing and for making comparisons as per the hypotheses.

4.2.1 Gender of the Respondents

The first question in the questionnaire sought information on gender of the respondents. The results indicated that 50% were females while the other 50% were males. This is because equal numbers of male and female respondents had been randomly selected. However, out of the 120 randomly selected respondents, only 106 returned the questionnaires.

This is shown in the Table 1.

Table 1
Gender of the Questionnaire Respondents

Gender	Frequency	Percentage
Male	53	50
Female	53	50
Total	106	100

4.2.3 Educational Level of the Respondents

The study results showed that 28.3% had no formal schooling, 26.4% had primary level education, and 34.9% had secondary education, while 10.4% had post-secondary level education. It is clear from the study analysis that most of the respondents had acquired secondary education while the least were those having post secondary education. These results are shown in Table 2.

Table 2

Education Level of the Questionnaire Respondents

Level	Frequency	Percentage
No formal schooling	30	28.9
Primary	28	26.4
Secondary	37	34.9
Post secondary	11	10.4
Total	106	100.0

4.2.4 Personality Type of Respondents

The personality types of respondents were sought through self-assessment using characteristics that describe personality type A and B. Glass (1997) describes type- A behaviour as extremely competitive, always in a hurry and especially irritable and aggressive. On the other hand, type-B behaviour is relaxed, patient, dependent and easy to go. In this study these characteristics were adopted in order to assess the respondent's personality types.

The personality types of respondents were sought through self-assessment using given characteristics. Each respondent ticked the personality type, which marched his or her characteristics. It was found out that 55.7% of the respondents were personality type- A while 42.5% was personality type-B. This is illustrated in Table 3.

Table 3

Personality Type of the questionnaire Respondents

Personality type	Frequency	Percentage
A	59	55.7
B	47	42.5
Total	106	100.0

A personality type - A person, tends to be more aggressive than type B. Therefore type A-people are more likely to engage in gender based domestic violence. The results in Table 4 shows that there are more respondents with personality type-A than personality type B which may lead to increased cases of gender based domestic violence in the study area.

4.2.5 Income Level of Respondents

The income levels of each respondent were sought through a classification into different levels. Therefore, it was found out that most of the respondents received between 10,000 – 50,000 and 50,000 – 100,000 per annum as shown in Table 4.

Table 4

Income Levels of the Questionnaire Respondents

Income level	Frequency	Percentage
0-10,000	11	10.4
10,000-50,000	37	34.9
50,000-100,000	42	39.6
>100,000	16	15.1
Total	106	100.0

It is clear from Table 4 that most of the respondents are moderate in income level. They are not extremely poor neither are they rich. Studies done by Schuler (1996) have shown that the link between violence and lack of economic resources is circular. Thus the threat and fear of violence keeps women from seeking employment. This compels them to accept low- paid, home-based exploitation labour. Therefore, where there is no economic

independence, men and women have no power to escape from violent relationships (Heisse, 1996).

4.2.6 Mental Health Status

The respondents were asked to indicate whether they had experienced any mental problem to establish their mental health status. The results showed that 91.5% had not suffered any mental problem while 8.5% had experienced some mental instability. Table 5 illustrates these results.

Table 5:

Mental Health Statuses of the Questionnaire Respondents

Experience of mental disorder	Frequency	Percent
Yes	9	8.5
No	97	91.5
Total	106	100

According to Levinger (1980), studies on the relationship between the mentally disturbed, patients with brain impairment and family violence have shown that there is a high correlation between the two. Although not all mentally disturbed people who exhibit violent behaviour, some cases of schizophrenia have exhibited violence (American Psychiatric Association, 1984). This is therefore an important factor in explaining partner abuse in cases where one has suffered a mental problem and has an impaired judgment.

4.3 General Assessment of Gender Based Domestic Violence in Central Division of Kitui District

In order to assess the general situation of GBDV in the division, the researcher asked the respondents to indicate the rate of abuse, the prevalence of abuse and give information on cultural practices that perpetuate gender violence in the community.

4.3.1 Assessment on the Rate of Violence in the Community

Respondents were requested to indicate the rate of violence in a month. This was in accordance to their experiences. Results were as shown in Table 6.

Table 6

Rate of Violence in the Community per Month

Rate of abuse	Frequency	Percentage
0-2 times (low)	11	10.38
3-5 times (mild)	23	21.69
6-7 times (moderate)	28	26.42
7-10 times (high)	44	41.5
Total	106	100

From the above results, it can be concluded that the rate of GBDV is generally high with a percentage of 41.5.

4.3.2 Prevalence of Gender Based Domestic Violence

Results from the study show that 37.74 % of the respondents rated gender violence as moderate while 48.11 % rate as high. The results are illustrated in Table 7.

Table 7

Prevalence of Gender Based Domestic Violence

Prevalence	Frequency	Percentage
Low	15	14.15
Moderate	40	37.74
High	51	48.11
Total	106	100

These results show clearly that the prevalence of gender violence is generally high in the study area. This information is consisted with the Family Advancement in Development Agency (FAIDA) report in 2002. This report indicated that Central Division of Kitui District had the highest number of GBDV cases (30 %) compared to the other divisions in the district.

