CAUSES, CONSEQUENCES AND RESPONSE TO INTIMATE PARTNER VIOLENCE: A QUALITATIVE STUDY OF KAKAMEGA CENTRAL SUB-COUNTY

Winnie Tabitha Osulah

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DECLARATION

This project examination.	is my	original	work	and	has	not	been	presented	d to	any	other	unive	ersity	for
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This project supervisor.	report	has been	subm	itted	for	exar	ninatio	on with 1	ny a	ppro	val as	the u	niver	sity
Supervisor:	D	r. Owuoi	r Olun	gah					D	ate				

DEDICATION

This work is dedicated to my beloved mum, though posthumously, for the love and encouragement she accorded me and in memory of her community work. She stood out openly against violence against women in her own small way. She taught me virtues and wanted to ensure that I emulate her. On education, she always dreamt and wished that I attained the highest level of education that my ability could afford me and which she did not have the chance to accomplish herself. For that *mama*, I will always love and appreciate you for supporting and believing in me. Rest in Peace.

ACKNOWLEDMENT

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ACRONYMS AND ABBREVIATIONS

ACORD - Agency for Cooperation and Research in Development

CDC - Center for Disease Control

CSO - Civil Society Organization

COVAW - Coalition on Violence Against Women

FGD - Focus Group Discussion

FIDA - Federation of Women Lawyers - Kenya

GBV - Gender Based Violence

HIV - Human Immunodeficiency Virus

IPV - Intimate Partner Violence

KDHS - Kenya Demographic Health Survey

KII - Key Informant Interview

KNBS - Kenya National Bureau of Statistics

LSHTM - London School of Hygiene and Tropical Medicine

NACOSTI - National Commission for Science, Technology and Innovation

NCIPC - National Center for Injury Prevention and Control

NIJ - National Institute of Justice

SOA - Sexual Offences Act

UN - United Nations

USAID - United States Agency for International Development

VAW - Violence Against Women

WHO - World Health Organization

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ABSTRACT

Intimate partner violence is a significant medical, public health and societal concern worldwide. The study aimed at exploring community knowledge and attitudes on the causes and consequences of intimate partner violence, within the urban setting of Kakamega Central Sub-County in Kakamega County. An exploratory, qualitative study design was employed using focus group discussions and key informant interviews involving both men and women, was conducted in an urban community setting of Kakamega Central sub-county in Kakamega County. The data was then analyzed thematically along the study objectives and in line with the ecological framework.

The results indicate that some people are already fed up with intimate partner violence and are hence "questioning and challenging traditional gender norms". This is resulting from the negative effects of the consequences of IPV which are overwhelming and unacceptable. The sad experiences had started fueling the desire for transition and change. At the individual and relationship levels, the related risk factors of IPV are exhibited under the category "fed up with silence", where the community members are now seeking to speak out and seek audience to question, interrogate and challenge the gender norms that normalize violence. At the community and societal levels, the category "considered as part of male prestige" shows how masculinity prevails to perpetuate violence in the community. Power and control over resources and decision making is also exhibited in this category, where the community has placed more power in the hands of men thus creating dependency on the women's side. The measures suggested by the community members to stop or reduce IPV were targeting all the four levels – individual, family, community and the society at large.

The majority of factors associated with intimate partner violence are related to the male partner. The prevailing gender norms in Kakamega central sub-county still accept women's subordination and justify the violence meted on them, thus making women remain at a continued risk of experiencing violence. The existing cultural response mechanisms are also not effectively utilized as most of them are male managed and dominated, leaving women survivors with limited alternatives. Long term violence prevention interventions should therefore, target men, and specifically young boys growing up in families where domestic violence is prevalent.

1.0 CHAPTER ONE: BACKGROUND TO THE STUDY

1.1 Introduction

Violence against women is a universal phenomenon that persists in all countries of the world and the perpetrators are often well known to the victims. While domestic violence is a global problem, women in developing countries particularly face more challenges. Historically referred to as 'domestic violence', intimate partner violence (IPV) describes physical, sexual, or psychological harm by a current or former intimate partner or spouse, and can occur among heterosexual and same-sex couples alike (NIJ, 2007).

Intimate partner violence (IPV) is one form of gender-based violence that concerns people in intimate relationships (Laisser et al., 2011). It is defined as threatened, attempted, or completed physical or sexual violence or emotional abuse by a current or former intimate partner. This type of violence often includes sexual violence and can also include psychological abuse; both these forms of abuse often but not always accompany physical violence. IPV can be committed by a spouse, an ex-spouse, a current or former boyfriend or girlfriend, or a dating partner (CDC, 2003). IPV against women is a significant public health problem with negative physical and mental health outcomes (Sharps et al., 2007).

Women are most likely to experience violence by male intimate partners. Although men and boys are also the targets of violence, in certain forms of aggression such as intimate partner violence and sexual violence, the majority of victims (and fatalities) are female (CDC and NCIPC, 2003), while the vast majority of perpetrators are male (Heise and Garcia-Moreno, 2002). Violence against women (VAW) and girls, once seen as a relatively rare occurrence, has now gained international recognition, not only as a serious violation of human rights, but also as a significant public health concern, as well as a barrier to social and economic development (Ellsberg, 2006). Violence affects every aspect of women's lives, from their personal health and safety, to the safety of their families, to their ability to earn a living.

This study investigated the community perceptions of IPV focusing on their knowledge, attitudes, beliefs, values, power relations as well as the existing informational gaps, within a community in an urban setting of Kakamega Central Sub-county in Kakamega County. It

identified the actual causes, risk factors and prevalence of IPV within this community with a view of making recommendations on possible interventions to stem the problem.

1.2 Statement of the Problem

IPV is a significant medical, public health and societal concern worldwide (Gazmararian et al., 1996). Globally, 48 population based surveys show that between 10-69 percent of women are victims of domestic violence (WHO, 2002). It is also important to take note that the greatest risk of violence occurs during the reproductive years.

Intimate Partner Violence (IPV) is a major public health problem with serious consequences for women's physical, mental, sexual and reproductive health. IPV is also related to behaviors which increase the risk of HIV acquisition, such as alcohol consumption; inconsistent condom use; concurrent partnerships and a larger number of sex partners (Abramsky et al., 2011). The most common form of violence experienced by women globally is physical violence inflicted by an intimate partner. However, although recognition of the problem has grown enormously within the health sector and violence is increasingly being included in national health policies and programs, progress has been generally slow.

There has also been an increased call to address the human rights, social and economic consequences of violence against women internationally. Approaches include media campaigns and community based interventions to change unequal gender norms; strategies for women's economic empowerment; school-based programmes to prevent dating violence; and approaches to preventing child maltreatment, which is a risk factor for later perpetration and victimization (WHO and LSHTM, 2010). Even though the evidence base on how to prevent and respond to violence against women is limited, it is important to recognize that the same continues to grow.

The prevalence of IPV in Kenya is sufficiently high. More than half of rural Kenyan women experience intimate partner violence (IPV) in their life time (Hatcher et al., 2013). COVAW (2002) contends that Kenya's high incidence of IPV is because Kenyans do not view IPV as a crime. A review of IPV among couples in 10 developing countries ranked Kenya among the countries with the highest prevalence rate of reported sexual violence in current relationships at 15% (USAID, 2008). This finding supports a domestic violence survey in Kenya carried out by

Federation of Women Lawyers (FIDA) in 2002, indicating that the most common human rights violation in Kenya is domestic violence (Sitawa and Yanyi, 2008). The 2008/09 Kenya Demographic and Health Survey (KDHS) indicated that 45% of 15-49 year old women reported having experienced either physical or sexual violence in their life time. In the same survey, western Kenya, being the study area was rated second highest after neighboring former Nyanza province recording 50.4% of women having experienced either physical or sexual violence.

