

**INTIMATE PARTNER VIOLENCE AGAINST WOMEN
AS A PROBLEM FOR DEVELOPMENT: A CASE STUDY
OF KIBERA, KENYA**

**By
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**Submitted in accordance with the requirements
for the degree of**

DOCTOR OF PHILOSOPHY

in the subject

DEVELOPMENT STUDIES

at the

UNIVERSITY OF SOUTH AFRICA

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8TH August 2023

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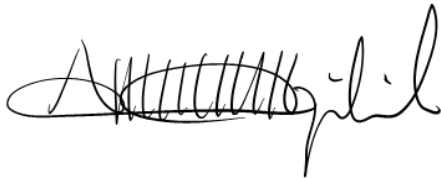
Degree: PhD Development Studies

Title of the thesis: Intimate partner violence against women as a problem for development: a case study of Kibera, Kenya

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A handwritten signature in black ink, appearing to read 'Alex Musembi Musili', with a large, stylized initial 'A'.

Signature:

Date: 8th August 2023

DEDICATION

This thesis is dedicated to my family, Hellen (Spouse), Susan and Charity (daughters), Kelvin (Son in law), Alexander, Kellian, and Alexis (grandsons). You all encouraged and stood by me during my long absence while concentrating on my studies.

ACKNOWLEDGEMENTS

I would like to thank Prof. Gretchen du Plessis for her invaluable assistance, insights, and support during the writing of this thesis. My sincere thanks also go to the review committee members for their patience and understanding during the development and adjudication of the thesis proposal. A special thanks also to UNISA Library for their assistance.

ABSTRACT

Intimate partner violence (IPV) is a fundamental problem that limits the economic and social development of women in Africa. Comprehending the causes is not straight-forward and this has had a ripple effect on the effectiveness and robustness of strategies meant to address IPV. IPV is becoming a significant obstacle to development owing to its weighty personal, economic, social, and political costs. The main objective of this study was to analyse IPV as it unfolds in the lives of women living in urban, informal settlements of Kibera, Nairobi, Kenya and to describe how it shapes their development. The researcher sought to develop a deeper understanding of IPV from a situated, intersectional perspective thereby extending the theoretical understanding of this phenomenon. A descriptive, qualitative research design was used. Multi-stage sampling, which comprised of simple random sampling, purposive sampling, and snowball sampling, was adopted. A total of 50 women who had suffered from IPV, and 10 key informants participated in the study. The findings illustrate that IPV took the form of physical assaults, and coercive or manipulative behaviour that resulted in physical, sexual, or psychological harm. Economic violence was not mentioned as a type of IPV, but, rather, it was cited as a cause and predisposing factor for IPV. The interviews revealed that alcohol and drug abuse, access to and control of household resources and the andro-patriarchal norms and values held by men were the most prominent factors influencing IPV in the informal settlements of Kibera. IPV exacerbated the effects of pre-existing medical conditions and had a detrimental effect on the sexual reproductive health of women particularly those who had been raped, leading to physical injuries, contracting sexually transmitted diseases or, in some cases, losing their unborn babies owing to miscarriages stemming from IPV. The findings underscore the fact that multiple factors intersecting in the personal, interpersonal, situational, and socio-cultural spheres feed interpersonal violence and IPV. The recommendations stress the need to draft, implement and exercise oversight over policies that seek to end IPV in the informal settlement. Advancing practical, all-inclusive mechanisms remains a formidable challenge.

Key words: intimate partner violence; violence against women; gender-based violence in Kibera, Kenya