4.3.3 Cultural Practices Perpetuating Gender Based Domestic Violence

Information on whether there are cultural practices perpetuating gender violence in the study area was also sought and Table 8 shows the results.

Table 8

Cultural Practices Perpetuating Gender Violence

Cultural Practice	Frequency	Percentage
Polygamy	17	16.04
Acceptance of wife beating	30	28.30
Acceptance of male promiscuity	27	25.47
Payment of bride wealth	32	30.19
Total	106	100

Payment of bride wealth and acceptance of wife beating are the common cultural practices perpetuating gender violence in the community with 30.19 % and 28.30 % respectively. According to Bowman 2003, payment of dowry over the years has become an expected part of the marriage transaction. . However, the practice can disadvantage families where the custom of dowry and bride wealth has been corrupted by western consumer culture. Armstrong (1994) supported these ideas by documenting that dowry payment can lead to demands that escalate into harassment, threats and in extreme cases partners are driven to suicide, divorce or pursuit of another marriage.

On the other hand, acceptance of wife beating plays a key role in gender violence among some communities. For example, culture allows men to beat their wives among the Yoruba of Nigeria, the Maasai, Kamba, Luhya and the Kalenjins of Kenya (Mbiti, 1979).

Acceptance of male promiscuity is also featured in this study region as rampant with a percentage of 20.47. This agrees with Armstrong 1994 that in many African tradition, the man is not questioned over extra marital affairs. In fact, a wife is seen as challenging her husband's authority and this in turn can trigger anger and violence.

Other mentioned cultural practices include: -

- (i) Wife inheritance
- (ii) Witchcraft or love potions
- (iii) In-law interference with young families
- (iv) General acceptance of sexual coercion within and outside marriage.

4.4 Research Question 1: Causes of Gender Based Domestic Violence

The first research question in the study was to establish the causes of gender based domestic violence. From the information gathered, alcoholism had the highest percentage (31%) while Children's discipline and family planning methods had 6.6 % and 4.7% respectively. Figure 3 illustrates the causes of gender based domestic violence in the Central Division of Kitui district.

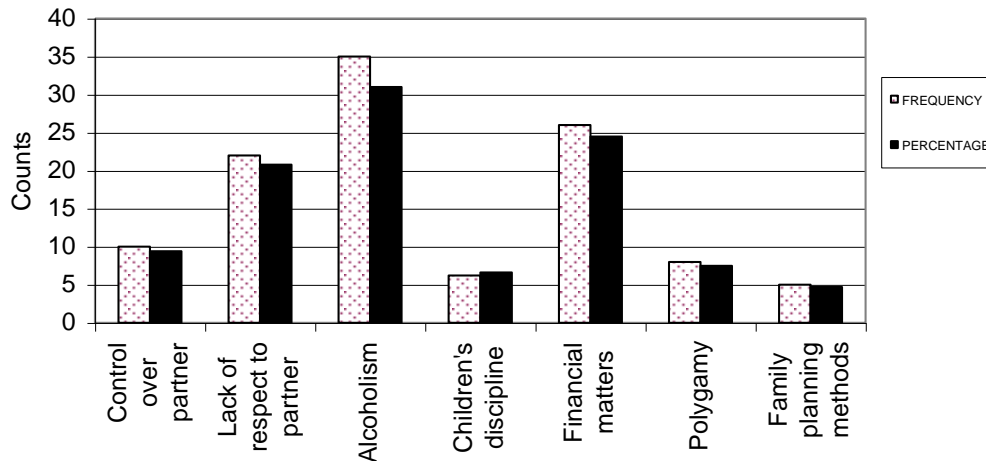


Figure 3: Causes of Gender Violence in Central Division of Kitui District

From the graph, it is clear that alcoholism is a rampant cause of GBDV violence in the division. This is consistent with the existing literature on the relationship between alcohol taking and spouse abuse. According to Kalat (1996), alcohol has been linked with a high incidence of violence and aggression. Acute and chronic alcohol consumption is associated with high rates of sexual assaults, spouse abuse and child abuse (UNFPA, 1999). In addition, laboratory research has produced evidence of links in the pharmacology effects of alcohol and aggressive behaviour (Frenzo, 1996).

Disagreements over financial matters are other rampant causes of gender violence in the study region. According to FIDA (2001), the commonest cause of domestic violence among women in Nairobi is misunderstandings resulting from money matters. Heisse 1996 also noted that women's economic dependence on men limits their freedom in making financial decisions and this opens a leeway for abuse.

Lack of respect for partner is another common cause of gender violence with a percentage of 22.5. This is consistent with observations made by Armstrong 1994, that expectations of roles within marriage relationships in patriarchal communities accord men

proprietary rights over women. Failure to adhere to the set roles by a male partner is considered as disrespect, which is mostly punished through physical or verbal abuse.

