

**INFLUENCE OF GENDER BASED VIOLENCE INTERVENTION  
PROGRAMS ON HOUSEHOLDS' WELLBEING; A CASE OF  
MAJENGO SLUM, NYERI MUNICIPALITY, NYERI COUNTY, KENYA**

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**A Research Project Submitted in Partial Fulfillment of The Requirements  
for The Degree of Masters of Arts in Project Planning and Management of  
The University of Nairobi**

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## DECLARATION

This research project is my original work and has not been presented for any degree in any other institution of higher learning.

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This research has been submitted for examination with my approval as a University of Nairobi Supervisor.

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## **DEDICATION**

This research project is dedicated to my parents Mr. and Mrs. Moses Githaiga for their prayers, support, guidance and all efforts they put into my education. I also extend the dedication to my son Trent to aspire to exceed his mother's education level; together with my siblings Ivy and Manases and husband Nicholas for their great support and cheering me on.

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## ABSTRACT

This study sought to establish the influence of Gender Based Violence intervention programs on households' wellbeing; a case of Majengo Slum, Nyeri Municipality, Nyeri County, Kenya. The study specific objectives were; to determine the effect of gender help desks on households' wellbeing of Majengo slum residents, to establish how Gender Based Violence response centres affect households' wellbeing of Majengo slum residents, to evaluate how advocacy and support programs affect the households' wellbeing of Majengo slum residents and to analyze the effect of publicity of Gender Based Violence prevention policies on the households' wellbeing of Majengo slum residents. The study literature captured on the general objective of the study titles and empirical review of the reflective objectives that are gender help desk, response centres, advocacy and support programs and publicity of GBV towards households' wellbeing. The study literature incorporated the Social control theory, Radical feminist theory and Social Learning theory, which were presented to support the concept of the GBV intervention programs. The study adopted an explanatory research design and used questionnaires and an interview schedule to collect data from a target population. The sample size of the household was arrived at through Yemane's formula and selected through stratified simple random sampling while the help desk officers, GBV response centre officers, the assistant chief and NGO project managers were selected through purposive sampling. Pilot testing of the data instruments was conducted using a small number of respondents to test the appropriateness of the instruments. Validity was ascertained through content and construct validity while the reliability of data from the pilot study was done using Cronbach's alpha coefficient. Data collected was analyzed qualitatively and quantitatively. Content analysis was done and further analysis using statistical package for social sciences and presented in tables, graphs, and charts. The study revealed that gender help desk has an influence on households' wellbeing of Majengo slum residents ( $B=0.651$ , sig. 0.012). The gender help desk has greatly impacted victims of GBV when seeking justice. The GBV response centres has an influence on households' wellbeing of Majengo slum residents ( $B=0.686$ , sig. 0.010). The GBV response centres act as treatment and consulting place for reported GBV cases. The study established that advocacy and support programs has an influence on households' wellbeing of Majengo slum residents ( $B=0.462$ , sig. 0.020). The society has praised NGOs advocacy and support for championing human rights agenda. The study established that Publicity of Gender Based Violence prevention policies have an influence on households' wellbeing of Majengo slum residents ( $B=0.497$ , sig. 0.020). The presence of social media has enhanced reporting of GBV cases among the victims. The study recommends that support of rescue or safe homes should be set up to provide safety to the victims of GBV. The NGOs should seek to ensure that they provide adequate programs to reach out to all the GBV victims. The study also recommends that more funding should be provided for GBV campaigns.

## CHAPTER ONE

### INTRODUCTION

#### 1.1 Background of the Study

Households' wellbeing is associated with the wellbeing of the residential unit with realizable monetary units from economic production, consumption and family upkeep. The assessments of household wellbeing have been expanded to comprise the individual's social safety, happiness, access to resources and conditions to live a comfortable and healthy lifestyle (United Nations Habitat, 2016). Household wellbeing refers to positive and desirable conditions based on material, individual preferences and social cultural contexts (Gautam & Anderson, 2016). Broadly, the household data includes the demography, employment and labour force participation, health, housing, income and participation of households in poverty alleviation programs (Dartanto & Otsubo, 2016).

Having a good life is associated with having good things or resources of 'prudential values' (Griffin, 1986) that enables meeting various elementary needs of life such as being adequately nourished and escaping morbidity as well as having a life of dignity, self-respect and taking part in the life of the community (Sen, 1993). Policies are formulated at various administration levels to help alleviate poverty, enhance social protection and minimize cases of GBV in society. Households' wellbeing indicators are associated with the capacity to access education, health, social protection, food security, asset base and social welfare of the society. There exist a lot of challenges when it comes to planning and policy intervention of the households' wellbeing of the informal settlements. There are many projects set up in the slum set-ups whose main agenda is to improve the wellbeing of the households. The nature of their existence becomes a hotbed of mixed challenges when implementing programs. Gender Based Violence intervention programs are meant to safeguard the vulnerable dwellers in the slums and enhance their wellbeing.

The phenomenon of Gender Based Violence (GBV) is very pervasive around the world, with women and children mostly affected hence a priority and a concern for intervention by the international community. The United Nations High Commissioner for Refugees (UNHCR, 2019) opines that gender based violence involves any act that is perpetrated against any

person's will on the basis of their gender, norms and unequal power relationship with underlines inflicted to harm. The act deprives individual's liberty by inflicting physical, mental, sexual and psychological harm. GBV encompasses violations of human rights with bias in gender relations amongst the people in a family setup, community setup, workplace or any context that involves abuse to the lesser and weak people with certain limitations (Beall, 2019). It is widely linked to the aspect of gender inequality whereby either men or women arise from power inequality relationships, economic deprivation and isolation, which demeans households and causes safety concerns and wellbeing of the people in a society.

The current outbreak of Coronavirus disease (COVID-19) pandemic has not only paralyzed the global economic stability and family welfare but has also brought about an increase in cases related to Gender Based Violence (GBV) amongst the vulnerable people in the society (Abuya, Isaac & Pinchoff, 2020). The aspect of gender connotes a lot in the social, cultural and biological differentiation between the male and female gender disposition and the severity of the violence towards the feminine or masculine gender. Historically, femininity and masculinity are embedded in cultural concepts, with varying dimensions of their roles which must not be stereotyped (Mondal, 2019) The existence of gender relations does manifest in many facets of household wellbeing with the worrying trend to the extreme of GBV in various forms and women becoming the hardest hit. This has become an endemic in all communities around the world without a spare to the age, race, religion, social class or region. The immense negative impact of gender violence is a global challenge with an outstanding long-term impact on social setup, physical and mental wellbeing more so during the lockdown period coupled with pandemic casualties. The GBV being a global pandemic is affecting women and girls in their households, at the lower level class and the upper level class.

At the global level, the report by (UNHCR, 2019) depicts that 67% of physical violence and 97% of the sexual violence perpetrated against women and young girls; are committed by men worldwide compared to less than 6% of the male cases. The International Labour Organization (ILO, 2018) report indicated that over 35 percent of the women and men worldwide have at some point experienced harassment, physical harm or sexual violence at the workplace. Surprisingly, most of the registered cases of GBV at the workplace end up not being addressed due to the fear of further victimization, lack of management support, protection of

organization's and management's image from negative publicity and lack of support and advocacy from outside independent organizations.

Gender Based Violence has no place in modern society given that it is part of the declaration that came in limelight at the United Nations general assembly in 1970 by feminist activists (Hale, 2017). This has seen developed nations such as the United States provide an example of the much-needed support in addressing humanitarian emergencies and anti-GBV goals. Strengthening communities through police intervention in addressing Gender Based Violence in Pacific Island countries was presented by (Howes & Watson, 2019). This was necessitated by little involvement of the women, youths and lower income earners in decision-making roles to the impact of domestic violence and the dominance of patriarchal household wellbeing that leaves women out of access to justice. Police officers are better placed to recognize community members and to open up workshops to increase all gender participation in addressing the issues attached to GBV.

In Africa, the issue of GBV was clearly addressed in the African Union gender policy guide capturing on the human right practices for implementation by the member states. Strong emphasis was directed towards women and children protection from any form of physical, mental, psychological harm. All the member states of the African Union were tasked to eradicate extreme traditional and cultural beliefs, practices and stereotypes that upholds human dignity and more so the women. Calls to adopt administrative, legislative, social and economic measures were stumped as key to eradicating all forms of GBV in the society through the declaration of 2010 – 2020 as African Women's decade in the year 2009. This succeeded the Maputo Protocol declaration in 2003 for the rights of women in Africa and the Solemn Declaration on Gender Equality in Africa (SDGEA) in the year 2004.

Addressing the study report on violence in the lives of homeless women in South Africa (Bezzina, Suarez & Coop, 2019) attributes domestic violence as a consequence of drug addiction, mental illness, unemployment, laziness and bad decisions to homelessness. This has led to many victims of domestic violence ending up in abusive relationships, family breakups and single parenting with no stable income and forced slum life with deplorable conditions. The solution to finding a leeway and recovery after GBV is overarching (Sinko, Saint &

Arnault, 2019). There being a little focus on survivors of GBV which is adverse, this gave the need of having a mechanism to support the survivors and the need to reconnect survivors in the healing process.

A report published by Sendo and Meleku (2015) on the prevalence and the factors associated with GBV in the six African countries; South Africa, Zambia, Lesotho, Botswana, Zimbabwe and Mauritius. The study report showed the highest report on GBV being 89 percent of those women surveyed being victims, 86 percent of the women victims were from Lesotho, 68 percent of the women victims were from Zimbabwe, 67 percent of the women were from Botswana, the 50% of the women victims were from South Africa and Mauritius registered 24 percent GBV on women in a survey.

The dispensation of the new constitution of 2010 in Kenya captures the equality and freedom from discrimination based on gender, race, culture, religion, tribe or status under article 27. The article elaborates on the equality and freedom of both men and women on social, political, cultural, economic and legal rights of every person (Government of Kenya, 2010). Further, the issues relating to GBV on sexual offenses with heavy penalties have been captured in the context to include sexual assault, rape, sexual harassment and other sexual offenses more so to the women and girls who are vulnerable. The Kenya Vision 2030 social pillar strategy has outlined on the measures meant to address issues relating to the GBV and the need to create a cohesive society with social equity. A report by the National Gender and Equality Commission (NGEC, 2016) cited that 5,143 GBV cases were reported in 2015 from 131 health care centres across the country. A total of 41 percent of the cases reported were girls aged 12 – 17 years, 32 percent of the total cases were women aged 18 – 49 years, 24 percent involved girls below 11 years, women over 50 years represented 3 percent while girls living with disabilities represented 1 percent.

Vision 2030 provides for the following intervention measures to solve the problem of Gender based Violence; coordination and monitoring of gender mainstreaming across Ministries, departments and agencies, enactment of a national affirmative action policy and monitoring compliance, development and implementation of the National Gender and Development

policy: gender disaggregated data to guide policy decision making, establishment of Gender Research and Documentation Centre, establishment of integrated one stop sexual and gender based violence response centers in all healthcare facilities in Kenya. The proposed centers will offer medical, legal and psychosocial support to victims of SGBV and also public awareness campaign against FGM, early and forced marriages.

An assessment on the slum health through arresting of COVID -19 and improving the wellbeing of the urban informal settlements in developing nations was done by Corburn, Mberu and Rahid (2020). This was pegged to the fact of least preparedness in the handling of COVID – 19 pandemic and lack of access to basic needs such as waste collection, water, toilets, sewers and poor housing in space-constrained environments in the slums. The slum dwellers are economically vulnerable and any attempt to the COVID -19 responses is being jeopardized by their survival activities. Most of the households are going through confinement, lack of access to the source of income, idleness and purge from the support centers. This has led to increased cases of domestic violence, undermining of family dignity, immense pain, homicide and threat to equality.

