

**THE CONTRIBUTION OF MALE CHAMPIONS TO THE EFFORTS AGAINST
GENDER BASED VIOLENCE IN KAMUKUNJI SUB-COUNTY**

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DECLARATION

I declare that this project is my original work and has not been submitted for a degree in the University of Nairobi or any other University.

Signature



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DEDICATION

This project is dedicated to my beloved husband, Eric Ngetich, for the continuous support and motivation he accorded me and to my children, Reuel and Eliana, who endured my absence in the evenings and weekends during lectures and during the development of the proposal for this project.

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Finally, I appreciate 30 male agents of change for the support they gave me as they participated in the study.

LIST OF ABBREVIATIONS AND ACRONYMS

CHV	Community Health Volunteers
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored, Safe
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IPV	Intimate Partner Violence
MENKEN	MenEngage Kenya Network
NGO	Non-Governmental Organization
STI	Sexually Transmitted Infections
UN	United Nations
VAC	Violence Against Children

ABSTRACT

The engagement of boys and men is important in the prevention and response to Gender-Based violence (GBV). The purpose of this research was to assess the contribution of male champions to the efforts against gender based violence in Kamukunji sub-county. The specific objectives included: to assess the attitudes of the male champions on social norms that encourage and condone GBV, describe the activities carried out by the male champions towards fighting GBV and determine how the male champions respond to GBV. A structured interview questionnaire was administered to 30 male champions selected through purposive sampling. Key informants validated information given by the male champions. Outputs were presented in the form of tables, charts and figures for quantitative data and qualitative data was analyzed thematically, where topics, ideas, and patterns of meaning that came up repeatedly were grouped together to produce themes necessary for discussion.

The study findings show that all the male champions had knowledge on what GBV entails including the forms of GBV and disagreed with the social norms that encourage and condone gender based violence. The male champions engaged in various activities in the fight against GBV including being role models by practicing non-violent expressions of masculinity and believed they were capable of supporting victims/survivors of violence. In addition, they were aware of the GBV referral pathway and more than half of them had ever reported a GBV case at the police station or at the chief's office. The study recommends that community outreaches should be increased to help tackle attitudes that promote GBV by engaging more boys and men at an early age in the fight against GBV. Both males (boys and men) and females (girls and women) should work together in the fight against GBV because it affects all gender groups in all spheres of life.

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CHAPTER ONE: BACKGROUND OF THE STUDY

1.1 Introduction

Gender based violence (GBV) in all its forms has become rampant worldwide. GBV is a word that encompasses any harmful act that is perpetrated against a person's will and may include threats of such harmful acts, coercion or deprivation of liberty (CEDAW, 1992). GBV results in violation of human rights and both men as well as women fall victim but women and girls are the ones violated most. Thus the term has been used most times to describe violence against women which could result in them suffering physically, sexually or psychologically (United Nations, 1993).

One out of three women worldwide has in their lifetime, experienced either physical and /or sexual intimate partner violence or non-partner sexual violence (WHO, 2017). More than 40% of both women and men of age 15-49 have ever experienced physical violence from the time they were of the age 15. Husbands are the main perpetrators of physical violence against women whereas the main perpetrators of violence against men are either parents or teachers or others (KDHS, 2014).

Attitudes, beliefs, norms, and structures promoting or condoning discrimination on the basis of gender and power inequality between the two gender groups have been shown by research to be the root causes of GBV (Jewkes, 2002, Molin, 2018). In most societies, men primarily hold power, own and control property and make major decisions. This contributes to women being denied a chance to give their opinions on important issues in life (United Nations, 1993). Therefore, there is a great need for nations across the globe to prioritize elimination of gender-

Based violence (UN, 2010, WHO, 2009), because it has negative consequences in the lives of men and women.

Several strategies have been put in place to prevent and respond to sexual and Gender Based Violence which include-: increasing access to justice for survivors, providing support to survivors and prevention of gender based violence (Bott et al, 2007). In prevention, community based initiatives have been put in place to promote social norms and behaviour change that could lead to violence and inequality among the two gender groups (Abramsky et al., 2014).

Engaging men in initiatives to reduce GBV and in creating awareness on the negative impact violence has on women and girls, is a global movement and effort (White Ribbon Campaign, 2014, Casey et al, 2016).

The fight against gender based violence should engage men because they are mainly the perpetrators; they control resources and are the ones that pass attitudes and beliefs promoting power inequality from one generation to another. (Jone et al., 2011). According to Chamberlain (2008), men may be engaged in three different levels of prevention; before violence occurs (primary prevention), when violence begins (secondary prevention) and responding to violence once it has occurred (tertiary prevention). Some of the strategies that involve men and boys include the HeForShe strategy, which was created and launched by UN women in 2014, the white ribbon Campaign is another initiative involving men, where men wear white ribbon as a way of declaring that they will not perpetrate, condone or remain silent about violence (Jones et al., 2011) and Men for Gender Equality (MENGEN).

In Canada seven entry points of engaging boys and men were identified; engaging them as fathers, in their health, in sports and recreation, at their workplace, in relationships among peers, as allies and in aboriginal healing (Wells et al., 2013).

In Kenya we have the MenEngage Kenya Network (MENKEN) which was formed in 2006 at the end of the MenEngage Consultative workshop in Dar es Salaam. Men and boys are involved in the promotion of sexual reproductive health, positive fatherhood and in the prevention of HIV and GBV. (<https://menken.or.ke>)

1.2 Statement of the problem

GBV results in the continuous violation of human rights and occurs all over the world. It negatively affects not only the health of men and women but also the psychological, economic, and social aspects of their lives. Because violence is mainly as a result of deeply rooted societal norms and discrimination, there is need for fundamental change at both the individual and community levels in the attempt to reduce or eliminate violence. One major step of doing so is by involving boys and men in addressing GBV (Nangle, 2014).

In Kenya, GBV stems from power inequity which is directly linked to explicit and implicit expectations of men and women in the society. Some social norms result in the acceptance of violence against women. Cultural beliefs that promote men's dominance over women have led to women being more vulnerable to GBV than men (National Crime Centre, 2014). This male dominance and abuse of women have been propagated from one generation to another. Older men being the sole carriers impart it upon the young and sometimes incite or encourage the practice from time to time. Because of the critical role men play in sustaining GBV there is a need to involve them in addressing the negative gender norms.

Global Communities in partnership with St. John's Community Centre (SJCC) and the Kenya Girl Guide Association (KGGA) implemented a 3 year PEPFAR /USAID funded program, called DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives) , in Kamukunji sub-county in Nairobi County. Adolescent girls and young women (AGYW) of ages between 10 and 24 years were empowered socially and economically, with the main goal of reducing new HIV infections in the age cohort of 15-24 years. One of their objectives was to prevent GBV and foster care and resilience to survivors.

In partnership with MENKEN (MenEngage Kenya Network), DREAMS engaged men as male agents of change in GBV prevention by training them on roles they could play to prevent, eliminate, and respond to GBV. Some of these roles included; counseling men about the need to shun violence against women, teaching men the benefits of ending violence in their homes, training men on how to counter various forms of violence against women, and helping men understand the need to fight entrenched social norms that promote GBV.

Despite all the efforts that have been made to address the issue of GBV in the sub county, evidence shows that little has been achieved. Data from Kamukunji sub-county show that the total number of females and males who have experienced sexual violence from January to October, 2018 were 1,559 and 128 respectively totaling to 1687 and from January to September, 2019, are 1007 females and 106 males (Kamukunji GBV summary sheet, unpublished). This research intends to find out how the effort of these male agents of change, here referred to as male champions, have contributed in addressing GBV in Kamukunji sub-county. This research therefore, attempted to answer the following research questions;

- i. What attitude do the male champions have on social norms which encourage and condone GBV?
- ii. What activities have been carried out by the male GBV agents to assist in fighting GBV in Kamukunji Sub-county?
- iii. How have the male champions been responding to GBV in an effort to address GBV in Kamukunji sub-county?