In spite of the many initiatives that presently exist to address domestic violence in general, the Kenyan communities are still yet to recognize the magnitude of the problem and lay more emphasis on its prevention. Most programmes and policies to date have been aimed at responding to survivors of violence (WHO, 2012). Most research has focused on individual factors such as low levels of education; having experienced physical or sexual abuse as a child; and harmful use of alcohol (Heise and Garcia, 2002; Jewkes, 2002; WHO and LSHTM, 2010). In light of this fact, it brings to the fore, the recognition of the importance of both community and societal risk factors that influence behavior, such as traditional gender norms that predispose women to violence and more specifically IPV. It is in this context therefore, that this study investigated the perceptions of both men and women on the causes and consequences IPV within the community, with a view of understanding the unique underlying IPV risk factors, in order to improve prevention and response to IPV at the community level.

1.3 Research Questions

- 1. What are the causes and consequences of IPV among the sample population?
- 2. What are the existing prevention and response mechanisms to IPV among the sample population?

1.4 Objectives of the Study

1.4.1 General Objective

To explore the causes and consequences of IPV in the urban setting of Kakamega Central Sub-County of Kakamega County.

1.4.2 Specific Objectives

1. To examine the causes and consequences of IPV among the sample population

2. To determine the mechanisms of prevention of and response to IPV among the sample population

1.5 Justification of the Study

According to Tjaden and Thoennes (2000), approximately 1.5 million women are raped or physically assaulted by an intimate partner each year. Despite the current laws and policies to manage domestic violence in several countries, the prevalence of such abuse remains high in both developing and industrialized economies (Koustuv, 2008). This therefore, calls for the need to understand the underlying factors that tend to perpetuate IPV among different communities.

IPV is also reported to be very high in Africa, with the major risk factors being HIV infection, history of violence and alcohol and drug abuse. With the increase in IPV, it would be important to explore the underlying causes and to assist in developing mechanisms to solving the problem. In addition, this study project seeks to raise the plight of the vulnerable members of society and ensure that IPV prevention and response mechanisms are improved, by contributing to the designing of community specific prevention and response interventions. Policy makers may also benefit in having evidence for their interventions and ensuring that communities are not alienated from their bases and that policies resonate with the local realities.

1.6 Scope and Limitations of the Study

This study was carried out in the urban setting of Kakamega Central Sub-county, Kakamega County. The study focused on the community members' knowledge and attitudes on the causes and consequences of IPV at the community level, guided by the social ecological theory as advanced by Bronfenbrenner (1979).

The anticipated limitations of the study included hindrances caused by the cultural norms and beliefs around issues of IPV and since the study also collected information from survivors through self-reporting, there were fears of inadvertent as well as intentional misreporting. These limitations were overcome through the triangulation and probes that ensured that informants were consistent in the information they provided and in areas where there was doubt, the same were clarified via in-depth methods.

1.7 Assumptions of the Study

- a) There are specific causes and consequences of IPV in the community
- b) The community has appropriate culture specific mechanism of responding to IPV

1.8 Definition of key Terms

Intimate Partner Violence: Refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors

Gender-Based-Violence: Gender-based violence (GBV) is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, and dignity, equality between women and men, non-discrimination and physical and mental integrity.

Domestic Violence: This is violence that occurs when a family member uses violent and/or abusive behaviour to control another family member or members. Domestic Violence can include physical, verbal, emotional, economic or sexual abuse. For example: hitting, kicking, punching, choking, damaging property, yelling, insults, threats, bullying, withholding and controlling finances, unwanted sexual acts, forced sex.

Violence Against Women: Refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

Sexual violence: Refers to any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.

2.0 CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This section provides a review of literature regarding the causes, consequences and possible community driven initiatives towards a violent free community. The section also provides the theoretical frame used in understanding the topic of study.

2.2 Causes and Consequences of IPV: Overview

Gender based violence particularly cannot be understood in isolation from the gender norms and social constructions that influence women's vulnerability to violence. In most cultures, traditional beliefs, norms and social institutions legitimize and therefore perpetuate violence against women (ACORD, 2010). Prevailing attitudes in many societies and cultures serve to justify, tolerate or condone violence against women, often blaming women for the violence they experience. These attitudes often stem from the traditional norms and beliefs that view women as subordinate to men or entitle men to use violence to control women.

Violence against women has far too long been seen only as women's problem despite the fact that it involves men abusing women (Abrahams et al., 1999). It is often shrouded in secrecy and viewed as a private family matter rather than a social problem, especially in patriarchal cultures such as found in Kenya (Mahmoud, 2005). According to FIDA Kenya (2002), many Kenyan women believed that abuse is an acceptable part of marriage and that they feared that complaining would invite further abuse.

A number of masculine gender norms facilitate GBV, including the pressure to deal with problems through violence, the pressure to consume alcohol and the notion that it is acceptable for men to control and dominate their partners. Throughout Sub-Saharan Africa, marriage and sexual unions have long been managed through strong patriarchal traditions and institutions (McCloskey et al., 2005). Gender disparities and patriarchal institutions circumscribe the extent of men's license to use violence against their partners. Such violence is therefore, often vindicated by traditional practices that recognize the man as the head of the family, part of whose role is to 'discipline' the woman. Patriarchy also limits a woman's agency to abandon an abusive husband (McCloskey et al., 2005).

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Most often than not, the violence committed against women is by someone much closer to them, usually an intimate partner. International studies indicate that between 10-60 percent of women who have ever been married or partnered have experienced at least one incident of physical violence from a current or former intimate partner (Heise et al., 1999). Intimate partner violence is the most common form of violence against women, encompassing physical, sexual, psychological, or economic violence by current or former intimate partner.

Although the specific forms of violence against women vary among countries, they share common roots in unequal power relations between men and women (Antai and Adaji, 2012). Violence against women is rooted in women's lack of power in relationships and in society relative to men.

2.2.1 Causes and Risk Factors of IPV

Violence against women arises from a combination of individual, biological and psychological characteristics as well as social, economic and political factors. Several studies such as Abramsky et al., (2011), Djikanovic et al., (2010) and Walton-Moss (2005), in the recent past have examined the factors associated with IPV in different parts of the world. Some of these studies indicated the role of personal factors while others demonstrated the role of the environment, attitudes and cultural factors. Understanding the causes of the Intimate Partner Violence is substantially more difficult than studying a disease (Jewkes, 2002). Jewkes (2002), further poses that, disease usually have a biological basis and occur within a social context, but IPV is entirely a product of its social context.

The following are some of the main socio-demographic factors that increase the risk of women being abused by an intimate partner;

Age: Younger age is a risk factor for perpetration and victimization. WHO (2005) multicountry study also demonstrated that younger age is a significant risk factor for physical and sexual violence in intimate relations. Younger women are therefore, at a higher risk and are more likely to experience IPV than older women. Education: The WHO (2005) study also found that higher education was associated with less violence in both developed and less developed societies. A study by Makayoto et al., (2013) also revealed that having a partner who attained tertiary education was protective against IPV. This thus shows that education is a key factor in a woman being predisposed to IPV. The KDHS 2008/09 also indicates that women who have attended secondary education are least likely to have suffered each type of violence at the hands of their husbands.

