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Exploring the Types of GBV Reported in Kibera Slums and the Available Interventions

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ABSTRACT: *Worldwide, gender-based violence (GBV) is quite prevalent with domestic violence being voiced as the most common (WHO, 2020). The WHO states that about 35% of women in the world have had an experience once in a lifetime of either sexual and/or physical non-partner or intimate partner sexual violence (WHO, 2020). Gender-based violence is the most widespread, socially tolerated human rights violation in the world. It kills; disables and harms more people especially women. The violence can take many forms including physical, sexual, psychological, and economic violence (WHO, 2020). In Kenya, about 45% of women aged 15 - 49 years reported having experienced various forms of gender-based violence in their lifetime, and out of these, 29% women reported having had the experience in the previous year. Besides, 16% women had experienced sexual abuse in their lifetime, and 13% of the women had it in the previous year (KDHS, 2014). Kibera slums is one of the biggest informal settlements in Kenya and largest slum in Sub-Saharan Africa where various issues have been reported including insecurity, poor water, hygiene and sanitation, poor housing among others. Majority of its inhabitants are of very low socio-economic status. The purpose of this study was to explore the types of GBV prevalent in Kibera slums and the available interventions to address this problem. This study specific objectives were to identify the types of GBV reported by women of reproductive age in Kibera slums and to find out the types of GBV interventions offered to women of reproductive age in Kibera. The study adopted a cross-sectional study design. This used a mixed methods research where both qualitative and quantitative data were collected using a questionnaire and analyzed. The study respected the ethical considerations in research. The results showed that women of reproductive age in Kibera slums had experienced many forms of gender-based violence. Out the 390 respondents, 34 (8.7%) had experienced physical abuse, 95 (24.4%) had experienced verbal abuse and 60(15.4%) experienced sexual harassment while 91 (23.3%) of the respondents had not experienced any type of GBV. Most survivors 147 (49.1%) of GBV had never received any interventions. Only 39 (13.1%) of the survivors of GBV had received medical treatment, 44 (14.7%) had received guidance and counselling and incorporated to a support group, only 13 (4.3%) had taken legal measures against the perpetrators. In Kibera slums, all forms of gender-based violence are still prevalent and more interventions are needed to address this public health issue with a special focus on informal settlements.*

KEYWORDS: kibera slums, women of reproductive age, gender-based violence, interventions

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INTRODUCTION

GBV is defined as threatening an individual or use of physical and/or emotional violence to exercise psychological control. It is also the use of force against a person intended to inflict harm, controlling and exercising power on them. Perpetrators usually know the survivors "domestic environment": They may be an intimate partner, spouse, former intimate partner, friends, family member or acquaintances (UN Resources, 2015). With Covid -19 pandemic surges in violence against women around the world have been reported by a 25% increase in countries with reporting systems in place (UNFPA, 2020).

The rate of violence in Kibera is almost as twice as high as that of the general population in Kenya. A survey conducted in Kibera showed a higher rate of GBV among the women in Kibera than the general Kenyan population; leading to an urgent need for interventions in Kibera. Few studies have been carried out on assessment of availability of GBV interventions among women of reproductive age in Kibera slums (Swart, 2012).

There lacks comprehensive national policy on GBV prevention and response. Few shelters and safe houses have been established and limited coordination of stakeholders working on GBV prevention and response. The health, security and justice sectors have limited capacity and resources to effectively respond to GBV and implement anti-GBV programs. Inadequate focus on programs that address GBV in the public and private sectors is also noted. Enforcement of legislation to curb GBV due to lack of a policy framework is limited. Weak data management and a poor monitoring and evaluation framework for GBV management is another challenge. There is a weak utilization of existing research to inform policy and programming. Rehabilitation and reintegration programmes targeting GBV perpetrators are limited. There is also a growing misconception that GBV unduly focuses on girls and women at the expense of men and boys. There has been low documented evidence on what works for primary prevention in the country as well as interventions (Joint Programme on Prevention and Response to Gender Based Violence 2017-2020).