1.3 Research Objectives

1.3.1 General objective

The general objective of the study was to explore the contribution of the male champions in addressing GBV in Kamukunji sub-county.

1.3.2 Specific Objectives

This study was guided by the following specific objectives:

- i. To assess the attitude that the male champions have on social norms about GBV in Kamukunji Sub-county
- ii. To describe the activities carried out by the male GBV agents towards fighting GBV in Kamukunji Sub-county
- iii. To determine how male champions, respond to GBV cases in Kamukunji sub-county

1.4 Assumptions of the study

1. Male champions have a negative attitude towards social norms that encourage and condone GBV.
2. Male champions engage in activities that help fight GBV in Kamukunji sub-county.
3. Male champions actively respond to GBV cases within Kamukunji sub-county.

1.5 Justification of the Study

According to Abramsky et al (2014), violence prevention research is a field that has not been rigorously evaluated. However, some studies have been done to establish the contribution of boys and men in the reduction of GBV. There have been studies on GBV and evidence of the same in the community where efforts have been directed mostly on women and other actors. Men do have a role to play hence the reason for determination of their contributions toward addressing GBV is important and necessary.

This study therefore sought to enrich the existing body of knowledge with focus on male champions 'contribution in the reduction of GBV. The findings could help policy makers see the benefit of engaging men and boys in addressing GBV and its root cause of power inequality.

1.6 Scope and Limitation of the study

The study focused on male champions (male agents of change) in Kamukunji sub- County and their knowledge on GBV, their understanding on the relationship between power and GBV and what activities they have carried out to address GBV as well as their attitudes regarding the influence of their activities on addressing GBV in the sub-county.

The study relied on self-reported data which will depend heavily on the participants' knowledge genuineness. This study was also conducted in an urban setting and the results may not be generalized for use outside the city because of cultural diversity. The other limitation is that only Male agents are being interviewed in this study and their responses may not represent the views of women.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

The objective of this chapter was to review existing literature on the root causes, types and consequences of GBV and show the relationship between power dynamics and GBV. Literature on past evaluations on the contribution of involving men and boys in addressing GBV will also be reviewed.

2.2 Forms of Gender based violence

GBV can be physical, sexual, emotional/psychological, economic and socio-cultural. Physical violence involves using physical acts such as pushing, hitting, slapping, biting, beating, pulling hair, twisting arms, burning, among others. Sexual violence: forcing or pressuring to perform sexual acts (ranging from kissing to sexual intercourse) against their will, making sexual comments that make someone uncomfortable, touching not wanted, not being to one's sexual partner, forcing to have unprotected sex, willful spread of STI, refusal for STI treatment of STI and failure to inform ones partner of an STI infection. Emotional violence include humiliating or causing embarrassment, criticizing, threatening physical or to hurt children or partners, shouting, insulting, possessiveness, constant monitoring of the person's activities among others. Economic violence includes holding back family finances, not allowing partners to work, giving partners money after he/she begs or humiliates themselves, not consulting partners on the use of family resources or not allowing partners to possess property (European Institute for Gender Equality, 2018).

2.3 Power and GBV

When groups with power treat those with less power poorly it results in oppression. All forms of violence share a fundamental motivation meaning violence is used to maintain or claim power and control. In most cultures in the World, girls and women are victims/survivors of GBV because of power inequalities that favor men. Internalizing power imbalance between men and women may result in the acceptance of violent behaviors and the victim may lack the courage to challenge the imbalance (Milazzo, 2016).

2.4 Addressing social norms as a root cause of Gender Based Violence

Social norms are informally and socially enforced and describe the expected behavior of the members of a particular social group. There are social norms that depict women and girls as a lesser gender group. Social norms can influence behavior even when there are conflicting personal opinions. For example, individuals may comply with the way women are traditionally treated despite their personal attitudes and beliefs (Paluck & Ball, 2010).

Interventions addressing GBV should target social norms that condone and encourage gender based violence by involving men and boys either as perpetrators, as victims/survivors and as agents of change with an attempt of transforming norms around gender relations and masculinity (Sida, 2015).

2.5 Evaluation on interventions that have engaged men and boys in addressing GBV

A critical review of approaches that engage boys and men in Canada showed that gender transformative programs promoting gender norms change and equity are effective. This is a clear

Indication that these interventions are contributing to the reduction of GBV (White Ribbon Campaign, 2014).

There was a decrease in the believe in the rape myth by Caucasian men and boys who participated in a two month sexual assault peer education program by learning how to help survivors . The participants also became less violent sexually after attending the program (Fourbert and Marriot, 1997). This showed positive results on men and boys' involvement.

Tackling the root cause in the prevention of all forms of violence is paramount. Research has shown that norms of masculinity are a common root cause of men's perpetration of Intimate Partner violence and peer violence among the youth. Therefore, to eliminate or prevent violence an intervention that aims at transforming the social norms of masculinity need be employed by embracing the practice of nonviolent expressions of masculinity (Fleming et al, 2015).

2.6 Responding to a GBV survivor

There are two approaches to responding to a GBV survivor; multi-sectoral approach and survivor-centered approach. A multi-sectoral approach entails a collaborative and coordinated response, which brings together several sectors, including the police, health, legal and justice system and psychosocial services. Here the survivor is referred or linked from one service provider to the other (<https://asiapacific.unwomen.org/en/news-and-events/stories/2017/06/a>

multi-sectoral-response-to-end-gender-based-violence-against)

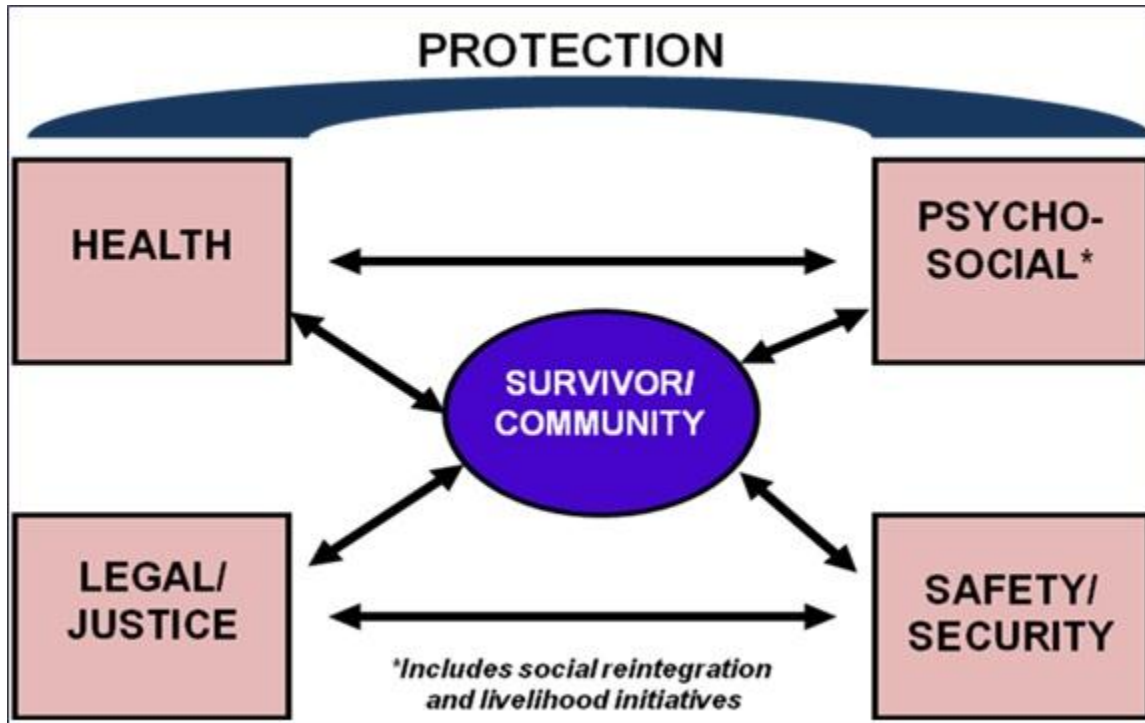


Figure 1: Survivor Centered Approach

Source: UN WOMEN

According United Nations Populations Fund (UNFPA), a survivor-centered approach ensure that a survivor is treated with dignity and respect, is given comprehensive information and an opportunity to choose which path to take in responding to his/her needs, is not discriminated on the basis of gender, race, ethnicity, age and ensures safety for the survivor.