Socio-economic Status: In countries where women are economically dependent, the challenge of reducing violence is reported to be even greater (Laisser et al., 2011). High levels of female empowerment seem to be protective against intimate partner violence (Jewkes, 2002). Low educational status is also interrelated with this, for example, less education may translate into limited opportunities and increase economic vulnerability leading to some women being abused by partners who may be economically more powerful than them. According to KDHS (2008/09), spousal violence decreases gradually as wealth quintile increases; 53% of women in the lowest wealth quintile have experienced emotional, physical, or sexual violence, compared to women in the highest quintile. This finding thus also qualifies being unemployed as a risk factor for experiencing abuse.

Substance Abuse: Many studies over time have shown that there is an association between IPV and alcohol and substance abuse. However, the presence of substance abuse is indicated in both wives and husbands who are engaged in abusive relationship, though the pattern is different. Alcohol consumption has also been frequently identified as being associated with IPV due to its association with arguing and conflicts (Jewkes et al., 2005). Alcohol consumption is also associated with increased risk of all forms of interpersonal violence (Jewkes, 2002). There is however insufficient evidence to confirm alcohol as an independent risk factor for violence. In some settings, men have described using alcohol in a predetermined manner to enable them beat their partner because they feel that this is socially expected of them (Abrahams et al., 1999).

2.2.2 Consequences of IPV

IPV affects women's physical and mental health through direct pathways, such as injury, and indirect pathways, such as chronic health problems that arise from prolonged stress (Heise and Garcia, 2002). Some of the consequences of IPV include the following;

Injury and physical health: The physical damage resulting from IPV can include: bruises and welts; lacerations and abrasions; abdominal or thoracic injuries; fractures and broken bones or teeth; sight and hearing damage; head injury; attempted strangulation; and back and neck injury (Heise and Garcia, 2002). Abused women are also twice as likely as non-abused women to report poor health and physical and mental health problems, even if the violence occurred years before (WHO, 2005).

Mental health and suicide: Evidence suggests that women who are abused by their partners suffer higher levels of depression, anxiety and phobias than non-abused women (Heise and Garcia, 2002). In the WHO multi-country study, reports of emotional distress, thoughts of suicide, and attempted suicide were significantly higher among women who had ever experienced physical or sexual violence than those who had not (WHO, 2005). In addition, IPV has also been linked with alcohol and substance abuse, post-traumatic disorders, physical inactivity, poor self-esteem, self-harm and unsafe sexual behavior (Heise and Garcia, 2002).

Sexual and reproductive health: IPV may lead to a host of negative sexual and reproductive health consequences for women, including unintended and unwanted pregnancy, abortion and unsafe abortion, sexually transmitted infections including HIV, pregnancy complications, pelvic inflammatory disease, urinary tract infections and sexual dysfunction (Campbell and Soeken, 1999; Champion and Shain, 1998; Gazmararian et al., 1995 and Campbell, 2002). IPV can have a direct effect on women's sexual and reproductive health, such as sexually transmitted infections through forced sexual intercourse within marriage, or through indirect pathways, for example, by making it difficult for women to negotiate contraceptive or condom use with their partner (Heise et al., 1999 and Heise et al., 1995).

Homicide and other mortality: Studies from a range of countries have found that 40–70% of female murder victims were killed by their husbands or boyfriends, often in the context of an abusive relationship (Heise and Garcia, 2002). In addition, evidence suggests that IPV increases the risk of a woman committing suicide (Golding, 1999), and may also increase the risk of contracting HIV, and thus of AIDS-related deaths (Campbell, 2002).

Effects on children: Many studies have found an association between IPV against women and negative social and health consequences for children, including anxiety, depression, poor school performance and negative health outcomes (Heise and Garcia, 2002). A large body of evidence indicates that exposure to IPV against the mother is one of the most common factors associated with male perpetration and female experience of IPV later in life (Kishor and Johnson, 2004 and Abramsky et al., 2011). A number of studies have found an association between IPV and child abuse within the same household (Holt et al., 2008). In addition, studies from some low-income countries, including Nicaragua and Bangladesh have found that children whose mothers were abused are less likely to be immunized; have higher rates of diarrheal disease; and/or are at greater risk of dying before the age of five (Asling-Monemi et al., 2003 and Siverman et al., 2009).

2.3 Prevention and response to IPV

Traditional gender constructions restrict women's influence and activities to the household level where domestic labour, childbearing and child rearing dominate. In contrast, men are given the higher valued task of being the bread winner (Laisser et al., 2011). It is therefore of great importance that efforts geared towards reduction of violence must be framed in the context of promoting gender equity and women's empowerment. Educating and empowering women and upgrading their socioeconomic status may abate the incidence of IPV (Sarkar, 2008).

In recent years, a number of international reviews have synthesized evidence on effective, or at least promising, approaches to preventing and responding to violence against women, including IPV (WHO and LSHTM, 2010; Bott et al., 2005; Heise, 2011 and UN, 2006). Some of these approaches have been discussed as below;

Life-skills and school-based programmes: Many initiatives have aimed to influence knowledge, attitudes and behaviours of young people through life-skills programmes in low-income countries (WHO, 2009).

Early intervention services for at-risk families: There is growing evidence that programmes aimed at parents, including home visits and education, can reduce or prevent child abuse and

maltreatment (Gazmararian, 1995) and thus help reduce child conduct problems and later violent behaviour, which has been associated with IPV perpetrated by men (Maas et al., 2008).

Increase access to comprehensive service response to survivors and their children: As described by Heise et al., (1999), women who experience IPV have complex needs and may need services from many different sectors, including health care, social services, legal entities and law enforcement, and therefore, multi-sectoral collaboration is essential for ensuring survivors' access to comprehensive services (Heise et al., 1999).

Build the knowledge base and raise awareness: Although there is a growing body of knowledge about the magnitude, patterns and risk factors associated with IPV, many research gaps remain, including patterns of women's responses to violence and the effects of IPV on children. Expanding the knowledge base and disseminating existing and new information will lead to better programmes and strategies. Data on prevalence and patterns can also be important tools to engage governments and policy-makers in addressing this issue (WHO, 2005; UN, 2006 and Ellsberg and Heise, 2005).

Community mobilization and behaviour change communication: Mass media 'edutainment' strategies (e.g. programmes that use multimedia such as television, radio and print) to change social norms and mobilize community-wide changes have been shown to influence gender norms, community responses and individual attitudes to IPV (Bott et al., 2005). There are also promising initiatives to engage men and boys in violence prevention, as well as other community-based programmes that aim to reduce IPV along with HIV transmission, such as Stepping Stones (Jewkes et al., 2006).

Empower women socially and economically: There is emerging evidence that interventions combining microfinance with gender-equality training may be effective at reducing levels of IPV, as illustrated by the IMAGE study in South Africa (Kim et al., 2007).