There have been inconsistent efforts and inadequate resources as well as lack of access to funding indicating a lack of political will and lack of a comprehensive and integrated approach limits access to GBV interventions at facility level (National Policy for Prevention and Response to GBV, 2014). In other setups, GBV has been considered as a taboo and not a priority in saving lives which lead to underreporting on populations affected by GBV (MOH, 2012).

In this paper aims to publish the following specific objectives of this study:

i. To identify the types of GBV reported by women of reproductive age in Kibera slums.
ii. To find out the types of GBV interventions offered to women of reproductive age in Kibera slums.

The study findings will enable policy makers and practitioners to make informed decisions when formulating the policies and practices on how to improve the availability of GBV interventions in order to enhance the accessibility and effectiveness.

METHODS

The study was conducted in Kibera slums in Nairobi County. The Kibera population is about 170,070 people living in 131,901 households (Kenya National Bureau of Statistics, 2010). Out of these 48% are males while 52% are females. The Kibera slum has 13 villages namely; Makina, Gatwekera, Lindi, Kisumu Ndogo, Mashimoni, Kianda, Silanga, Kambi Muru, Soweto West, Soweto East, Laini Saba, Kichinjio and Raila.

A descriptive cross sectional study design was used in this study where data was collected. The study used a mixed method research where both qualitative and quantitative data were collected using a questionnaire. Women of reproductive age, that is 14 - 49 years, in Kibera slums that met the criteria and were willing to participate in the study were selected to answer the questions. The population for women in Kebera slums was 52% hence women population was 88,437. The sample size was calculated using Kothari et al. (2004) as follows: using p of 0.45 as per KDHS (2014). Where p is the prevalence of gender-based violence in Kenya which is at 45%.

$$n = Z^2 P (1- P) / d^2 = (1.96)^2(0.45) (0.55) / (0. 05)^2 =380.3184$$

Since Kibera has 13 villages, a sample from each village was obtained by 380.32/13=29.3 which was conveniently rounded to 30 women per village, leading to a total of 390 study participants. Thus, 30 participants were recruited for the study from each village. Convenient sampling was used to attain the sample size desired as GBV depends on many factors but is not a standalone factor. Ethical clearance and research permits were sought from the Research Ethics Review Committee at Kenyatta University, Kenyatta University Graduate School, National Commission for Science Technology & Innovation, and approval from Nairobi City County for the research. The informed Consent form was given to the participant who signed it upon freely agreeing to participate in the study for those above 18 years and the assent for those between 14-17 years. There was total maintenance of confidentiality for the all respondents through identifying them using by numbers but no actual names were used. All the other ethical considerations were strictly respected including the principle of no harm to subjects.

RESULTS

Women of reproductive age in Kibera slums have experienced many forms of gender-based violence. Table 1 below shows that out the 390 respondents, 34 (8.7%) had experienced physical

abuse, 95 (24.4%) had experienced verbal abuse, while 91 (23.3%) of the respondents had not experienced any type of GBV.

Table 1

Type	Frequency	Percent
Physical Abuse	34	8.7
Sexual Harassment	60	15.4
Verbal Abuse	95	24.4
Denial of basic needs	19	4.9
Rape	13	3.3
Physical and verbal abuse	39	10.0
Two types of abuses and above	39	10.0
None	91	23.3

Physical abuse was defined as a woman having been slapped more than once by their partner or having had any physical force used against them.

As shown in Table 2 below, most survivors 147 (49.1%) of GBV had never received any interventions. Furthermore, 39 (13.1%) of the survivors of GBV had received medical treatment, 44 (14.7%) had received guidance and counseling and incorporated to a support group, only 13 (4.3%) had taken legal measures against the perpetrators.