2.7 Theoretical Framework

This study adopted the pro-feminist framework and social norms theory.

2.7.1 Pro-feminist framework.

The pro-feminist framework as articulated by Flood (2004; 2011), with the rationale that men and boys should be involved in GBV elimination and prevention because they are the primary Perpetrators. This can be done by promoting and encouraging the males to actively discourage gender inequality and violation of females. Men who are pro-feminist promote gender justice and equality as well as embrace feminism. Some of the core beliefs of pro-feminist men are; equal treatment of men and women because they are the same, the current state of male dominance is not only oppressive to women but it is also limiting for men themselves, and that there is need for both individual and social change.

Pro-feminists take part in activism especially in the areas of equal gender treatment, promote the rights of women and stop violence against women. Both women and men benefit from ending violence against women thus men need take up the role of ending it (Flood, 2011).

2.7.2 Social norms theory

This theory was first used in 1986 by Perkins and Berkowitz. It is based on the belief that societal norms influence behavior and are a reflection of deeper social structures. This theory focuses on understanding the environment and the influences of interpersonal relationships, in behaviour change rather than focusing on individual change of behavior. Misperceptions of our peers' actions and thoughts influence our behavior (Wayne, 2019).

Members of a society learn what is expected of them through the socialization process making it difficult to change the learnt norms. In order to create gender norms that favor both men and women, it is important to involve men and boys and to rectify negative gender norms you may use role models, education, formal media campaigns among other things (Berkowitz, 2004b).

According to the United Nations Population Fund, gender norms reflect the unequal distribution of power among men and women.

2.7.3 Relevance of the Theories to the study

Both the pro-feminist and social norms theory can be used in describing the involvement of men and boys in preventing violence. The pro-feminist men can be the role models advocating for the change of negative gender norms and promote the creation of equitable gender norms. Social norms theory should be used in the prevention of violence (Berkowitz, 2004a).

Social Norms Theory presupposes that our behavior is influenced by the thoughts and actions of our peers. Therefore, to decrease the problem behavior and an increase in the desired behavior the misconception must be corrected. Poverty, social inequality and inadequate social support have been identified as some of the variables that combine to determine the seriousness of the impact of violence against women. There is an urgent need to incorporate men in helping to change the behavior of their peers through training and demonstrating good practices. Men also being the aggressors most of the time will benefit from mentorship of sound and socially upright men.

CHAPTER THREE: RESEARCH METHODOLOGY

This chapter will present research methodology. The following will be discussed: research design, study population, sample size and sampling procedures, data collection methods, data processing and analysis, and the ethical considerations.

3.1 Research Site

The study was carried out in Kamukunji sub-county in Nairobi County. Kamukunji sub-county is divided into four county assembly wards namely; Pumwani, Eastleigh North, Eastleigh South, Airbase South and California South Wards.

The area is occupied by several ethnic groups because it is cosmopolitan in nature. Most of the residents of Kamukunji derive their livelihoods from several activities apart from small businesses. Most of these residents work in “Gikomba” an open air market, where second hand items are traded and Eastleigh shopping Centre where exotic items are sold. There are also petty traders who run small kiosks selling various foodstuffs, small hotels, bars and butcheries among others, Some of the residents are formally employed in government institutions (schools and health centers), Faith-based organizations, such as St. John’s Community Centre and non

Governmental organization including MSF and Hope International. Bama market which supplies beef and poultry meat to most residents of the Eastern part of Nairobi is situated in Pumwani ward in Kamukunji sub-county.

There are several health facilities in the sub-county. Government health facilities include, Pumwani Maternity Hospital, Kamukunji health Centre, Kamukunji dispensary, Shauri Moyo

Dispensary among others. Some of the private health facilities include, St. Vincent and Huruma Centre are both run by Eastern Deanery AIDS-Relief program, a faith based organization affiliated to the Catholic Church. They offer free HIV, Sexually Transmitted infections and Tuberculosis services and MSF a Non-Governmental Organization which medical response to cases of gender based violence.

3.2 Research design

This study adopted a descriptive cross sectional study, which will employ both quantitative and qualitative approaches in the quest to answer its objectives. A descriptive research determines and reports the way things are (Mugenda & Mugenda, 2003).

3.3 Study population

The target population included 40 male champions who have been trained as ‘male agents of change’ by DREAMS in partnership with MENKEN because of the special knowledge the target population has attained. Male Agents of Change are men considered to hold social influence in their community, they were trained to reach out to other men and boys to promote positive gender norms, as well as educate on HIV prevention. Part of their role is to provide training for boys aged 10–17—particularly those who have grown up around GB—on positive gender norms

3.4 Sample population

The study used a census method because there are only 40 male champions that were trained by DREAMS in partnership with MENKEN. However, only 30 champions were found, the rest could not be traced physically or through phone calls.

3.5 Sampling procedure

The study used a purposive sampling method to enroll the study participants. The study subjects were selected due to their unique knowledge as male champions. All trained male champions available were enrolled in the study.

3.6 Data collection methods

Both primary and secondary data were used in the study. The study employed survey technique, interviewing techniques and secondary sources in data collection.

3.6.1 Structured Interviews

Structured interviews were conducted using questionnaire tools. The questionnaire captured the demographic characteristics of the participants, their attitudes towards social norms that condone GBV and activities the participants have carried out towards the fight against GBV. A pretested questionnaire was used to collect responses from the study participants. Questionnaires designed to include both open and closed ended questions was administered to the 30 male champions to collect information on their knowledge on GBV, attitudes on social norms that encourage GBV, the level of understanding of the relationship between power and GBV and the activities undertaken by male champions to address and respond to GBV in Kamukunji sub-county.

3.6.2 Key Informant Interviews

The key informant interviews captured data to support the information given by the questionnaire participants. In depth interviews with key informants were conducted covering issues on response and the frequency of gender based violence reporting within the sub-county.

The people included in the interviews were two chiefs, two official health care providers and two community health volunteers.

3.6.3 Secondary Sources

The research also relied on secondary information from journals, articles, books, the internet, blog posts, reports and other relevant documents. These sources were used continuously to enrich the study.

3.7 Data processing and analysis

The data collected was analyzed using both quantitative and qualitative methods. Raw data was entered into excel, Descriptive statistics in the form of frequencies, percentages, mean, and standard deviation were used to analyze data, and its outputs presented in form of tables, charts and figures.

Data was analyzed thematically by where topics, ideas and patterns of meaning that came up repeatedly were grouped together to produce themes necessary for discussion

3.8 Ethical considerations

Relevant permissions/ authorizations was be obtained from the institution involved before the study begins including obtaining an ethical clearance from the University of Nairobi Ethics and Research Committee (NACOSTI)

The study ensured confidentiality of the respondents through the use of codes instead of name identifiers as well as obtained informed consent before commencement of the study. During fieldwork, the respondents were briefed accordingly on the purpose, the use of study results,

Conditions of confidentiality and privacy, risks and benefits. However, in this study there were no monetary or other direct benefits to the respondents for participating in the study and the respondents were informed of the same when obtaining their consent.