Reform legal frameworks: Reforming legal frameworks may include strengthening women's civil rights. Improving existing laws (e.g., Sexual Offences Act (SOA)) and their implementation may also curb violence by signaling what are socially unacceptable and strengthening sanctions

against perpetrators. Some steps in this direction include: strengthening and expanding laws defining rape and sexual assault within marriage; sensitizing and training police and judges about partner violence; and improving the application of existing laws (WHO, 2012)

Positive cultural socialization: Communities also need to adopt socialization processes that are culturally appropriate yet dispel IPV as a societal social problem. According to many sociologists, social conditions become social problems through a process of social constructionism (Loseke, 2003). Through their reactions to particular social conditions, people can now then play a crucial role in transforming public perceptions through positive socialization processes that dispel social acceptance of violence.

2.4 Theoretical Framework

Many theories have been offered to explain the social structures, cultural traditions, and personal behaviors that create and perpetuate abuse and violence (Kelly, 2011). The wide mostly used model for understanding violence is the ecological model, which proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal. Within the "Ecological Framework" IPV is understood as a multifaceted phenomenon that is the result of a dynamic interplay among individuals, group and the environment. Increasingly, however, researchers have recognized the importance of community and societal risk factors, such as traditional gender norms, unequal social, legal and economic status of women, the use of violence to resolve conflict more generally, and weak community sanctions against violence (WHO & LSHTM, 2010).

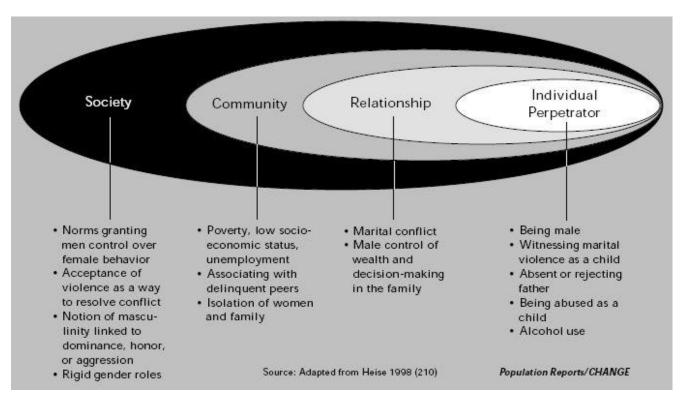


Figure 2.1: Ecological Framework

Based on Bronfenbrenner's ecological systems model (1979), individuals are embedded in the society and human behavior is influenced by the physical and social environment (Swanson et al., 2002). This theory considers the complex interplay between the individual, relationship, community and societal factors. It is a methodological framework that is used in social sciences to examine the dynamic relationships between individuals and includes multiple levels of perspectives of the social environment. The 'ecological model' of violence describes the relationship between individual and contextual factors, thus considering violence as a result of multiple influences on behavior.

The model divides the causes of violence under four key headings; individual characteristics, relationship factors, community characteristics and societal factors of both the perpetrators and the victims. At the individual level, the framework identifies the personal factors that increase the likelihood of one becoming a victim or perpetrator of violence. The individual level indicates the biological characteristics and other individual experiences related to gender norms and expectations which predict men who will perpetuate IPV towards their women partners in many settings (Deyessa et al., 1998).

The next level which is the relationship level, according to Ackerson et al., (2008), refers to the immediate context in which abuse may occur, for example, male control over family resources, decision making power, economic inequalities and high levels of controlling behaviors. At the community level extension is made to family, neighbors, work and other social networks (Laisser et al., 2011). Finally, the societal level includes dominant societal norms, laws and socio-economic policies that influence sanction mechanisms (Laisser et al., 2011).

The social ecological model, therefore offers a comprehensive understanding of risk factors linked to IPV at different levels. These different levels have an influence on how men and women perceive IPV within their community settings, since violence against women is the result of the complex interaction between individual, relationship, and social, cultural and environmental factors.

This study was guided by the concepts from the ecological framework, where it sought to incorporate a social ecological perspective to explain human behavior. The framework considered culture, sub-culture or any underlying ideology which influenced the individual, such as the community, while incorporating both economic and social beliefs that may foster socio-economic inequalities, leading to IPV. The assumptions of an ecological framework are that individuals act within a physical environment, a society and a culture. Social ecological framework has its roots in the physical sciences, and is based on the premise that there is an interrelationship between the person and the environment.

3.0 CHAPTER THREE: METHODOLOGY

3.1 Introduction

The section spells out the methods used in the study. Included in the section are the description of the study site, the adopted design, the sampling population and sampling frame, the data collection methods, the data analysis methods adopted and the ethical considerations.

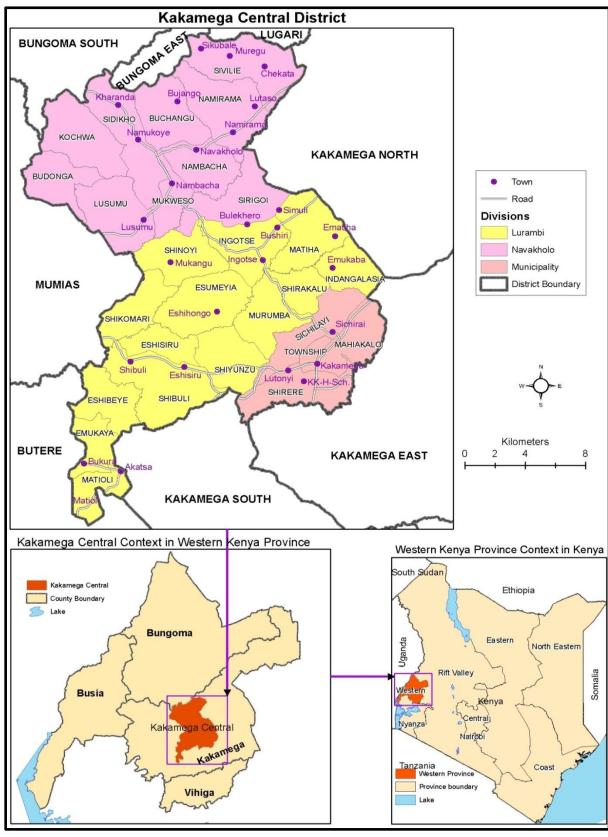
3.2 Research Site

The study site is found within Kakamega County which is situated in the western part of Kenya, and is home to the Luhyia community. According to the 2009 Kenya population and housing census report, the sub-county has an urban population of 91,768. Kakamega town has also been the regional headquarter of the former western province prior to the current county government system. Physical and/or sexual violence against women is reported at 45% and 25% respectively (KNBS, 2010). The region ranks second in both categories of violence nationally after the neighboring Nyanza region.

The western region of Kenya, like in the rest of sub-Saharan Africa, depicts a stronghold on the culture of patriarchy, where men are also the main custodians of culture. Throughout Sub-Saharan Africa, marriage and sexual unions have long been managed through strong patriarchal traditions and institutions (McCloskey et al., 2005). Gender disparities and patriarchal institutions circumscribe the extent of men's license to use violence against their partners. Such violence is therefore, often vindicated by traditional practices that recognize the man as the head of the family, part of whose role is to 'discipline' the woman. Patriarchy also limits a woman's agency to abandon an abusive husband (McCloskey et al., 2005).

Gender relations among the Luhyia community are characterized by an unequal balance of power, with women having comparatively less access to influential positions and resources, which is reflected in definitions of masculinity and femininity (Njue et al., 2005). Girls are socialized throughout adolescence into adopting a submissive role, both in public and in intimate relations with men. Wife beating has also been regarded as a sign of love, which the Luhyia women have been socialized to accept and sometimes encouraged themselves.