Nyeri County is one of the forty-seven counties under the devolved system of governance in Kenya; it is located within central Kenya and has a population of 759,164 as per the 2019 census released by Kenya National Bureau of Statistics (KNBS, 2019). The county has administrative units that consist of; Kieni East, Kieni West, Tetu, Othaya, Mathira, Mukurwe-in and Nyeri municipality that has the highest population of 101,238 residents. Majengo Slum is located within the Nyeri Municipality and its residents have challenges related to housing, education, security, health facilities and unemployment.

This makes it prone to GBV related incidences with less intervention from the government and human rights organizations.

## **1.2 Statement of the Problem**

Households strive each day to enhance their wellbeing. Most households in the slums enhance their wellbeing by taking part in community-based projects, which have been set up from their own efforts, by the government or by organizations. Gender Based Violence intervention programs are meant to safeguard violation of human rights, enhance gender equality and protect many households in all spheres of life all over the world. GBV has a myriad of negative effects to the victims who are mostly the female gender, children, family members, relatives, friends and the society at large. The impact of GBV can range from physical harm, emotional harm, psychological harm and even death hence a matter of concern to everyone (Howes & Watson, 2019).

Globally, there are many studies that have been presented on GBV intervention programs and the household fabric. Davies and True (2017) presented a study on the politics of counting and reporting conflict-related sexual and GBV in Myanmar. This was as a result of multiple protracted conflicts since its independence and how that has impacted political tensions and gender discrimination. The study used a fifteen-year period access report related to civil discrimination and physical practices against women with an indication of gender anomalies and Sexual Gender Based Violence (SGBV) being significant.

In Greece, Botsi, Mellou and Terzidis (2018) assessed the Sexual Gender Based Violence training in refugee camps. The total number of the Syrian, Afghans and Iraqis who migrated to Greece in 2015 totaled 170,000 who included women, men and children. The migration process was deemed to subject the women and children to severe forms of violence related to rape, sexual violence and torture. The study involved 250 victims who were singled out based on medical examination of SGBV survivors and noted the lasting impact of GBV prevention practices. The study concluded on the need to have better health care, legal support, protection and training to the asylum.

A study presented by Belur, Perikh and Joshi (2017) on perceptions of Gender Based Violence around public toilets in Mumbai Slums India was a matter of concern by media. The region was noted for lacking basic sanitation, no lighting, poor designs of toilets and lack of police in the slums area making it a threat to safety of many. The study involved a survey of 142



households with findings showing increased crime cases and insecurity concerns among the women. They attributed that to minimal toilet facilities provisions, lack of electricity and absence of contact police. The study recommended government intervention in the provision of basic amenities and provision of regular police patrol.

Locally, Badurdeen (2020) reviewed trauma associated with Sexual and Gender Based Violence in transcultural refugees in Kenya. The study involved the dataset of women refugees from Dadaab and Kakuma camps. The study emphasized on the ways to resolve trauma and the extension of health care services. The study findings indicated that the women refugees could resolve trauma through the social networks with the extension of the cultural and indigenous model to find healing. This would open doors to the role of cultural interpretations and professional approaches in addressing and treating trauma. Muthoni (2019) analyzed the information-seeking behavior of women in Kenya to protection against Sexual Gender Based Violence given that GBV information is very critical in addressing the problem. The role of having legislation and privacy of the medical record of the victims is still a big challenge. The study involved 24 participants in a survey with the result indicating the main source of information being family, friends, medical practitioners and media sources. The study recommended the need to embrace convenient channels of communication that create effective intervention policies for the benefit of society.

However, the above-presented studies captured a few descriptions of Gender Based Violence and households' wellbeing hence cannot be generalized to the scope of the current study. Stories of gender based violence in Nyeri are not a new thing in the mainstream media. For example, according to the report in the Daily nation, 2018, two men from the county had had their 'transformers' chopped off by irate wives in a span of two weeks. Gender Based Violence prevention programs have been adopted but their effectiveness are yet to be established. This study is going to fill the gap by establishing the influence of GBV intervention programs on household wellbeing of Majengo slum dwellers in Nyeri County, Kenya.

The study specific objectives were mirrored on gender help desks, GBV response centres, Advocacy & Support programs and publicity of GBV prevention policies.

### **1.3 Purpose of the Study**

The purpose of this study was to establish the influence of Gender Based Violence intervention programs on households' wellbeing; a case of Majengo Slum, Nyeri Municipality, Nyeri County, Kenya.

### **1.4 Objectives of the Study**

- i. To determine the effect of gender help desks on households' wellbeing of Majengo slum residents.
- ii. To establish how Gender Based Violence response centres affect households' wellbeing of Majengo slum residents.
- iii. To evaluate how Advocacy and Support programs affect the households' wellbeing of Majengo slum residents.
- iv. To analyze the effect of publicity of Gender Based Violence prevention policies on the households' wellbeing of Majengo slum residents.

### **1.5 Research Questions**

- i. To what extent does gender help desks influence households' wellbeing of Majengo slum residents?
- ii. To what extent do Gender Based Violence response centres affect households' wellbeing of Majengo slum residents?
- iii. How do Advocacy & Support programs affect the households' wellbeing of Majengo slum residents?
- iv. What is the effect of publicity of Gender Based Violence prevention policies on the households' wellbeing of Majengo slum residents?

### **1.6 Significance of the Study**

The study presentation may be of value to many stakeholders as indicated:

The national and county government may be able to utilize the study presentations and findings in policy implementation meant to address households' needs and issues relating from Gender

Based Violence. The study may address the legal loopholes and the need to champion human rights more so to the rights of slum dwellers.

The State Department for Labour may use the report created to help address issues relating to GBV, social security and household wellbeing, protection of the human resource in the formal and informal sectors.

Non- Governmental Organizations who are tasked with advocacy and support programs may be in a position to use the study and foster ways they can work to enhance households' wellbeing and minimize cases resulting from Gender Based Violence.

Researchers and scholars may be in a position to refer to the findings of the current study with supportive facts on wellbeing of households in slums and GBV when building their studies. This may help to give real information that can be used to emphasize on the need to devise measures meant to prevent GBV.

### **1.7 Delimitation of the Study**

Delimitation of the study depicts the scope of coverage that the researcher is not limited when developing the research study. The study topic involved establishing the influence of GBV intervention programs on households' wellbeing in Majengo slum, Nyeri County. The delimiting aspect of the study entailed having appropriate objectives limited to help desk, GBV response centre, Advocacy & support programs and publicity of GBV prevention policies. In addition, the researcher was open in selecting a desirable population for the study within Majengo Slums. The researcher had control on confidentiality of the information to be provided.

### **1.8 Limitations of the Study**

The study limitations were pegged on the factors that affect the study results in a negative way and the researcher had no control of in the study and limits on the scope of coverage. Some of the study limitations could have been the inability of the researcher to access policy

documentation from the government on households' wellbeing and GBV interventions among the slum dwellers.

There was a limit in data collection, as the researcher relied onto the goodwill of the respondents to give out the information that may be sensitive on issues related to GBV. Though, the researcher assured the respondents on the purpose of the study being academic and the information provided will remain confidential. There is the postulation of finding unsupportive respondents from Majengo Slum when carrying out field study, the researcher responded by showing unrelenting commitment to access some of the supportive respondents and use a local the local leader for familiarity and security when collecting data.

### **1.9 Assumption of the Study**

This study was carried out with basic assumptions on the availability of well-documented evidence relating to victims of GBV and policies developed to protect such vices. In addition, it was assumed the study respondents were in a better position to provide comprehensive information on gender help desk, GBV response centres, advocacy and support programs, publicity of GBV prevention policies and aspects of households' wellbeing.

## 1.10 Definitions of Terms

<b>Gender</b>	Gender is attached to the differences exhibited in social relations in the male and female identities with assigned attributes.
<b>Gender-Based Violence</b>	GBV involves violations of human rights with bias in gender relations, norm and unequal power relationship perpetrated to cause harm. It may take forms of physical, sexual, verbal, emotional, economic and psychological abuse and or threats.
<b>Household</b>	This is a basic residential unit, often a family in which economic production; consumption, inheritance, family upbringing and shelter are based on.
<b>Household wellbeing</b>	This is associated with the desirable state of comfort of the residential unit with realizable income, consumption and family upkeep. The assessments of household wellbeing have been expanded to comprise the individual's social safety, happiness, access to resources and conditions to live a comfortable and health lifestyle.
<b>Influence</b>	Influence is the power that somebody or something has to make something or somebody works or develop in a particular way. It is the impact or effect of something.
<b>Programs</b>	This involves a set of activities designed to impact course of action and yield intended goals.
<b>Slum</b>	This is a rundown area of an urban area featured by low standard housing, limited resources with lack of tenure security.

## **1.11 Organization of the Study**

This study was organized into five chapters with the proposal part of it consisting of chapter one, chapter two and chapter three. Chapter one of the study presented background of the study, statement of the problem, the purpose of the study, objectives, research questions, uses of the study, delimitation, limitation, assumptions, definitions of terms and organization of the study.

Chapter two of the study captured on the literature review relating to the study reflective objectives on gender help desks, GBV response centres, Advocacy & Support Programs and publicity of GBV prevention policies. A relevant theoretical framework was presented and the chapter finalized with conceptual framework to show variables relationship.

Chapter three outlined the study methodology that reviewed research design, target population, sampling procedures, methods of data collection, study validity, study reliability, data collection procedures and data analysis.

Chapter four focused on data analysis, presentation and discussion of the study findings. This was categorized into demographic analysis, descriptive statistics and inferential statistics.

Chapter five outlined the summary of the findings, conclusion and recommendations of the study.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter presents the literature by capturing past studies and concepts based on GBV intervention programs and households' wellbeing upon which relevant gaps in the current study are explained. The study literature not only reviewed households' wellbeing but also gave an association for the variables on; gender help desk, GBV response centres, Advocacy & Support programs and publicity of GBV prevention policies. The study related theories were incorporated, and a conceptual framework was incorporated to show variables' association and finally knowledge gap in literature tied.

#### **2.2 Households' Wellbeing**

The scope of household wellbeing not only encompasses the traditional economic connotation in price index but also spheres of peoples' wellbeing, government planning and management of social security, education and socio welfare of parents and children and the combined role of income to the livelihoods of the people (United Nation Habitat, 2016). The level of household wellbeing can be best coined to the amount of leisure time that people have and how that correlates to the wellbeing of the peoples' will of liberty.

Evidently, there exist community empowerment programs that have shown that involving households from the slums dwellers who are less privileged in income generating activities has been relevant in reducing child labour, increased child schooling, promoting good health and improving nutrition (Adesugba, Edeh & Mavrotas, 2018). The assessment has indicated that women are very sensitive to the changing needs and responsibilities at the family level. With the nursing support and presence of childcare facilities, there have been reduced instances of domestic violence. The World Bank report (2016) opines that developing nations are adopting a pro-poor growth policy by shifting the focus on both the economic growth aspects as well as the income distribution pattern in a proportional approach to eliminate poverty. Policy guide on income redistribution through security transfers to the vulnerable, poor and other eligible group is in momentum.

The social security transfers are distributed in form of in kind benefits, vouchers or cash transfers to the beneficiaries as a plan to help them cope with the socioeconomic shocks directly minimizing cases of GBV.

The need to understand that poverty is not only associated to lack of income but also about the social risks like discrimination, non-recognition in the society based on origin and unequal distribution of the resources influencing poverty and vulnerability of the slum dwellers. Social protection is meant to curb poverty and vulnerability of the society (Twinomujuni, 2017). This has been attained through various programs in cultural reforms such as property ownership, access to finances and incentives. Increased attention in involving women in governance and decision-making coupled with capacity building and mentorship to enhance equal and meaningful participation. Health care subsidies have become common in supporting women and the availability of funding to support victims of GBV in society.

