

Community Structures Supporting Gender Based Violence in Kibera, Kenya

Violence against women occurs in all countries and transcends social, economic, religious, and cultural groups. Population based surveys in 36 developing countries conservatively estimate that 10-50% of reproductive age (15-45) women have been physically assaulted by an intimate partner. Such violence includes physical acts such as hitting and beating, sexual coercion, physical threats, psychological abuse, and the use of power to limit actions. Despite the continually increasing incidence of gender-based violence (GBV) around the world, GBV and the effects it has on impoverished communities remains an area where further research and resources are needed.

According to the Demographic and Health Survey (DHS) for Kenya 2003, 49% of women reported having experienced violence since the age of 15. Women reported experiencing abuse most commonly from: husbands (58%), teachers (26%) and mothers (24%). Among married women, one in four has experienced emotional violence, 40% have experienced physical violence and 16% experienced sexual violence by their current or most recent husband. Furthermore, women who identified themselves as employed were more likely to ever report violence than those unemployed. Kenya is a diverse society; therefore, the prevalence, perceptions and tolerance of GBV will vary by ethnic and cultural groups. However, few previous studies have examined the context of GBV among specific ethnic and religious groups in Kenya.

Kibera is the largest slum in Eastern Africa with an estimated population of 1 million people, and is situated in Nairobi, the capitol city. The area is roughly divided into 17 villages usually defined by tribal ethnicity. Poor infrastructure affects the delivery of health care services, water and sanitation, and the economic livelihood of the Kibera community. These dire conditions are catalysts for high alcohol and substance abuse, which previous data has shown to be contributing factors of GBV. This qualitative study examines the attitudes, beliefs and perceptions of violence in the context of the social, economic, religious and cultural setting in the Kibera community. For the purpose of this

analysis, 15 in-depth-interviews (IDI) and 6 focus group discussions (FGD) were conducted. The overarching goal of this research was to understand perceptions of domestic violence among the Kibera community, identify relationship formation patterns in this population, and examine how the experiencing of GBV varies across types of relationships in this cultural context. A secondary aim of this study was to conduct a community needs assessment in an attempt to identify innovative strategies to reduce the levels of GBV in Kibera.

The data was collected in a community setting in Kibera at the Salvation Army. Participants were recruited by an outreach coordinator and were compensated for their time. The data was collected in Swahili by the research team facilitator. The IDI were conducted with both men and women between the ages of 18-55 and lasted 30-45 minutes. The FGD were conducted with the same age group, however, they were separated into young adult (18-30) and adults (30-55). The FGD were also divided by gender to compare perceptions of GBV across genders.

Preliminary findings suggest that the experiencing GBV varies greatly by relationship type. The majority of women interviewed were able to define physical and sexual abuse easily. However, when probed to define emotional violence, the majority of both men and women were unable to give a specific definition. Furthermore both physical and sexual abuse were almost always linked to the person a woman was co-habiting with. If emotional violence was discussed, it generally referred to abuse that was from someone other than his or her partner.

Relationships have become less transparent in Kibera. The vague descriptions given to define a relationship suggest people co-habit out of convenience and financial stability. Women expressed a great deal of dependency from living with a man out of obligation because they did not have financial resources of their own. The notion of marriage in Kibera is fading as many couples choose to continue to co-habit, but not to marry due to the “constraints” both men and women feel marriage puts on a relationship. The more

vague a woman was about the relationship she had with the man she was co-habiting with, the more physical and sexual violence was associated with the relationship.

A central theme among both men and women who are victims of violence feel that they have limited access to seek care or help. The police units in the community are seen as enablers of violent behavior due to the amount of corruption within the infrastructure related to bribery of public officials. Secondly, there are no awareness campaigns in Kibera that educate the community about sexual violence being a crime in Kenya with the advent of the new Sexual Offenses Act that was recently passed in 2006. The Sexual Offenses Act is a landmark in Kenya regarding its stance against GBV. However, it will have little impact unless the communities suffering from GBV are aware of their protected rights under this new act. Furthermore, women in the community express hopelessness and many feel continuing a violent relationship is better than the alternative of having no source of income if they leave their partner.

These preliminary results suggest there is a great need for a community-based violence intervention program in the Kibera community. Secondly, this research helps those working in the GBV field to better understand the relationship between relationship type and violence. Based on the suggested findings from the community needs assessment, there needs to be a strong focus in Kibera on **changing** the perception that violence is not only culturally accepted, it is a normal part of any relationship between a man and woman. Lastly, this research illustrates the importance studies need to place on targeting specific groups or population to better understand their problems associated with GBV and the specific needs that need be addressed in their communities.