Map 3.1 – Kakamega Central Sub-County



Source: Google maps

3.3 Research Design

Drawing primarily on qualitative methods, the study used an exploratory design (involving FGDs and semi-structured KIIs with key selected informants to assess the community attitudes and knowledge on the causes and consequences of IPV. The study was conducted with specifically selected groups of community members, both men and women of reproductive age between 15-49 years and above, married or ever been married and residing within urban setting of Kakamega Central Sub-county.

Other than the general target population of men and women, other significant target participants and informants included village elders and opinion leaders, local administration and Civil Society Organization (CSO) representative as well as IPV survivors recruited from existing GBV support groups. The choice of this design was also guided by the fact that IPV as a form of GBV is an area that has recently gained focus, thus the need for more exploration among different populations and communities.

3.4 Study and Sample Population

The study population consisted of both men and women of childbearing age (15-49) and above; married or ever married and residing within the urban area of Kakamega Central Sub-county. The sample population consisted of men and women, village elders, opinion leaders and religious leaders; local administration, CSO representative, as well as IPV survivors.

3.5 Sampling Procedures

A purposive sampling technique was used in this study, seeking to select the most productive sample to answer the research questions, considering the nature and the aim of the study. Due consideration was given in participant selection through the local administration (chiefs and assistant chiefs), since they are more familiar with the surroundings and also to ensure fair representation of the villages within the study site and that which represents the diverse stakeholders and their opinions.

The FGD participants were drawn from those men and women who are married or ever been married and of reproductive age as a specification, since the study is about the causes and

consequences of violence within intimate relationships. Marriage was therefore, considered to be the common characteristic shared across by the FGD participants. However, GBV survivors were recruited from existing GBV survivors support groups within the community attached to CSO offering GBV response services, and specifically those that had ever experienced some form of IPV.

The key informants were chosen from the group of people who are knowledgeable in the community or engage in assisting survivors or are the custodians of culture and are therefore, in a position to offer greater insight into the topic of study. Through snow balling from the identified key informants, other key informants such as the CSO representative was drawn from the existing local organization offering GBV response services at the community level.

3.6 Data Collection Methods

3.6.1 Focus Group Discussions

FGDs were used to explore individuals' diverse perspectives on IPV since these groups function within a social context. The FGDs brought together the different categories of the population in order to collect the different levels of data by personal interaction in each group. Considering that the study is about the community knowledge and attitudes on causes and consequences IPV, this method of data collection was not only used to gather individual perspectives, but also in relation to that of others within the focus group. Data collected by this method also provided insights into the similarities and differences of attitudes and knowledge in relation to IPV as held by people, as eliciting community collective viewpoints to understanding community dynamics on IPV. A total of 3 FGDs were held with different categories of the sample population namely; men, women of reproductive age generally, and specifically GBV survivors. Each group consisted of between 7 – 8 participants.

3.6.2 Key Informant Interviews

KIIs were used to conduct intensive individual interviews with a small number of informants to explore their individual thoughts on the causes and consequences of GBV and specifically IPV, their experiences and expectations related to community level prevention and response mechanisms. A total of 5 KIIs were held with those informants who exhibited specific

knowledge, such as IPV survivors and opinion leaders such as village elders as custodians of culture. Others included women leader, an assistant chief and a social worker at a local CSO.

Table 3.1: Characteristics of the FGD participants and KII respondents

FGD Participants								
Group / Respondent Sex No.		Category	Number	Age (year)				
1	Females	Women only	8	22 – 48				
2	Males	Men only	7	30 - 52				
3	Females	GBV survivors	8	18 – 50				
Key Informants								
1	Male	Village elder	1	56				
2	Female	Women leader	1	53				
3	Male	Asst. Chief	1	43				
4	Female	IPV survivor	1	38				
5	Female	CSO Representative	1	52				

3.7 Data Processing and Analysis

Data was analyzed using the steps for grounded theory, as was developed in the 1960s by two American sociologists, Barney Glaser and Anslem Strauss, as a new way to develop theory in their discipline. This theory seeks to describe a general method of inductively developing theoretical constructs from data collected as part of a qualitative research study. The primary objective here then was to expand upon the explanations provided in the data collected as explaining the community perceptions on causes and consequences of IPV as a phenomenon by identifying the key elements thereof, and then categorizing the relationships of those elements to the context of the study.

The recorded FGDs and KIIs were transcribed verbatim. Considering that the key constituent of this theory is constant comparative analytic procedure, data collection and analysis was conducted concurrently, developing both sub-categories and eventually the core category, and the results of which were then linked to the theoretical framework, in this case, the ecological

framework, that was identified for use in the study to ascertain its relevance in studying community perceptions of IPV.

3.8 Ethical Considerations

Participating in studies dealing with sensitive matters can affect more than the future course of people's lives. Considerable attention was therefore, given to ensure that individuals provide informed consent with their autonomy and privacy protected in this study project. Authority to conduct research was obtained from the National Commission for Science, Technology and Innovation (NACOSTI).

The study involved experienced research assistants, with ability to communicate in the same local language as the target audience. Before any interview was conducted, the researcher obtained verbal group and individual consent. All the FGD participants and key informants were informed of the objectives of the study, their right not to respond to any question they were not comfortable answering, and that they could terminate the interview at any time. Due to the sensitive nature of the questions, key informant interview with an intimate partner violence survivor was undertaken only when privacy was achieved; and this was maintained throughout the process as supported by the World Health Organization's ethical and safety recommendations for research on domestic violence, thereby ensuring the informant's privacy and anonymity.

4.0 CHAPTER FOUR: UNPACKING THE INTIMATE PARTNER VIOLENCE IN KAKEMEGA TOWNSHIP

4.1 Introduction

This chapter provides the findings and further discusses them and providing comparisons with previous studies on intimate partner violence.

At the overall level, an analysis of the outcome from the FGDs and KIIs bring forth one core single category of individuals who are *questioning and challenging traditional gender norms*, which shows that the community is in the process of realizing that IPV has no basis in their midst despite the patriarchal culture and learned helplessness that is always sanctioned by traditional socialization. This core category emanated from four sub-categories, two for each from the two main categories and this is illustrated in the figure 4.2 below;

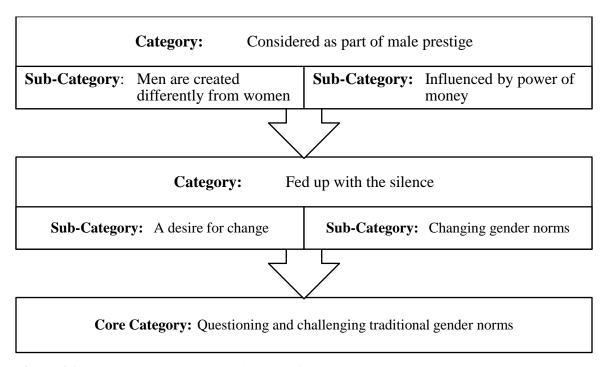


Figure 4.1: A model showing the relationship of the core category, categories and their corresponding subcategories

4.2 Causes of IPV

Considered as part of male prestige: This category clearly spells out the fact that traditional gender norms have dictated male dominance over women and created a consideration of IPV as an expression of male prestige. This further denotes that men are deemed to be more powerful than women and as such are given superior position in society and allowed authority over women in terms of decision making and control over the person of the woman, including use of violence to exercise such control. One female FGD participant had the following to say;

P6: "My husband can sometimes do something that makes me angry, but because he is the man, I don't complain. Questioning a man's actions can lead to beating so I just keep quiet but on the inside I am really feeling a lot of pain" {FGD 1}.