ISISHWANKATHELO

Ubundlobongela phakathi kwabathandanayo (IPV) yingxaki ephambili ethintela uphuhliso lwezoqoqosho nentlalo yabasetyhini eAfrika. Ukuqonda izizathu zobu bundlobongela akuthanga ngqo kwaye oku kuye kwaba neziphumo zochaphazeleko ekusebenzeni nasekoyiseni kwezicwangcisoqhinga ezenzelwe ukujongana neIPV. I-IPV iya isiba ngumqobo obonakalayo kuphuhliso ngenxa yeendleko zayo ezinobunzima kwezobuqu, ezoqoqosho, ezentlalo kunye nezopolitiko. Injongo ephambili yolu phando ibikukuhlalutya i-IPV nanjengoko iqhubeka kubomi babo basetyhini abahlala kwiindawo zokuhlala zasedolophini ezingekho mthethweni zaseKibera, eNairobi, eKenya, kunye nokuchaza indlela i-IPV ebabumba ngayo aba basetyhini. Umphandi ebefuna ukuphuhlisa ukuqonda okunzulu kweIPV ngokwembono esekelwe kwithiyori yohlalutyomeko yezophuhliso ngokwesini nebala, ngaloo ndlela esandisa ukuqonda kwethiyori yale ngcamango. Kolu phando kusetyenziswe uyilo lophandontyilazwi oluchazayo. Kukwasetyenziswe indlela yokukhetha igcuntswana ledatha yezigaba ezininzi (multi-stage sampling) – eye yabandakanya ukukhetha igcuntswana ledatha ngokungabophelelekanga (simple random sampling), ukukhetha igcuntswana ledatha ngenjongo (purposive sampling) kunye nokukhetha igcuntswana ledatha ngokuncedwa leloo gcuntswana ledatha elisele likho (snowball sampling). Ngabasetyhini abangama50 bebonke abaye babangamaxhoba eIPV kunye ne10 labantu abaphambili abanolwazi ngesi sihloko abathe bathatha inxaxheba kolu phando. Iziphumo zibonisa ukuba i-IPV ivele ngokwempathombi ngokomzimba kunye nendlela yokuziphatha yokunyanzela okanye yokulawula ebangele ukonzakala komzimba, ngokwesondo okanye kwengqondo. Ubundlobongela ngokwezoqoqosho abukhankanywanga njengohlobo lweIPV; nto nje, bukhankanywe njengesizathu kunye nombaba wokuba lixhoba leIPV. Udliwanondlebe lubonise ukuba ukusetyenziswa kakubi kotywala neziyobisi, ukufikelela nolawulo lwezibonelelo zasekhaya kunye nezithethe neenqobo zobusolusapho anazo amadoda zibe zezona zinto zibalaseleyo ezichaphazela i-IPV kwiindawo zokuhlala zasezidolophini ezingekhosemthethweni, zaseKibera. I-IPV izenza zibembi kakhulu iziphumo zeemeko zonyango ebezihleli zikho kwaye ibe nefuthe elibi kwimpilo yokuzala yabasetyhini, ngakumbi abo abakhe badlwengulwa ngaphambili, nto leyo ekhokelela ekonkakeni emzimbeni, ukufumana izifo ezisulela ngokwabelana ngesondo okanye, kwezinye iimeko, ukulahlekelwa ziintsana zabo ezingekazalwa ngenxa yokuphuncuka kwesisu okusisiphumo seIPV. Iziphumo

zigxininisa into yokuba imiba emininzi enqamleza kwimimandla yobuqu, yobudlelwana phakathi kwabantu, yemeko kunye nenkcubeko yezentlalo yiyo ephumela kubundlobongela obuphakathi kubudlelwana babantu kunye neIPV. Izindululo zolu phando zigxininisa imfuneko yokuqulunqa, ukufezekisa nokusebenzisa ulongamelo kulawulo lwemigaqonkqubo injongo yayo ikukuphelisa i-IPV kwindawo yamatyotyombe. Kuhlala kungumngeni omkhulu ukuqhubela phambili iindlela ezisebenzayo, ezibandakanya konke.

