

**FACTORS AFFECTING VIOLENCE AGAINST WOMEN IN KENYA: A
CASE OF LIVE WITH HOPE NON GOVERNMENTAL ORGANIZATION,
KERICHO COUNTY, KENYA**

VIOLET CHERONO CHEPKWONY

**A Research Project Report Submitted In Partial Fulfillment of the Requirements for the
Award of Degree of Master of Arts in Project Planning and Management,**

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DECLARATION

This research project report is my original work and has not been submitted for any award in any other degree in the University or any other Institution of higher learning.

Signature.....

Date.....

CHEPKWONY VIOLET CHERONO

L50/82813/2012

This research project report has been submitted for examination with my approval as the University supervisor.

Signature.....

Date.....

Dr. Elisha Opiyo

Senior Lecturer

School of Computing and Informatics

University of Nairobi

DEDICATION

This research work is dedicated to my parents Mr. and Mrs. Joel Chepkwony, who never failed to teach me and guide me; my siblings Risper, Vincent, Felix, Patricia and Rhema, whose patience, love and encouragement gave me the support and motivation and most of all to the Almighty God who gave me the strength and good health.

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ACRONYMS AND ABBREVIATIONS

ACORD	Agency for Cooperation and Research in Development
BIP	Batterers Intervention Programs
FGM	Female Genital Mutilation
FIDA (K)	Federation of Women Lawyers, Kenya
GVRC	Gender Violence Recovery Centre
GBV	Gender Based Violence
GoK	Government of Kenya
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IGWG	Interagency Gender Working Group
IPV	Intimate Partner Violence
NGO	Non-Governmental Organization
SSA	Sub-Saharan Africa
STIs	Sexually Transmitted Infections
TCC	Thuthuzela Care Centres
US	United States
VAW	Violence against Women
WHO	World Health Organization

ABSTRACT

Gender Based Violence also referred to as Violence against Women (VAW) and girls continues to be a global epidemic that kills tortures and maims physically, psychologically, sexually and economically. It is one of the most pervasive of human rights denying women and girls' security, equality, self-worth and their right to enjoy fundamental freedoms. This study focuses specifically on Violence against women initiated by an intimate partner, the most prevalent yet relatively hidden and ignored form of violence against women and girls. The study thus sought to examine the factors affecting violence against women in Kenya. The study was conducted at the Live with Hope NGO in Ainamoi constituency, Kericho County and the research was guided by the following objectives; to assess how education interventions affect violence against women in Kenya, to establish how rehabilitation center programs affect violence against women in Kenya, to assess how group interventions affect violence against women in Kenya and to determine how free legal counsel affect violence against women in Kenya. The study adopted a descriptive survey design to carry out the research. The target population for the study was sourced from Live with Hope NGO staff and domestic violence victims, whom the organization provided. The respondents totaled 150 individuals of whom 107 successfully filled the questionnaires and were interviewed as the census sample since the population was small and manageable. Data collected was obtained from secondary and primary sources. In relation to that, the instruments used in the collection of data comprised of interviews and questionnaires for primary data and scrutiny of existing records for the secondary data. The data obtained was analyzed through the application of descriptive statistics tools and SPSS software. The outcomes of the study were indicated in percentages and descriptive statistics. Information obtained from the study is beneficial to the Government of Kenya (GoK) through planning and rolling out of programs to aid in the reduction of domestic violence, universities and consultancy firms. From the findings, the researcher concluded that rehabilitation programs had moderate effect on violence against women. Victims of domestic violence are economically empowered and the programs provide temporary shelters for victims. The services provided however were not all free according to the respondents. Education interventions such as the social gatherings to create awareness and media provides information on domestic violence to the public for the victims. Members of the society still stigmatizes gender violence victims. Group interventions such as couple counseling and anger management provide short term solutions while free legal counsel helped victims get out of abusive marriages faster. Free legal services to get government benefits for domestic violence survivors was hard to find. This could be due to the fact that lawyers who provide free legal counsel are not many.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Gender based violence (GBV) is a serious, preventable public health problem that affects millions of people in the world. The term “intimate partner violence” describes physical, sexual or psychological harm by a current or former partner or spouse. One of the most common forms of Violence against Women (VAW) is that performed by a husband or intimate male partner. Women can be violent in relationships with men and violence is also found in same-sex relationships but partner violence is overwhelmingly experienced by women at the hands of men. We will focus on intimate partner male initiated abuse against women.

Violence against Women is a fundamental violation of women’s rights. A report developed by World Health Organization (WHO) for 2013 found that 30% of women worldwide have experienced either physical and/or sexual intimate partner violence. Globally, as many as 38% of murders of women are committed by intimate partners. Women who have experienced domestic violence report higher rates of important health problems. 16% are more likely to have a low-birth-weight baby, 32% are likely to have an abortion, 32% are likely to experience depression and 24% are likely to acquire HIV, as compared to women who have not experienced partner violence. According to an article in the Huffington Post for 2014, in the United States three women are murdered everyday by a current or former male partner while 38,028,000 women have experienced physical intimate partner violence in their lifetimes. African American women experience intimate partner violence at rates of 35% higher than white women. In 2011, 1509 women in the US were recorded to have been killed by an intimate partner. Worldwide, men who were exposed to domestic violence as children are three to four times more likely to perpetrate intimate partner violence as adults than men who did not experience domestic abuse as children.

In recent history, there has been a growing recognition of women’s rights with the international community, adopting laws and measures that protect women from gender based violence, including IPV. Despite these initiatives however, women in developing countries, including Kenya, continue to experience IPV at high rates. According to Federation of Women Lawyers in

Kenya (FIDA (K)), it is estimated that nearly half of Kenyan women have experienced VAW in their lifetime. In Kenya VAW is still regarded as a private family matter. Violence against women by an intimate partner has strong traditional and cultural considerations in Kenya. In a study conducted by FIDA (K) in 2002, it is demonstrated that women are most often violated by their male relations mostly because of a skewed power equation at the domestic level. These women are discriminated against, as they are not economically empowered to adequately meet their own basic needs and therefore, take charge of their sexuality and livelihoods. This situation predisposes them to mistreatment in key aspects of their lives.

There have been several initiatives to prevent and help reduce VAW in Kenya. Initiatives by law makers such as “the protection against domestic violence bill” which was signed into law by President Uhuru Kenyatta of Kenya in 2015, rehabilitation shelters and centers for GBV victims, Gender Based Violence desk in police stations strictly for reporting GBV cases, economic empowerment programs, civic education on women’s rights for both men and women, societal civic education on the consequences of domestic violence.

The major concern of this study therefore, was to find out from the victims of violence against women and Live with Hope NGO employees, based in Kericho that deals with GBV, on the factors affecting violence against women in Kenya. Live with Hope organization run by Sister Placida, is a community faith based organization located in the Motobo area at the heart of the biggest informal settlement on the outskirts of Kericho. In August 2000, the Franciscan Sisters of the Immaculate Conception arrived in Motobo at the invitation of the parish to educate the community on HIV/AIDS awareness while visiting the sick. At the time, the level of stigma for those living with HIV/AIDS was very high. This led to the development of support groups for HIV infected persons; the name “Live with Hope” was introduced, and the center was registered in 2001. Due to numerous cases of domestic violence reported in Kericho and little assistance provided to victims of domestic violence, especially women, the organization took it upon itself to provide temporary shelter and rehabilitation services to help in the recovery of domestic violence victims.

1.2 Statement of the Problem

The overall research problem addressed in this study is that violence against women cases continue to increase in Kenya. In 2006 there were 299 reported cases, 412 cases in 2007 and 400 in 2008 (GVRC, 2010). Although there are no recent tabulated statistics for gender violence for Kenya, according to GVRC report 2013, the center treats 15 cases of rape and domestic violence daily. The Gender Violence Recovery Centre (GVRC), a department of the Nairobi Women's Hospital report that the total number of gender violence cases reported in 2011-2012 increased by 45 cases from 2909 to 2954 and therefore an urgent need to reduce the number of these cases. In Kenya women are discriminated against, as they are not economically empowered to adequately meet their own basic needs, (FIDA, 2002). This situation predisposes them to mistreatment from their male counterparts. There are various initiatives that are being undertaken on gender issues to address the causes of domestic violence. However, despite these initiatives little has been done to analyze the factors affecting violence against women in Kenya. VAW is still largely experienced by women across Kenya and therefore an urgent need for effective ways of reducing its prevalence. The stigma faced by the victims of intimate partner violence has made it difficult for such studies to be carried out as these victims are not willing to come forward and provide the required information.

There have been studies on the causes of intimate partner violence, there is a gap on ways of reducing this type of violence. This study can help in determining whether the efforts and strategies used have a positive impact and which strategy affects violence against women by an intimate partner most in Kenya.

1.3 Purpose of the Study

The purpose of this study was to examine the factors affecting violence against women in Kenya.

1.4 Objective of the Study

The study was guided by the following objectives;

1. To determine education interventions affecting violence against women in Kenya.

2. To establish rehabilitation center programs affecting violence against women in Kenya.
3. To assess group interventions affecting violence against women in Kenya.
4. To determine free legal counsel affecting violence against women in Kenya.

1.5 Research Questions

To address the objectives, the study was guided by the following research questions;

1. How do education interventions affect violence against women in Kenya?
2. How do rehabilitation center programs affect violence against women in Kenya?
3. How do group interventions affect violence against women in Kenya?
4. How does free legal counsel affect violence against women in Kenya?

1.6 Significance of the Study

The findings of the study may be useful for the stakeholders to identify the strategies that have of the country therefore empowering the victims of violence against women economically, physically and emotionally. This study can also encourage the government in creating awareness of the dangers of violence against women especially by the intimate partner which would in turn aid in the reduction of this type of violence. County governments are ideal in implementing the recommendation of this study as it is easy to reach the victims of intimate partner violence victims in rural areas of every county.

The findings of the study may help education officials to consider introducing domestic violence study in the Kenya's school curriculum therefore creating awareness of this issue at an early age. This makes the students more aware of the effects and consequences of domestic violence to the victims and offenders of domestic violence.