Men are created differently from women: Under this sub-category, ideas around masculinity were shown to influence the violent behavior of men towards women. The idea that men are created differently from women was also emphasized in the context that men are more egoistic and that anything that brushes their ego the wrong way is reason enough for violence as a reaction. In this context thereof, the nature of violence mostly experienced by women is physical, where men were seen to exert their status as the ones in control. The following is an excerpt from the men only FGD;

P3: "When a woman is not paying attention or follows the man's instructions, then she is asking for a beating. Women must learn to be submissive because even the Bible says so" {FGD 2}.

The women also felt that their difference in creation explained why men exercised their power over them through violence. Ideas of masculinity were also expressed in the acceptance by women to always being submissive to men as society expects them to be so. The participants from the women's group further justified the beating in the context of masculinity, giving stories of how some women actually provoke their husbands to beat them.

P1: "Some women do the wrong things like coming home late without a "good" reason and when beaten they complain. Such things annoy men so we women should avoid them for the sake of peace at home" {FGD 1}.

Influenced by the power of money: Some participants emphasized the level of financial dependency that women suffer is great, to an extent that they cannot leave abusive relationships. Most of the times, it is the men who have access to and control over family resources and finances, leaving the women vulnerable. On the other hand, a man without money is rendered powerless and not respected.

P2: "My husband used to beat me a lot. One time I went back to my parent's home and after a meeting was held, I was asked to go back, citing that the man had vowed to change and moreover, I had children that must eat and go to school yet I had no income of my own, so I came back"{FGD 3}.

P5: "Having money makes a man command respect from his family. My wife has resorted to cheating on me to get the money that I have failed to provide for her. I sometimes feel miserable and angry" {FGD 2}.

Use of alcohol also came out to have an association with both physical and sexual violence against women within their relationships, denoting that alcohol plays a distinctive role in some types of sexual and physical abuse.

P5: "My husband sometimes comes home drunk and demands for food and sex. If I refuse to have sex with him then he threatens or even beats me up" {FGD 3}.

Discussions

Causes of IPV are complex, however, the findings of this study denotes that a majority of factors associated with this kind of violence against women are factors related to the male partner, such as his superior status in society and as the key decision maker and controller of resources in the family. The Levinson (1989) study found that wife beating is most frequent in societies in which men control the wealth, especially the fruits of family labor. According to Laisser et al., (2011), at the individual level, aggression can also emerge from frustration over a man's inability to control the female partner. On male dominance as a cause of IPV, Taft et al., (2009) found that one of the most common theories to explain the perpetration and experiencing of intimate partner

violence and sexual violence is the maintenance of patriarchy within a society. The cross-cultural study by Levinson (1989) further emphasized that male economic and decision making authority in the family was one of the strongest predictors of societies that demonstrate high violence against women.

Regarding the approval for physical chastisement of women as seen from the men only FGD responses, where "disciplining" a woman who doesn't listen to the husband is justified as acceptale within their culture, Heise (1998) had reported that most cultures approve of physical punishment of women and/or children under certain circumstances. According to Levinson (1989), violence against women was much more likely in cultures that condone the use of force as a way to resolve conflict. Findings by Macmillan and Gartner (1999) also indicate that women who are defiant to societal gender roles may be regarded as challenging their partner's masculinity as provider or breadwinner, thereby becoming vulnerable to their partner's control tactics to curtail such defiance, which may result in abuse. Although violence against women occurs in all socio-economic classes, there is strong evidence that wife abuse is more common in families with low incomes and unemployed men (Heise, 1998).

The results also show that when one grows up in a violent home environment, they too are likely to be victims in the case of girls and perpetrators in the case of boys. In regard to implying that violence in adult relationships is in part as a result of learned response, especially among young boys who grow up in violent homes, Laisser et al., (2011) reported that the theory of learned behavior emphasizes that violence should be seen as a learned behavior based on the construction of gender norms. Masculinity also plays out as key factor in IPV, where men are viewed to be different from women and where the cultural definition of manhood is linked to dominance and toughness, thus allowing men a superior position over women. According to Mosher and Tomkins (1988), the socialization of the hyper-masculine man results in an overvaluing of definition of masculinity as being tough, unfeeling and violent.

Many researchers also believe that alcohol operates as a situational factor, increasing the likelihood of violence by reducing the inhibitors, clouding one's judgment and impairing an individual's ability to interpret cues. Excessive alcohol use may also increase family violence by providing a ready topic for arguments among couples (Heise, 1998).

4.3 Consequences of IPV

Consequences of IPV vary from physical to emotional and sometimes sexual and economical. The participants reported on the consequences of daily and long term IPV such as emotional and physical injuries as experienced by the survivors, unstable homes as well as other health related consequences as overwhelming. Abused women suffer a lot of both mental and emotional distress coupled with some of their coping mechanisms that predispose them to further harm.

R3: "My cousin's wife died of depression due to frequent marital fights. She stayed in the mental ward at Kenyatta National Hospital many times before her death. The doctor said it was depression. Even here in the village, I have since presided over many cases of physically injured and psychologically disturbed women, due to violence in the family" {KII with the local Assistant Chief}.

Tolerant behavior, as a consequence of IPV used by some abused women as a coping mechanism also predisposes them to further harm, which in some cases is severe. This is further aggravated by the belief that culture dictates that women cannot go back to their parents or elsewhere once they get married. They are also expected to keep their family intact, especially for the welfare of their children.

P4: "When my sister lost her unborn child after a bad fight with her drunken husband, the reconciliatory meeting held by both families was very heated, since this was not the first time they had a fight, yet she always remained tolerant" {FGD1}.

Some women have also lost their self-worth and have regarded themselves as helpless and even developed low self-esteem in the face of violence. These women believe that since traditional norms of society discourage them from discussing their problems with others, they suffer in silence and hide the challenges that they face from their violent partners.

P1: "Domestic matters are to be left in the family; therefore, a woman should refrain from telling others that her husband has beaten her. After all, the man will eventually express an apology to her" {FGD 2}.

Though portrayed in the findings as lack of respect for a spouse who cannot provide thereby causing humiliation and increasing chances of IPV occurrence, partner infidelity also exposes the couple to other sexually transmitted diseases, jeopardizing their reproductive health.

Discussions

In this study, consequences of IPV are seen to mainly manifest in health effects, both physical harm, and emotional stress due to stigma associated with the violence. According to Campbell (2002), intimate partner violence has long-term negative health consequences for survivors, even after the abuse has ended. An outstanding finding in the study show that intimate partner violence during pregnancy poses dangerous outcomes for the mother and child. According to Jejeebhoy (1998), the main health effect specific to abuse during pregnancy is the threat to health and risk of death of the mother, fetus or both from trauma.