CHAPTER FOUR: PRESENTATION OF RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the findings and discussion on the contribution of male champions to the efforts against GBV in Kamukunji sub-county. It presents information on the knowledge on GBV and attitudes that the male champions have on social norms about GBV, the activities they have undertaken towards fighting GBV and how they respond to GBV.

4.2 Demographic characteristics of the participants

4.2.1 Age of the participants

Majority of the 30 participants (50%) were 29-39 years of age, 33.3% were 40-50 years of age, 10% were of the ages between 18 to 28 years while those above 50 years of age were only two (6.7%).

Table 1: Age of participants

Age bracket (years)	Frequency	Percent
18-28	3	10
29-39	15	50
40-50	10	33.3
Above 50	2	6.7

The demographic data on the ages of the participants indicate that the participants could easily reach out to different age brackets of the population either as peers or as role models. Social Norms Theory presupposes that our behaviour is influenced by the thoughts and actions of our peers (Wayne, 2019). Therefore, to reduce the likelihood of the occurrence of a problematic behaviour and promote the achievement of desired actions the misconception must be corrected

4.2.2. Level of Education

The findings on the education level of the 30 study participants indicate that many of them (83.3%), had attained tertiary education while 6.7% had secondary level, and 10% primary school level as indicated in table 2.

Table 2: Level of Education

Age bracket (years)	Frequency	Percent
Tertiary	15	83.3
Secondary	2	6.7
Primary	3	10

These findings on their level of education indicate that they are knowledgeable and are able to communicate effectively because they themselves can easily understand matters of gender based violence.

4.2.3 Period of being a male agent of change

The findings show that 80% of the 30 participants had been male agents of change for four years, 6.7% for 3 years, 10% and 3.3 % for 2 and 1 year respectively. This can be explained by the fact

that the DREAMS Program began to be implemented in Kamukunji Sub-county in the year 2017 and the study was carried out in 2021, four years down the line.

Table 3: Period of being male agent of change

Years	Frequency	Percent
1 Year	1	3.3
2 Years	2	10
3 Years	3	6.7
4 Years	24	80

The findings indicate that most of the participants have more than two years' experience being male agent of change, a positive indication that they have a better understanding of their role in the prevention and response to GBV.

4.3 Knowledge on GBV

28 (93.3%) of the study participants had knowledge of Gender Based Violence as a harmful act perpetrated against a person's will and that is socially ascribed (gender) differences between male and female. However, only two (6.7%) thought it was about survivors of violence. Qualitative data confirm this as illustrated by the key informants who said their understanding GBV is any kind of violence against boys and girls, male and female and its entails violence against both sexes. The knowledge on GBV empowers the male agents of change and in return they too pass the information to other men and women in the community thus help in the prevention and reduction of GBV cases.

Table 4: Forms of Gender Based Violence

Form of Violence	Frequency	Percentage
Economic violence	0	0
Sexual violence	1	3
Physical violence	2	7
Psychological violence	0	0
All of the above	27	90

The results of the study indicate that the male champions clearly understand what GBV entails, and with this knowledge they are able to respond and come up with strategies to fight and reduce GBV in the sub-county. Overall, participants had awareness on some forms of gender-based violence and their knowledge varies greatly. The study showed that psychological violence is known by many participants, as shown in the Table 4

90% of the participants had the knowledge on the forms of GBV to be either, economic psychological, sexual or physical. The results indicate that the male champions would pass the right information on the forms of GBV to other community members. That understanding would also enable them to respond appropriately to any form of GBV in the community resulting in the reduction of GBV cases in Kamukunji. Programs that assist in transformation of gender norms through engaging men and boys, help in the reduction of gender based violence (White Ribbon Campaign, 2014).

4.4 Attitudes on social norms on GBV

The study sought to assess the attitude that the participants had on social norms to condone or promote GBV. The participants gave their attitudes described by statements based on 5 points

Likert scale with 5 strongly agree, 4 agree, 3 do not know, disagree and 1 strongly disagree. The study found out that all the participants disagreed with social norms that condone GBV.

The researcher sought to know whether the participants agreed with the statement stating that a woman who is beaten and who does not leave an abusive relationship must really approve otherwise she would just leave. 80% of the 30 participants strongly disagreed while 20 % disagreed. None of the participants agreed with the statement as indicated in Table 5.

Table 5: A woman who is beaten and who does not leave an abusive relationship must really approve otherwise she would just leave

		Frequency	Percent	Valid Percent	Cumulative Percent
	Disagree	6	20.0	20.0	20.0
Valid	Strongly disagree	24	80.0	80.0	100.0
	Total	30	100.0	100.0	

The above results indicate that the male champions understood that the woman is not leaving the abusive relationship because she agrees with the violence against her but she could be having other reasons why she is not leaving.

The researcher sought to know whether the participants agreed or disagreed that the behavior of a woman usually provokes her partner to be violent towards her. The results showed that 3.3% of the 30 participants disagreed while 96.7% strongly disagreed (Table 6)

Table 6: A woman provokes her partner's violence because of her behavior

		Frequency	Percent	Valid Percent	Cumulative Percent
	Disagree	1	3.3	3.3	3.3
Valid	Strongly disagree	29	96.7	96.7	100.0
	Total	30	100.0	100.0	

73.3 % of the 30 participants strongly disagreed and 26.7 % of them disagreed that there are times that a husband is justified in beating his wife. The findings show that the male champions understand well that there is no justification for a husband to beat his wife.

Table 7: There are times when a husband is justified beating his wife

		Frequency	Percent	Valid Percent	Cumulative Percent
	Disagree	8	26.7	26.7	26.7
Valid	Strongly disagree	22	73.3	73.3	100.0
	Total	30	100.0	100.0	

On whether a man who forces his wife to have sex cannot control his behavior 10% of the 30 participants disagreed while 90 % strongly disagreed. None of the participants agreed with the statement.

Table 8: A man who forces his wife to have sex cannot control his behavior

		Frequency	Percent	Valid Percent	Cumulative Percent
	Disagree	3	10.0	10.0	10.0
Valid	Strongly disagree	27	90.0	90.0	100.0
	Total	30	100.0	100.0	

All the participants agreed that they believed that they can help victims of violence. 93.3% strongly disagreed while 6.7% disagreed that they do not believe they can help victims of violence for example, improve their situation. They can do so by referring them for the services they need and by condemning GBV in Kamukunji through various activities on awareness and response.

Table 9: I do not believe I can help victims of violence For example improve their situations)

		Frequency	Percent	Valid Percent	Cumulative Percent
	Disagree	2	6.7	6.7	6.7
Valid	Strongly disagree	28	93.3	93.3	100.0
	Total	30	100.0	100.0	

The study also wanted to find out the thoughts of participants on whether or not discord and conflicts are a normal part of an intimate relationship. 3.3% of the 30 participants disagreed and 96.7% strongly disagreed with the statement. The findings of the study support that conflicts are common in relationships but they are not a normal part of an intimate relationship.

Table 10: Discord and conflicts are a normal part of an intimate relationship

	Frequency	Percent	Valid Percent	Cumulative Percent
	Disagree	1	3.3	3.3
Valid	Strongly disagree	29	96.7	100.0
	Total	30	100.0	100.0

The study results showed that the male champions had a negative attitude toward social norms that condone and promote gender based violence. These findings are consistent with the recommendations by other researchers who suggest that to prevent or reduce GBV, you have to tackle the underlying causes including men’s attitudes, perceptions, and behaviors that could promote violence. Tackling societal norms of masculinity which is a root cause of GBV will result in the elimination or prevention of violence (Fleming et al, 2015).