The research may also produce a document containing useful information that can be used for future by scholars, students and other NGOs serving as a basis of reference for conducting research, which in turn, will lead to better understanding of domestic violence reduction. This still remains a serious problem that needs to be further investigated into. Future researchers will

be able to refer to the study to understand social relationships and seek answers to various social problems that will arise from recommendations.

1.7 Limitations of the Study

The researcher faced challenges of finding victims of violence against women by the intimate partner who were willing to provide the information needed. The researcher sought assistance from Live with Hope organization in Motobo area, Kericho County, which is a local nongovernmental organization dealing with the victims to provide the respondents. The researcher also established rapport with the respondents, exercised patience and offered clear explanation to the significance of conducting the study. Time was also a limiting factor since the victims of VAW were not always available for data collection process and not all who had previously confirmed availability for this process showed up for the process.

1.8 Delimitations of the Study

The study focused on Live with Hope organization, a non-governmental organization in Ainamoi constituency, Kericho County which provides assistance for HIV/AIDS and domestic violence victims. The organization has branches in Malawi and Rwanda. The organization has a total of 100 employees in its Kericho office with five executive staff, according to statistics provided by the organization. The study was delimited into specific areas of the study, educational interventions, group interventions and rehabilitation programs and how they affect violence against women by the intimate partner in Kericho County. The site was selected because little studies has been carried out in that part of the county. The researcher also had easy access to the area using matatu and motorcycle transport.

1.9 Assumptions of the Study

It is assumed that by studying VAW a broad understanding of ideas and approaches for organizations, government and victims to solve problems related to domestic violence would be achieved.

Moreover, the respondents under study were assumed to represent the other victims of intimate partner violence and the situation of domestic violence in Kenya. It was also assumed that the time period of three months allocated to the study was adequate to enable the undertaking of all the activities to completion of the study. Finally, the study assumed that all the information given by the respondents was true and accurate and that secondary data used is accurate and reliable.

It is also assumed by studying VAW, getting an integrative Kenyan perspective on domestic violence issues would be achieved.

1.10 Definition of Significant Terms of the Study

Discrimination

This is treating a person unfavorably. In this study it means looking down on the victims and stigmatizing them based on their gender violence experience.

Education

Education is a means of acquiring knowledge which may be through formal or informal initiatives aimed at transferring skills and technical know-how to victims of violence against women by an intimate partner to help stop domestic violence.

Empowerment

These are systems, practices, activities and programs designed the intimate partner violence victim's status and conditions of living.

Intervention

This means to intentionally become involved in a difficult situation such as domestic violence in order to improve it or prevent it from getting worse.

Intimate Partner Violence

This is when one person in a relationship purposely hurts another person physically or emotionally. It is called intimate partner violence because it is caused by a husband or a boyfriend.

Legal counsel

This means services given to the victims of violence against women by an intimate partner by an attorney.

Non-Governmental Organization

This refers to an organization not affiliated to the government, works independently to improve the lives of vulnerable victims of violence of violence against women by an intimate partner in Kericho County.

Rehabilitation center programs

These are programs provided in rehabilitation centers that provide therapy, treatment and training for victims of violence against women.

Social Norms

These are rules of behavior that are considered acceptable in the society. People who do not follow these rules may be shunned or suffer some kind of consequence.

Violence against women

These are any forms of gender based violence that would result in physical, sexual or psychological suffering to women.

1.11 Organization of the Study

This study is organized into five chapters. Chapter One that entails the study background, problem statement, purpose of the study, objectives, significance, delimitations, limitations and assumptions of the study. Chapter Two reviews literature relevant to the study. It also focuses on the theoretical framework and the conceptual framework. Chapter Three highlights the study

methodology with a key emphasis on design, population, sampling procedure, methods of data collection, validity, and reliability of instruments, data analysis and ethical considerations. Chapter Four focuses on the results collected from the field and a brief discussion while Chapter Five dwells on the detailed summary, discussion, conclusions and recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section reviews the existing theoretical and empirical literature on the factors affecting violence against women in Kenya. The chapter reviews the concept of violence against women by an intimate partner, the scope of violence against women by an intimate partner, primary and secondary interventions affecting violence against women in Kenya. It also reviews the empirical literature with emphasis from previous studies. The chapter finalizes by giving the conceptual framework, summary of the literatures and the research gap.

2.2 Concept of Violence against Women by an Intimate Partner

Violence against women, also known as domestic violence, is a type of Gender Based Violence that involves “physical, mental, or social abuse directed against a person by their spouse or boyfriend. In these cases, a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences” (IGWG, 2006).

GBV includes a range of mechanisms that can be subtle or obvious, including but not limited to physical violence: slapping, kicking, hitting, or use of weapons, emotional violence: systematic humiliation, controlling behavior, degrading treatment, threats, sexual violence: coerced sex, forced sexual activities considered degrading or humiliating and economic violence: restricting access to financial or other resources with the purpose of controlling a person (World Bank Gender and Development Group, as cited by the Population Council, 2008).

These closely interrelated and mutually reinforcing types of abuse may occur separately, in sequence, or in combination and essentially serve as mechanisms to perpetuate and promote hierarchical gender relations and to maintain control over resources and power (Maynard, 1996), and GBV functions as a systematic wearing down of women’s autonomy and self-esteem.

Patterns of GBV vary from place to place, as do cultural and legal understandings of its acceptability. At the community and societal levels, definitions of wrongdoing through violence

vary according to shifting patterns of class, race, and gender relations rather than being founded on a universal notion of intrinsic harm (Green, 1999).

Domestic violence occurs in every corner of the world and its manifestations and prevalence rates vary. For example, the UN Secretary General's report (2006) cites in-country studies estimating that from 10 to 70 percent of women have experienced violence. GBV targeting lesbian, gay, bisexual, and transgendered people is also endemic. Approximately 80 countries criminalize consensual homosexual acts and multiple countries fail to prosecute crimes against those who identify as gay, lesbian, or transgendered.

The United Nations' 1993 Declaration on the Elimination of Violence against Women defines violence against women as "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 deprivations of liberty, whether occurring in public or private life." This declaration explicitly covers a broad range of acts, including marital rape, sexual abuse of female, sexual harassment, trafficking in women, forced prostitution, and violence perpetrated by the state. The UN definition of violence against women is important because it recognizes the responsibility of the state to address the human rights of women, and recognizes that violence against women is gender-based, and that it goes beyond the private problems of individual victims (Levy, 2008).

According to a global review of over 50 population-based surveys over the past 16 years, between 10% and 60% of adult women have been hit or otherwise physically assaulted by an intimate male partner at some point in their lives. This same review indicates that between 3% and 52% of women reported physical violence in the previous year (Heise et al, 1999). Research has shown that physical violence is accompanied by sexual abuse in a third to over half of the cases (WHO, 2002).

The FIDA report of 2002, for example, show that 39 percent of women aged 15–49 years have experienced some form of physical violence from the age of 15 while 45 percent have experienced either physical or sexual violence. Among ever married women aged 15–49 years, 47 percent have experienced physical, sexual or emotional violence from husband or live-in partner. Over the years, the need to improve access for survivors of GBV services in sub-Saharan Africa (SSA) has received increased attention, given the reported linkage between GBV and

reproductive health problems. GBV has, for instance, been associated with short birth intervals, increased infant mortality, under nutrition among children of abused mothers, and increased incidence of HIV/AIDS and sexually transmitted infections (STIs). The prevalence of violence against women by an intimate partner is on the higher end of this spectrum in East Africa, with in-country demographic and health surveys indicating that approximately half of all women between the ages of 15-49 in Uganda, Kenya, and Tanzania having experienced physical or sexual abuse within a partnership. It is now widely accepted that preventing VAW is possible and can be achieved through a greater understanding of the problem; its risk and protective factors; and effective evidence-informed primary, secondary, and tertiary prevention strategies. On August 11–12, 2014, the Institute of Medicine’s (IOM’s) Forum on Global Violence Prevention, in a collaborative partnership with the Uganda National Academy of Sciences (UNAS), convened a workshop focused on informing and creating synergies within a diverse community of researchers, health workers, and decision makers committed to promoting VAW-prevention efforts that are innovative, evidence-based, and crosscutting. This collaborative workshop also fulfills the forum’s mandate, which in part requires it to engage in multi-sectoral, multidirectional dialogue that explores crosscutting approaches to violence prevention.

When President Uhuru Kenyatta signed into law the Protection against Domestic Violence Bill in 2015, victims of domestic violence had a reason to smile. The law recognizes that domestic violence, in all forms, is an unacceptable behavior. It also detailed all the 21 forms violence. Under the new law, police officers do not require a warrant to arrest a person suspected to have assaulted a family member. Victims of domestic violence who suffer injuries or damage to their property are also liable for compensation at rates determined by the courts. In this case, the court may take into account the pain and suffering of the victim, the nature of the injury, cost of treatment, any loss of earnings and the value of the property destroyed or damaged. They are also entitled to payment for their expenses on rent, transport and costs of moving houses. Even with all these ‘entitlements’ under the law, victims are somehow condoning violence one example being 22-year-old Justa Kawira, who was recently beaten by her husband until she fell unconscious. In a video that went viral on social media, Kawira is seen being beaten by her husband all because she asked him why his friend was taking pictures of their household items. Shortly after, Kawira is slapped by her husband and she retaliates. The end result is a bloody scene after the husband strips her half naked, beats her while dragging her on the floor into the

house. Kawira is writhing in pain. The whole scene was recorded by her neighbor who claims to have gotten tired of intervening whenever they got into an argument. He decided to record it so that people would see and hopefully help her by reporting the matter to the police. Previously, nothing could be done because the victim had not pressed any charges. She was rushed to hospital unconscious but doctors were able to stabilize her and avoid a miscarriage of her six-month pregnancy. In this scenario, the Nyumba Kumi approach worked. The neighbors were their brother's keeper. They had sufficient evidence to present to the police officers.