Mental health consequences of living in an abusive relationship are also substantial, in part due to the repeated exposure to the trauma that many women experience. Death due to depression from marital violence was reported in this study as one of the consequences of IPV. Regarding mental distress due to IPV, Campbell (2002) reported that depression and post-traumatic stress disorder, which have substantial comorbidity, are the most prevalent mental-health sequelae of intimate partner violence. This is due to increased rates of depression and traumatic stress in the abused mothers, and the destructive effects of intimate partner violence on the quality of their attachment and parenting capacities. WHO (2010) found that intimate partner violence not only affects the women involved, but may also damage the health and well-being of children in the family.

The tolerant behavior developed by some women in the face of violence, occurs as a result of repeated battering, thus suffering from learned helplessness, which prevents them from resisting the violence or leaving the relationship. In this case, experiencing repeated beatings or other abuse may lead a woman to become passive as she may feel that nothing she does will result in a positive outcome.

4.4 Responses to IPV

Fed up with the silence: Some participants noted that both men and women are slowly beginning to recognize the harmful consequences of IPV, and are now beginning to question and challenge the cultural, as well as the traditional contexts within which it is perpetuated. They acknowledge the monster within their community and wish to make a change by speaking out about it.

R2: "As women, we need to know our rights and refuse to be abused. The law protects us yet we are still shy to speak out because we are afraid" {KII with a woman leader}.

A desire for change: Both men and women explicitly expressed a great desire for change. They emphasized the role of men as perpetrators in achieving this change. Male involvement in changing attitudes that perpetuate violence were underscored in the context that they are also the custodians of culture as well as key decision makers within the family. The following is an excerpt from the KIIs;

R1: "It is time we embraced change and we showed some respect to our women. It is possible to solve family disagreements without violence. Families that always fight also remain unstable and cannot progress" {KII with a male village elder}

Another key issue that inhibits access to IPV response services in this study is stigma. Women fear being stigmatized by other family members and so they choose to suffer in silence because the man is believed to have the final say. Due to high levels of stigma associated with IPV, even the available response mechanisms provided by CSOs are not fully utilized as the women are reported to shy away especially from legal services, as they opt for out of legal system settlement to protect their marriages.

R5: "We have had clients come for services and fail to follow through, especially with legal cases. The women fall out stating that other than being dependent of their husbands, the society will also judge them harshly" {KII with CSO representative}.

Changing gender norms: It was noted that there is need to reflect on the accepted gender norms. It was reported that when men start to reflect on their roles in maintaining the traditional gender norms that justify violence, they are likely to realize what has been ailing the community. The cultural biases that exist tend to reinforce men's higher status while intimidating women, thus justifying IPV against women. It is these cultural and traditional biases that both men and women now seek to transform. They also seek to change the chain and cycle of violence by ensuring that the young do not pick up violent behaviors especially among the male children.

P7: "It is surprising that no man feels happy if they hear that their daughter or sister is being beaten by a spouse yet they don't feel the same when they beat up their wives. In the same way, we men should now learn to treat our wives in the same manner and end violence. Remember that if we continue with violence even our sons and grandsons will not stop" {FGD 2}.

Local mechanisms to respond to violence do exist in terms of social support and family reintegration services by CSOs, litigation by chiefs and assistant chiefs as well as mediation by village elders, albeit with some level of challenges. The commonly used service is mediation and arbitration, which is mainly offered by village elders, chiefs and sometimes religious leaders. Since women are not always part of these forums, the arbitrators are majorly men and the decisions are usually biased towards the male, no matter how much of a victim the woman is. Women are then pressured to accept the decision made, mostly on their behalf.

R4: "The elders' don't always give us a full hearing when we report domestic violence. They always side with the men however much one is hurt. Women should sit in these forums to ensure that women matters are taken seriously" {KII with an IPV survivor}.

P5: "It is difficult to find justice that favors women in the local village councils or **barazas** since the **ligurus** (village elders) are men who share in the same thought and beliefs of masculinities" {FGD 2}.

Discussions

The findings of this study indicates a community that is now fed up with violence and are seeking a way out by questioning and challenging the traditional gender norms that perpetuate it.

Their desire for change is also a driving force behind their quest to challenge these old time and outdated gender norms.

The men have come to recognize that learned violence will make their sons grow up into potential perpetrators and are therefore, calling for an end to violence and protect the future generations. According to Mihalic and Elliot (1997), men's violent behaviors are associated with having witnessed abuse and IPV earlier in life. The same men also started questioning the issue of control over women, thus seeking to challenge and change the norms that allow violence to be accepted. The desire for change is therefore, evident from within the individuals and the same is shared across their immediate relationships. Both men and women now feel that it's time to transform the traditional gender norms that normalize IPV.

Many survivors also do not want to report having experienced IPV for fear of stigmatization or better still, due to lack of trust in the existing traditional social support systems. In regard to the findings that the existing local structures are headed and controlled by men and therefore women who have been abused seldom find justice for the crimes committed against them, a past study Abeya et al., (2012) had reported that biased arbitration is marked as excluding women by elders in the arbitration or mediation system. The prevailing issue of IPV being seen as a private matter was also revealed in a study by Frye (2007), where it was found that attitudes that reflected IPV as being a private issue, were significantly associated with informal social control of the violence. According to VicHealth (2010), IPV is generally today considered inappropriate behaviour, with the majority viewing it as a crime. Despite this, Gracia and Herrero (2007) reported that IPV is often not reported and silence continues to be the prevalent community response. A study by Rani et al., (2004) also found that negative attitudes from the police, financial dependency, family ties and consideration for children put additional pressure on women to stay in violent relationships.

Educating the whole community on the causes and consequences of IPV also emerged as a community initiative in responding to violence of this nature, while seeking to question and challenge the gender roles that entrench male dominance and female subordination, inadequate mechanisms for the prevention and punishment of violence. Ethnographic descriptions of societies that have little or no violence against women are striking in their lack of strongly

defined gender roles (Heise, 1998). Emphasis on the collaboration between the different stakeholders was thus applauded by many of the discussants and participants as a comprehensive response measure.

4.5 Link between the theory and the results

Consistent with the ecological model as developed by Heise (1998), the study results indicate linkages between individual, relationship, community and societal level influences for both knowledge and attitudes on causes, consequences and responses to IPV, as illustrated in figure 4.2 below;

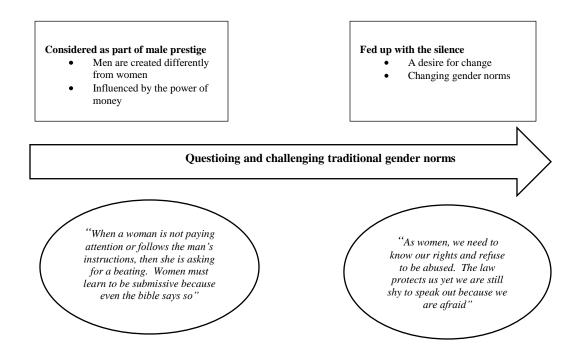


Figure 4.2: Linking the results to the ecological framework

The model provided a comprehensive understanding of the factors that influence IPV, vulnerability, coping and consequences at different levels. Both the individual and relationship levels are exhibited under the category "fed up with the silence". The individual level risk factors refers to such factors as being male of female as well as the financial status, alcohol use and previous experience of abuse. In this study for example, men's alcohol abuse was mentioned to be closely linked with violent behavior. Men's violent behaviors is usually associated with control over wealth and decision making, however, the results also show that

men who are unable to fulfill the gender roles such as being bread winners as expected of them, suffered emotional violence in the hands of their partners.