Children’s discipline does not seem to be a major cause of gender violence in this study area. According to Heisse (1996), where there are cultural differences in cross-cultural or cross-racial marriages, decisions may be difficult. Therefore in this study since all the respondents were from same cultural background, methods of disciplining children were not conflicting amongst the partners and hence they were not a major cause of gender violence.

Decision-making on family planning methods had the least frequency of 5. This means that it has not been a major cause of gender based domestic violence in the study area. This is therefore attributed to the efforts of the Ministry of Health efforts in creating awareness about reproductive health to both genders in this division as documented in the District Development Annual report (2002).

In order to get clearer information on the causes of GBDV in the division, victims of GBDV were interviewed and results also showed alcoholism as a major cause of violence with a 25 % of the respondents indicating so. The victims stated additional causes of GBDV as indicated in Table 9.

Table 9
Causes of GBDV According to Victims of Violence

Cause	Frequency	Percentage
Lack of formal education	5	6.3
Alcoholism	20	25.0
Mental disorder	2	2.5
Personality type A	6	7.5
Control over partner	5	6.3
Poverty	12	15
Lack of respect	7	8.8
Extra marital affairs	6	7.5
In-law interference	3	3.8
Financial matters	14	17.5
Total	80	100.0

Results from this study therefore show alcoholism being a major cause of GBDV in the division. This is in accordance to previous literature as stated by World Bank (1993), that there is a high correlation between the rate of alcohol consumption and the rate of rate of violence in families. Russell (1998) also indicated that a simple direct linear causal relationship exists with regards to alcohol and intimate partner abuse.

Financial matters seem to cause violence in the families with the second highest frequency of 17.5 %. This may have been contributed to increased disagreements over money expenditure especially with the high rate of alcohol consumption and the moderate levels of income as it was indicated earlier in Table 4. This was also implied in the family studies by Kephart and Jedlika (1988), that disagreements on family finance expenditure is one of the causes of violence in many homes of middle socio-economic status.

Mental health status had 2.5 %, which was the least percentage. This may be attributed to the fact that only a few (8.5 %) respondents had suffered a mental disorder as it was earlier indicated in Table 5.

4.5 Research Question 2: Consequences of Gender Based Domestic Violence and Types of Violence Experienced in the Division.

The second research question in this study was to determine the consequences of GBDV in Central division of Kitui district. Respondents were asked questions on the types of injury and the consequences of the violence. Table 10 illustrates these results.

Table 10

Injuries Sustained by Victims of Violence according to Questionnaire Respondents

Injury	Frequency	Percent
Cut wound	4	3.77
Bruises	34	32.08
Ear and eye problems	12	11.32
Broken bones	5	4.72
Mental stress	28	26.42
Death	3	2.83
Total	106	100.0

Additional information on consequences of GBDV was sought from 80 Victims of violence through an interview schedule. Results on effects of GBDV to the victims and

their immediate families showed that 52.5% had feelings of insecurity or fear, 50% claimed their income had reduced, while all the victims (100%) had experienced mental stress. This is clearly illustrated in Figure 4.