According to section 6(1) of the Protection against Domestic Violence Act, a police officer may, without a warrant of arrest, prefer charges against a person suspected to have assaulted or threatened to assault another person however the act does not state what happens if a witness presents evidence against the accused. A Lawyer Allan Otieno, who practises at Moseki Odongo Waithaka Advocates, said the police could have started investigating the offence. Otieno further noted that even when the victim does not want to press charges, as long as the state can get witnesses for that particular offence, they can still proceed with the case, though it may be weak. Kawira's case is among the many that go unreported. Having the video shared on social media enlightens people to the reality that domestic violence is still taking place.

In Khorof Harar, Wajir, Fatuma Ibrahim was stabbed by her husband deep into her cheek, during a family dispute. When asked about the incident, the mother of four admitted that she has been a victim of domestic violence a number of times but would not leave the marriage because of her children. According to Agnes Kola, an advocate for women rights at Action Aid, violence is condoned in some families because some women want to make people believe they have a good relationship with their husband but in reality they are suffering in silence. The reason many women don't report when they are abused has a lot to do with people's perception. They are trying to create a scenario that they are in a happy relationship. The moment they come out and say that you are walking out of the relationship, they are usually judged by family members and society. Condoning violence has nothing to do with the magnitude of the battering but rather what they psychologically and emotionally go through. Such people need a very strong support structure. Most women fear reporting such cases because they don't know what would happen to them after the accused has been released from prison.

Given that IPV is an important risk factor for a range of health problems, there has been growing awareness of the need for health providers to be able to respond better to cases of violence that they encounter, and to help identify women experiencing violence and refer them to specialized services. This referral is very important, as many women experiencing violence will never seek help from a legal or stand-alone service, but will probably go to a health service during their adult life. Women may access the health system at a range of potential entry points for service provision and may have a range of presenting health needs. Some women experiencing partner violence will present at primary care, while women experiencing serious injuries may present to hospital emergency services. Given that coerced sex and violence in pregnancy is widespread, ante- and postnatal care, family planning or post-abortion care are also potentially important entry points. Therefore, it is important that the health sector ensures not only the efficient delivery of health-related services to victims of violence, but also facilitates these women's access to non-health services.

Some women may disclose violence without being questioned, while others may not openly disclose the cause of their presenting problem. Much of the debate regarding the health-sector response has focused upon whether women should be "screened" for violence, and whether such interventions impact on women's future risk of violence. There has been much less debate about what may be the most important entry points for health-sector involvement in different settings, or consideration of what may be the most feasible ways for health services in low- and middle-income countries to integrate responses to violence into the health sector.

In view of the prevalence as well as the pervasiveness of domestic violence, many researchers in the past have attempted to assess the situation besides exploring its possible cause and subsequent consequences for society in general and women in particular. INCLLEN (2000), found it as a problem that cuts across age, education, social class and religion in India. The same study is of the view that 40 percent women had experienced at least one form of physical violence in their married life. Murthy et al. (2004) is of the view that numbers of family members, type of marriage and husband's education besides menstrual problems have significant influence on domestic violence. While many researchers come out with findings that lifestyle of men such as smoking, alcoholism and drugs promote men to commit domestic violence (Leonard, 1992; McKenry et al., 1995; Rao, 1997 and Bhatt, 1998), some are of the view that masculinity and

domestic violence are closely interlinked (Duvvury and Nayak, 2003 and Hamberger et al., 1997). Again, persons with lower socialization and responsibility are found to be the enhancers of the problem (Barnett and Hamberger, 1992). Studies have also revealed that sons of violent parents (Straus et al., 1980 and Martin et al., 2002), men raised in patriarchal family structure that encourages traditional gender role (Fagot et al., 1998 and Malamuth et al., 1995) are more likely to abuse their intimate partners. Gendered socialization process is what mainly responsible for domestic violence (Sahu, 2003). Another study among Uttar Pradesh men by Gerstein (2000) is of the view that low educational level and poverty are important reasons for domestic violence. Further, marriage at a younger age makes women vulnerable to domestic violence (Mishra, 2000; Hindin, 2002 and Rao, 1997). Besides this, the role of inter spousal relationship, sex of the children, ownership of property, dowry, working status, autonomy, religion and caste of the person can't be ignored (Sahu, 2003; Swain, 2002 and Jejeebhoy, 1998).

Many studies are of the view that violence by intimate partner most likely undermines the sexual and reproductive health of the women. This extensive violence has significant harmful effects like unwanted pregnancy (Khan et al., 1996), gynecological disorders (Golding and Taylor 1996) and physical injuries to private parts (Starck et al., 1979) besides large-scale mental health impacts (UNICEF, 2000). Again, many of the commonly associated disorders/problems are found to be inadequately addressed (Mitra, 1999; Visaria, 1999; Dave and Solanki, 2000 and Jaswal, 2000). Further, as Freedman has written, violence by husbands against wife should not be seen as a break down in the social order rather than an affirmation to patriarchal social order (Travers, 1997). Similarly, Jejeebhoy (1998) is of the view that not only wife beating is deeply entrenched, but also people justify it. Thus, domestic violence is simply not a personal abnormality but rather it roots in the cultural norms of the family and the society. Again, looking from another angle, it is found that many of the victims of domestic violence has either refused to name the perpetrator of the assault or attributed the injuries to other reasons (Daga et al., 1999).

Many men continue to hold power and privilege over women, and seek to safeguard that power. But there are other men who reject fixed gender divisions and harmful versions of masculinity, and who are more open to alternative, 'gender-equitable' masculinities. Seeing the effects of gender discrimination on women they care deeply about, or becoming more aware of the benefits

of involved fatherhood, for example, may motivate some men to change (Ruxton, 2004). In various settings, small numbers of men and boys are changing their attitudes and behaviour towards women – supporting opportunities for women to earn an income outside the home, or speaking out against gender-based violence. But what makes resistance to rigid views of gender possible? How can development policies and programmes stimulate or build on these positive attitudes and behaviours to achieve gender equality for all? What works with men in practice?

Initiatives need to engage men as allies, using positive and relevant messages which also address their specific concerns. By highlighting the costs of gender *inequality*, as well as the benefits of gender equality – both for men as individuals, and as members of families and communities – program can support men to reflect on, and ultimately resist, harmful constructions of masculinity

Studies have shown that fathers who are positively engaged in the lives of their children are less likely to be depressed, to commit suicide, or to be violent towards their wives. They are more likely to be involved in community work, to be supportive of their partners, and to be involved in school activities (Morrell, 2003). When fatherhood is privileged as a central aspect of masculinity, everybody benefits.

However, in most cultures, children are taught from a young age that men's role in the family is that of provider and protector. Childcare, by contrast, is seen as a 'job for women'. Studies from a range of settings find that fathers contribute about one-third to one-fourth of the time that mothers do to direct childcare (Population Council, 2001). Yet as increasing numbers of women enter the labour force, many women are being left with a double work-burden – being expected to earn an income in addition to carrying out their existing domestic chores and childcare responsibilities. As the AIDS epidemic leaves growing numbers of children vulnerable and orphaned, women's unpaid work burdens are intensifying. An important step in alleviating the burden of care and support borne by women is thus to challenge rigid ideas about masculinity which disassociate men from caring roles (Peacock, 2003). It is essential that interventions seek to engage men in childcare and domestic chores and encourage fathers and husbands to play a more active role in caring for and safeguarding their children's futures. For programmes to be effective, it is important that we listen to the voices of fathers, recognise their own needs and

interests, and make it clear how men themselves will benefit when they are actively engaged as fathers (Barker, in Correia and Bannon, 2006).

Salud y Genero, discussed above, has found that talking about fatherhood is a good entry point for men who might feel threatened by topics such as violence, sexuality or alcohol. Fatherhood is seen as a socially desirable role for men in Mexico and it is central to male self-esteem. It is also a good point of intervention for strengthening equitable relationships through sharing in childcare (IGWG 2003). The “How Daddy Looks to Me” campaign was conducted at national level in 2000 with support from local, state and national government, and produced nearly a quarter of a million pictures from primary and pre-school children across the country which were displayed widely. Many drawings were about love, but a prominent number featured controlling attitudes and even violence. Very few of the drawings were about fathers’ presence in domestic life. The objective of the campaign was to facilitate consciousness-raising among men in order to foster fuller paternal responsibility and emotional commitment towards children.

The Fatherhood Project in South Africa aims to promote positive images of men as fathers, and foster a more conducive policy and programmatic environment for men’s involvement with their children. The project is based on a travelling photo exhibition which contains over a hundred images revealing the possibilities and challenges of men’s closer involvement with their children (Barker and Ricardo, 2005).

In 1997, the PAPA Institute founded the first Brazilian Adolescent Father’s Support Programme which provides information to help young men take on responsibility for their own sexuality and its consequences, and supports teenagers who are already parents. Weekly workshops are held in hospitals and public health centres with young fathers and the partners of pregnant adolescents, focusing on issues relating to pregnancy, childbirth, childcare, and paternal responsibilities. PAPA also uses art education to encourage the participation of men in childcare - for example by bringing out a 3.5 metre-high mascot at public events which represents a young man carrying his child in a baby-bag (Lyra 2005).

A group of women in the dry heartland of central Kenya have almost entirely excluded men from their lives to protect themselves from domestic violence and rape. The small community of Unity

Village is one of several women-only settlements surrounding Archer's Post in the country's central region. The women live in traditional homes made from green branches, reeds and whatever they can find to make the roof watertight. Nkamasioi Lembwakita, a Samburu woman who lives in Unity women's village said that there is no-one who can rape them in the village since there are no men who reside in the there. (ABC News: Elphas Ngugi, 2016)

It is still a widely held belief by both men and women in Kenya that a husband should discipline his wife with his fists. Most of the women in the village have been subjected to violence by men. Others have been raped. The women from Unity village make handicrafts and beaded jewellery to generate a little income. (ABC News: Elphas Ngugi). A series of tribal disputes between the Samburu, the Pokot and the Turkana tribes has spilled over into violence with people shot dead in clashes over grazing lands and during cattle thefts. The fact some women have abandoned men may be seen as a sign of enlightenment. They realise that life does not have to be violent. Attitudes appear to be changing, but it is a slow transformation. A big percentage of young men nowadays are trying to be modern. They are more aware of consequences of intimate partner violence because they went to school and they know the rights. They have learnt a lot about the rights of the women and the rights of the men and the rights of all human beings."