These findings have an implication on previous studies suggesting that boys and men need to understand the importance of gender equality because it is good for everyone. They should declare their stand against all forms of GBV by not committing, condoning or keeping quiet about violation of women and girls (Flood, 2015).

Previous research also indicates that tackling social norms by engaging men and boys in interventions that promote gender norms change and equity contribute to reduction of GBV (White Ribbon Campaign, 2014). According to Sida 2015, men and boys should be involved in interventions that target social norms condoning or encouraging GBV with an aim of reducing or changing the undesired behaviors of violence.

4.5 Activities carried out by male champions towards fighting GBV

The research sought to find out activities carried out by the participants towards fighting GBV in the sub-county. The findings of the study showed that the male champions have actively participated in activities that help in the fight against GBV. 80% of the 30 male champions had participated in group education and trainings on GBV, 66.7% on community outreaches, 33.3 on mass media campaign, and 100% of them on being active bystanders against GBV, 100% on being role models by practicing non-violent expressions of masculinity and 80 % disagreed with listening only to men and not to women.

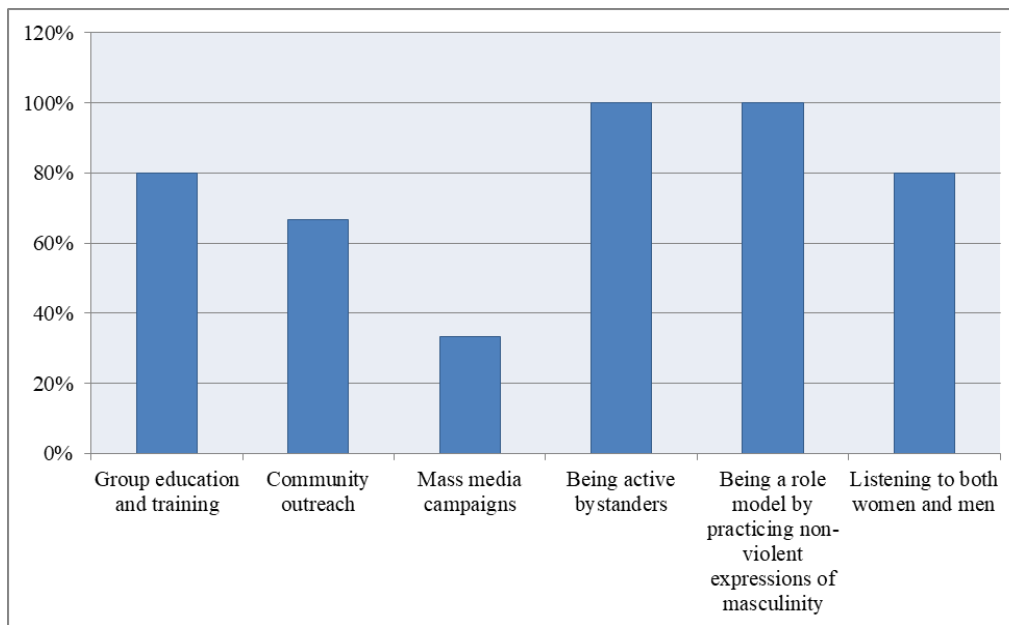


Figure 2: Activities by Male Champions

The male champions give information on GBV awareness and how to respond during the group education and training, community outreaches and mass media campaigns. The study established that 80% of the participants had participated in group education and training. The results of the study indicates that the participants contributed positively to the fight against GBV by training and educating other members of the community on the importance of norm change as

a way of preventing and responding to GBV in the community . All the participants modeled non-violent behavior to encourage and prove to the community that individuals are capable of saying no to violence. This is corroborated by the KIIs;

“Once in a while the male agents of change use our health Centre for their meetings, especially in the year 2018 and 2019, where they educated and trained other men and partners of DREAM girls on Gender Based Violence Awareness and response. They also encouraged the men to accompany their wives to the antenatal clinics and know their HIV status.” (KII 06, California).

The findings are supported by previous research indicating that social norms that condone GBV can be rectified by the use of education, formal media campaigns, use of role models, and many other interventions (Berkowitz, 2004b).The study findings show that 50% of all the participants had engaged in group education, trainings and community outreaches where they passed information on the fight against GBV to other community members. All the participants reported to be active bystanders against GBV and to be role models in practicing non-violent behavior. These would support previous research that modeling desirable behaviors would positively impact their peers in the reduction of GBV (Wayne, 2019).

The results show that the male champions are engaging in various activities in the fight against GBV .This would contribute positively in the prevention and reduction of GBV. Previous studies indicate that the community can prevent Gender-Based Violence through campaigns, education and training where information on what GBV is, the different forms of GBV, possible solutions and support measures available for survivors (Flood, 2011).

4.6 Response to GBV

The study sought to determine how the participants responded to GBV in Kamukunji sub-county. The study results indicate that the male champions were aware of how to respond to GBV. All the 30 participants were aware of the referral pathway for GBV survivors and aware that the survivor needed health, psychosocial, legal and security services. 63% of them reported that they had ever reported GBV cases at a police station.

Table 11: Have you ever reported a GBV case at a police station?

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	19	63.3	63.3	63.3
Valid	No	11	36.7	36.7	100.0
	Total	30	100.0	100.0	

63% of the participants had ever reported GBV cases at the police station and at the chiefs' offices.

Findings from the key informants indicated that the male champions were among those people who have ever reported GBV incidences to the chiefs and the police. They also accompany victims to the health facilities to seek medical care and treatment. The results indicate that GBV awareness has led to increased cases of GBV reported in Kamukunji Sub-County.

—The people in the community are now aware that medical support is required by victims of sexual and physical assault. Some victims are accompanied either by relatives, friends, male agents of change or community health volunteers most of the time". (KII 02, Pumwani)

The results also showed that the most at risk group for GBV at Kamukunji are girls and women with 70% of the male champions saying it's women and girls, 6.7% said men and boys, and 23.3% said both genders are at risk.

Table 12: Who do you think are at most risk of GBV in this sub-county?

	Frequency	Percent	Valid Percent	Cumulative Percent
Girls and women	21	70.0	70.0	70.0
Boys and men	2	6.7	6.7	76.7
All are at most risk	7	23.3	23.3	100.0
Total	30	100.0	100.0	

This was confirmed by the key interview informants. According to them the most common incidences of GBV in Kamukunji sub-county are:-Gang raping of women, men beating women, women beating men, men killing women and women killing me, men touching private parts, forced sex marriages, and intimate partner violence.

The study found out that GBV awareness in the sub county had increased the rate of reporting incidents at the police station or chief's offices. 28(93.3%) of the male champions agreed that awareness of GBV had increased the rate of reporting GBV cases in Kamukunji and 6.7 % did not think so. The study also showed that the main perpetrators of GBV in the sub-county were men.

Table 13: Do you think awareness on GBV has increased the rate of reporting GBV cases in Kamukunji Sub-county?

		Frequency	Percent	Valid Percent	Cumulative Percent
	Yes	28	93.3	93.3	93.3
Valid	No	2	6.7	6.7	100.0
	Total	30	100.0	100.0	

The above findings indicate that the male champions were aware of the reporting and referral pathway and are actively involved in the response to GBV cases in the sub-county. The findings also indicate that the activities carried out by the male champions have increased GBV awareness resulting in increased reporting of the incidents to the police and chiefs in the area.

“Unlike previously where cases of GBV would be taken lightly, currently members of the community are on high alert in identifying and reporting such cases. Both men and women in the community respond and report such cases to the police and chiefs. We the Community Health Volunteers work hand in hand with the male agents of change in supporting survivors of GBV and in reporting incidents to the police ” (KII 04, Eastleigh).