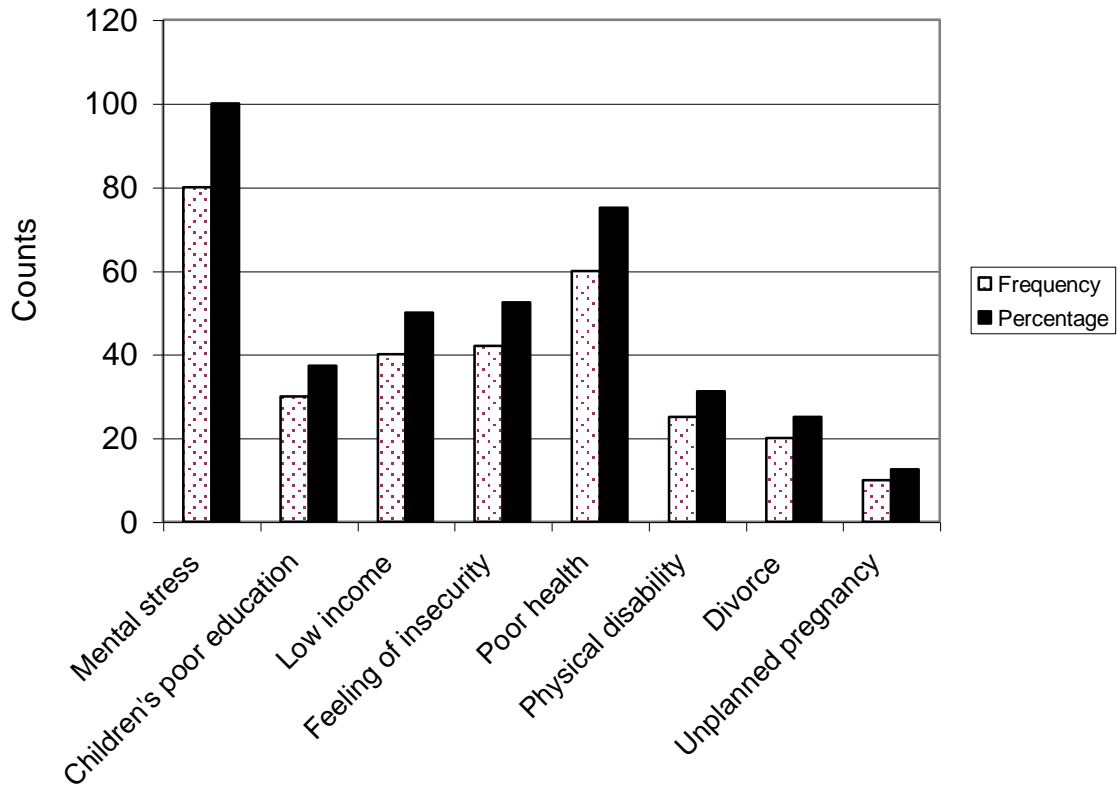


Figure 4: Effects of Violence in Central Division of Kitui District

According to WHO (1996), mental stress or psychological abuse is often more unbearable than physical brutality and in some cases it leads to incidences of suicide and suicide attempts. Similar results have been found in United States whereby 35-40 % of battered women have expressed psychological distress (UNFPA, 1999).

The second highest effect was poor health with 75 %. Victims of violence reported that due to physical, sexual and psychological abuse, their physical health and that of their children had deteriorated. These results are consistent with the health consequences of GBDV as stated by WHO (1996), that physical abuse and sexual abuse result in injuries ranging from bruises, fractures to chronic disabilities that finally can lead to death. On the other hand, UN (1993) explains that data on the social, economic and health costs of violence leave no doubt that violence undermines human and economic development which in turn affect health due to low productivity.

The least expressed effect of GBDV was unplanned pregnancy among the married partners. Violence has been linked with increased risk of unplanned pregnancies, miscarriage and abortions as it is cited by Heisse, (1997). However, results from this study deviate a bit and this may be attributed to the awareness campaigns by the Ministry of Health on use of contraceptives in the district (Kitui district Annual report, 2002).

4.6 Research Question 3: Management Strategies of Gender Based Domestic Violence

The third research question was to find out if there are management strategies adopted by the community to handle GBDV issues. Questions were asked on their response to domestic violence, and if there are agencies offering support services to victims of violence.

4.6.1 Response to Domestic Violence

Results from the study showed that the victims of violence responded by perseverance, contact doctors, leave the spouse, discuss with a friend, contact parents or visit a psychological counsellor. Others responded by reporting to police, reporting to pastors or priests, contacting community leaders and some consult witchdoctors. Table 11 gives a summary of the findings.

Table 11

Responses to Gender Based Violence

Type of response	Frequency	Percentage
Perseverance	25	31.3
Contact doctor	16	20.0
Leave spouse	5	6.25
Discuss with a friend	10	12.5
Contact patents	9	11.25
Visit counsellor	3	8.75
Visit pastor or priest	6	7.5
Contact community elders	4	5
Contact witchdoctor	2	2.5
Total	106	100

Most victims of violence report to friends (12.5 %) and relatives (11.25 %) because they want to confidentially share the problem with someone they trust, which is very therapeutic. Others will not want to report their partners to police or elders because they will be punished and they may in turn retaliate with more violence. These findings are consistent with the UNPFA (1999) report that many people suffer GBDV silently or persevere while others tell friends and close relatives. According to FIDA (2002) report on GBDV among women in Nairobi, 79 percent responded by reporting to friends and relatives and only 6 percent reported to the police, despite the fact that most women live within walking distance to a police station. It is also evident from this study that reporting to community leaders, police and psychological counsellors is not a common practice. The low percentage (8.75%) of victims who visit psychological counsellors is due to unavailability of these services in the division. Further the poor response in this manner may be attributed to lack of awareness in the community about the purpose of psychological counselling.

In this study 2.5 % of the respondents had sought help from a witchdoctor. This is explained by the fact that witchdoctors play a major role in traditional healing and treatment in this community. The Akamba people visit these traditional healers for both physical and psychological problems (Mbiti, 1979). The low percentage of 2.5 is due to the fact that contacting witchdoctors is done secretly and very few people disclose it due to fear of being stigmatised since nowadays it is considered to be uncivilized to visit the traditional doctors.

4.6.2 Agencies Offering Support Services

In order to find out if there are people or institutions offering any support services, eighty victims of violence were interviewed. Table 12 gives the results.

Table 12

Agencies Offering Support Services to Victims of Violence

Agency	Frequency	Percentage
Hospitals	61	76.25
Police/Courts	4	5
Nongovernmental Organizations	2	2.5
Women Organizations	0	0
Community elders	4	17.5

It is evident from Table 12 that most victims (76.25 %) of violence prefer to seek medical assistance but very few (5%) report to police. There is a general fear that reporting a partner to police can trigger more violence. In addition, domestic violence cases are usually handed over to community elders who in turn do not maintain confidentiality. It is also clear from the results that there are no women organizations that support victims of violence in this area. The low percentage (2.5 %) given to Non governmental organizations can be explained by the fact that there is only one organization, Family Adjustment in Development Agency (FAIDA) which handles cases of partner abuse and is based at the District headquarters Kitui town but not at the Divisional level where many victims of gender violence in the study area can access it.