In order to develop effective intervention program and policy, it is vital to know the attitude and perception of the women towards the issue in-depth. Most of the studies conducted in the past are small in nature and reflects the regional picture that might not be a true picture of the whole country. In view of the above discussion, it seems essential to understand the women's viewpoint besides the assessment of the problem and its correlates at national level. Further, in the present world, where gender equality and justice have become the buzz words, examining the domestic violence in the largest democracy of the world appears worthy for the betterment of half of its citizens.

Research has identified factors associated with domestic violence at the individual and situational and various academic disciplines and practitioners weight each level differently in their theories and the design of interventions. For example, clinical psychologists and legal scholars have often focused on the individual level, specifically on the pathological personality traits of GBV perpetrators as a means to identify, counsel, or prosecute potential or previous perpetrators (Fischel, 2010)

From a social psychological perspective, societal factors will be most predictive of a GBV event when they are salient in the immediate situation. Such societal factors include power asymmetries, gender norms, roles, scripts, societal representations of women, and armed conflict or other crises, among others.

Power Asymmetries: Across many different literatures, GBV is understood as partially arising from power inequity. Violence is a mechanism for the social control of the less powerful and serves to maintain male dominance and female subordination (Pratto, 1996). Men enjoy greater economic, political, and social power in the vast majority of human societies, but there also exists variability in these power inequities. Scholars have used this variation to study the circumstances under which power or motivation to gain power leads to GBV. Due to power differences, the targets of harassment are unlikely to report the harassment, and in some experimental settings participants have reacted to harassment with polite smiles (LaFrance & Woodzicka, 2005), demonstrating the extent to which power reproduces cycles of harassment.

Gender Roles, Scripts, and Norms: Gender roles are socially shared expectations about behavior that apply to individuals based on socially identified sex (Eagly, 1987). For any given person, gender roles exist as abstract knowledge structures about groups of people. For instance, as men are more likely to occupy roles that wield power, individuals often expect and socialize males to behave in dominant, assertive manners. As women are more likely to occupy roles as caretakers, individuals often expect and socialize women to be passive, communal, and responsive (Anderson, John, Keltner & Kring, 2001).

Societal gender roles have been linked directly to GBV, serving to justify behavior or define relationships. Interview studies have revealed that men who beat their wives justify the violence by citing “unwifely” behavior (Adams, 1988). Other scholars conclude that masculine gender roles have become defined in part by sexual access to and dominance over women (Koss et al., 1993). Indeed, research has shown that “sex role stress,” i.e. when men feel they are inadequately meeting prescribed masculine gender roles, predicts sexual aggression (Anderson & Anderson, 2008)

Alongside media that depicts GBV, alcohol consumption is an example of a societal phenomenon that influences GBV directly. Half of all sexual assaults in the United States and the United Kingdom are committed by a perpetrator who has been drinking alcohol (Abbey,

Zawacki, Buck, Clinton, & McAuslan, 2004; Bowen, 2011). Intimate Partner Violence (IPV) is more likely on days when alcohol was consumed than on days when it was not (Bowen, 2011). Alcohol consumption often interacts with other situational and individual factors to facilitate GBV.

Interventions for violence against women by an intimate partner

Many interventions have been designed to combat and reduce domestic violence. The interventions include both primary and secondary elements. Primary interventions seek to prevent violence before it has begun by targeting social norms or through educational outreach while secondary interventions address or “treat” violence once it has occurred, often at the situational or individual level.

2.3 Education interventions and violence against women

The main difficulty with assessing educational interventions is that most empirical studies omit curricular details, making it difficult to place the program in the social psychological context of GBV. We focus on a few studies offering program details in order to examine the potential mechanisms for behavior change and explain uncertainty in results.

2.3.1 Programs Directed toward Likely Targets of GBV

Some programs focus on potential targets of violence, seeking to help them avoid future violence. The design and implementation of target-oriented programs can be controversial in the context of GBV, because frequently targets of violence are blamed for their suffering based on their failure to conform to societal norms. We discuss two types of preventive interventions that aim to reduce the prevalence or severity of GBV by reaching potential targets prior to victimization.

Rape and assault prevention interventions: The primary preventive strategy to reduce rape and sexual assault among adults in the United States is self-defense instruction (Brecklin, 2008). Empirical studies of self-defense programs show a range of effects on women's "rape avoidance" in the event of assault (Brecklin & Ullman, 2008). Although studies also examine attitudinal outcomes, including assertiveness and self-esteem, such effects typically disappear within six months of the program's conclusion (Brecklin, 2008).

2.3.2 Media and Social Norms Marketing Campaigns

As we noted at the outset, the perception of community disapproval may affect behavior, despite personal attitudes and beliefs to the contrary. Rather than directly targeting personal attitudes or beliefs, social norms marketing targets perceptions of the prevalence of certain attitudes or beliefs in the community. Social norms interventions are supported by research showing that social norms affect behavior change more dramatically than personal attitudes (Paluck, 2009). Social norms can sustain GBV rooted in community customs, including Female Genital Mutilation (FGM) (a custom in which girls' sexual organs are cut as a rite of passage). FGM also happens in marriages whereby the husband forces the wife or girlfriend who has not undergone FGM to have it done. Usually the husband threatens to divorce the wife if they do not agree to go through with it. Even when partners oppose FGM, they may have their daughters and wives cut because they perceive that other community members view it as normal or desirable.

Media campaigns targeting individuals suffering GBV: Secondary interventions to mitigate GBV or reduce its prevalence often promote help-seeking behavior. Paradoxically, campaigns that encourage help seeking by making targets feel they are not alone may promote the negative descriptive norm that GBV is common or even normal. These descriptive norms, as described in a previous section, may even increase the frequency of GBV. Where GBV is highly prevalent and services are available but underutilized due to lack of awareness or stigmatization of GBV, awareness or stigma-breaking campaigns may be critical. However, such campaigns should be limited to the early stage of information dissemination and breaking down stigma; years later, the risks of perpetuating a negative descriptive norm may outweigh the benefits of a message emphasizing that targets are not alone.

2.4 Group interventions and violence against women

While social norms marketing campaigns seek to reach a broad audience that includes actual and potential perpetrators and targets of violence, other secondary interventions focus on actual offenders and aim to reduce repeat GBV. Many states in the United States mandate specific interventions for various perpetrators of GBV, such as those convicted of IPV or sex offenses.

Therapeutic interventions: Couples counseling, typically cognitive-behavioral therapy, is an alternative to group interventions for perpetrators of IPV. Counseling at the couple level generally seeks to develop anger-management techniques (Maiuro, 1991). Such counseling

frequently attempts to assist an abusive individual in distinguishing between (permissible) negative emotional responses and aggressive (impermissible, violent) behavioral responses. Couples counseling also focus on specific tools like taking a "time out" when the individual recognizes signs of anger or arousal to de-escalate conflict. This intervention thus focuses on the individual factors leading to abuse, but also points out situational triggers of those individual factors.

Couples counseling has been criticized for "encouraging the underlying inequity of power between the partners," and perhaps pressuring the target of abuse to remain in the relationship (Lawson, 2003). Some studies have concluded that couples counseling, particularly when paired with individual counseling, "may be safe and beneficial" (Klein, 2008, p. 46, citing Johansson&Tutty, 1998). However, one meta-analysis found that while all forms of group interventions have some non-zero effect as compared to mere arrest, cognitive-behavioral therapy has no effect (Babcock et al., 2004). In addition, another study concluded that men who violated protective orders but were assigned to anger-management interventions had higher re-offense rates than those assigned to Batterer Intervention Programs (BIPs), which is a program that batterers attend, usually as part of the legal system response to domestic violence. BIP is mostly found in the United States and Europe. Attendance and completion of the program is monitored by the legal system.

2.5 Free Legal Counsel and violence against women

Law enforcement interventions are perhaps the easiest to implement, but many legal interventions are also known to exacerbate tense situations. Mandatory arrest and restraining orders allows for a period of relative calm in which the abuser and victim are separated, decreasing recidivism compared to law enforcement inaction or spontaneous counseling (Wanless, 1996). However, one study found the effect of mandatory arrest transitory (Tauchen& Witte, 1995), and another showed mandatory arrest laws correlated with an increase in intimate homicide due to decreased reporting and increased reprisal (Iyengar, 2009).

In Kenya, the Sexual offences Act (2006), makes provisions about sexual offences, their definition, prevention and protection of all persons from harm from unlawful sexual acts. This act was created to enhance the penalties imposed upon offenders and in a sense deter them from committing the offences in light of the stiff penalties. The constitution has a law called The

Prevention of Domestic Violence Act which focuses on the precaution against and prevention of domestic violence. There is also the setting up of Gender violence desks in most police stations.

Lawyers are expensive, and women who need them often can't afford them. Without legal counsel it can be harder for women to get protective orders, leave their abusive partners and escape the cycle of violence. Women stuck in abusive relationships tend to miss work because of injury or rack up hospital bills they can never pay off according to The Institute for Policy Integrity US report.

2.6 Rehabilitation Center Programs and violence against women

In most cases the best treatment for domestic violence is to get out of an abusive relationship. Although it can be difficult to leave an abusive relationship the alternative is too dangerous and is often deadly. Various types of rehab centers are offered for victims of intimate partner violence. These rehab centers provide programs that offer assistance to move on from the victims' abusive life. Services such as legal services, job training and domestic abuse shelters are included in the programs. Gender Violence Recovery Center (GVRC) and Centre for Assault Recovery of Eldoret (CAR-E) are examples of centers that assist intimate partner violence victims.

Intimate partner violence and/or sexual assault centres, also referred to as One-Stop Centres, provide multisectoral case management for survivors, including health, welfare, counselling, and legal services in one location (Colombini et al., 2008). These crisis centres are typically located in health facilities, including the emergency departments of hospitals, or as stand-alone facilities near a collaborating hospital (United Nations, 2006). These centres can be staffed with specialists 24 hours or can maintain a core group of staff with specialists on call.