Amagama angundoqo: ubundlobongela phakathi kwabathandanayo; ubundlobongela ngakumabhinqa; ubundlobongela obuphathelele kwisini eKibera, eKenya

OKUCASHUNIWE

Udlame Phakathi Kwabathandanayo (IPV) yinkinga esemqoka ebeka umkhawulo ekuthuthukisweni komnotho nenhlalo yabantu besifazane e-Afrika. Ukuqonda izimbangela akuqondile futhi lokhu kube nomthelela omubi ekusebenzeni kahle nasekuqineni kwamasu okuhloselwe ukubhekana ne-IPV. I-IPV isiba yisithiyo esikhulu entuthukweni ngenxa yezindleko zayo ezinkulu, ezomnotho, ezenhlalo nezombusazwe. Inhloso enkulu yalolu cwaningo bekuwukuhlaziya i-IPV njengoba iqhubeka ezimpilweni zabesifazane abahlala emadolobheni, emijondolo yaseKibera, eNairobi, eKenya kanye nokuchaza ukuthi ikubumba kanjani ukuthuthuka kwabo. Umcwaningi ufune ukuthuthukisa ukuqonda okujulile kwe-IPV ngombono ohlola ukusebenzelana komphakathi, ngaleyo ndlela andisa ukuqonda kombono kwalesi simo. Kusetshenziswe umklamo wocwaningo oluchazayo. Ukusampula kwezigaba eziningi - okuhlanganisa ukusampula okungahleliwe, ukusampula okuhlosiwe kanye nokusampula okusekelwe esahlulelweni somcwaningi kwamukelwe. Isamba sabesifazane abangama-50 ababehlaselwe yi-IPV kanye nezimpimpi eziyisi-10 ezibambe iqhaza ocwaningweni. Okutholakele kubonisa ukuthi i-IPV yathatha uhlobo lokushaya ngokomzimba kanye nokuziphatha okuphoqayo noma okukhohlisayo okuholela ekulimaleni ngokomzimba, ngokocansi noma kwengqondo. Udlame lwezomnotho alukashiwo njengohlobo lwe-IPV; kunalokho, kucashunwe njengembangela kanye nesici esicatshangelwayo se-IPV. Izingxoxo ziveze ukuthi ukusetshenziswa kabi kotshwala nezidakamizwa, ukufinyelela kanye nokulawulwa kwezinsiza zasekhaya kanye nezinkambiso nezimiso zombono womphakathi ekubuseni kwabesilisa kwakuyizinto ezigqame kakhulu ezinomthelela we-IPV emijondolo yaseKibera. I-IPV yenze yaba mibi kakhulu imiphumela yezimo zezokwelapha ezazivele zikhona futhi yaba nomthelela omubi empilweni yokuzala yabesifazane, ikakhulukazi labo abadlwenguliwe, okuholela ekulimaleni ngokomzimba, ekungenweni izifo ezithathelwana ngocansi noma, kwezinye izimo, ukulahlekelwa yizingane zabo ezingakazalwa ngenxa yokuphuphuma kwezisu okuvela ku-IPV. Okutholakele kugcizelela iqiniso lokuthi izici eziningi eziphambanayo kumkhakha womuntu siqu, wokusebenzelana nabantu, wesimo kanye nowezenhlalo namasiko zithelela udlame phakathi kwabantu kanye ne-IPV. Iziphakamiso zigcizelela isidingo sokwenza uhlaka, ukuqalisa nokusebenzisa ukwengamela izinqubomgomo ezifuna ukuqeda i-IPV emijondolo. Ukuqhubekela phambili kwezindlela ezisebenzayo, ezibandakanya konke kuseyinsalelo enkulu.

Amagama asemqoka: intimate partner violence; udlame phakathi kwabathandanayo; violence against women; udlame olubhekiswe kwabesifazane; gender-based violence in Kibera, Kenya; udlame olusekelwe kubulili eKiber, eKenya