4.6.3 Suggestions on Management Strategies of Gender Based Domestic Violence

The results showed 30.18 % of the respondents wanted special treatment for victims in hospitals while 6.6 % advocated for public shaming as shown in Table 13.

Table 13

Management Strategies of gender based violence

Management Strategy	Frequency	Percentage
Special medical service	32	30.18
Counselling	8	7.55
Policy and law	28	47.17
Education campaigns	15	33.02
Public shaming	7	6.6
Shelter and financial support	11	10.4
Total	106	100.0

According to WHO (1996), most of the International Organizations have embarked on providing special shelter and creating awareness about gender violence. In this study, the idea may not be fully supported because 80% of the victims suggest the need for separated medical services and 50% are for the creation of policies and laws that will lead to family protection and legal means of settling family disputes.

Education campaigns and creation of awareness on human rights and available support services had a lot of support from the victims of violence with 32.02 %. This is in line with the UNICEF (1999) recommendation that a well-informed society is better able to take the correct practical measures against gender violence, and more so victims of violence are able to fight for their fundamental human right as well as seek for appropriate support services.

4.7 Hypothesis 1: Relationship between Socio-economic Background and the Rate of Violence

The first hypothesis in this study stated that there is no statistically significant relationship between socio-economic background and the rate of violence. The indicators of socio-economic background were the income level and the education level of the respondents. In order to get this information, the respondent's income levels were related with the rate of violence. In addition, the education levels of respondents were related with the rate of violence.

4.7.1 Relationship between Income Level and the Rate of Violence

Correlation analysis was done to determine the relationship between income level and the rate of violence. Therefore, Pearson's product moment correlation coefficient was used to test if there was significant relationship between income level and the rate of violence. Table 14 gives a summary of the findings.

Table 14

Pearson's Product Moment Correlation Coefficient for the Relationship between Income Level of the Respondents and the Rate of Violence.

Coefficient of correlation (r)	-0.10*
Sig. (2 tailed)	0.0037
N	106

*Denotes correlation significant at 0.05 level

The correlation results shown in the Table 14 indicated existence of statistically significant relationship, ($r = -0.10$, $P < 0.05$). This means that the rate of violence was higher among families of low income because the correlation coefficient was -0.10. Therefore, the hypothesis that indicated that there was no significant relationship between income level and rate of violence was rejected. These results were consistent with findings from previous studies carried out by Heisse (1998) that concluded that in families where there is poverty, violence is likely to occur due to stress and struggle to make a living. Gelles (1997) also, observed that low income and poverty in general are risk factors for victimization and abuse.

4.7.2 Relationship between Education Level and Rate of Violence

Education level is one of the factors that account for one's socio – economic background (Githua, 2002). In relating respondents' education level and the rate of violence, a Pearson's product moment correlation coefficient test was run. The results in Table 15 show a significant correlation coefficient of -0.87 .

Table 15

Pearson's Product Moment Correlation Coefficient between Education Level of Respondents and the Rate of Violence.

Coefficient of correlation (r)	- 0.87*
Sig. (2 tailed)	0.0034
N	106

*Denotes correlation is significant at 0.05 level

The null hypothesis stated that there was no statistically significant relationship between education level and the rate of violence. Based on the results obtained, it was evident that there was a significant relationship between education level and the rate of violence ($r = -0.87$; $P < 0.05$). This implies that there was higher rate of violence in families with low education level. The rate of violence increased as the education level decreased.

These findings are inline with the work of Kephart and Jedlika (1988), in their family studies where it was found out that low education level leads to unemployment and hence low income, which contributes to poverty. This idea was further expressed by WHO (1999), that there is a relationship between education level and domestic violence although differences may occur depending on gender, ethnicity, mental health status and level of income.

4.8 Hypothesis 2: Relationship between Rate of Alcohol Consumption and the Rate of Violence

The third hypothesis stated that there was no significant relationship between the rate of alcohol consumption and the rate of violence. The relationship was tested using the Pearson's product moment correlation coefficient .A significant correlation coefficient of 0.421 was found, ($r = 0.421$; $P < 0.05$). The correlation coefficient showed a weak positive relationship, significant at 0.05 alpha level. Table 16 illustrates this relation.

Table 16

Pearson's Product Moment Correlation Coefficient for the Relationship between the Rate of Alcohol Consumption and the Rate of Violence.

Coefficient of correlation (r)	0.421**
Sig. (2 tailed)	0.000
N	106

** Denotes correlation is significant at 0.01 and out 0.05 levels

The results in Table 16 indicate that the null hypothesis was not supported since a significant relationship is found. The findings show that the rate of violence increased as the rate of alcohol consumption also increased. This is consisted with the work of Russell (1998), where it was found that increased rate of alcohol consumption reduces mental judgement and leads to financial strain in family, paving way for domestic violence. World Bank (1993) indicated that there is correlation between the rate of alcohol consumption and the rate of violence in families. This supports Gelles (1997) idea that alcohol consumption may be a correlate to partner abuse even though it may not necessarily be a contributing factor.