### **2.3 Studies on Households' Wellbeing and Gender Based Violence**

There are a number of empirical studies that have been presented to show the nature of the relationship between households' wellbeing and GBV in ex ante and ex post. The International Organizations and Policy Support (2015) presented a study on preventing and responding to GBV through expression strategies on equal rights to the society lives in Sweden. This was as a result of the Swedish government policy review on ending GBV among women through human rights policy. The study depicted the root cause of GBV, response mechanisms in gender equality and the transformation of gender norms.

The recommendations stressed the need to shift victims' mentality to the survivors with women empowerment, increase women role in political field, sexual and reproductive rights, the inclusion of both gender in the decision and strengthening legal framework on GBV as a whole. The National Crime Research Centre (2019) gave an in depth analysis of the report by capturing the lifetime and current experience of GBV among partners. The study acknowledged GBV as a criminal offense and moral indignation under the Kenya Penal Code, the Sexual Offences Act 2006 and the Kenya Constitution 2010.



The prevalence of GBV cases contributes to the health problems and family break ups becoming an economic impediment to the society members and the government. The study was a baseline survey in 13 counties of; Nyeri, Nairobi, Mombasa, Vihiga, Busia, Migori, Kisii, Samburu, Nakuru, Kilifi, Kiambu, Meru and Machakos with a sample population of 921 respondents being females while 231 being males randomly selected. Key informants of GBV cases to the government were also drawn to include; judiciary, police service, State Department of Gender, Children and Social Development as frontline servants. The questionnaire captured on the individual level of experience within 12 months in circumstances when there were any instances of GBV among partners and life experience with non GBV among partners with specifications.

Those who were victims of GBV expressed of physical harm, sexual assault, emotional harm, family separations, denial of basic rights, deterioration of standards of living among many. Partners who expressed of not having experienced GBV cases opinioned of stable family support, independent, happy, raising children in a fair way among many progress. The study recommended the need to affirm zero-tolerance policy on GBV by all state agencies and to treat it as a criminal offense. GBV was found to be deeply rooted in the Kenyan socio economic, cultural and political setups. There is a need to create a wider empowerment agenda to both men and women so as to deduce the short term, medium term and long term effect of GBV and the vulnerability of the society.

A study detailing the influence of the GBV on the implementation of community development projects in Igoji East Ward, Meru County was presented by Kaburu (2015). The study gave a special emphasis on socio economic, physical and sexual violence of the 250 respondents for men and 50 were women who were the associates of the Gikui Mweru water project. The study findings showed that the majority of the women and few of the men had been victimized by either physical or sexual assaults. This negatively impacted on the implementation of the project as some of the members had hindrances from domestic violence, absenteeism in the community development projects and inconsistency in payment of the project fee. There was family separation, loss of the source of livelihood, health complications little empowerment opportunities.

## **2.4 Gender Help Desk and Households' Wellbeing**

The help desk is said to be a resource provider to the clients with the right information in course of action. They are strategically stationed in certain areas or may exist virtual with toll hotline services to support those in need. Gender help desk is an information resource provider with a dedication to handling cases related to gender issues (Herbert, 2017). Gender help desk is termed to be very integral when it comes to capturing and providing information relating to GBV by presenting an immediate cause of action to be taken to both the victims and perpetrators. The activities associated with the gender help desk are related to the provision of material information to the general public when they prompt to make inquiries about the GBV. According to Pozarny (2016), Having such a platform within the slums is very important to the dwellers who may be the victims of GBV, those interested to know more about the role of the gender help desk and the right decisions to take when one happens to be the victim of GBV.

Gender Based Violence support information is equally credited as part of the role played by the gender help desk to the community. They are the frontline service providers to those who are affected by the GBV in the community they serve. Such support role has been very essential to the women and girls who have been the victims of sexual assaults by giving out information on how to report, what to do in case one becomes falls into the trap of GBV and provision of the right information to the support institutions relating to the level of the violence witnessed (Jones & Kellet, 2018). Cases related to GBV have been reported and some fail to materialize due to lack of support evidence, manipulation of facts and threat of further victimization.

The gender help desk has support capacity from the law enforcers and are experienced in capturing evidence in a very confidential way that may not expose the victims and the perpetrators when an investigation is underway. Avis (2017) conducted a study to assess gender equality and women's empowerment in Lebanon by focusing on the achievements, trends, enabling and constraining factors. This was linked to the World Bank (2015) report acknowledging the milestones in Lebanon in promoting gender equality, opening avenues to include women in promoting sustainable development and empowering women.

The nation was lauded in 1953 by being the first nation in the Arab region to accord the women equal rights to participate in politics with series of progressive reforms meant to empower the

women with no legal restrictions when engaging in income generating activities and property ownership. These developments are pegged on the strong community association in the constituent regions with clearly mapped gender help desks to support all victims of GBV and source of gender equality information to the government. Though the progress have been made, some of the Lebanese women continue to suffer and face discrimination at various levels owing to the cultural and religious status among the Muslim communities and weakening women's civic rights. The study recommended on increased lobby policies and procedural changes to recognize the negative impact of violence against women.

### **2.5 Gender Based Violence Response Centres and Households' Wellbeing**

Response centres are fully equipped locations with the required resources to provide the much-needed support in specific area such as baby care centres, health care centres among many. GBV response centres represent the institutions with the capacity to manage matters of gender violence and intervening measures in the society. The GBV response centres are well equipped with competent counseling and guidance capacity meant to give continuous support to the victims. The availability of such facilities may be as an independent institution fully dedicated to supporting and guiding the victims or maybe in partnership with other umbrella bodies. Managing the casualties of GBV may be associated with very sensitive work on how to guide and counsel those who are emotionally wounded, those going through persistent domestic violence, those families in separation, handling children who are victims of violence among others (Norberg & Bohm, 2017).

The horrendous GBV act leaves the victim in torn status with imminent threat of suicide. Providing the assessments and right support level is also a role given by the GBV response centres throughout their existence. The victims of GBV must be provided with the right support direction such as assessing the level of the harm, giving the right medication, providing on the best legal and compensation that corresponds to the offense (Connolly, 2017).

The GBV centres may end up providing basis support services and accommodation to the victims while they wait for justice and recovery. Bii, Ruto and Kizito (2019) presented the responses to intimate partner violence and comprehensive care through diplomacy. The essence of diplomacy is a fact that can't be left out when it comes to bridging the terms of the victims

and the perpetrators in GBV. Partner violence, domestic violence, harassment at the workplace, aspects of child abuse among many other forms of GBV can be negotiated. These involve a careful act that can be carried out at the GBV centres to help mediate and bring understanding to all involved parties given that the burden of GBV can be left out to only the government or centre managers. It must be shifted to the perpetrators and an amicable solution obtained to prevent the resurgence of such cases in the future (Freedman, 2016).

A study conducted by Fisher, Reed and Vidal (2018) to review lighting, sanitation and risk of GBV in Omugo extension camp, Uganda. This was aimed at reviewing the role of GBV centres within the refugee camps and how dangerous the camps are to the wellbeing of the women and girls. The planning and management of the extension facilities such as the provision of latrine that are used by many people cause a threat to the health and safety of the users. Mostly, people living in camps and slums go out of their shelter in the dark yet it is very risky to women and girls as depicted by the GBV centre camps. The study recommended that provision of adequate social amenities be prioritized by the government to those living in camps and slums, consultation between the GBV response centres and private developers to enhance the planning of services such as lighting as part of intervening measures to help stem out GBV cases in low income households.

## **2.6 Advocacy and Support Programs and Households' Wellbeing**

Advocacy and support programs deal with the active promotion of a cause or principle and involve actions that will lead to desired goals. In our case GBV Advocacy and Support programs entail a deliberate process based on demonstrated evidence to, directly and indirectly, influence stakeholders and relevant audiences to support and implement actions that contribute to the health and fulfillment of human rights; specifically in regard to GBV (Women Refugee Commission, 2014).

Most Advocacy and support programs are run by NGOs. Ghaffar, Pinkstaff and Shroff (2017) define NGO as a private organization that pursues impactful activities in society to relieve suffering, promote and uplift the interest of the poor, provide basic social service, protect the environment and promote community development projects. NGOs are termed as non – profit organizations which is independent of the government, they are indeed required to be formal,

legally constituted and there should be professionalism in the organizations. Historically, the landscape of the NGOs has changed dramatically in the scale of operation and profile to social sustainable development since the end of the cold war (Banks, Hulme & Edwards, 2015). The NGOs are now bigger with a global presence, more acceptable in the society and sophisticated in their operations. The majority of the NGOs receive a larger slice of foreign aid and other forms of development finance from the donors than ever before. However, the development of the NGOs' source of funding and intended use is raising concerns of its impact to the beneficiaries of GBV and their sexual orientation.

The role of Advocacy and Support programs in promoting civic education on GBV is undisputed owing to the intervention programmes to support women and provide specific needs to a certain group of individuals. They provide relevant information to the public on matters relating to GBV based on their affiliated roles to the society. This can be through the outreach model by involving the survivors and reformed perpetrators of GBV to give information to the victims, perpetrators and the general public. Civic education is meant to sensitize the community and make the people aware of the different types of violence, repercussions and measures to condone such vices (Russell, Lerch & Wotipka, 2018).

Advocacy and support work entails policy development with multiple streams of actions simultaneously in problem identification and generation of solutions. Organizations that advocate for GBV intervention plans liaise with the media, lobby government and engage in social mobilization with intention of strengthening the capacity of those who supports the agenda (Alo, 2018). This has been evidenced where a number of GBV cases have been identified with the call for wider intersectoral collaboration to ensure judiciary, police and health sectors respond appropriately to the victims and perpetrators of the GBV.

The right of the safety of the survivors and financial and non-financial support must be addressed in the wellbeing of the parties involved. Some of the NGOs provide financial support that can cater for the legal administration of the victims, medical coverage and involving the victims of GBV in income generating activities (Veit, 2019). A study on the role of NGOs in mitigating GBV in Accra Metropolis, Ghana was presented by Osei (2011). The study involved a sample response of 15 NGOs, 15 rape victims and 20 wife battery victims using a

questionnaire. The study findings showed that the common form of GBV identified were sexual and physical abuse. The main causes of GBV were attributed to financial problems, sexual passion, refusal to sexual advances, misunderstanding and family issues. The extreme effect of GBV was related to broken homes, unwanted pregnancies, sexually transmitted diseases, broken bones, swollen face, insomnia, pain among others. The victims were at a crossroad and the NGOs were forced to provide emergency shelter, legal aid, medical support, counseling, food aid, educational support, financial support, advocacy and other essential supports. The study recommended that NGOs should extend their support level to households by having telephone hotlines for the stressed victims to reach out for immediate support.

## **2.7 Publicity of Gender Based Violence Prevention Policies and Households' Wellbeing**

Media publicity and pressure groups are part of the winning formula when it comes to addressing challenges of GBV and the response measures for the wider society. They are relevant in aspects related to information gathering, review and presentation to the general public (Lewis & Marine, 2018). Their informational context, reaffirmation and the educational role are part of the gain towards minimizing GBV cases and improving households' wellbeing. Envisioning media activities in information sharing being print, communicated online content, feedback reviews and documentaries are some of the best GBV campaign models to intervene on the consequences of GBV and support mechanism. The survivors of GBV can have a bigger role through the use of social media to support their campaign agenda to why GBV is a crime and must be avoided at all costs.

Creating public awareness on issues relating from GBV and the given support to the victims who have come out victoriously is one way on how the media brings the essence of protection and justice to all. The majority of the women and girls are held captive and robbed of innocence, they carry the burden of GBV related cases such as rape, sexual harassment, partner violence and lack of educational support to the girl child. These atrocities are not documented and no evidence but bring lasting negative effect to the victims. The media has the role to encourage the victims of GBV to come out and have solutions, as this will bring new beginning to their lives. Equally, men are also victims of GBV and most of their issues end up not being

reported for the fear and how the society will respond (D'Ambrosi, Papakristo & Polci, 2018). They are deemed to be masculine and in patriarchal system with less legal attention to support the victims.