At the relationship level, the risk factors relate to issues of marital conflict commonly due to male control over resources and decision making. Findings of this study also indicate that women do continue to stay in abusive relationships because they are dependent on the men for their upkeep and that of their children. The community level risk factors include low social capital especially among women and lack of institutional support and in this study, this is exhibited where the social arbitration systems are not effective or favorable to the women. At the societal level, the factors at play include the norms of masculinity as well as those attitudes that normalize violence against women. These two levels are also well exhibited under the category "considered as part of male prestige", where men were found to be using violence as a way of resolving family conflicts, thus exercising unwarranted control over women. These norms of masculinity as embedded in patriarchy subordinate women, where the society has allowed men to use violence as a way of disciplining women

5.0 CHAPTER FIVE: SUMMARY AND CONCLUSION

5.1 Introduction

This section presents a summary of the study findings in relation to the specific objectives, and the conclusions derived from the findings.

5.2 Summary of Findings

The findings indicate that however complex the causes of IPV are, and however much the nature and circumstances under which the violence is perpetuated are thought to occur in distinctly different ways, they revolve around the attitudes of people and the traditional gender norms which came out strongly as influencing both its perpetration and acceptability in the society at large. The majority of factors associated with the violence are related to the male partner. The prevailing traditional gender norms further make women remain at a continued risk of IPV. The low status of women also meant that they often lack the necessary perception of self-efficacy and the social and economic ability to leave an abusive partner.

The consequences of IPV are seemingly overwhelming; however, the survivors do not come out strongly to report due to different challenges, ranging from lack of trust in the social protection systems to issues of stigma that surrounds this type of violence. Community specific response mechanisms to IPV also do exist but are not effective due to cultural ideologies surrounding their functionality. The findings depict a community that is now calling for participatory processes in IPV prevention and response, to help create better coping mechanisms for survivors, particularly seeking to involve women in the mediation forums as key beneficiaries of the services. All findings were in tandem with the study objectives and consistent with the available literature and the theoretical framework used in the study. The two methods of data collection used, also provided an opportunity for triangulation of the results thereby giving more meaning and in support of the findings.

5.3 Conclusions

Based on the findings, causes and risk factors for IPV are embedded in the traditional gender norms and are culturally justified as normal. However, they are also multidimensional and interrelated. The community members have been able now to identify the consequences arising from IPV in the context of these traditional gender norms. This realization has further created a desire for change towards ending the violence, by seeking to question the relevance of these norms that normalize and aid violence against women, despite the serious consequences it poses.

To mitigate IPV therefore, both influencing personal relationships and creating healthy and violence free family environment is needed. It is thus recommended that more efforts in responding to IPV are made in a bid to dispel the myths, misconceptions and beliefs that justify and normalize IPV within the society. Efforts in raising awareness at the community level about human rights perspective on the position of women in society, changing gender norms that perpetuate violence and advocating for a violence free community needs to be multiplied. Since this kind of violence is culturally sanctioned, the prevention strategies should be culturally appropriate to ensure their effective implementation with the involvement of male partners. An important aspect of understanding the different contexts of IPV perpetration is to understand how community and social level disparities lead to the development of different types and contexts of IPV perpetration; such an understanding will inform the development of relevant community and societal level interventions and policies to prevent IPV

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APPENDICES

Appendix 1: Informed Consent Form

Student Name: Winnie Osulah

Name of Institution: University of Nairobi

Introduction

I am a graduate student at the University of Nairobi at the Institute of Anthropology, Gender and African Studies. I am doing research on the subject of Intimate Partner Violence which is a form of gender based violence that very little is said about. Violence against women in particular is a very common occurrence in this country and in this region. I am going to give you information and invite you to be part of this research, however you may decide to or not to participate in the research.

For KII respondents: You have been chosen to as a key informant in this study due to your perceived expertise and/or experience as well as level of information on the subject matter.

Purpose of Research

IPV is a form of violence that exists in our communities and I would want us to find ways to prevent it from happening. We believe that you can help by telling us what you know about it, its causes and why one gender suffers more than the other, as well as learn the different ways that people in this community use to prevent and respond to IPV.

Participation

This study will involve your participation in a group discussion that will last about one and a half hour; and/or a one hour individual interview. You are invited to participate in this study because we feel that your experience can contribute much to our understanding and knowledge. Your participation is entirely voluntary and therefore it is your choice to participate or not.

We may ask you to share with us some very personal information that you may feel uncomfortable talking about. You do not have to answer any questions or take part in the discussion or interview if you don't wish to do so. There will be no direct benfit to you, but your

participation is likely to help us find out mo	re about how	to prevent an	d respond to	IPV ir	ı your
community.					

You will not be provided with any incentives to participate. Since the study will be conducted in the community, it is bound to draw attention and we would like to assure you that we will not share your information with anyone outside the study team.

Certificate of Consent

I / We hereby agree on my/our own volition to participate in the study having understood what it is all about.

Participant / Group Name:	
Signature:	
Date:	

Appendix 2: FGD Guide

- 1. What do you understand by the term IPV?
- 2. Does IPV exist here in Kakamega Township?
- 3. What is the nature of this violence?
- 4. What cultural / traditional biases are attached to this violence?
- 5. What are the causes of the violence?
- 6. What are the consequences / effects of the violence
- 7. Are there any IPV prevention and response mechanisms at the community level?
- 8. What are the challenges in providing community based prevention and response interventions to IPV
- 9. What would be your recommendations in IPV prevention and response?

Appendix 3: Key Informant Interview Guide – IPV Survivors

- 1. What was the nature of the violence you experienced?
- 2. What was the first time it happened?
- 3. What do you think might have caused the violence?
- 4. What has it been like after the abuse?
- 5. Have people's behavior towards you changed since the abuse?
- 6. What have been people's reactions to the abuse?
- 7. Do you talk freely about the abuse?
- 8. Did you report the abuse? If so, where and what made you decide to report?
- 9. Other than reporting, did anyone else help you? Who helped you and with what?
- 10. Did you ask for the help or it was offered?
- 11. If you decided to ask for help, why from this person/organization and was it useful?
- 12. What kind of help did you need most?
- 13. What are the best culturally appropriate ways of dealing with IPV in this community?

Appendix 4: Key Informant Interview Guide – Opinion Leaders, Women Leaders

- 1. Do you think IPV is a problem in this community?
- 2. How common or rare is IPV in this community?
- 3. What do you consider as the contributory / risk factors of IPV in this community?
- 4. What do women do when they experience violence?
- 5. How does the community respond to the needs of women that experience violence?
- 6. What do you view as your role in IPV prevention and response?
- 7. What are the challenges in preventing and responding to IPV?
- 8. What would you recommend as a community intervention strategy to address IPV?

Appendix 5: Key Informant Interview Guide – CSO Representative

- 1. Do you think IPV is a problem in this community?
- 2. How common or rare is IPV in this community?
- 3. What do women do when they experience violence?
- 4. What services are available for women that experience violence?
- 5. Who provides these services?
- 6. Which services do they use?
- 7. What services do women need most?
- 8. What are the challenges in preventing and responding to IPV?
- 9. What would you recommend as a community intervention strategy to address IPV?

Appendix 6: Research Permit