Table 2

Interventions	Frequency	Percent
Medical treatment	39	13.1
Guidance and counseling, Support groups	44	14.7
Legal measures taken towards perpetrator	13	4.3
Two or more interventions	56	18.7
None	147	49.1

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DISCUSSION

Types of GBV encountered

In Kibera slums 3.3% of the respondents had experienced rape which is a high percentage in a sample size of 390 respondents. In Kibera 76.7% of the clients interviewed, had experienced violence in a life time which is higher than that of a study done by WHO which showed that worldwide 35 % of women have experienced either physical and/or sexual IPV or non-partner sexual violence (WHO, 2012).

A study also done in Nairobi's Kibera slums by Jason in 2015, showed that over 36% of female residents had reported having had a physical force to have sex compared to 14% of all Kenyan women and the rape cases were at 3.3 % in a sample size of 390 in Kibera in this study. Verbal abuse accounting for 24.4% is also seen as a way in which women are violated and this is intended to make them submit to their partners since they are the breadwinners. Clearly, these findings in Kebera slums are still significantly high and the findings of this study agree with many previous studies that gender-based violence is still a major public health concern.

Types of interventions offered

Out of the clients interviewed 61% did not seek any medical advice and only 3.3% sought legal redress which concurs with the findings of a study by Sanjel in 2013 which noted that the affected women hardly talk about their experiences and they do not ask for help. Enforcement of legislation to curb GBV due to lack of a policy framework is limited. This shows that there is apathy in follow up of violence related cases. This also concurs with a study done by IRC in 2014 that found that majority of survivors report cases to their relatives, village elders and usually the police are considered as a last resort. When perpetrators are arrested, parents decide outside courts through negotiations and majority of survivors do not press charges due to pressure from their community (IRC, 2014).

Only a small percentage of 2.3% had adequate knowledge on the types of interventions that were available for GBV. This means that most of the victims of GBV do not seek help and this affects their health. GBV health infrastructure in referral and national hospitals is fairly developed, but very poor in health facilities at lower level where most GBV cases are reported as reported by IRC. There was lack of sufficient youth friendly services where the youth feel comfortable to report. Besides, it is a fact that the facilities available in Kibera slums are not well equipped to effectively handle GBV cases. There was lack of comprehensive national policy on GBV prevention and response. Few shelters and safe houses have been established and limited coordination of stakeholders working on GBV prevention and response was also reported even in Kebera. The health, security and justice sectors have limited capacity and resources to effectively respond to GBV and implement anti-GBV programs and there was inadequate programmatic focus in

addressing GBV in the public and private sectors as stated by the national policy for prevention and response of GBV in 2014.

CONCLUSION AND RECOMMENDATIONS

Conclusion

In Kibera slums, all types of gender- based violence still have a significant prevalence and include physical abuse, verbal abuse, sexual abuse and harassment with rape cases, and denial of basic needs. All these abuses account for 76.7% which is higher than that 35% reported by the WHO. Only 23.3% of women did not suffer from any form of abuse.

The types of interventions given include are medical interventions, guidance and counseling as well as provision of survivor support through shelter, legal measures against perpetrators which all together account for 50.9% but unfortunately 49.1% of survivors do not seek for any professional help.

Recommendations

As per this study there is need to enlighten the community on need for reporting of the cases of GBV and protection of GBV survivors. This can be done through the survivors of GBV as well as the guardians in case of violations when the survivors are minors. Reporting should be made easy without fear of intimidation by the perpetrators even for minors. This should include provision of hotlines in order to ensure anonymity of victims as well as those who might note the vices within the neighborhood. There is a need to raise the level of knowledge on gender-based violence and available interventions among the general public and particularly among women of reproductive age in Kibera slums. There is also a need to design and implement more interventions to prevent gender-based violence at all levels of the health system.

Suggestions for further Research

The research on GBV in other informal settlements in Kenya is recommended to understand more the issue of gender-based violence in post-covid 19 period so as to eradicate this evil from our contemporary society.

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