Case studies related from any perpetrated act of GBV must be highlighted with the degree of an offence through the media stream. This is very relevant in creating justice and legal remedies to the victims. Documented cases such as rape, sexual harassment, physical assaults, child labour, early marriages among many must be categorized on how they were ruled and penalties applied. This will allow general public concerns and subsequent victims of such vices will clearly understand how the law will apply against the perpetrators. Cases associated with rape, sexual harassment, denial of education to the children of domestic violence have faced stiff opposition from family members hindering fair legal remedy to the victims as the case of Boko Haram in Nigeria (Waldron, 2019).

When such injustice happens, the family elders or clan elders organize themselves to discuss the matter and seek the solution in a primitive way. The perpetrators are told to offer a cow, a goat or a sheep with the quote being cleansing the evil spirits. The victims are left out and bear all the shame and subsequent costs of treatment, left stigmatized and nowhere to go. Generating such to the public through media becomes a relevant option on how justice and remedy can be achieved. A study presented by Royster and Smith (2017) was assessing the sexual violence prevention and response at the institutional of higher learning in the US Federal Landscape. This was based on the media concerns depicting increased cases of GBV in colleges and the needed approach to creating a model intervention on the issues.

Response measures such as responsible employees with integrity, signing of mandatory agreement not to engage in GBV act at the workplace, public health sensitization in the campuses on GBV and support hotline were suggested. The study adopted a feminist policy analysis with the recommendations addressing the concept concerns.

## **2.8 Theoretical Framework**

The study was guided by a theoretical framework with social control theory, Radical Feminist Theory, Social Learning Theory anchoring the study.

### **2.8.1 Social Control Theory**

Social Control Theory has been widely applied in Criminology, Sociology and Psychology to depict on the variables related to inappropriate behavior in the society and was founded by Gottfredson and Hirschi (1990). The theory is linked to the process of managing socialization and the social learning to create self-control and minimize inclination to antisocial behavior (Miller & Vuolo, 2018). It was derived from the functional aspect of crime and captured the four aspects of control being; direct control, indirect control, internal control and satisfaction control.

Direct control is administered through the threat of inflicting punishment on wrongdoing or cautioning those who have the intention to engage in bad behavior to be punished. Those who respect the order are praised or may be rewarded for maintaining good behaviors from parents, family members and the authority figures in the society. Indirect control is tallied towards refraining from the delinquency related to one's conscience or superego more so to the youths. Internal control reflects on the ones who need to be honest and have respect from the close associates who are friends, parents or other recognized authorities. Their behaviors are influenced given that any involvement in a delinquent act may cause pain and disappointment to those in close contact or relationship. Satisfaction control are achieved when an individual needs and wants are primarily fulfilled making them to refrain from criminal activities.

The theory is relevant to the study on matters relating to GBV as it expounds on the nature and behavior of people in relationships, beliefs, values and norms that are against the law and consequences if such violence is perpetrated. Everyone must internalize the moral code of ethics for the betterment of people's lives in society more so the slum dwellers. According to Han, Kim and Lee (2016), the perpetrators of violent behaviors must be criticized and punished to ensure they adhere to the law and they respect human rights from the family level all the way to the wider community. This gives an insight of the consequences of one to engage in GBV and the consequences of personal and social controls. The theory helps to create the much-needed awareness through the morality of social order and the consequences of evil, immoral or illegal acts.

Consequently, the propensity for one to engage in GBV is a practice that violates human rights and goes against the law in both the personal and social control aspects (Fatic, 2018). Thus,



personal control is seen when one demonstrates the ability to refrain from being involved in acts that go against the norms while social control is managed by the institutions to enhance adherence to the required regulations in a society. GBV such as rape, defilement, domestic tension, forced labour, harassment, physical harm, economic deprivation, psychological harm and many other vices goes against the concept of a social norm in the community and are punishable to wrongdoers.

### **2.8.2 Radical Feminist Theory**

The current study will incorporate Radical Feminist Theory that is linked to a movement with objectives of ending women's oppression and agitation for equal rights among both genders in social, economic, political, technological and legal spheres. The feminism ideologies tend to share common goals that are meant to promote equal opportunities and rights of women in education and employment. The theory was pioneered by radical feminists who were; Judith Brown, Carol Hanisch, Shulamith Firestone, Kathie Sarachild and Grace Atkinson in 1960s in the United States. The theoretical perspectives can be articulated in recent developments whereby there has been a concerted effort towards women's rights to hold public office, right to vote, right to own a property, fair compensation, equal rights within marriage and rights to administer contracts (Hyde, 2018).

Throughout, feminists have lounded to promote and protect women and girls against domestic violence, rape, sexual harassment and early marriages. Globally, feminist campaigns have been associated with historical societal changes for women through advocacy in reproductive health, property rights and the effect of gender inequality in social construction (Sherwin & Piven, 2019). The concept of feminism does involve all genders and the nature of the association between men and women termed to be unequal and very oppressive owing to the wider patriarchal system. This has denied women the opportunity to make decisions and review policies to only shelving them to feel comfortable in their own company. This end up influencing the socialization process at all levels ranging from; family, education, religion, culture, status, specialization and stereotypes.

In Kenya, the provision for the 2010 constitution places a great emphasis to the gender equality and participation in the national development agenda. The constitution stipulates that there should be no more than the two-thirds of either gender in any of the elective or appointed in

public offices. Further, Article 27 of the constitution rules out that every individual is all equal before the law and every individual has the right to equal protection and equal benefits (Makau, 2019). Thus, the theory is relevant when it comes to reaffirming the need to attain gender equality at both the family level and community level.

### **2.8.3 Social Learning Theory**

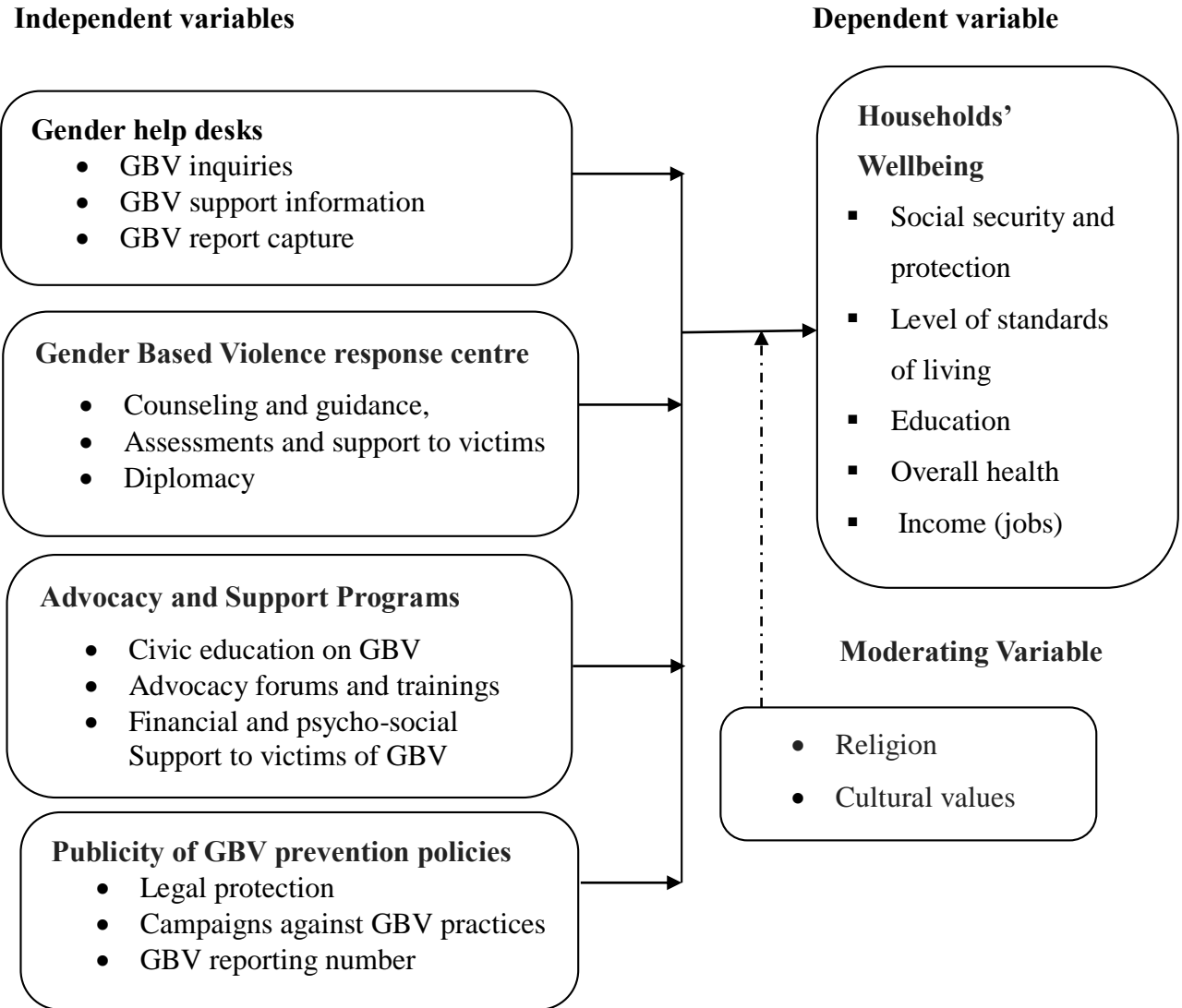
Social Learning Theory was proposed by Albert Bandura (1977) to establish the learning process among the people through social imitation in ways that are linked to close contact, emulating superiors, understanding of concepts and role model behavior. The theory acknowledges that violent behaviors may be learned by an individual when growing up or emulated in practice from other bad influencers. Commonly, the theory emphasizes on the type of behavior that is greatly influenced by the psychological and environmental factors (Akers & Jennings, 2009). This was supported by Powers, Cochran, Maskaly and Sellers (2017) after assessing the social learning theory, gender and intimate partner victimization likely to be emulated by others who have witnessed others more so role models engaging in aggression against the partner.

Social Learning Theory becomes relevant to the study as it unfolds the definition of violence behaviors committed, a close association between the individuals and perpetrators of violence and the anticipated rewards with little commitment. The theory signifies the study as it emphasizes on the socialization process and imitation towards the prevalence of GBV practices in society. This happens when cases of GBV go on the public domain without intervention programs to condemn or punish perpetrators leading others to attempt the injustice act.

## **2.9 Conceptual Framework**

Conceptual framework is said to be the diagrammatic representation of the type of study variables and the nature of the association. The model depicts the determinant variable and its components on the left side of the figure while the response variable is elaborated on the right-wing of the model. The aspects of GBV intervention programs entail; gender help desk, GBV response centres, Advocacy & support programs and publicity of GBV prevention policies. The moderating variables were religion and cultural values. Religion is associated with positive

wellbeing outcomes while in some cultures; violence against the women is seen as a way of instilling discipline.