One-stop Centres

According to the United States Secretary-General's in-depth study on violence against women, 2006, one of the best-known good practices in service provision involves bringing together services in one location, often called the "One-stop center", an interagency unit for victim/survivors of domestic or sexual violence. Such a service was first developed in the largest Government-run general hospital in Malaysia. The victim/survivor is first examined and treated

by a doctor and is seen by a counsellor within 24 hours in a separate examination room that protects privacy and confidentiality. If it appears that the victim will be in danger if she returns home, the doctor or counsellor arranges for her to go to an emergency shelter or admits her to the accident and emergency ward for 24 hours. If the patient chooses not to seek shelter, she is encouraged to return to see a social worker at the hospital at a later date. She is also encouraged to make a police report at the police unit based in the hospital. In a case involving severe injury, the police see the patient in the ward to record her statement and start investigations. This model is currently being replicated in many parts of the world. It has been shown that when comprehensive one-stop shops are adequately resourced, staffed and managed, reporting and demand for services increases. For example, following the introduction of comprehensive post-rape care services, the reporting of rape was ten times higher in the following three months at a district hospital in Kenya (Taegtmeier et al., 2006). However, one-stop centres require the commitment of administrators in order to be effective, as well as training and support for all staff working within the centre. Key lessons learned from an implemented a one-stop centre in Thailand include: Hospital management must be involved in the establishment of one-stop crisis centres, teamwork among various hospital personnel is crucial and training for various hospital staff should focus not only on technical aspects of violence against women, but should also cover issues such as power, relationships, gender and sexuality. Sensitization of police on the same issues is also important. Visits to other crisis centres can be a useful starting point for designing services.

Initially, health care providers may identify only the most obvious cases of abuse, but sharing of experiences between personnel in various departments of the hospital can improve screening skills in general. Adherence to a standard protocol for various health care workers is necessary. (Excerpted from WHO, 2007). One-stop Centres for South Africa's Survivors of Sexual Violence South Africa has created the Thuthuzela Care Centres (TCC) that facilitate multi-sectoral collaboration between health, police, courts, and social services to provide quality, sensitive treatment for rape survivors. The goals of Thuthuzela Care Centres are to reduce secondary victimization, reduce waiting times and increase conviction rates. The ten centres spread throughout the country provide survivors with a range of services, including: emergency medical care; testing for pregnancy, sexually transmitted infections and HIV; post exposure prophylaxis, antiretrovirals, trauma counselling; court preparation, referrals and follow up

support. Survivors are entitled to services even if they do not wish to prosecute the perpetrator (Vaz, 2008). Successful implementation of Thuthuzela Care Centres is ongoing with growing public awareness of the centres. An analysis of 10 Thuthuzela Care Centres conducted in 2008 found the following challenges: staffing shortages, a need for increased training, inconsistencies in sexual assault management, including HIV testing and provision of post-exposure prophylaxis, limited access to psychosocial counseling and inconsistent survivor follow-up systems. Improvements to the centres include provision of equipment, such as sterilizing machines; increased training for survivors; creating child-friendly spaces; and making Thuthuzela Care Centres more survivor-friendly (Vaz, 2008).

The United Kingdom has created a system of Sexual Assault Referral Centers, safe locations where victims of sexual assault can receive immediate and longer-term medical care and counseling. The referral centers bring together all of the relevant legal and medical agencies and departments in a single center, which provides better assistance for the victim and aids criminal investigation. The system is modeled after the St. Mary's Sexual Assault Referral Centre in Manchester, which has been recognized as a model of good practice in providing immediate and "one-stop" services. The St. Mary's Center opened in 1986 and was the first such center in the United Kingdom to provide comprehensive and coordinated forensic, counseling and medical services to adults who had experienced rape or sexual assault. For victims the referral centers system reduces the stress of having to deal with multiple service providers and criminal investigators. Furthermore, practice has shown that victims who receive immediate care and counseling recover more steadily and are less likely to need long-term care. From the perspective of law enforcement, the centers assist the police by providing a centralized facility where they can meet with the victim and gather evidence.

The President's Family Justice Center Initiative, a \$20 million USD federal programme to create specialized "one stop shop" multi-disciplinary service centers in the US for victims of family violence and their children, was launched in 2003. The centers are modeled after the San Diego Family Justice Center, which is considered a good practice in the field of victim services. The San Diego Family Justice Center model reduces the number of institutions that a victim of domestic violence, sexual assault and/or elder abuse must go to in order to receive assistance. The family justice center model has several effective features. For example, all relevant partners

to a multi-disciplinary approach are co-located at the center (law enforcement, prosecutors, probation officers, victim advocates, attorneys, healthcare professionals as well as staff representing other community organizations and faith groups). The communities in which these centers are located have policies that emphasize arrest and prosecution of offenders– as well as a history of collaboration among law enforcement, government agencies and civil society. Victim safety, advocacy and confidentiality are the highest priorities under the family justice center model. The family justice centers are located in communities with well-developed specialized services for domestic violence victims and also receive local support from policymakers and the community at large.

Rehabilitating criminals is a highly debated topic in the US. With the majority of criminals being repeat offenders, the correctional institution has made rehabilitation a top priority. Research over the years has shown that some programs are more effective than others. These programs are created for domestic violence perpetrators. Men who violated protective orders but were assigned to Batterer Intervention Programs (BIPs), which is a program that batterers attend usually as part of how the legal system response to domestic violence, had lower re-offence rates (Klein, 2008). Attendance and completion of program is monitored by the legal system. BIPs are mostly found in the United States and Europe.

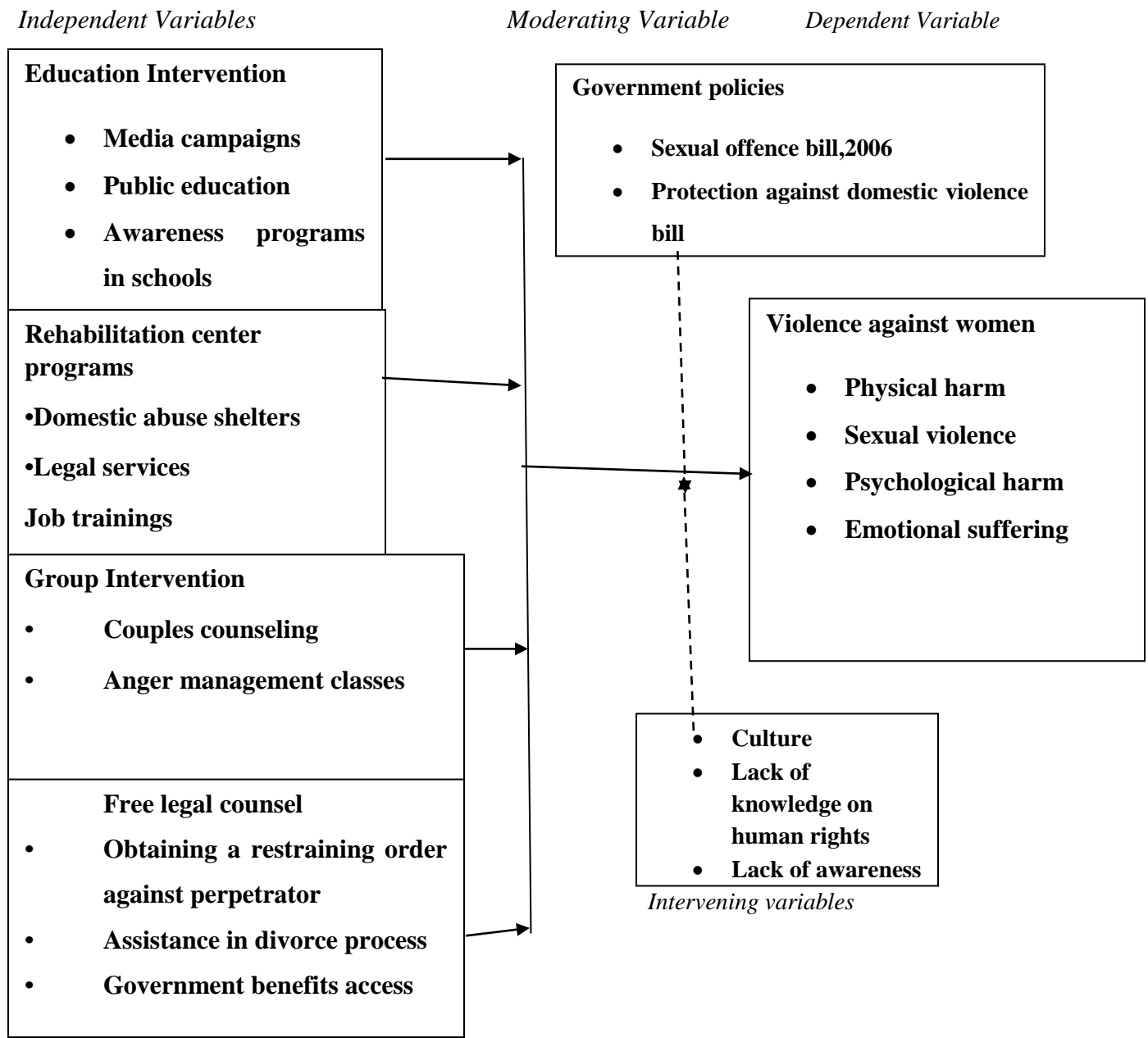
2.5 Theoretical Framework

This study is guided by feminist theory in an attempt to explain factors affecting violence against women. The theory aims to understand the nature of gender inequality which is the source of violence against women and the social institutions of marriage and family are special contexts that may promote, maintain and support men's use of physical force against women. The theory also focuses on the societal messages that sanction a male's use of violence and aggression throughout life and the prescribed gender roles that dictate how men and women should behave in their intimate relationships (Pence & Paymar, 1993). Understanding the cause aids in finding the solution to the problem. It sees the root causes of intimate partner violence as the outcome of living in a society that condones aggressive behaviors perpetrated by men while socializing women to be non-violent.