4.9 Hypothesis 3: Comparison of Rate of Violence between Married Men and Women

To find out whether there was a significant difference in the rate of violence between married men and women, independent samples t-test was run. This was to test the hypothesis that stated that there is no statistically significant difference in the rate of violence among married men and women in Central Division of Kitui District. Table 17 shows the results.

Table 17

Independent Samples T- test on the Rate of Violence between Married Men and Women.

Gender	N	Mean	S. D.	t-value	Sig.
Male	60	17.5	9.14	4.264 ^{ns}	
Women	60	23.8	11.95		0.25

ns- Denotes not significant at 0.05 level.

The results obtained in Table 17 show that more married women experienced violence than married men. Since the mean for women was 23.8 while that of men was 17.55. The difference between the means is not high (6.3). This was also true from the standard deviation; the difference was low (2.81). According to the results, these mean differences were found to be insignificant, ($t = 4.264$; $P < 0.05$). Therefore the null hypothesis suggesting that there was no significant difference between the rate of violence among married men and women was upheld. These findings contradict UNPFA (1999) report that stated that women are more vulnerable to violence due to societal norms and physical attributes. On the other hand, the findings support the work of Ingolo (2002) where he indicated that men in Kenya have had their share of domestic violence, although the traditions forbid men from speaking about it in public.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to establish the causes, consequences and management strategies of gender based domestic violence in Central Division of Kitui District. In addition, the study investigated relationships between variables such as: the relationship between the level of education, the level of income and the rate of violence. Further the study examined if there is a statistically significant difference in the rate of violence between married men and women. In the study, a Questionnaire and an interview schedule were used as instruments of data collection. This chapter therefore presents the summary of findings, conclusions and the recommendations for further research.

5.2 Summary of Findings

The main objective of the study was to examine the causes, consequences and management strategies of gender based domestic violence in Central Division of Kitui District of Kenya. The following is the summary of the study findings;

- (i) The major cause of gender based domestic violence in the region was alcoholism and financial disagreements, with 25% and 17.5% prevalence respectively. Other causes included: Lack of formal education, lack of respect, in-law interference, poverty, extra marital affairs, control over partner, personality Type- A and suffering from a mental disorder.
- (ii) Gender based domestic violence has had consequences on victims in this region. Sexual abuse had a percentage of 30.5 while physical abuse had 48 %. Verbal abuse had 14.2% and being chased away had 10.4 percent. Therefore, the most prevalent types of violence are sexual abuse and physical abuse.
- (iii) The effects of gender based violence on the victims were found to include: - mental stress, poor education for children, low income for families, feelings of insecurity, poor health, physical disability, divorce and unplanned pregnancies. Mental stress and poor family health were the most occurring effects with 100% and 75% prevalence respectively.

- (iv) According to previous literature on management strategies, communities have had unique ways of coping with the problem of gender based domestic violence. Thus the findings of this study have shown that victims of violence responded by:
 - perseverance, contacting doctors, leaving spouses, discussing with a friend, contacting parents, visiting counsellor, visiting pastor/priest, contacting community elders and contacting witchdoctors. Results have shown perseverance as the most preferred response with 31.25% while visiting a counsellor and a witchdoctor the least preferred responses with 3.7 and 2.5% respectively.
- (v) The results have clearly indicated that hospitals and community elders are the only agencies or institutions offering support services to the victims. There were no men or women organizations offering support services in the division. The community's suggestions on management strategies as per the respondents showed that provision of special medical services for victims had highest favour with 30.18%.
- (vi) There was a statistically significant negative relationship between income level and the rate of abuse. Thus, as the level of income decreased, the rate of violence increased. Further the relationship between education level and the rate of violence was tested. The results showed a significant relationship between the two variables. A correlation coefficient of -0.087 was found. Hence, the level of education decreases as the rate of violence increases in the region.
- (vii) Both married men and women in Central Division of Kitui district were experiencing gender based violence. The differences in rate of violence were found to be insignificant with families showing a mean of 23.8 while males showing 17.5 in terms of group statistics on the rate of violence comparisons. The difference was found to be statistically insignificant.

5.3 Conclusion

The main objective of the study was to determine the causes, consequences and management strategies of gender based domestic violence in Central Division of Kitui District. From the findings, it can be concluded that the study has met this objective:

- (i) The causes of gender based domestic violence were established. Alcoholism, poverty, lack of formal education and financial disagreements were some of the established causes of gender based domestic violence in the study area.

- (ii) Consequences of GBDV such as mental stress, poor family health, low income and physical disabilities among others have been indicated.
- (iii) Victims of violence have adopted management strategies such as perseverance, contacting medical doctors, parents and community elders. These results seem to support the work of UNPFA (1999), that purported that each community has its own unique experiences, and ways of managing the gender based domestic violence differ from one region to another.
- (iv) From the study findings, the relationship between socio-economic background and the rate of violence was significant.
- (v) In addition, the results showed existence of statistically significant relationships between the level of education, the level of income, the rate of alcohol consumption and the rate of violence.
- (vi) There was no significant difference in the rate of violence between married men and women who were experiencing gender based domestic violence in Central division of Kitui District.