**Figure 2.1 Conceptual Framework**

## 2.10 Knowledge Gap Identified in Literature Review

**Table 2.1: Summary of Literature and Knowledge Gaps**

<b>Empirical Studies</b>	<b>Focus</b>	<b>Findings</b>	<b>Gaps</b>	<b>Focus of Current Study</b>
Jones and Kellett (2018)	Healthcare funding, gender and social deprivation	GBV frontline support mechanism have enhanced reporting of GBV cases	The study only explored on the GBV cases linked to women and girls	The effect of gender help desk on households' wellbeing
Avis (2017)	Gender equality through support system and women's empowerment	Presence of support systems were positively related to empowerment	The study did not specifically review the constraining factor in equality support system	The effect of gender help desk on households' wellbeing
Cannolly (2017)	Success and challenges facing civil society in GBV policy	The right support level to the GBV victims significantly correlates to healing	The did not review the GBV injustices that ends up not justified and healing of the victims	GBV response centres and households' wellbeing
Bii, Ruto and Kizito (2019)	Responses to intimate partner violence	Diplomacy mechanisms among the partner GBV significantly addresses gap in household wellbeing	The study did not capture defined system of diplomacy among victims and perpetrators	GBV response centres and households' wellbeing

Russell, Lerch and Wotipka (2018)	Making of human rights issues in GBV	NGO civic education minimizes GBV related cases	The study failed to acknowledge that GBV cuts across social status	Advocacy and Support Programs and households' wellbeing
Osei (2011)	Role of NGOs in mitigating GBV in Accra Ghana	The study linked the cases of GBV to emanate from physical and sexual abuse	The study did not capture the role of the programs at the household level in mitigating GBV	Advocacy and Support Programs and households' wellbeing
Waldron (2019)	GBV and non state armed groups	Victims of the GBV faces lots of challenges when seeking justice due to some family members opposition	There is lack of appropriate measures to address the cases linked to family member opposition to legal remedy	Publicity of GBV prevention policies and households' wellbeing
Royster and Smith (2017)	Sexual violence prevention and response in higher learning	The response measure being effected by any institution plays a major role in addressing cases of GBV	Despite the effected response measures in institutions, cases of GBV are still witnessed	Publicity of GBV prevention policies and households' wellbeing

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

Chapter three presents a generalized overview of the methodology that was adopted when carrying out the research study relating to the influence of GBV intervention programs on households' wellbeing with a case of Majengo Slum, Nyeri County. The study chapter incorporates; research design, population, instrumentation, data collection validity and reliability of the study.

#### **3.2 Research Design**

Research design is defined as a planned structure of inquiry that explains on the study objectives and answers to the research questions to enable the researcher organize the data in a meaningful way (Paul, Parthasarathy & Gupta, 2017). Research design is very crucial to the study by providing a detailed framework through which the study is organized, conducted and data analyzed. Thus, the research design binds the literature and fieldwork to generate results of the intended questions. Referring to Mugenda (2012), a descriptive research design is concerned with the explanation of the variables in their natural phenomenon about the population to imply on what, when, where and how on the individual or group characteristics.

The addition of the why analysis to the study, was translated to an explanatory research design. Simply, an explanatory research design is a descriptive research that seeks to generate causal links between the variables and emphasis on the why aspects of the problem being investigated. An explanatory research design gives a discretionary focus to why aspects of phenomena of the study (Dang & Pheng, 2015). Therefore, the study adopted an explanatory research design to support the assessment of GBV intervention programs and households' wellbeing in Majengo Slum via a directional focus. The GBV intervention programs are associated to gender help desk, GBV response centres, Advocacy and Support programs, publicity of GBV prevention policies and the causal link to households' Wellbeing.

### 3.3 Target Population

The target population is said to be a combination of all the set items, elements, people, groups, households or the events under the investigation for decision-making (Mugenda, 2012). The target population of this study consisted of the combinations of the appropriate respondents in consideration of generating reliable data. The target population cadres were; GBV help desks, GBV response centres, NGOs in Majengo Slums, Majengo Police, Majengo Assistant Chief and local households.

**Table 3.1 Target Population**

<b>Category</b>	<b>Population</b>	<b>Percentage</b>
GBV Help Desk	2	0.20
GBV Response Centres	3	0.3
NGOs	5	0.5
Majengo Ass. Chief	1	0.10
Local Households	984	98.9
<b>Total</b>	<b>995</b>	<b>100</b>

Source: Nyeri Town Government (2020)

### 3.4 Sample Size and Sampling Procedures

The sample size together with the sampling procedures for this study was as outlined below:

#### 3.4.1 Sample Size

According to Nassaji (2015), a sample is a representation of people, groups, elements, items, or sets that are extracted from the target population with certain identifiable characteristics that can conform to the generality of the target population. The appropriate sample size must exhibit a critical value with a level of precision to the study. The GBV Help Desk officers, GBV Response Centres, NGOs and the Majengo Assistant Chief were selected through a census survey. The study used the Yamane (1967) formula to determine the sample size of the households. The formula is as follows:

$$n = \frac{N}{1 + N(e)^2}$$



Where n= the required sample size

N = is the Target Population (984 households)

e = accuracy level required. Standard error = 5%

Sample calculation for households

$$n=984/(1+984(0.05)^2)$$

$$n=984/3.46$$

$$n=284.4$$

A sample of 284 households was used.

A sample is said to be a subset of the population to which the study findings have to be generated for decision making. Mugenda (2012) depicts that a sample size that is between 10-30% is sizeable for a target population that is less than 10,000. Thus the study sample population represented 29.6% of the target population making it valid to the study.

**Table 3.2 Sample Population**

Category	Population	Sample	Percentage
GBV Help Desk	2	2	100
GBV Response Centres	3	3	100
NGOs	5	5	100
Majengo Ass. Chief	1	1	100
Local Households	984	284	28.8
<b>Total</b>	<b>995</b>	<b>295</b>	<b>29.6</b>

**Source: Author (2020)**

### 3.4.2 Sampling Procedures

Dang and Pheng (2015), stated that sampling techniques entail the process of selecting elements, people or items with specific sets of characteristics in a study. The study adopted a purposive sampling to select the 2 help desk officers, the 3 GBV response centre officers, the assistant chief and 5 NGO project managers one from each of the NGOs.

Stratified random sampling was used to select households. The slum was divided into 6 strata in accordance to the area allocated to the 6 elders in the area. Thus in each stratum 47 households were selected through simple random sampling.

### **3.5 Data Collection Instruments**

The study took on a data collection tool that sought to give accurate and systematic data that was in line with the study objectives. For this study, the researcher used the questionnaire and interview guide as a data collection tool/instrument. The questionnaire was used to collect quantitative data from the households. Interview guides were used to obtain qualitative data from the Help desk officers, NGOs, GBV Response Centres and the Majengo Assistant chief.

#### **3.5.1 Pilot Testing of the Instruments**

The study integrated a pilot study to be conducted prior to the final data collection from the respondents in Majengo Slum. Twenty-eight respondents which represent 10% of the sampled households were selected for the pilot study. The pilot respondents were randomly selected from the Majengo slums. This was crucial to the researcher in highlighting some of the key questions that may seem to be challenging to the respondents in terms of further clarifications.

#### **3.5.2 Validity of the Instruments**

Validity refers to how well a scientific test of research gives the actual measure of what is given out (Zikmund & Babin, 2010). The validity of the study is very relevant when comparing to other studies conducted in the same set with appropriate procedures. For construct validity, the questionnaire was divided into several sections to ensure that each section assesses a specific objective. To ensure the content validity of the research instruments, the researcher sought the advice of the university supervisor to ascertain that the research variables that had been selected have the highest impact on the dependent variable of the study making it a perfect consideration. The supervisor evaluated the statements in the questionnaire for relevance, meaningfulness and clarity. The instruments were adjusted appropriately before subjecting them to data collection exercise. Their reviews and comments were used to ensure that content validity is enhanced.

### **3.5.3 Reliability of the Instruments**

The reliability of the study refers to the consistency of the research instrument to yield consistent results (Mugenda, 2012). The researcher conducted a pilot study prior to conducting the final research. The pilot study was analyzed using Cronbach's alpha coefficient that exceeded 0.7. This was drawn from the responses of the 28 respondents in the pilot study. The questionnaire was drafted to capture on the bio data of the respondents and a Likert scale use with a five point rating whereby 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree/ neutral or indecisiveness of the respondents, 4 = agree and 5 = strongly agree.

### **3.6 Data Collection Procedures**

The procedure of obtaining data involved having a clearance from the supervisor first after the assessment of the research questionnaires. Then the researcher's request to have an introductory letter from the University of Nairobi bearing the logo and the name for right introduction to the respondents, the objectivity of the study and confidentiality of the information to be given. The letter was presented to the local administrative department in Majengo slum to help facilitate data collection. The process involved directly administering the questionnaires to a member of the household who must be 18 years and above and also conducting interviews to specified respondents on the subject matter.

With the current Covid-19 pandemic, the researcher observed all safety measures during data collection. These entailed, wearing a mask at all times, carrying a hand sanitizer for both personal and respondents use and also maintaining social distance during interviews.

### **3.7 Data Analysis Techniques**

Data analysis involved reviewing and editing of the data to be collected and compiling of the filled questionnaires in the SPSS software. The analysis was done after all the questions had been collected to ensure that the information tallied in the system is accurate, consistent and uniformly entered in the system. The data collected was categorized into demographic information, descriptive statistics in terms of mean, standard deviation, variance, minimum likelihood and maximum likelihood and finalized by inferential analysis.

The inferential analysis involved the measure of correlation to establish on the association that is either plus one or minus between the variables, coefficient of determination, analysis of variance and multi-linear regression analysis. The output of the data analysis was presented in percentages, descriptive statistics and inferential analysis. The empirical linear regression model to be used was as follows

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + e_i$$

Y = Households' Wellbeing

$\beta_0$  = Y Intercept

$X_1$  = Gender Help Desk

$X_2$  = Gender Based Violence Response Centre

$X_3$  = Advocacy and Support Programs

$X_4$  = Publicity of GBV Prevention policies

$\beta_1, \beta_2, \beta_3$  &  $\beta_4$  = Coefficients of  $X_1, X_2, X_3$  &  $X_4$  respectively

$e_i$  = Error Term

### **3.8 Operationalization of Variables**

The study operationalizes GBV intervention programs on households' wellbeing in Majengo Slum to come up with the indicators and measurement factors for statistical analysis (Mugenda, 2012). The operationalization of variables is important in providing the right information of the indicators and its association with the response variable.

**Table 3.3 Operationalization of Variables**

<b>Objective</b>	<b>Variable</b>	<b>Indicators</b>	<b>Measurements</b>
To determine the effect of gender help desks on households' wellbeing of Majengo slum residents.	<b>Independent</b> Gender help desks	GBV hotlines GBV inquiry and support structures GBV report centre	Ordinal Nominal
To establish how GBV response centres affect households' wellbeing of Majengo slum residents	<b>Independent</b> GBV response centres	GBV care centres GBV examination and treatment centres GBV admission centres	Nominal Ordinal
To evaluate how Advocacy and support programs affect the households' wellbeing of Majengo slum residents	<b>Independent</b> Advocacy and support programs	Civic education on GBV Financial and non-financial support to the victims of GBV Advocacy and human rights champion	Nominal Ordinal
To analyze the effect of publicity of GBV prevention policies on the households' wellbeing of Majengo slum residents	<b>Independent</b> Publicity of GBV prevention policies	Media sensitization on GBV cases Policy formulation on GBV Remedy to the GBV victims	Ordinal Nominal
	<b>Dependent</b> Households' wellbeing	Social security and protection Standards of living Level of income Level of education	Ordinal Nominal

### **3.9 Ethical Considerations**

To ensure that the study complies with the set standards on ethics relating to the overall research process and data administration, the researcher ensured that the process of data documentation took place with a consent letter from the University of Nairobi. The researcher also hinted out to the respondents that the study is solemnly meant for academic research and the information given would be very confidential. The researcher figured in some of the key elements that would undermine on the reliability and credibility of the research, this was considered in maintaining the originality of the data to be collected from the respondents through a hand delivery. The work is original and secondary data used in line to the required standards whereby the authors are correctly cited as per the APA referencing system and the proposal drafted in future tense while a final thesis in the past tense.

The process of data collection was further pinned on the confidentiality of the respondents where there was non-disclosure agreement and the respondents did not indicate their name in the research tools. The researcher guaranteed the respondents that the data collected would specifically be used for academic purposes.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

#### 4.1 Introduction

This chapter presents the analysis of the data, the interpretation and the discussion. This is done in accordance with the study objectives. The chapter is presented under subsections; response rate, background information, descriptive and inferential statistics where a multiple regression is used.