2.6 Conceptual Framework

The conceptual framework displaying the relationship of the variables is as shown in the diagram.

Figure 1 Conceptual framework



2.7 Knowledge Gap

Little study has been done on the factors affecting violence against women in Kenya. Most of the studies carried out focus on the causes and effects of domestic violence.

Table 2.1 Knowledge gap

Study	Findings	Gap
Muchane, 2011	Poverty and alcohol as the highest cause of family disturbances. Women in poor families lacked the ability to access legal representation and faced barriers to employments. Cases were mostly not reported due to stigmatization.	This study only focused on the causes and effects of intimate partner violence without stating what could be done to reduce it.
ACORD, 2007	Stigmatization is the main reason why victims do not report GBV cases. It concluded that the formal justice system is weak.	This study mostly focused on the legal response to reducing gender based violence

2.8 Summary of literature reviewed

The chapter discusses factors affecting violence against women at large across the globe and highlights statistics of selected areas and the prevalence of domestic violence. The factors affecting violence against women by their intimate partners and the strategies used to try and reduce the number of gender violence cases. The causes of violence against women have also

been discussed as one needs to assess the causes to find the solutions. Literature gaps have been identified which deserves further probing through research on the factors affecting violence against women. Theory of change has also been adopted as a framework to guide the study and conceptual framework discussed.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains the methodology that was used in this study. The chapter details the research design, the target population, sampling procedures, data collection instruments, data collection procedures, data collection techniques, ethical considerations and operationalization of the variables in the study.

3.2 Research Design

This study adopted the descriptive survey. A descriptive survey method entails a method of data collection by interviews and questionnaires to a sample of individuals and is not only restricted to fact findings. Moreover it enables one to draw valid conclusions from facts discussed where possible. This study intended on capturing the information on the factors affecting violence against women, taking a case of Live with Hope NGO, Kericho County. This design enabled close analysis of association between the two variables at that given point without any alteration to the conditions hence more appropriate. Also the design is appropriate since it helped to determine the characteristics of the partner violence victims and the frequency of violence they encounter. Data was collected using questionnaires and field observations and was analyzed using descriptive statistics such as frequency of occurrence and percentages.

3.3 Target Population

Target population is a group of individuals, objects or items that have common characteristics from which sample are taken for measurement. The population targeted by the study consisted of the staff of Live with Hope NGO and victims of IPV assisted by the NGO. The sample was derived from the NGO's staff and identified victims of IPV which totals to a population of 150.

Table 3.1 Target population of the study by Live with Hope Organization

Category of Population	Frequency	%
Executive staff	5	3
Department staff	11	7
Project investigator	15	10
IPV victims	119	80
Total	150	100

3.4 Sample Size and Sampling Procedure

The researcher used census method. This is the method of gathering information of every individual of a population. The sample size of the study was 150 respondents. A census study occurs if the entire population is very small or it is reasonable to include the entire population. The use of census method is ideal in the fact that the population of this study is already small. Censuses are more accurate and thus eliminating bias.

Table 3.2 Sample size of the study by Live with Hope organization

Category of Population	Frequency	%	Sample size
Executive staff	5	3	5
Department staff	11	7	11
Project investigator	15	10	15
IPV victims	119	80	119
Total	150	100	150

3.5 Methods and Instruments of Data Collection

Data was sourced from both primary and secondary sources. Primary sources were obtained through administering of questionnaires to respondents, question guide for some staff members and interviews. The study adopted a semi-structured questionnaire. They were administered to all respondents and interviews conducted with key informants to supplement what was elicited from the questionnaire. Focus group was also used in getting more information on specific questions an issues. Secondary data sources were obtained from existing studies, reports and journals. They are the foundation on which the theoretical and conceptual framework of the research will be built.

3.5.1 Pilot Study

According Connelly (2008), extant literature suggests that a pilot study sample should be 10% of the sample projected for the larger parent study. The sample was 10% of the census sample of 150 respondents, which is a sample of 15 respondents. The study was carried out at an NGO in Kibera called Carolina for Kibera. The questionnaires were pilot tested on the 15 respondents and the results obtained were sufficient to the subjects. During the reconnaissance the questionnaire was amended before the actual data for the study was collected to ensure validity and reliability of the data.

3.5.2 Validity of the Instrument

The researcher checked the instruments for content validity, the extent to which the research instrument measures what it purports to measure. Specifically, the representation of the content on the dependent and independent variables through relevant questions were checked. The validity of the research questions were ascertained by consultations with experts in which the researcher was advised on items to be corrected. The corrections on the identified questions were incorporated in the instrument to increase validity.

3.5.3 Reliability of the Instrument

Reliability refers to the consistency of measurement to another. A research instrument is reliable if it produces consistent results or data after repeated trials (Gibbs, 2007). In order to test the reliability of the instruments in this study, Cronbach's Alpha was used. Cronbach's Alpha measures the internal consistency of the data and ranges between 0 and 0.9 with reliability increasing with the increase in value. Coefficient of 0.6 to 0.7 is commonly accepted rule of the thumb that indicates acceptable reliability and 0.8 or higher indicates good reliability. A high

value of alpha (>0.9) may suggest redundancies and shows that the test length should be shortened. This ensured that the instrument captured all the required data. All the study constructs indicated Cronbach's Alpha of above 0.6 and hence the measurements constructs were reliable.

3.6 Data Collection Procedure

The researcher obtained an introduction letter from the University of Nairobi allowing the researcher to go to the field and a research permit from the National Council for Science, Technology and Innovation. The permit was presented to the County Education Officer Kericho County so as to allow to conduct the study. The questionnaires were then distributed to the respondents with the help of one research assistant. The researcher paid a visit to the respondents on designated dates during which the questionnaires that had earlier been distributed, were collected for analysis. Interviews conducted to a specific set of respondents to get clarifications of some significant issues that arose from responses.

3.7 Data Analysis Techniques

The completed questionnaires were checked for completeness and comprehensibility to ensure consistency. The data was edited, classified and coded. The researcher used both the qualitative analysis and the quantitative analysis techniques.

The open-ended items helped in collecting qualitative data. The qualitative data was analysed by grouping quotations from the respondents by categories and coding of the particular common responses was done so that the quotations from particular themes and was presented as frequency distributions and percentages in thematic forms according to research questions.

Data collected using closed-ended questions was directly analyzed using descriptive statistics by tallying and forming frequency distributions and percentages, which are easy to read and interpret. Data analysis was facilitated by the use of Statistical Package for Social Science (SPSS) software. In each case of analysis of data from a research question, the researcher sought to determine the strength of the association between the independent variables and dependent variable.

3.8 Ethical Considerations

Researchers whose subjects are people or animals must consider the conduct of their research and give attention to ethical issues associated with carrying out their research (Kombo and Tromp, 2006). Only people conducting the survey knew the identity of the participants. The researcher obtained informed consent from subjects used in the study and ensured that all subjects participated voluntarily. The researcher fully explained the research in advance and debriefed the subjects afterwards. Researcher accepted individual responsibility for the conduct and consequences of this research and maintained openness and honesty in dealing with research subjects.

3.9 Operational Definition of Variables

Table 3.3 Operational definition of variables

Objectives	Types of Variables	Indicators	Measurement	Scale	Tools of analysis
To assess how education interventions affect violence against women	Independent-education interventions	-Media Campaigns -Public education -GBV awareness	-increased help seeking behaviour -societal support of VAW victims	Ordinal	Descriptive Statistics Frequency Distribution Measures Of Central Tendency
	Dependent-Intimate Partner violence	No. of reported cases	Rate of occurrence of cases	Nominal	Descriptive statistics
		Reduced re-offences	Success rate	Ordinal	Descriptive statistics
To establish how rehabilitation center programs affect violence against women	Independent-rehabilitation center programs	-domestic abuse shelters -job trainings -legal services	-success rate -Level of training	Ordinal	Descriptive Statistics Frequency Distribution Measures Of Central Tendency
To assess how group interventions affect violence against women	Independent-group interventions	-couple counselling -anger management classes	-success rate	Ordinal	Descriptive Statistics Frequency Distribution Measures Of Central Tendency
To determine how free legal counsel affect violence against women	Independent-free legal counsel	-Obtaining restraining orders -Assistance in divorce process -Access to government benefits	- success rate	Ordinal	Descriptive Statistics

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the results based on the study and discusses its interpretation. The chapter begins by presenting these findings highlighting the key determinants and their effects on violence against women by their intimate partners. This is presented and discussed in line with the objectives of this study and the analysis tends to answer the research questions.

4.2 Response Rate

Out of 150 questionnaires that were issued 107 were filled and returned. This represents a response rate of 71.3%. The remaining questionnaires were never returned.

4.3 Socio-Demographic Characteristics of Respondents

As part of general information, the respondents were requested to indicate their gender, marital status, occupation and level of education. This was necessary in shedding light on characteristics of respondents.

4.3.1 Gender of the Respondents

Among the respondents, female and male shared the platform unequally on 15.9% and 84.1% basis respectively. This basically implies that the number of female respondents was higher than that of their male counterparts. This is due to the high number of IPV victims being female. The findings are contained in Table 4.1.

Table 4.1 Gender of respondents

Gender	Frequency	Percentage
Male	17	15.9
Female	90	84.1
Total	107	100.0

4.3.2 Marital status of respondents

The study sought to establish the marital status of the respondents. The results were as indicated in Table 4.2

Table 4.2 Marital Status of respondents

Marital status	Frequency	Percentage
Married	72	67.3
Single	32	29.9
Other	3	2.8
Total	107	100.0

Among the respondents 67.3% were married, 29.9% single and 2.8% divorced. Most of the respondents were married. This finding implies that most intimate partner violence occur in marriages.

4.3.3 Type of Occupation

The study sought to establish the source of livelihoods of the respondents. The results were as indicated in Table 4.3

Table 4.3 Occupation of respondents

Occupation	Frequency	Percentage
Wage worker	53	49.5
Casual worker	45	42.1
Business person	9	8.4
Total	107	100.0

Forty nine point five percent of respondents were wage workers, 42.1% casual workers and 8.4% are business persons. Approximately half of the respondents were employees of different organizations.