5.4 Recommendations

The findings of the study form the basis for recommendations both for policy as well as for further research.

5.4.1. Recommendations for Policy

It is evident that there are causes, consequences and suggested management strategies for the problem of gender based domestic violence in Central division of Kitui district, Kenya. Therefore, the study has come up with the following recommendations:

- (i) The Ministry of Gender, Sports, Culture and social services should set up education campaigns on human rights and the effects of gender violence in a country. The education learned should assist those who suffer because they are ignorant about support services and their human rights.
- (ii) The Ministry of Education, science and technology should establish information-giving channels to the parent students and support staff. There should be educational curriculum that supports proper family living. Lessons on good family practices and general family life education should be emphasized in schools.
- (iii) The government should consider training of family counsellors and dispatch them to serve in the local communities even at the divisional levels.

- (iv) The government should also initiate self-help projects among the poor communities in order to alleviate poverty. Low income in the study results is a great source of family conflicts.
- (v) Men and Women organizations and non-organizational bodies should intensify their activities in the local areas. It has been the case that the urban communities have more access to special hospitals and support services than rural communities.
- (vi) This study therefore calls for extension of support services to rural communities.
- (vii) Proper policy and law should be formulated to assist in settling family disputes.

5.4.2 Suggestions for Further Research

The problem of gender and violence is complex and broad. More research is necessary in different parts of the world, Kenya and even among specific communities. The causes, consequences and management often differ and therefore the best way to alleviate the problem is through the people's opinions. The study therefore, recommends further research in the following areas: -

- (i) The rate of partner abuse between newly married partners and aged married partners
- (ii) A nation wide study on causes, consequences and management strategies of gender based domestic violence
- (iii) Cultural beliefs that perpetuate gender based domestic violence in other communities of Kenya.
- (iv) Rate of violence among spouses from different religious background.
- (v) A comparative study on the rate of violence among married partners in rural and in urban areas.

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APPENDICES

APPENDIX A: QUESTIONNAIRE FOR MARRIED MEN AND WOMEN IN CENTRAL DIVISION OF KITUI DISTRICT-KENYA.

Dear respondent,

My name is Kaluyu V.K. from Egerton University. I am interested in finding out what can promote health, harmony in families and enhance development in our country. Please assist by giving correct and full information as asked in this questionnaire. The information you give will be treated confidentially.

Thank you.

Kaluyu V.K.

SECTION A

Personal information/demographic data

INSTRUCTIONS: Tick (✓) the most appropriate answer.

1. Gender Female Male

2. What is your marital status?

Married

Widowed

Separated

Living with a partner

3. What is your highest educational level?

No formal schooling

Primary

Secondary

Post Secondary

4. What is the total income per annum in your family in the course of the last one year in (KSH)?

0 – 10,000

10,001 – 50,000

50,000 – 100,000

Over 100,000

5. Indicate where you were born and raised

6. Which is your ethnic group.....

7. The following are characteristics of personality. Tick (✓) the box that you feel that it correctly describes your personality type.

Personality type A	
<ul style="list-style-type: none">• Aggressive• Independent• Ambitious• Competitive• Preoccupied with achievement• Impatient	

Personality type B	
<ul style="list-style-type: none">• Relaxed• Patient• Dependent• Speaks slowly• Decisions carefully• Made• Easy to convince	

8. Do you suffer from any mental disease or disorder?

Yes No

SECTION B

A. Causes of gender based domestic violence

Instructions: Tick (✓) the most appropriate answer.

1. What are the reasons for gender based domestic violence in a relationship?

Control over partner

Low income

Lack of respect

Lack of formal education

Alcoholism

Extra marital affairs

Others (Specify).....

2. Have you been abused by your partner/ spouse during the last 12 months?

Yes No

3. If yes, what was the reason?

Alcoholism

Children's discipline

Financial matters

Denial of conjugal rights

Not obeying commands

Others (Specify).....

4. Do you know of a friend neighbour who has experienced domestic violence over the past six months?

Yes No

5. Does your marriage partner take alcohol?

Yes No

6. If yes, how many times does he/she get drunk in a week?

Once

Twice

Four times

Everyday

B. Consequences of gender based domestic violence.

Instructions: Tick (√) the most appropriate answer.

1. What do you associate gender based domestic violence with?

Physical abuse

Conflicts in the home

Verbal abuse

Sexual abuse

Others (specify).....

2. Have you been abused by your partner / spouse during the last 12 months?

Yes No

3. If yes, what type of violence /abuse was involved?

Physical abuse

Verbal abuse

Chased away

Sexual abuse

Other (specify).....

4. What type of injury was sustained?

Cut wound

Bruises

Ear and eye problems

Broken bones

Others (specify).....