#### 4.2 Questionnaire response rate

The study sampled 295 respondents to answer the questionnaires and to be interviewed where 231 questionnaires were completed and returned making a response rate of 78.3%. The questionnaire response rate was deemed adequate for the analysis and conclusions of the study.

#### 4.3 Background Information

Background information about the respondents was collected. This included data on the gender, level of education, economic activity, age, marital status and whether victims of gender based violence.

Table 4.1 presents findings on the background information.

**Table 4.4: Background Information**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>
Male	103	44.6
Female	128	55.4
Total	231	100
<b>Level of education</b>		
Primary	47	20.3
Secondary	122	52.8
College	62	26.8
Total	231	100.0

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<b>Economic activity involved</b>		
Employed	62	26.8
Self-Employed	50	21.6
Casual laborer	117	50.6
Retired	2	0.9
Total	231	100
<b>Age of the respondent</b>		
Below 25 years	36	15.6
26 – 35 years	88	38.1
36 – 45 years	63	27.3
Above 46 years	44	19.0
Total	231	100
<b>Marital status</b>		
Single	52	22.5
Married	118	51.1
Divorced	17	7.4
Complicated	44	19.0
Total	231	100
<b>Victim of Gender Based Violence</b>		
Yes	63	27.3
No	168	72.7
<b>Total</b>	<b>231</b>	<b>100</b>

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From the demographics information, it was found that 55.4% of the respondents were female and 44.6% were male. This implied that both male and female participated in the study without bias.

On the quest on education level, the study found that the majority of the respondents (52.8%) had achieved the secondary education level, 26.6% had attained college level of education and 20.3% had attained primary education. This implies that the majority of the Majengo slum dwellers have at least attained the basic education.



With regard to the respondents' economic activities, 50.6% were casual laborers, 26.8% were employed, 21.6% were self-employed and 0.9% were retired. Regarding the age of the respondents, 38.1% were between 26 to 35 years, 27.2% indicated they were 36 to 45 years, 19% were above 46 years and 15.6% indicated that they were below 25 years. This depicted that majority of the Majengo slum dwellers are at the youth age and the middle age.

In relation to the marital status, 51.1% were married, 22.5% indicated they were single. 19% had complicated marital status and 7.4% were divorced. This depicts that the study participants were of diverse marital status. Regarding whether the respondents were victims of Gender Based Violence, 27.3% indicated to be victims while 72.7% specified that they were not victims of GBV.

#### 4.4 Gender help desks and households' wellbeing

The first specific objective was to determine the effect of gender help desks on households' wellbeing of Majengo slum residents. The respondents were requested to indicate their level of support based on the statements on the effect of gender help desks on households' wellbeing. A five-point likert scale was used (where (1) = strongly disagree, (2) = disagree, (3) = neither agree nor disagree, (4) = agree and (5) = strongly agree). The results were as in Table 4.2.

**Table 4.5: Statement relating to the effect of gender help desks and households' wellbeing**

<b>Statements</b>	<b>Mean</b>	<b>S.D</b>
Majengo slum has toll GBV hotlines to call	2.57	0.114
Gender help desk in Majengo slum provides free telephone guide to the immediate victims of GBV	2.55	0.198
Majengo slum residents make inquiries from help desk when in need of GBV support services	2.07	0.198
Gender help desk in Majengo slum greatly supports victims of GBV	4.01	0.152
Many of the Majengo slum residents seek support and advice first from the gender help desk	2.53	0.160
Gender help desk has greatly impacted victims of GBV when seeking justice	4.11	0.152
<b>Composite mean</b>	<b>2.97</b>	

According to the results, the households agreed that the gender help desk has greatly impacted victims of GBV when seeking justice as illustrated by a mean of 4.11 (s.d=0.152). The households were neutral on the aspect that that Gender help desk in Majengo slum greatly supports victims of GBV as demonstrated by a mean of 3.06 (s.d= 0.152). The households disagreed Majengo slum has toll GBV hotlines to call as depicted by a mean of 2.57 (s.d=0.114) and that the gender help desk in Majengo slum provides free telephone guide to the immediate victims of GBV as demonstrated by a mean of 2.55(s.d=0.198). They also disagreed that many of the Majengo slum residents seek support and advice first from the gender help desk as illustrated by a mean of 2.53 (s.d =0.160). They further disagreed that Majengo slum residents make inquiries from the help desk when in need of GBV support services as shown by a mean of 2.07(s.d=0.198). The composite mean of 2.97 shows that gender help desks had a moderate effect on households' wellbeing.

From the interviews, it was revealed that gender help desks provide diverse services. The respondent stated that, *“The reporting of the incident of GBV and statement recording is done at the gender help desk, the gender help desk refers the victims to hospitals and human rights NGOs, conduct an investigation and forward files to DPP's office and may also present evidence in court when need be”*. The interviews further revealed that gender help desks affect households' wellbeing of Majengo slum residents. This is done by reporting the cases, referring victims to hospitals; the culprits are arrested and assisting in opening court cases to seek justice. It was also revealed that the Gender help desk has no support for rescue or safe homes to set up victims who cannot go back to their homes then. The respondents stated that, *“Due to lack of safe homes, victims sleep in cells or children victims are taken to a nearby approved school, it becomes difficult to investigate such cases when there are no witnesses to the incidents”*.

The findings also reveal that the officers at the help desk are sometimes rude and the trained ones left and went to other departments. There are also limited resources such as vehicles that could be used to transport victims to hospitals. Additionally, some of the police officers take bribes from GBV Perpetrators. More so, at times, the victim refuses to go to court and settles with the perpetrator while other victims withdraw cases from the court or fail to attend summons.

#### 4.5 Gender Based Violence response centres and households' wellbeing

The second specific objective was to establish how Gender Based Violence response centres affect households' wellbeing of Majengo slum residents. The respondents were requested to indicate their level of agreement based on statements on the impact of Gender Based Violence response centres on households' wellbeing of Majengo slum residents. The findings were as presented in Table 4.2

**Table 4.6: Statement relating to the effect of Gender Based Violence response centres on households' wellbeing**

<b>Statements</b>	<b>Mean</b>	<b>S.D</b>
Majengo slum has defined GBV response centres to support locals	3.15	0.155
I have sought support related to GBV issues at GBV response centres in Majengo	2.85	0.198
GBV response centres provides examination to those affected	3.99	0.226
GBV response centres act as treatment and consulting place for GBV cases	3.91	0.187
GBV response centres provide temporary boarding to those affected by GBV	2.51	0.168
Law enforcement agents usually rely on the report provided by GBV response centres for victims	3.40	0.149
<b>Composite mean</b>	<b>3.30</b>	

From the study findings, the households agreed that GBV response centres provide an examination to those affected as illustrated by a mean of 3.99 (s.d=0.226). They agreed that GBV response centres act as treatment and consulting place for GBV cases as demonstrated by a mean of 3.91(s.d=0.0187). The households were neutral on the aspect that law enforcement agents usually relies on the report provided by GBV response centres for victims as shown by a mean of 3.40 (s.d of 0.149), that Majengo slum has defined GBV response

centres to support locals as demonstrated by a mean of 3.15(s.d of 0.155) and further that they have sought support related to GBV issues at GBV response centres in Majengo as shown by a mean of 2.85 and a standard deviation of 0.198. The households disagreed that GBV response centres provide temporary boarding to those affected by GBV as shown by a mean of 2.51 and a standard deviation of 0.168. The composite mean of 3.3 shows that Gender Based Violence response centres had a moderate effect on households' wellbeing.

From the interviews, it was revealed that the Gender Based Violence response centres provide counseling, testing (HIV, STIs and Pregnancies) and treatment (offer medication such as emergency pills, PEP) services. The interviewees stated that, *"the centre follows up with victims after discharge, work with NGOs, human rights activists, chief office and police"*. The study revealed that Gender Based Violence response centres affect the households' wellbeing by offering counseling, testing and treatment services to victims.

#### **4.6 Advocacy and support programs and households' wellbeing**

The third objective was to evaluate how Advocacy and Support programs affect the households' wellbeing of Majengo slum residents. The households were asked to indicate their level of agreement on the statements relating to the effect of advocacy and Support programs on households' wellbeing. Table 4.4 presents the findings on how Advocacy and Support programs affect the households' wellbeing of Majengo slum residents.

**Table 4.7: Statement relating to the Advocacy and support programs on households' wellbeing**

<b>Statements</b>	<b>Mean</b>	<b>S.D</b>
There are Advocacy and support programs in Majengo slum that support GBV cases	3.07	0.144
Advocacy and support programs have played a critical role in civic education of the GBV issues	3.74	0.198
GBV victims who are less financially privileged have obtained financial support from the programs	2.36	0.170
Foodstuffs and other non-food items have been advanced by the NGO Programs to the victims of GBV in Majengo slum	2.81	0.158
NGO's Advocacy Programs have been in the frontline in advocating to end GBV cases	3.05	0.157
The society has praised NGOs Advocacy and support for championing human rights agenda	3.81	0.173
<b>Composite mean</b>	<b>3.14</b>	

According to the study findings, the households agreed that the society has praised NGOs' advocacy and support for championing the human rights agenda as demonstrated by a mean of 3.81(s.d=0.173). The respondents agreed that advocacy and support programs have played a critical role in the civic education of the GBV issues as illustrated by a mean of 3.74(s.d=0.198). The households were neutral on the aspect that there are advocacy and support programs in Majengo slum that support GBV cases as shown by a mean of 3.07(s.d=0.144)and that NGO's advocacy programs have been in the frontline in advocating to end GBV cases as demonstrated by a mean of 3.05 (s.d =0.157). They were also neutral on the statement that foodstuffs and other non-food items have been advanced by the NGO Programs to the victims of GBV in Majengo slum as illustrated by a mean of 2.81(s.d=0.158). The households disagreed that GBV victims who are less financially privileged have obtained financial support

from the programs as shown by a mean of 2.36 (s.d= 0.170). The composite mean of 3.14 shows that Advocacy and support programs had a moderate effect on households' wellbeing.

From the interviews, the advocacy and support programs affect the households' wellbeing by working with the hospitals for counseling. They respond to GBV cases and help them with reporting at the Gender desk at the police station and Help record statements. One of the interviewee stated as follows, ‘ ‘ *the advocacy and support programs walk with victims during the court process and help get transport reimbursements and offer financial assistance where possible* ’’. Further, the interviews revealed that the advocacy and support programs are not many and not enough in the Majengo area

#### **4.7 Publicity of Gender Based Violence prevention policies and the households' wellbeing**

The fourth specific objective was to analyze the effect of publicity of Gender Based Violence prevention policies on the households' wellbeing of Majengo slum residents. The respondents were requested to indicate their level of agreement with the statements on the effect of publicity of Gender Based Violence prevention policies on the households' wellbeing. The findings were as presented in Table 4.5

**Table 4.8: Effect of publicity of Gender Based Violence prevention policies on the households' wellbeing**

<b>Statements</b>	<b>Mean</b>	<b>S.D</b>
Media plays an integral role in highlighting the plight of GBV victims	3.79	0.141
Residents of Majengo slum are aware of the media publicity to some of the GBV cases they relate to.	3.16	0.142
Media sensitization has helped create awareness to the negative impact of GBV	3.81	0.162
Publicizing of GBV cases has pressured legislators to create policy on GBV issues	3.87	0.157
Media highlight of GBV cases known to the locals has tracked remedy to the GBV victims	3.19	0.131
Presence of social media has enhanced reporting of GBV cases among the victims	3.90	0.166
<b>Composite mean</b>	<b>3.62</b>	

According to the findings, the households agreed that the presence of social media has enhanced the reporting of GBV cases among the victims as demonstrated by a mean of 3.90 (s.d=0.166). They agreed that publicizing GBV cases has pressured legislators to create a policy on GBV issues as illustrated by a mean of 3.87 (s.d=0.157). Moreover, the households further agreed that media sensitization has helped create awareness to the negative impact of GBV as shown by the mean of 3.81 (s.d=0.162).