“A week hardly passersby without a GBV case is reported in my office. But that does not mean that all cases are reported. Some members of the community may fail to report such cases maybe because they fear being witnesses in the court of law or fear the long court processes. Despite that there is notably an increased rate of GBV reporting indicating that the GBV awareness by members of the community has increased” (KII 03, Eastleigh).

The findings indicate that all the male champions are active bystanders against GBV, an intervention that would help in prevention and reduction of Gender-Based Violence. Research indicate that effective bystander intervention would help in prevention of violence, will interrupt
Condoning sexist remarks, will prevent blaming survivors or victims of violence and will interrupt behaviors of men that would lead to GBV. (Minerson et al, 2011). Findings from the Key informants indicated that the male agents of change were among the groups that have being reporting GBV cases and referring clients for both health and security services. And that they have also contributed to the awareness of GBV in Kamukunji.

“Yes, they have contributed to the awareness more so to the church fraternity by giving trainings and follow ups —. (KII 01, Shauri Moyo)

“Male agents of change groups have also helped in encouraging one another during hard times in marriages and supporting one another during marital issues and referring victims for services —. (KII 06, California)

—The members of the community report GBV cases to me. I usually involve the „nyumba kumi“ initiative officials or the male agents“ of change in responding to those cases. First of all we inform the victim and his or her family of the services available for them. We then accompany the victim to the health facility for treatment of any injuries incurred, to be given Post Exposure Prophylaxis (PEP) for the prevention of HIV and emergency birth control for prevention of pregnancy for women and girls. Later we encourage them to report the matter to the chief or police, if they agree we accompany them. Unfortunately, some survivors prefer only getting medical services only. Most cases do not reach the court of law” KII 06, California).

The KIIs reported that individual members of the community, hospitals, schools, churches, children homes, men's groups, women groups, NGOs, 'nyumba kumi' initiatives and 'Jua Kali' group members are some of the institutions or agents that refer GBV cases to them. The findings indicate that the male champions, falling under the men's group, form part of the groups that report GBV in Kamukunji Sub County.

The study findings demonstrate the effort the male champions have made in the reduction and prevention of Gender-Based Violence. Previous literature show that such initiatives for preventing and responding to GBV usually take three ways. The first entails increasing access to justice for those affected. Secondly, by giving support to survivors and lastly, by increasing awareness and tackling the gender norms and power inequalities that condone GBV (Flood, 2011).

4.7 Challenges in GBV response in Kamukunji

One main challenge faced by the male champions is lack of financial support by the government. Therefore, the time they dedicate to responding to GBV cases is affected because they have to engage in other income generating activities to earn a living. The findings from the Key Informant showed that some of the challenges in responding to GBV in Kamukunji include: cultural values that hinder some of the judgment made, some victims may end up dying before their cases are closed, corruption in police stations, delayed judgment for victim/survivors, some perpetrators may bribe their way out, some victims may need safe house services which might not be provided by the chief's offices, lack of vehicles for faster response, among other things.

Cultural values may hinder judgment made because the victim or the victim's family may choose to pardon perpetrators on the basis of negative norms that condone GBV in the community. For

example beliefs that a husband beating his wife is normal and is a sign of love. The long court cases on GBV cases due to piled cases may delay justice for the survivors. Some pass on before their cases are closed. Corruption has also been a big challenge in the response to

GBV where some perpetrators bribe their way out of the police stations or interfere with the court proceedings.

The above challenges negatively affect the effort made by the male champions in the prevention and response to Gender Based Violence in Kamukunji.

CHAPTER FIVE: CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusions

It is evident from the study findings that the male champions have contributed positively to the effort against GBV in Kamukunji sub-county. The male champions have knowledge on what GBV entails and hold a negative attitude towards social norms that condone GBV. This knowledge and attitude enables them to say no to GBV, first by not perpetrating GBV themselves and secondly, by passing this information to others. Challenging power inequalities and negative social norms that condone or promote GBV in the community, the male champions have positively impacted the residents of the Sub County and decreased the negative effects of GBV. The men reached out with the information on the importance of fighting social norms that are negative and are transformed and they too become agents of change.

The right attitude and perception towards the negative attitude translates to behavior that would benefit all the members of the community. All the male champions disagreed with a statement suggesting that women do not leave abusive relationships because they approve of violence. Other factors could be the reason why someone is not leaving a relationship for example the woman and her children could be financially dependent on the perpetrator. They also understand that conflicts are common in relationships but they are not a normal part of an intimate relationship. The male champion understands clearly that there is no time a husband is justified in beating his wife. Gender norms transformation and power equality help tackle the root causes of GBV in the community.

The activities carried out by the male champions in the fight against GBV in Kamukunji include group education and trainings, mass media campaigns, community outreaches, being active

Bystanders and modeling non-violent behaviors. Training other men to be agents of change through peer to peer education has resulted in an increase in GBV awareness and prevention. The male champions pass information on GBV prevention and response through group education, training, community outreaches and mass media campaigns. They also do not condone or commit GBV by being active bystanders against Gender Based Violence. They also model non-violent behavior by not being GBV perpetrators themselves and by putting the feelings and needs of both gender groups into consideration by being impartial.

The study has also demonstrated that male champions are actively involved in responding to GBV cases in Kamukunji. They are involved in identifying GBV incidences, reporting them to the relevant bodies and by supporting survivors by referring them for services. They participate in informing the GBV victims/survivors and their families of the services available for them

Including security, health, psychosocial and legal services. They also accompany them for the services after the survivors have decided which pathway to follow. The male champions also offer follow up services to survivors of GBV and are willing to be witnesses in the court of law. This has increased the number of GBV cases reported and improved the response measures undertaken to help Gender-Based Violence survivors in Kamukunji.

There are several challenges to prevention and response of GBV in Kamukunji including cultural values hindering the judgements made on GBV cases, corruption in police stations, delayed judgement for survivors of which some may end up dying before their cases are closed among others. The percentage of the male champions in the Sub County is also so small therefore there is need to increase their number in the community. The difficult thing about this is that there is no monetary value apart from facilitation support from NGOs. Despite the challenges the

Contribution of the male champions in the prevention and response to GBV in the Sub County has been felt in Kamukunji

5.2 Recommendations

The study makes the following recommendations

1. Community outreaches should be increased to help tackle attitudes that promote GBV by engaging more men and boys in the fight against GBV. The awareness of GBV and gender transformative interventions should target boys at an early age.
2. Both men and women should work together in the fight against GBV because it affects both? Gender groups at all spheres of life. Combined effort will increase the population with the knowledge on GBV prevention and response.
3. Increased sensitization on the negative impact of GBV on all gender groups should be undertaken. The police, the chiefs and other security agents should be targeted in order to prevent perpetrators bribing their way out but instead following the rule of law.
4. The government and other organizations should financially support the male champions in their effort to prevent and respond to GBV as a way of motivating them to keep up the good work. They can be put on regular pay to allow them to engage in activities towards the fight against GBV on a full time basis.
5. A study on the motivators to increasing involvement of the male gender in fighting GBV should be carried out. This will help know how many men and boys can be motivated to join in the fight against GBV.

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APPENDICES

Appendix I: Informant Consent

Beatrice Chelangat,
P.O. Box 42857-00100,
Nairobi, Kenya.

Dear Participant,

I wish to introduce myself to you as a student of Master's degree in Gender and Development Studies at the University of Nairobi. As part of the program, I am conducting a research project titled "*The Contribution of Male Champions to the Efforts against Gender Based Violence in Kamukunji Sub-County*". I hereby request you to fill in the questionnaire provided herein. I would be most grateful if you could spare some few minutes of your precious time to answer all the questions provided. You are assured that all the data/information you provide would be treated with utmost confidentiality. This is an academic study and there are therefore no monetary or other benefits associated with this questionnaire.