4.3.4 Level of Education Attained

The study sought to establish the level of education of the respondents. The results were as indicated in Table 4.4

Table 4.4highest academic qualification

Academic level	Frequency	Percentage
Degree	25	23.4
Diploma	35	32.7
Primary	47	43.9
Total	107	100.0

Among the respondents 23.4% had degrees as their highest level of education, 32.7% had diplomas and 43.9% has secondary education as their highest level of education. None of the respondents attained education lower than secondary level. With a cumulative percentage of 56.1%, more respondents had acquired tertiary education. This indicates that most respondents were literate and with grasp on Intimate Partner Violence issues.

4.3.5 Type of Violence Experienced

The study sought to establish the type violence experienced by the respondents. The results were as indicated in Table 4.5

Table 4.5 type of abuse experienced

Type of abuse	Frequency	Percent
Physical	29	27.1
Verbal	18	16.8
Sexual	16	15.0
Emotional	37	34.6
Psychological	7	6.5
Total	107	100.0

Twenty seven percent of the respondents had experienced physical violence, 16.8% verbal violence, 15% sexual violence, 34.6% emotional violence and 6.5% psychological violence. Majority of the respondents had experienced emotional violence and the second most experienced type of violence was physical violence.

4.4 Interventions to reduce Intimate partner violence

The study sought to determine the factors that influence the reduction of intimate partner violence. The four factors studied include, educational interventions, rehabilitation center programs and free legal counsel. The results are discussed below.

4.4.1 Educational Interventions and Intimate Partner Violence

The study sought to determine educational interventions to reduce intimate partner violence. The respondents were required to indicate different educational interventions they have come across. The information obtained was presented in Table 4.6

Table 4.6 Education Interventions

Factor	Mean	Standard deviation
The definition of Violence against women is well understood	2.9720	0.98534
The media airs and prints information and documentaries on violence against women	2.7290	1.15391
Public gatherings are held to inform the community on violence against women	3.6355	1.05859
Members of the society support victims of violence against women	3.7103	1.24392
Both local primary and secondary schools educate children on violence against women	3.5047	1.31302

From the findings presented in table 4.6, to a large extent respondents understood the definition of Violence against women, the mean was 2.972. To a large extent the media also airs and prints information and documentaries on VAW with a mean response of 2.729. This indicates that the media does inform its audience on issues of VAW and most of respondents have access to different types of media. To a moderate extent public gatherings are held to inform the community on violence against women. The mean of responses was 3.6355. Denoting disagreement, organization of public gatherings are essential by community leaders and other stakeholders to ensure that the community is well informed.

However, members of the society support to the victims of violence against women was a low mean of 3.7103. More information should be provided to the society to reduce stigmatization. To a moderate extent primary and secondary schools educate students on the issue of violence against women. The mean of responses was 3.5047. Gender Based Violence education needs to be introduced in the school curriculum.

4.4.2 Rehabilitation Center Programs and Violence against Women

The study sought to establish how rehabilitation center programs have affected the lives of the respondents. The information obtained was presented in Table 4.7

Table 4.7 Rehabilitation programs

Factor	Mean	Standard deviation
Domestic violence shelters are available in your area and accessible to all	3.5701	1.30393
The rehabilitation programs are helpful to VAW victims	2.6729	1.06200
The trainings provided are economically empowering	2.9533	1.13589
Legal services are available	3.4019	1.13154
The services provided in the program are free	3.5234	1.20020

To a large extent the domestic violence shelters were available in their area. The mean score was 3.5701. Rehabilitation programs are helpful to Violence against Women victims to a large extent

with a mean of 2.6729. To a large extent the training provided in the programs were economically empowering, the mean was 2.9533. To a moderate extent the legal services are available in the programs. The mean was 3.4019. The services provided in the program were however not free with a mean of 3.5234.

4.4.3 Free legal counsel and Violence against Women

The study sought to determine how free legal counsel provided for the respondents affected the lives of the respondents. The information obtained was presented in Table 4.8

Table 4.8 Free legal counsel

Factor	Mean	Standard deviation
There are lawyers who provide legal services for free	3.9533	1.08492
These free Lawyers helped you obtain a restraining order against my abusive partner	3.7103	1.18169
The Lawyer helped you divorce your partner faster and successfully	4.4953	0.70542
Through the lawyer you were able to get government benefits that you previously struggled to get	4.1682	0.88473

To a moderate extent the lawyers who provided legal services were readily available. The mean response was 3.9533. The lawyers helped to obtain restraining orders against abusive partner to a large extent with a mean of 3.7013. The lawyers however did not often help the victims to divorce their partners faster, the mean response was 4.4953. The lawyers helped the victims to

access government benefits to a moderate extent with a mean response of 4.1682. These findings implies that majority of violence against women victims have had access to free legal services but those who no longer want to remain married to their partners have had hard time getting a divorce from their partners faster due to no legal representation.

4.4.4 Group Interventions and Violence against Women

The study sought to assess group interventions in violence against women. The information obtained was presented in Table 4.9

Table 4.9 Group Interventions

Factor	Mean	Standard deviation
Are you still living with your partner?	1.4364	0.49820
Did you and your partner seek assistance from a professional guidance and counselor?	1.8545	0.35417
Did you and your partner benefit from the counseling?	1.9455	0.22813
Have you experience abuse since going for counseling?	1.6636	0.47463
Was anger management included classes provided by the counselor?	1.7364	0.44262
Would you recommend couples counseling and anger management classes to other victims?	1.3091	0.46423

To a large extent a majority of respondents still lived with their partners at a mean of 1.4364. To a moderate extent the victims of violence against women sought couples counseling at a mean of 1.8545, Respondents did not benefit from the counseling with a mean of 1.9455. To a moderate extent the victims have experienced abuse from their parents after going for counseling at a mean of 1.6636. The respondents did not attend anger management sessions with a mean of 1.7364. Respondents would recommend couples counseling and anger management sessions to other victims of intimate partner violence with a mean of 1.3091. This implies that despite the fact that the majority of respondents have had little results with counseling, they would still recommend it to VAW victims as some outcomes proved positive in the lives of some victims.

4.6 Response from Executive staff and Project Investigators of Live with Hope Non-Governmental Organization

The response to the interview guide by the officials revealed by respondent A that the main cause of violence against women is power asymmetries in households with the most common type of abuse being physical abuse. She further explained that the majority of those who experience physical violence also experience emotional abuse. According to executive staff respondent D of Live with Hope NGO, majority of victims of VAW are referred to the organization by the hospital where they were treated in. The NGO provides shelter for victims who no longer have homes to go back to and those who are scared to go back to their homes. The victims receive trainings on different economic empowering activities such farming and sewing of clothes. Respondent A, who is the Chairperson of the organization, insist that they encourage those who want to go back to their partners to go through couples counseling with their partners as this would help bring calm in the relationship. Respondent A however stated that the organization has not partnered with any Law firm to provide legal counsel for free for victims of violence against women they work with. The respondents insist that they are considering that option. The respondents insist that re-offences are common but majority of victims who had previously sought help in the NGO do not come back as most of them feel embarrassed. The respondents also implied that some secondary school students volunteer in the NGO during the holidays and in the process these students get to learn on the issue of Violence against women.

CHAPTER FIVE

SUMMARY, DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter discusses summary of findings, discussions, conclusions, contribution to the body of knowledge and suggested areas for further research.

5.2 Summary of Findings

The study had the following objectives: To assess how education interventions affect violence against women, to establish how rehabilitation center programs affect violence against women, to assess how group interventions affect violence against women and to determine how free legal counsel affect violence against women. There was an indication that more females participated in the study. Majority of the respondents were married at 67.3% this shows proves that most of the respondents have experienced living with a partner and the challenges they face. The majority of respondents attained tertiary education of education as the highest level at 56.1%. There were no respondents who stated that they attained education lower than the secondary level. Rehabilitation programs had the highest effect at 50.5% of respondents agreeing, followed by media campaigns at 44%. Free legal counsel had the least influence with 44.9% of respondents strongly disagreeing to getting free legal counsel.

Education intervention through media campaigns also had an effect on violence against women with a mean 3.3103. The society, with the media informing the public on factors affecting violence against women, still provides little support for the victims of violence against women. Not all members of the society have access to mainstream media channels.

Rehabilitation programs had affected violence against women with a mean of 3.22432. These programs assist the victims to rebuild their lives by offering trainings that empower them with skills that would eventually economically empower them. These programs provide shelter for the victims of domestic violence so that they get some space from their abusive partners. To a moderate extent services provided in the program are free with a mean of 3.5234. The findings

show that the training provided in the program empower the victims of violence against women economically with a mean of 2.9533.

Group interventions such as couples counseling also had affected violence against women with a mean of 1.60879. To a moderate extent couples counseling affected violence against women by an intimate partner between couples but only for a period of time as the abusive partner goes back to their habit of violence against the female partner. Anger management counseling is also a short term solution. Couples counseling is however highly recommended to victims of violence against women and their partners with a mean of 1.3091. To a large extent the victims continue to live with their abusive partners.

Free legal counsel had affected violence against women with a mean of 4.081775. Free legal counsel for victims could be a good solution but the lawyers that provide free legal services are not many and thus majority of violence against women victims have not been able to access these free services to guide them into knowing their rights and steps to take when one is a victim of domestic violence. The lawyers however do not however help the victims to divorce their partners faster thus leading to some victims continue to live with their abusive partners and experience more abuse.

5.3 Discussion of Findings

This study attempts to determine the factors affecting violence against women in Kenya. An important finding is that explanatory variables in the model result in direct influence on violence against women. The paper also provides preliminary evidence regarding the relative importance of the explanatory variables on factors affecting violence against women in Kenya.