The households agreed that the aspect that media plays an integral role in highlighting the plight of GBV victims as demonstrated by a mean of 3.79 (s.d=0.141). They were neutral on the aspect that the media highlight of GBV cases known to the locals has tracked remedy to the GBV victims as shown by a mean of 3.19 (s.d=0.131). The respondents were also neutral on the aspect that residents of Majengo slum are aware of the media publicity to some of the GBV cases they relate to as illustrated by a mean of 3.16 (s.d= 0.142). The composite mean of 3.62 shows that Gender Based Violence prevention policies had a high effect on households' wellbeing.

From the interviews conducted, it was revealed that the Publicity of Gender Based Violence prevention policies affects the households. One of the interviewee states that, "*GBV campaigns are done during Chief Barazas and in schools on prevention policies and actions to take when abused*". Organizations help with GBV sensitization campaigns and educate on how victims should report and also how to prevent cases of GBV and also educate on how the Judicial process works.

#### **4.8 Households' wellbeing**

The dependent variable of the study was the households' wellbeing. The respondents were requested to indicate their level of agreement with aspects on households' wellbeing. The findings were as presented in Table 4.6.

**Table 4.9: Statement relating to households' wellbeing**

<b>Statements</b>	<b>Mean</b>	<b>Standard deviation</b>
The introduction of free primary and subsidized secondary education has improved the wellbeing of Majengo slum residents	3.93	0.175
Cash transfers to the elderly has reduced GBV cases and improved wellbeing of their dependents	3.33	0.148
Presence of youth empowerment projects is deemed to lower GBV cases	3.79	0.160
Government must advance security mostly to those living in the slums to minimize GBV cases	4.10	0.205
<b>Composite mean</b>	<b>3.79</b>	

According to the study findings, the households' agreed that government must advance security mostly to those living in the slums to minimize GBV cases as demonstrated by a mean of 4.10 and a standard deviation of 0.205. Additionally, the households agreed that introduction of free primary and subsidized secondary education has improved the wellbeing of Majengo slum residents as demonstrated by a mean of 3.93 and a standard deviation of 0.175. Furthermore, the households agreed that the presence of youth empowerment projects is deemed to lower GBV cases as illustrated by a mean of 3.79 and a standard deviation of 0.160. The households were however neutral on the statement that cash transfers to the elderly have reduced GBV cases and improved the wellbeing of their dependents as shown by a mean of 3.33 and a standard deviation of 0.148. Consistent with the findings, Sen, (1993) found that policies are formulated at various administration levels to help alleviate poverty, enhance social protection and minimize cases of GBV in the society.



## 4.9 Inferential statistics

### 4.9.1 Correlation Analysis

To assess the relationship between study variables, the study used Pearson moment correlation to determine the relationship. The correlation findings are presented in Table 4.7.

**Table 4.10: Correlation Analysis**

		<b>Households’ Wellbeing</b>	<b>Gender Help Desk</b>	<b>GBV Response Centres</b>	<b>Advocacy And Support Programs</b>	<b>Publicity Of GBV Prevention Policies</b>
Households’ Wellbeing	Pearson Correlation	1				
	Sig. (2- tailed)					
	N	231				
Gender Help Desk	Pearson Correlation	.645**	1			
	Sig. (2- tailed)	.000				
	N	231	231			
GBV Response Centres	Pearson Correlation	.731**	.619**	1		
	Sig. (2- tailed)	.000	.881			
	N	231	231	231		
Advocacy And Support Programs	Pearson Correlation	.527**	.624**	.594**	1	
	Sig. (2- tailed)	.002	.701	.562		
	N	231	231	231	231	
Publicity Of GBV Prevention Policies	Pearson Correlation	.504**	.436**	.614**	.684**	1
	Sig. (2- tailed)	.001	.045	.0500	.673	
	N	231	231	231	231	231

\*\* . Correlation is significant at the 0.01 level (2-tailed).

From correlation, the results showed a positive correlation between Gender Help Desk and Households' Wellbeing of Majengo slum residents as established by a correlation factor of 0.645. This positive relationship was found to be statistically significant as the p-value was 0.000 which was less than 0.05. There was a positive correlation between Gender Based Violence response centres and Households' Wellbeing of Majengo slum residents as established by a correlation factor of 0.731. This positive relationship was found to be statistically significant as the p value was 0.000 which was less than 0.05. There was a positive correlation between Advocacy and Support programs and Households' Wellbeing of Majengo slum residents as established by a correlation factor of 0.527. This positive relationship was found to be statistically significant as the p value was 0.002 which was less than 0.05. There was a positive correlation between publicity of Gender Based Violence prevention policies and Households' Wellbeing of Majengo slum residents as established by a correlation factor of 0.504. This positive relationship was found to be statistically significant as the p value was 0.001 which was less than 0.05.

#### 4.9.2 Regression Analysis

##### Model Summary

Coefficient of determination explains the percentage in the dependent variable that is explained by all the independent variables. From the findings, the value of adjusted R squared was 0.524 an indication that 52.4 percent on households' wellbeing is explained by gender based violence intervention programs at 95 percent confidence interval. This shows that 52.4 percent of households' wellbeing could be accounted to gender based violence intervention programs. R is the correlation coefficient which shows the strength of the relationship between the study variables, from the findings shown in the table above there was a strong relationship between the study variables as shown by 0.743. Table 4.8 presents the regression analysis model summary.

**Table 4.11: Regression analysis Model summary**

Model	R	R Square	Adjusted Square	R	Std. Error of the Estimate
1	.743 <sup>a</sup>	.552	.524		.4061

a. Predictors: (Constant), gender help desk, gender-based violence response centres, advocacy and support programs, publicity of gender-based violence prevention policies.

### Analysis of Variance

The study also conducted an Analysis of Variance to establish the model fitness. The results are presented in Table 4.9. The ANOVA shows the test for the model given by the F calculated 14.2156 is statistically significant (0.012) which is less than (0.05) at a 5 percent level of significance. F calculated is greater than the F critical (value = 2.41159), thus the overall model was significant. Table 4.9 presents the ANOVA statistics.

**Table 4.12: ANOVA Analysis**

Model	Sum of Squares	df	Mean Square	F	Sig.
1 Regression	99.452	4	24.863	14.2156	.012b
Residual	395.274	226	1.749		
Total	494.726	230			

### Coefficients

$$Y_i = 1.304 + 0.651 X_1 + 0.686 X_2 + 0.462 X_3 + 0.497 X_4 + \varepsilon$$

From the regression equation above it was found that holding gender help desk, gender-based violence response centres, advocacy and support programs, publicity of gender-based violence prevention policies to a constant zero, households' wellbeing would be at 1.304.

A unit increase in gender help desks, would lead to an escalation in households' wellbeing by 0.651 units. A unit increase in gender based violence response centres would lead to an increase in households' wellbeing by 0.686. A unit increase in advocacy and support programs, would lead to an increase in households' wellbeing by 0.462 units and a unit increase in publicity of gender based violence prevention policies would lead to an increase in publicity of gender based violence prevention policies by 0.497 units. At a 5% level of significance and a 95% level of confidence, all the variables were significant ( $p < 0.05$ ). Table 4.10 presents the regression analysis coefficients.

**Table 4.13: Coefficients**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.304	0.381		3.42	0.014
Gender Help Desks	0.651	0.179	0.636	3.64	0.012
Gender Based Violence Response Centres	0.686	0.177	0.665	3.88	0.010
Advocacy and Support Programs	0.462	0.145	0.442	3.19	0.020
Publicity of GBV Prevention Policies	0.497	0.158	0.477	3.15	0.020

#### 4.10 Discussion of Findings

The study established that gender help desks affect households' wellbeing of Majengo slum residents. The gender help desk has greatly impacted victims of GBV when seeking justice. A few of the Majengo slum residents make inquiries from the help desk when in need of GBV support services. Reporting of the incident of GBV and statement recording is done at the gender help desk, the gender help desk refers the victims to the hospital and to human rights NGOs, they conduct an investigation and forward files to DPP's office and may also present evidence in court when need be. Consistently, Herbert, (2017) established that gender help desks act as an information resource provider and handle cases related to gender issues. The help desks help in capturing and providing information relating to GBV by presenting immediate cause of action to be taken to both the victims and perpetrators. The study established that the Gender help desk in Majengo slum greatly supports victims of GBV. These findings conform to the findings of Pozarny (2016) that GBV help desks are the frontline service providers to those who are affected by the GBV in the community.

The Gender Based Violence response centres affect households' wellbeing of Majengo slum residents. GBV response centres provide counseling, testing and treatment services to victims. The centres examine those affected and act as a consulting place for GBV cases. The findings confirm with the findings of Connolly, (2017) that GBV response centres provide the assessments and right support level and the right medication to the victims. The findings

revealed that GBV response centres do not provide temporary boarding to those affected by GBV. The findings were consistent with the findings of Norberg and Bohm, (2017) that GBV centres end up providing basic support services and accommodation to the victims while they wait for justice and recovery.

The study determined that there are a few advocacy and support programs in Majengo slum that support GBV cases and as such more programs need to be established. Advocacy and Support programs affect the households' wellbeing of Majengo slum residents. The advocacy and support programs work with the hospitals for counseling. They respond to GBV cases and help them with reporting at Gender desk at the police station and Help record statements. They walk with victims during the court process and help get transport reimbursements and offer financial assistance where possible. Consistent with the findings, Russell, Lerch and Wotipka, (2018) found that role of Advocacy and Support programs in promoting civic education on GBV is undisputed owing to the intervention programmes. The findings reveal that NGO's advocacy programs have not been on the frontline in advocating to end GBV cases as would be expected. The findings concur with those of Ghaffar, Pinkstaff and Shroff (2017) who revealed that most Advocacy and support programs are run by NGOs.

The study found that publicity of Gender Based Violence prevention policies affects the households' wellbeing of Majengo slum residents. The presence of social media has enhanced reporting of GBV cases among the victims and the sensitization has helped create awareness of the negative impact of GBV. The findings conform to the findings of Lewis and Marine, (2018) that envisioning media activities in information sharing being print, communicated online content, feedback reviews and documentaries are some of the best GBV campaign models to intervene on the consequences of GBV and support mechanism. Publicizing of GBV cases has pressured legislators to create a policy on GBV issues. Organizations help with GBV sensitization campaigns and educate on how victims should report and also how to prevent cases of GBV and also educate on how the Judicial process works. The findings concur with the findings of Waldron, (2019) that Gender Based Violence prevention policies become a relevant option on how justice and remedy can be achieved.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

This chapter concludes this project report. It presents the summary of the findings, conclusions and recommendations. The chapter presentations are made under the subtopics; summary of the findings, conclusion, recommendations and suggestions for further study. The purpose of this study was to establish the influence of Gender Based Violence intervention programs on households' wellbeing; a case of Majengo Slum, Nyeri Municipality, Nyeri County, Kenya. The specific objectives were to determine the effect of gender help desks on households' wellbeing of Majengo slum residents, to establish how Gender Based Violence response centres affect households' wellbeing of Majengo slum residents to evaluate how Advocacy and Support programs affect the households' wellbeing of Majengo slum residents and to analyze the effect of publicity of Gender Based Violence prevention policies on the households' wellbeing of Majengo slum residents.

#### 5.2 Summary of the Findings

##### 5.2.1 Gender help desks and households' wellbeing

The study revealed that the gender help desk influences households' wellbeing of Majengo slum residents ( $r=0.645$ ,  $p=0.000$ ). The gender help desk has greatly impacted victims of GBV when seeking justice (mean=4.11). Majengo slum has no toll GBV hotlines to call (mean=2.57). A few Majengo slum residents make inquiries from the help desk when in need of GBV support services (mean=2.07). The households agreed that Gender help desk in Majengo slum greatly supports victims of GBV (mean=4.01). The study found that the Gender help desk has no support for rescue or safe homes to set up victims. Due to lack of safe homes, victims sleep in cells, or children victims are taken to a nearby approved school. There are limited resources such as vehicles that could be used to transport victims to hospitals.