Yours Faithfully,

Beatrice Chelangat

Thank you for your co-operation.

Appendix II: Questionnaire

PART A: GENERAL INFORMATION

1. Indicate your age bracket

18-20 years ()

29-39 years ()

40-50years ()

50> ()

2. Level of Education

Tertiary ()

Secondary ()

Primary ()

Other (Specify) () _____

3. How long have you been a male agent of change?

Less than 1 year ()

1 year ()

2 years ()

3years ()

PART B: KNOWLEDGE ON GBV

4. Which of the following best describes any harmful act perpetrated against a person's will and that is socially ascribed (i. e gender) differences between male and females is?
 - a) Survivor of violence
 - b) Gender-based violence
 - c) Sexually transmitted infections
 - d) Violence against workers

5. Which of the following is a form of gender-based violence?
 - a) Economic violence
 - b) Sexual violence
 - c) Physical violence
 - d) Psychological violence
 - e) All of the above
6. GBV is rooted in unequal gender power and is a result of gender-based discrimination
 - a) True
 - b) False
 - c) I don't know

PART C: BELIEFS/OPINIONS RELATED TO GBV

For each statement below, please tick the response that best describes your thought or feelings or feelings about GBV

STATEMENT	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
7. A woman who is beaten and who does not leave an abusive relationship must really approve otherwise she would just leave	1	2	3	4	5
8. A woman provokes her partner's violence because of her behavior	1	2	3	4	5
9. There are times when a husband is justified beating his wife	1	2	3	4	5
10. A man who forces his wife to have sex cannot control his behavior	1	2	3	4	5
11. I do not believe I can help victims of violence (For example improve their situations)	1	2	3	4	5
12. Discord and conflicts are a normal part of an intimate relationship	1	2	3	4	5

PART D: ACTIVITIES TO PREVENT GBV

13. What are some of the activities you have undertaken to prevent GBV (Tick all you have engaged in)
- a) Group educations and trainings
 - b) Community outreach
 - c) Mass media complaints
 - d) Been an active bystander
 - e) Listening only to men and not to women

- f) Being a role model by practicing non-violent expressions of masculinity
 - g) Others
(Specify)_____
-

PART E: RESPONDING TO GBV

14. Are you aware of referral pathway for a GBV survivor?

- a) Yes
- b) No

15. These are the services required by a GBV survivor?

- a) Health
- b) Psychosocial support
- c) Legal
- d) Police Services
- e) All of the above

16. Have you ever reported a GBV case at a police station?

- a) Yes
- b) No

17. Who do you think are at most risk of GBV in this sub-county?

- a) Girls and women?
- b) Boys and men
- c) All are at most risk

18. In your opinion who are the main perpetrators of GBV in Kamukunji?

- a) Men
- b) Women

19. Do you think awareness on GBV has increased the rate of reporting GBV cases in Kamukunji Sub-county?

- a) Yes
- b) No
- c) I don't know

20. In your own words, briefly discuss the importance of involving men in addressing GBV_____

Thank you for your time and assistance

Appendix III: Key informant interview guide

(The interviewer is to introduce himself/herself, explain the objective of the interview and ask for the respondent's consent to be interviewed)

Name of person being interviewed _____

Contact details if willing to give _____

Institution _____

Position _____

Date of Interview _____

1. What do you understand by the term gender based violence?

2. What incidences of GBV are prevalent in Kamukunji sub-county?

3. How often are cases of GBV reported to your institution/office?

4. What institutions or agencies or individuals refer GBV clients/cases to you?

5. Do you think male agents of change have contributed in the awareness and response to GBV in Kamukunji sub-county?

How so?

6. How do you respond to GBV cases?

Do you have a structured way of response?

7. Are there challenges you face in responding to GBV in this community?

8. Is there anything else you would like to add?

Appendix IV: Kamukunji Report on sexual violence from January to October 2018

dhis2 Kenya Health Information System

Kamukunji Sub County - 2018

Write a comment, question or interpretation of this report

Share

MONTHLY SUMMARY: (Fill in here data for all first visits, as reported on a monthly basis)

INDICATOR	0-11 Yrs		12-17 Yrs		18-49 Yrs		50 yrs+		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	
No. of rape survivors	43	306	39	486	45	762	1	5			1687
Number presenting within 72 hours	29	226	15	362	36	665	1	4			1338
No. initiated PEP	20	156	11	289	35	589	1	3			1104
No. given STI treatment	30	210	16	410	39	678	1	4			1388
No. eligible for ECP		16		278		493					787
No. given ECP		16		278		493					787
No. tested for HIV	37	249	33	447	44	691		5			1506
No. HIV positive at 1st visit				5	1	18					24
Total survivors with disability	2	1		7	1	10					21
No. of perpetrators					1	3					4

- report
- Standard Report
- Data Set Report
- Reporting Rate Summary
- Resource
- Organisation Unit Report
- Data Approval
- Report Table

No. HIV positive at 1st visit					5	1	18								24
Total survivors with disability	2	1			7	1	10								21
No. of perpetrators						1	3								4
Total survivors seen	31	217	16	345	31	531		6							1177

COHORT SUMMARY (Fill in here data three months back, at the point then the cohort being reported on is expected to have completed the entire range of PRC services e.g the January cohort will be reported in the April report, the February cohort in the May report e.t.c. This section only applies to Rape Survivors)

1st visit	44	301	24	469	39	763	1	4							1645
2nd visit	17	146	12	213	23	376		2							789
3rd visit	12	98	11	151	18	304									594
4th visit	7	65	5	86	8	198									369
5th visit	5	56	4	74	4	155									298
No. completed PEP	5	71	5	128	15	274									498
No. seroconverted															
No. pregnant			1	2		5									8
No completed trauma counseling	6	57	4	78	3	158									308

Appendix V: Kamukunji Report on sexual violence from January to September

MONTHLY SUMMARY: (Fill in here data for all first visits, as reported on a monthly basis)

INDICATOR	0-11 Yrs		12-17 Yrs		18-49 Yrs		50 yrs+		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	
No. of rape survivors	47	230	36	312	23	462		3			1113
Number presenting within 72 hours	19	188	22	224	14	421		4			892
No. initiated PEP	16	138	17	200	11	376		3			761
No. given STI treatment	27	168	24	263	16	429		3			930
No. eligible for ECP		22		203		348		1			574
No. given ECP		18		174		303		1			496
No. tested for HIV	40	198	24	280	17	427		3			989
No. HIV positive at 1st visit		1		3		13					17
Total survivors with disability		1		7		7					15
No. of perpetrators				2		3					5
Total survivors seen	47	230	36	312	21	461		3			1110