5.3.1 Education Intervention

Education intervention through media campaigns also affects violence against women. The media and public gatherings education informs the public on intimate partner violence but some members in the society still judge the victims of violence. According to the findings victims of IPV still face stigma and judgement from the society. This findings concur with Paluck, 2009 that social norms affect behavior change more dramatically than personal attitudes. A few people might want to provide support for the victims but are afraid to do so because the society still perceives intimate partner violence a private family matter that should be handled privately. The society should continue to be educated on the dangers that victims of gender based violence face

if they do not get support from the society. The example of Kawira, an intimate partner violence victim, whose story was aired in the media of the husband physically harming her. The neighbors were aware of her troubles but kept to themselves until one neighbor uploaded a footage of the abuse. Were it not for that one neighbor Kawira would have been dead. The society should be made more aware of intimate partner violence and its consequences.

5.3.2 Rehabilitation Centre Programs

Rehabilitation programs affected violence against women with a mean of 3.22432. These programs assist the victims to rebuild their lives by offering trainings that empower them with skills that would eventually economically empower them. These programs provide shelter for the victims of gender based violence so that they get some space from their abusive partners. The services provided in the program are moderately free. The findings in the study concur with Vaz, 2008 that survivors are entitled to services even if they do not wish to prosecute the perpetrator. The rehabilitation center programs according to the findings does provide training, counselling and healthcare for the survivors of VAW. The findings in the study also agrees with Columbini, 2008 that one stop centers or rehabilitation centers provide multi-sectoral case management for survivors such as legal services, health services, counselling and trainings. Rehabilitation center programs are important to help VAW survivors pick up the pieces in their lives and to get empowered both psychologically and economically so that they are dependent on themselves and do no go back to their abusive partners.

5.3.3 Group Interventions

Group interventions such as couples counseling also had an influence on reduction of IPV with mean of 1.60879. Couples counseling helps to reduce cases of intimate partner violence between couples but only for a period of time as the abusive partner goes back to their habit of violence against the female partner. Anger management counseling is also a short term solution. Couples counseling is however highly recommended to victims of IPV and their partners. The findings in the study however differs with the study done by Maiuro, 1991 that couples counselling provides solutions to relationship problems between the victims and their partners. Couple counselling from the study had little help to avoid reoccurrence of the abuse. According to Lawson, 2003, couples counselling has been criticized for encouraging the underlying inequity of power between the partners and perhaps pressuring the victims of violence against women to remain in

the relationship. The findings from this study concurs with Lawson, 2003 findings. Couples counselling may provide temporary solutions to relationship problems.

5.3.4 Free Legal Counsel

Free legal counsel affected violence against women the least with a mean of 4.1682. Free legal counsel for victims could be a good solution but the lawyers that provide free legal services are not many and thus majority of VAW victims have not been able to access these free services to guide them into knowing their rights and steps to take when one is a victim of domestic violence. The findings of the study concurs with Wanless, 1996 that mandatory arrests and restraining orders against abusive partners provide relative calm in which the abused and abuser are separated. The free legal services provided provides for the action of separating the abused and abuser to take place fast. The findings of this study states that to a large extent the lawyers helped the victims get restraining orders against their abusive partners.

Free legal counsel is an important factor to influence the reduction of intimate partner violence in Kenya. Gender violence recovery centres and One Stop centres should strive to provide free legal for victims of VAW initiated by an intimate partner especially those who are not economically empowered or financial stable.

5.4 Conclusions

The number of female respondents was higher than that of their male counterparts. This was due to the fact the victims of Intimate partner initiated violence against women in the NGO are mostly females. Approximately all of the respondents were literate and with a fast grasp on violence against women issues with 56.1% of respondents having acquired tertiary education. Majority of respondents experienced emotional abuse and physical abuse at 34.6%.

The researcher concluded that rehabilitation center programs interventions had an effect on violence against women through its empowering programs such as the trainings and shelters for the victims.

Group interventions such as couple counseling and anger management provide short term solutions, the victims of VAW however recommend that other victims should try the counselling because it might just work for different couples.

Free legal counsel helps victims to be separated from their abusive partners faster and the victims can divorce their abusive partners easily with the right legal counsel. The services are not necessarily useful when it came to accessing government benefits faster. This could be due to the fact that unfortunately lawyers who provide free legal counsel are not many or do not make follow ups on the cases.

5.5 Recommendations

Based on the findings, the study makes various recommendations:

1. Education intervention is important in the prevention and reduction of intimate partner violence. This study recommends that the Government of Kenya come up with an awareness campaign domestic violence to be run in all 47 counties. These awareness campaigns can be implemented by county governments since the county governments can reach the people in interior parts of every county. Awareness will help reduce ignorance in the society and stress on the dangers of IPV to the victims.
2. The study recommends that media campaigns are run in all media outlets regularly. This media campaigns can be funded by the Ministry of Labour, Social Security and Services. Constant reminder of the issue of intimate partner violence through the media.
3. The study recommends gender based violence issues to be included in both primary and secondary school curricula so that children are aware of GBV at a young age.
4. The study also recommends that the government to hire lawyers in every police station to provide free legal services for those victims who cannot afford Lawyers. Guidance and counseling people can also be placed in police stations in order to speak to and guide the victims ones they report their cases in police stations. The findings in the study indicated that victims who had access to free legal counsel had an easier time separating from the perpetrators. With this in mind, Lawyers and law firms should strive to handle domestic violence pro bono cases to help reduce cases of IPV and preventing the abusers from getting away with the crime.

5.6 Suggested areas for further research

The objectives of this study were clear and successfully accomplished; however, several areas remain unclear and require further research. First the study focused only on few aspects of intimate partner violence reduction. Other measures of intimate partner violence reduction should be incorporated in future studies. This will enable a distinctive and broad understanding on the factors influencing intimate partner violence.

Additionally, this study was conducted in Live with Hope organization only and may not be an equal representation of all areas in Kenya. This is because of the possibility that each and every part in Kenya has distinct futures. Therefore to enable generalization of the research findings, the researcher suggests that a survey of other parts of Kenya should be explored to provide more robust insights on the topic.

From the study and subsequent conclusions, the researcher recommends a further research on:

1. The effects of economic empowering programs on the victims of Intimate Partner Violence
2. Impact of government policies on reduction of intimate partner violence.
3. Factors contributing to lack of societal support for victims of intimate partner violence.

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APPENDICES

Appendix I: Letter of Introduction

University of Nairobi

P .O Box 30197-00100,

Nairobi.

Dear respondent,

Re: Research.

I am a student at the above named university undertaking a Master of Arts Degree in Project planning and Management. As a requirement for this course, the university expects me to submit a researched project as a partial fulfillment for the award of the degree.

To fulfill this requirement, I have decided to carry out a study on Factors Influencing the Reduction of Domestic Violence: a case of Live with Hope non-governmental organization, Nyagacho Area, Kericho County.

I kindly request you to fill in the questionnaire attached. The information provided will be used with confidentiality and will only be used for the intended purpose of this study.

As you participate in this study, do not indicate your name. I highly appreciate your participation towards the success of this study. Thanking you well in advance for your kind participation.

Sincerely Yours,

Violet Cheronu

L50/82813/2012

Appendix II: Questionnaire
Questionnaire for Violence against women victims

Section A: Background information

1. Please indicate your Gender.

a) Male []

b) Female []

2. Indicate your marital status

a) Married ()

b) Single ()

c) Divorced ()

3. Indicate your category of occupation as in:

a) 'Wage worker' ()

b) 'Casual worker' ()

c) 'Business person' ()

d) Other (s) specify ()

4. What is your highest academic qualification?

a) Degree ()

b) Diploma ()

c) Secondary ()

d) Other(s) specify.....

5. Which type of violence experienced?

Physical []

Verbal []

Sexual []

Emotional []

Economic []

Psychological []

Section B: Education interventions and violence against women

Please tick (√) your answer

6. Please react to the statements about education intervention and Violence against women by indicating whether you strongly agree, Agree, Disagree or strongly disagree. Please tick (√) against each statement your best opinion.

Factors	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The definition of violence against women					
The media airs and prints information and documentaries on VAW					
Public gatherings are held to inform the community on VAW					
Members of the society support victims of VAW					
Both local primary and secondary schools educate children on VAW					

Section C: Rehabilitation Centre Programs and violence against women

7. Please react to the statements by indicating whether you strongly agree, Agree, Disagree or strongly disagree with the following factors?

Factors	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Domestic violence shelters are available in your area and accessible to all					
The rehabilitation programs are helpful to VAW victims					
The trainings provided are economically empowering					
Legal services are available					
The services provided in the program are free					

Section D: Group Intervention and violence against women

8. Please react to the statements by indicating whether you strongly agree, Agree, Disagree or strongly disagree with the following factors?

Factors	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Live in the same household with an abusive partner					
Sought assistance from a professional guidance and counselor					
Benefit from the couples counselling					
Experienced abuse after couples counselling					
Was anger management classes included in the counselling					
Would recommend the couples counselling and anger management classes to other victims					

Section E: Free Legal counsel and violence against women

9. Please react to the statements by indicating whether you strongly agree, Agree, Disagree or strongly disagree with the following factors?

Factors	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
There are lawyers who provide legal services for free					
These free Lawyers helped you obtain a restraining order against my abusive partner					
The Lawyer helped you divorce your partner faster and successfully					
Through the lawyer you were able to get government benefits that you previously struggled to get					

Thank you for completing this questionnaire. Your participation is very much appreciated.

Appendix III: Interview Guide

To: The executive staff and Project Investigators of Living with Hope NGO.

Please respond to the following questions

1. What do you think is the main cause of Violence against Women(VAW)?
2. Which is the most common type of VAW reported?
3. Are most victims brought to your organization by the police, hospitals or they come by themselves?
4. Does your organization do campaigns on VAW to educate the society?
5. Do you provide rehabilitation programs for the victims?
6. Are you aware of other organizations that provide rehab programs?
7. Have you had successful rehabilitated victims? Are they economically empowered when they leave your organization?
8. Do you encourage couples counseling and anger management classes to the victims? Have they provided positive results?
9. Have you partnered with Lawyers in order to provide legal counsel for the victims of VAW?
10. Do your lawyers give their services for free?
11. Do most rehabilitated victims leave their partners?
12. How many cases of re-offences have you received?
13. Does your organization work closely with the police?