5. Are both men and women experiencing domestic violence in your community?

Yes No

6. What are the consequences of domestic violence among families?

Physical disabilities

Death

Divorce

Mental stress

Others (specify).....

C. Management strategies of gender based domestic violence

Instructions: Tick (✓) the most appropriate answer.

1. Are you currently experiencing domestic violence?

Yes No

2. If a person is experiencing domestic violence in your community, how does he/she respond to it?

Persevere

Contact doctors

Visit a psychological counsellor/psychiatrist

Leave the spouse

Discuss with a friend

Contact parents

Report to police

Report to pastor/priest

Contact community leaders

Others (specify).....

3. Are there any agencies offering services within the community addressing gender based domestic violence/

Yes No

4. If yes, which are those agencies?

Hospitals/dispensaries

Police/courts

Non-governmental organizations

Women organizations

Others (specify).....

5. What are your comments on how gender based violence should be managed in your community?.....

.....

D. General assessment of gender based domestic violence in central division of Kitui

Instructions: Tick (√) the most appropriate answer.

1. Have you been a victim of gender-based violence?

Yes No

2. If yes, how many times have you been abused over the last one-month?

0 – 2 times

3 – 5 times

6 – 7 times

7 - 10 times

3. How would you rate the prevalence of gender based domestic violence in your division?

Low

Moderate

High

4. Are there cultural practices that encourage domestic violence in your community?

Yes No

5. If yes, which ones?

Polygamy

Acceptance of wife beating

Acceptance of male promiscuity

Payment of bride wealth

Others (specify).....

APPENDIX B: INTERVIEW SCHEDULE FOR VICTIMS OF DOMESTIC VIOLENCE

SECTION A

Tick (✓) the appropriate information about the Subject.

1. Gender Female Male

2. Marital status
Married Not married

3. Home district

4. Level of education
No formal schooling
Primary
Secondary
Post secondary

5. Income level per annum in the last one year
0 - 10,000
10,001 - 50,000
50,001-100, 000
Over 100,000

6. Indicate where you were born and raised

7. Which is your ethnic group

8. Do you suffer from any mental disease or disorder?
Yes No

9. The following are characteristics of personality. Tick (✓) the box that the respondent feels that it correctly describes their personality type.

Personality type A	
<ul style="list-style-type: none"> • Aggressive • Independent • Ambitious • Competitive • Preoccupied with achievement • Impatient • Restless movement 	

Personality type B	
<ul style="list-style-type: none"> • Relaxed • Patient • Dependent • Speaks slowly • Decisions carefully made • Easy to convince • Peaceful 	

SECTION B

You are requested to kindly give honest and brief information in this section. All the information will be treated confidentially.

1. What do you understand by the term Gender-based domestic violence?

.....

.....

.....

2. Do you think there is domestic violence in your community?

Yes No

If Yes, What are the reasons for the domestic violence in your community? Probe for:

A. Control over partner

- B. Poverty
- C. Lack of respect
- D. Lack of formal education
- E. Alcoholism

Others (specify).....

3. Have you experienced violence from your spouse over the past one year?

Yes No

If Yes, What kind of violence have you experienced? Probe for:

- A. Abusive language
- B. Being beaten
- C. Chased away
- D. Sexually abused

Others (specify)

4. What was the cause of the above-mentioned violence? Probe for:

- A. Financial matters
- B. Child rearing method
- C. Not obeying commands
- D. Alcohol taking
- E. Lack of formal education

Others (specify).....

5. Does your marriage partner take alcohol?

Yes No

If yes, how many times does he get drunk in a week? Probe for:

- A. Once
- B. Twice
- C. Four times
- D. Every day

6. What effects has this violence from your spouse had on you? Probe for:

- A. Physical disability
- B. Mental disturbance
- C. Divorce
- D. Unplanned pregnancy

Others Specify

7. What effects has this violence from your spouse had on your family? Probe for:

- A. Children fail to get proper education
- B. Low income
- C. Feelings of insecurity
- D. Poor health

Others (specify)

8. What action did you take when you experienced this kind of violence from your spouse? Probe for:

9. Report to police

- A. Go to hospital
- B. Seek for a divorce or separation
- C. Tell pastor or priest
- D. Report to community elders

Others (specify)

10. Are there cultural practices in your community that encourage domestic violence?

Yes No

If yes which ones? Probe for:

- A. Polygamous marriages
- B. Acceptance of wife beating
- C. Acceptance of male promiscuity
- D. Payment of bride wealth

Others (specify).....

11. Are there institutions or people who are supposed to settle family disputes in your community?

Yes No

If yes which ones? Probe for:

- A. Community elders
- B. Police /courts
- C. Chiefs or assistant chiefs

Others (specify)

12. Are there established bodies or institutions that assist victims of gender domestic violence in your locality?

Yes No

If yes which ones? Probe for:

A. Women organisations

B. Hospitals /dispensaries

C. Non-governmental organisations

Others (specify)

13. Generally suggest what should be done to manage the problem of domestic violence in your community?.....

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APPENDIX C: RESEARCH PERMITS