##### 5.2.2 Gender Based Violence response centres and households' wellbeing

The study revealed that GBV response centres have an influence on households' wellbeing of Majengo slum residents ( $r=0.731$ ,  $p=0.000$ ). The findings established that GBV response

centres provide an examination to those affected (mean=3.99). The GBV response centres act as treatment and consulting place for severe GBV cases (mean=3.91). The GBV response centres do not provide temporary boarding to those affected by GBV (mean=2.51). The Gender Based Violence response centres provide counseling, testing and treatment services. The centre also follows up with victims after discharge, works with NGOs, human rights activists, chief office and police.

### **5.2.3 Advocacy and support programs and households' wellbeing**

The study established that advocacy and support programs have an influence on households' wellbeing of Majengo slum residents ( $r=0.527$ ,  $p= 0.002$ ). The study established that the society has praised NGOs' advocacy and support for championing human rights agenda (mean=3.81). There are a few advocacy and support programs in Majengo slum that support GBV cases (mean of 3.07). NGO's advocacy programs have not been in the frontline in advocating to end GBV cases as desired (mean=3.05). The study revealed that GBV victims who are less financially privileged have not obtained financial support from the programs (mean=2.36). The advocacy and support programs affect the households' wellbeing by working with the hospitals for counseling. They respond to GBV cases and help them with reporting at Gender desk at the police station and Help record statements. The advocacy and support programs are not enough as it would be desired for them to reach out to a large number of GBV victims.

### **5.2.4 Publicity of Gender Based Violence prevention policies and the households' wellbeing**

The study established that the Publicity of Gender Based Violence prevention policies has an influence on households' wellbeing of Majengo slum residents ( $r=0.504$ ,  $p= 0.001$ ). The presence of social media has enhanced the reporting of GBV cases among the victims (mean= 3.90). Publicizing of GBV cases has pressured legislators to create a policy on GBV issues (mean= 3.87). The media sensitization has helped create awareness of the negative impact of GBV (mean=3.81).

The media plays an integral role in highlighting the plight of GBV victims (mean=3.79). GBV campaigns are done during Chief Barazas and in schools on prevention policies and actions to take when abused. Organizations help with GBV sensitization campaigns and educate on how victims should report and also how to prevent cases of GBV.

## **5.3 Conclusions**

### **5.3.1 Gender help desks and households' wellbeing**

The study concludes that gender help desks have a significant effect on households' wellbeing. The reporting of the incidents of GBV and statement recording is done at the gender help desk. The gender help desk refers the victims to hospitals and to human rights NGOs which has greatly impacted victims of GBV when seeking justice. The gender help desk arrests, aids in the investigation and also forward files for prosecution. The study found that the Gender help desk has no support for rescue or safe homes to set up victims.

### **5.3.2 Gender Based Violence response centres and households' wellbeing**

The study concludes that Gender Based Violence response centres have a significant effect on households' wellbeing. The GBV response centres provide an examination to those affected. They act as a treatment and consulting place for GBV cases and refer to severe cases to the hospital. The Gender Based Violence response centres provide counseling, testing and treatment services. The centre also follows up with victims after discharge, works with NGOs, human rights activists, chief office and police.

### **5.3.3 Advocacy and support programs and households' wellbeing**

The study concludes that advocacy and support programs have a significant effect on households' wellbeing. Society has praised NGOs' advocacy and support for championing the human rights agenda. The advocacy and support programs affect the households' wellbeing by working with the hospitals for counseling. They respond to GBV cases and help them with reporting at Gender desk at the police station and Help record statements.

### **5.3.4 Publicity of Gender Based Violence prevention policies and the households' wellbeing**

The study concludes that the publicity of Gender Based Violence prevention policies has a significant effect on the households' wellbeing. The presence of social media has enhanced reporting of GBV cases among the victims and in sensitization which has helped create awareness of the negative impact of GBV. Publicizing of GBV cases has pressured legislators to create a policy on GBV issues.



#### **5.4 Recommendations**

- i. The study found that due to lack of safe homes, victims sleep in cells or a nearby approved school. Hence the study recommends that support of rescue or safe homes should be set up to provide safety to the victims of GBV.
- ii. The study found that the Gender Based Violence response centres lack adequate resources. The national and county government should assist by providing adequate resources such as vehicles that could be used to transport victims to the police post and back home or safety.
- iii. The study found that the programs are not enough therefore the study recommends that NGOs should seek to ensure that they provide adequate programs to reach out to all the GBV victims. The NGO programs should provide foodstuffs and other non-food items to the victims of GBV. The county government should partner with the NGOs in the programs to enhance their effectiveness. The programs should also provide financial support to the GBV victims who are less financially privileged.
- iv. The study recommends that more funding should be provided for GBV campaigns. The media should as well continue providing more information on GBV on how victims should report the incidences, how to prevent cases of GBV and also educate on the process of seeking justice.

#### **5.5 Suggestions for Further Study**

- i. The purpose of this study was to establish the influence of Gender Based Violence intervention programs on households' wellbeing; a case of Majengo Slum, Nyeri Municipality, Nyeri County, Kenya. The study recommends that further studies should be conducted on the influence of Gender Based Violence intervention programs on households' wellbeing in other slums.
- ii. The study found that 52.4 percent of households' wellbeing was due to gender based violence intervention programs. Further studies should be conducted to assess other factors that influence the households' wellbeing as well as other gender based violence intervention programs that could influence the households' wellbeing.

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## APPENDICES

### Appendix I: Letter of Introduction

**Mercy Wanjiru Githaiga**  
**Student, University of Nairobi**

#### **To The Respondents**

#### **Re: Research Assistance**

I am a student at University of Nairobi and am studying Masters of Arts in Project Planning and Management. I am carrying a study research titled, 'INFLUENCE OF GENDER BASED VIOLENCE INTERVENTION PROGRAMS ON HOUSEHOLDS' WELBEING; A CASE OF MAJENGO SLUM, NYERI MUNICIPALITY, NYERI COUNTY, KENYA'. I am kindly requesting for your generous participation in responding to the attached questions. The respondents are advised not to include their names and the information provided is for the academic purpose and to be treated with utmost confidentiality.

Thank you very much.

Yours Sincerely

Mercy Wanjiru Githaiga

Signed:



## Appendix II: Research Questionnaire

### Section A: Background Information

Questionnaire No.....

Date.....

1-Gender of the respondents Male  Female .

2-Level of education

No formal education  Primary  Secondary

College  Others

3-Economic activity involved

Employed  Self employed

Casual laborer  Retired

Not employed  Others

4- Age of the respondent

Below 25 years  26 – 35 years

36 – 45 years  Above 46 years

5- Marital status

Single  Married  Divorced  Complicated

6 – I have been a victim of Gender Based Violence: Yes  No

### Section B: Gender help desks and households' wellbeing

Please indicate your level of support based on the following statements with a corresponding tally of; (1) = strongly disagree, (2) = disagree, (3) = neither agree nor disagree, (4) = agree and (5) = strongly agree.

Statement relating to effect of gender help desks and households' wellbeing of Majengo slum residents	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Majengo slum has toll GBV hotlines to call					
Gender help desk in Majengo slum provides free telephone guide to the immediate victims of GBV					



Majengo slum residents make inquiries from help desk when in need of GBV support services					
Gender help desk in Majengo slum greatly supports victims of GBV					
Many of the Majengo slum residents seeks support and advice first from the gender help desk					
Gender help desk has greatly impacted victims of GBV when seeking justice					

**Section C: Gender Based Violence response centres and households’ wellbeing**

Please indicate your level of support based on the following statements on the impact of Gender Based Violence response centres on households’ wellbeing of Majengo slum resident with a corresponding tally of; (1) = strongly disagree, (2) = disagree, (3) = neither agree nor disagree, (4) = agree and (5) = strongly agree.

Statement relating to effect of Gender Based Violence response centres on households’ wellbeing of Majengo slum residents.	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Majengo slum has defined GBV response centres to support locals					
I have sought support related to GBV issues at GBV response centres in Majengo					
GBV response centres provides examination to those affected					
GBV response centres act as treatment and consulting place for mild GBV cases					

GBV response centres provide temporary boarding to those affected by GBV					
Law enforcement agents usually relies on the report provided by GBV response centres for victims					

**Section D: Advocacy and support programs and households’ wellbeing**

Please indicate your level of support based on the following statements with a corresponding tally of; (1) = strongly disagree, (2) = disagree, (3) = neither agree nor disagree, (4) = agree and (5) = strongly agree.

Statement relating to the Advocacy and support programs on households’ wellbeing of Majengo slum residents.	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
There are Advocacy and support programs in Majengo slum that support GBV cases					
Advocacy and support programs have played a critical role in civic education of the GBV issues					
GBV victims who are less financially privileged have obtained financial support from the programs					
Food stuffs and other non food items have been advanced by the NGO Programs to the victims of GBV in Majengo slum					
NGO’s Advocacy Programs have been in the frontline in advocating to end GBV cases					

The society has praised NGOs Advocacy and support for championing human rights agenda					
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**Section E: Publicity of Gender Based Violence prevention policies and the households' wellbeing**

Please indicate your level of support based on the following statements with a corresponding tally of; (1) = strongly disagree, (2) = disagree, (3) = neither agree nor disagree, (4) = agree and (5) = strongly agree.

Statement relating to the effect of publicity of Gender Based Violence prevention policies on the households' wellbeing of Majengo slum residents.	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Media plays an integral role in highlighting the plight of GBV victims					
Residents of Majengo slum are aware of the media publicity to some of the GBV cases they relate to.					
Media sensitization has helped create awareness to the negative impact of GBV					
Publicizing of GBV cases has pressured legislators to create policy on GBV issues					
Media highlight of GBV cases known to the locals has tracked remedy to the GBV victims					
Presence of social media has enhanced reporting of GBV cases among the victims					

**Section F: Households' wellbeing**

Please indicate your level of support based on the following statements with a corresponding tally of; (1) = strongly disagree, (2) = disagree, (3) = neither agree nor disagree, (4) = agree and (5) = strongly agree.

Statement relating to households' wellbeing of Majengo slum residents.	Strongly Disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly Agree (5)
Introduction of free primary and subsidized secondary education has improved the wellbeing of Majengo slum residents					
Cash transfers to the elderly has reduced GBV cases and improved wellbeing of their dependents					
Presence of youth empowerment projects is deemed to lower GBV cases					
Government must advance security mostly to those living in the slums to minimize GBV cases					

Thank you

### **Appendix III: Interview Guide**

1. What are the services provided by the gender help desks?
2. Does gender help desks affect households' wellbeing of Majengo slum residents?  
Please explain?
3. What are the services provided by the Gender Based Violence response centres?
4. How do the Gender Based Violence response centres affect the households' wellbeing?
5. Do the advocacy and support programs affect the households' wellbeing? Please explain.
6. Does Publicity of Gender Based Violence prevention policies affect the households' wellbeing? Please explain


Appendix IV: Research Permit

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

REPUBLIC OF KENYA

Ref No: 793479

**RESEARCH LICENSE**




**This is to Certify that Miss. Mercy Wanjiru Githaiga of University of Nairobi, has been licensed to conduct research in Nyeri on the topic: INFLUENCE OF GENDER BASED VIOLENCE INTERVENTION PROGRAMS ON HOUSEHOLDS' WELLBEING: A CASE OF MAJENGO SLUM, NYERI MUNICIPALITY, NYERI COUNTY, KENYA for the period ending 22/September/2021.**

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