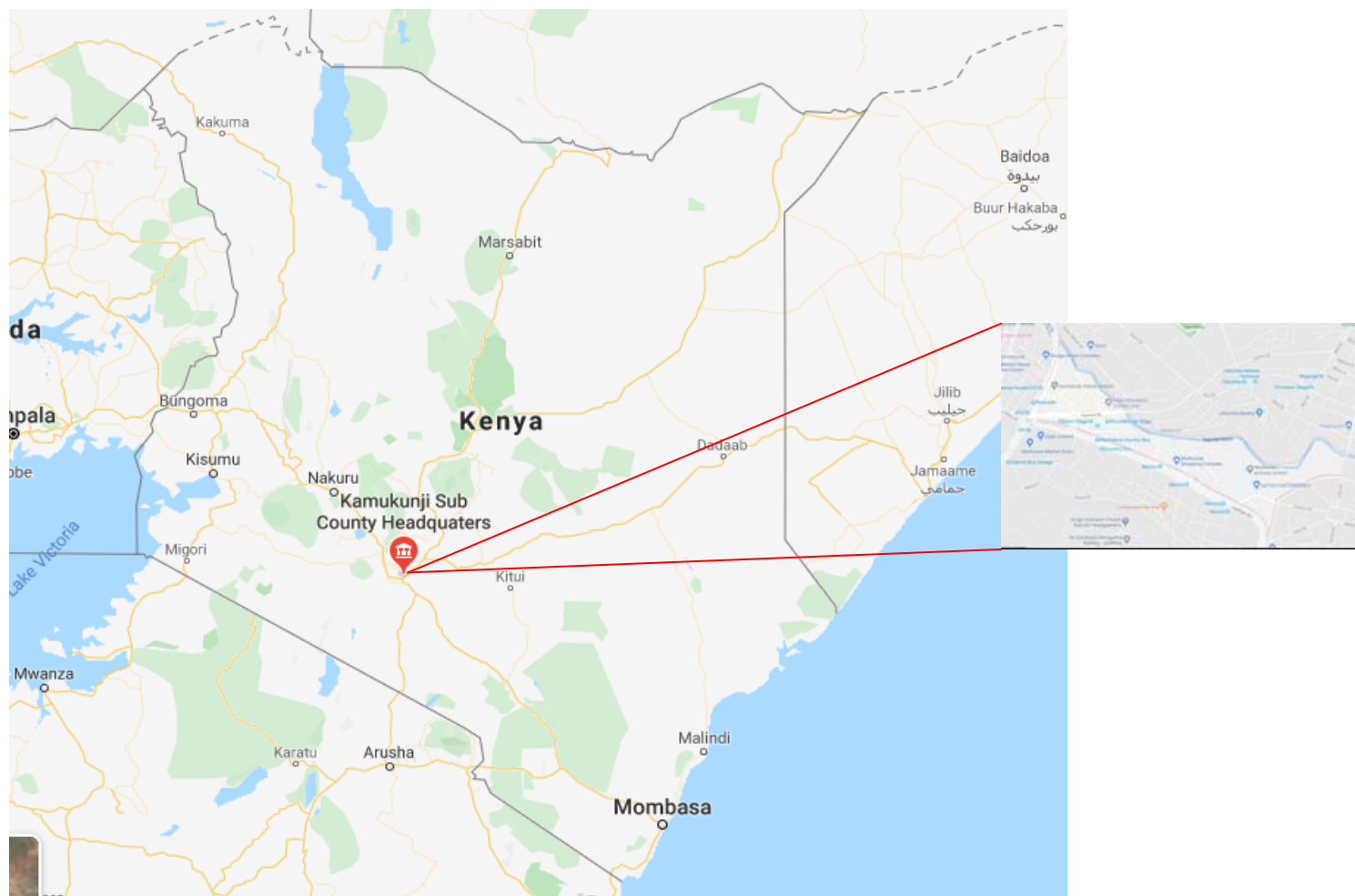
COHORT SUMMARY (Fill in here data three months back, at the point then the cohort being reported on is expected to have completed the entire range of PRC services e.g the January cohort will be reported in the April report, the February cohort in the May report e.t.c. This section only applies to Rape Survivors)

Total survivors with casework									
No. of perpetrators				2		3			5
Total survivors seen	47	230	36	312	21	461		3	1110
<i>COHORT SUMMARY (Fill in here data three months back, at the point then the cohort being reported on is expected to have completed the entire range of PRC services e.g the January cohort will be reported in the April report, the February cohort in the May report e.t.c. This section only applies to Rape Survivors)</i>									
1st visit	40	222	50	320	26	489		4	1151
2nd visit	18	130	18	151	9	234		3	563
3rd visit	13	97	6	107	11	185		6	425
4th visit	7	36	3	63	3	127		2	241
5th visit	10	47	2	49	3	97		3	211
No. completed PEP	11	53	4	69	6	152		6	301
No. seroconverted									
No. pregnant				6		7			13
No. completed trauma counseling	10	38	3	61	1	124		2	239

Appendix VI: Kamukunji Population Estimate 2018


Kamukunji Population estimates 2018			
Sno	Description	Population Proportion	Estimated Number
	Population Growth Rate		4.1
1	Population total		333805
2	Population Female	48	160226
3	Population Male	52	173579
4	Households	5	66761
5	Population under 1 year	3	10067
6	Population under 5 years	12.7	42243
7	Population under 15 years	30.3	101151
8	Population 15-24 years	24.7	82450
9	Women of childbearing age (15–49yrs)	31.4	104815
10	Estimated Number of Pregnant Women	3.2	
11	Estimated Deliveries	3.2	10682
12	Estimated live births	3.2	10682
13	Neonates 0- 28 days	0.7	2337
14	Population 25-59 years	29	96803
15	Population over 60 years	0.7	2337
16	Estimated Emergency obstetric complications		80
17	Estimated post abortion cases	0	80
18	Population 6-11 Months(50% of < 1yrs)	50%	5033.5
19	Population 12-59 Months (80% of < 5yrs)	80%	33794.4
20	Population 6-59 Months (90% of < 5yrs)	90%	38018.7


Appendix VII: Kamukunji Sub-county Map



Source: Google Open Source Maps


Appendix VIII: NACOSTI Permission


REPUBLIC OF KENYA


NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 363851 Date of Issue: 07/September/2021

RESEARCH LICENSE




This is to Certify that Miss. Beatrice Chelangat of University of Nairobi, has been licensed to conduct research in Nairobi on the topic: THE CONTRIBUTION OF MALE CHAMPIONS TO THE EFFORTS AGAINST GENDER BASED VIOLENCE IN KAMUKUNJI SUB-COUNTY for the period ending : 07/September/2022.

License No: NACOSTI/P/21/12690

363851

Applicant Identification Number


Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code



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Appendix IX: Authorization Letter from the University of Nairobi



UNIVERSITY OF NAIROBI
DEPARTMENT OF ANTHROPOLOGY, GENDER AND AFRICAN
STUDIES

Telephone: +254-020-3742080/78
Email: iagas@uonbi.ac.ke
Website: african-studies.uonbi.ac.ke

P.O. Box 30197-00100 GPO
NAIROBI, KENYA

REF: UON/CHSS/IAGAS/7/9

23rd August, 2021

CEO
National Council for Science Technology, and Innovation
Nairobi

Dear Sir/Madam,

RE: MS. BEATRICE CHELANGAT : REG NO. N69/10545/2018

This is to confirm that the above named is a Masters of Arts student in Gender and Development Studies at the Department of Anthropology, Gender and African Studies, University of Nairobi.

The student has completed coursework and is currently working on her research project entitled: "The Contribution of Male Champions to the Efforts Against Gender Based Violence in Kamukunji Sub-County". She will have to collect data for the project to be satisfactorily completed.

The purpose of this letter is therefore, to request you to assist her obtain a research permit from your Institution to enable her conduct her research. The research is for academic purposes only.

UNIVERSITY OF NAIROBI
Yours Faithfully
P. O. BOX 30197 - 00100 NAIROBI
DIRECTOR
INSTITUTE OF ANTHROPOLOGY,
GENDER AND AFRICAN STUDIES
GLORY WAUSI
FOR: DIRECTOR

DEPARTMENT OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES

Appendix X: Research Timelines

MONTH	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER
ACTIVITY						
QUESTIONNAIRE DEVELOPMENT						
PROPOSAL WRITING & SUBMISSION						
DATA COLLECTION						
DATA CLEANING, ANALYSIS AND INTERPRETATION						
REPORT WRITING						
EDITING AND SUBMISSION TO SUPERVISOR						
SUBMISSION OF FINAL COPY						

Appendix XI; Research Budget (Kenya Shillings)

Item	Amount
Transport	10,000
Labor	15,000
Printing Questionnaire	5,000
Binding Research Documents	7,000
Miscellaneous	10,000
Total	50,000