TABLE OF CONTENTS

Contents

<i>DECLARATION</i>	<i>ii</i>
<i>DEDICATION</i>	<i>iii</i>
<i>ACKNOWLEDGEMENTS</i>	<i>iv</i>
<i>ABSTRACT</i>	<i>v</i>
<i>ISISHWANKATHELO</i>	<i>vi</i>
<i>OKUCASHUNIWE</i>	<i>viii</i>
<i>TABLE OF CONTENTS</i>	<i>x</i>
<i>LIST OF FIGURES</i>	<i>xiv</i>
<i>LIST OF ACRONYMS AND ABBREVIATIONS</i>	<i>xv</i>
<i>CHAPTER 1: INTRODUCTION AND RESEARCH PROBLEM</i>	<i>1</i>
<i>1.1 INTRODUCTION</i>	<i>1</i>
<i>1.2 BACKGROUND TO THE STUDY</i>	<i>2</i>
<i>1.3 PROBLEM STATEMENT</i>	<i>6</i>
<i>1.4 RESEARCH OBJECTIVES</i>	<i>9</i>
1.4.1 The primary research objective	<i>9</i>
1.4.2 Secondary research objectives	<i>9</i>
<i>1.5 RATIONALE FOR THE STUDY</i>	<i>10</i>
<i>1.6 THE CHOSEN METHODOLOGY</i>	<i>11</i>
<i>1.7 THE CHOSEN THEORETICAL PERSPECTIVE</i>	<i>12</i>
<i>1.8 CLARIFICATION OF KEY TERMS</i>	<i>13</i>
1.8.1 Intimate Partner Violence (IPV).....	<i>13</i>
1.8.2 Violence against Women (VAW)	<i>13</i>
1.8.3 Gender based violence (GBV).....	<i>14</i>
<i>1.9 SIGNIFICANCE OF THE STUDY</i>	<i>14</i>
<i>1.10 STRUCTURE OF THE THESIS</i>	<i>15</i>
<i>CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK</i>	<i>17</i>
<i>2.1 INTRODUCTION</i>	<i>17</i>
<i>2.2 DEFINING IPV</i>	<i>17</i>

2.3 FACTORS UNDERGIRDING IPV	18
2.3.1 Control over household resources and decision-making	18
2.3.2 Traditional gender norms and pervasive gender disparities.....	18
2.3.3 A family background of domestic violence	19
2.3.4 Poverty and dependency.....	19
2.3.5 Alcohol abuse.....	20
2.3.6 How the different factors intersect in Kenyan informal settlements.....	20
2.4 HOW IPV AFFECTS WOMEN’S SOCIO-ECONOMIC, POLITICAL AND CULTURAL EMPOWERMENT IN THE URBAN INFORMAL SETTLEMENTS	21
2.5 INVOLVING MEN IN THE PREVENTION OF IPV.....	24
2.6 THEORETICAL FRAMEWORK	26
2.6.1 Expressive violence theory and instrumental theory	26
2.6.2 The human needs and psychological disorder theories	27
2.6.3 Limitations of the expressive, instrumental, human needs and psychological disorder approaches to IPV	28
2.6.4 Relative deprivation theory.....	28
2.6.5 Integrated ecological theory.....	30
2.6.5.1 Individual level factors: IPV as linked to childhood violence, low support and socio-demographic characteristics	32
2.6.5.2 Relationship and interaction level factors: IPV as related to relationships	33
2.6.5.3 Community level factors: IPV and community norms.....	34
2.6.5.4 Social level factors: IPV and global cultural exchanges about gender equality.....	35
2.6.5.5 IPV and the feminist notion of shared oppression	35
2.7 CONCLUSION.....	36
CHAPTER 3: RESEARCH METHODOLOGY.....	37
3.1 INTRODUCTION.....	37
3.2 THE STUDY SITE.....	37
3.3 RESEARCH DESIGN.....	40
3.4 PHILOSOPHICAL ROOTS OF THE SELECTED METHODOLOGY.....	41
3.4.1 Ontological assumptions.....	41
3.4.2 Epistemological assumptions	42
3.4.3 Axiological assumptions	42
3.5 THE STUDY POPULATION, SAMPLE SIZE AND SAMPLING PROCEDURES.....	43
3.6 METHODS OF DATA COLLECTION	46
3.6.1 Telephonic interviews with purposefully selected women in Kibera.....	47
3.6.2 E-mailed interview schedules to key informants	49
3.7 VALIDITY AND RELIABILITY	50
3.8 DATA ANALYSIS.....	52
3.9 ETHICAL CONSIDERATIONS.....	53
3.10 CONCLUSION.....	55
CHAPTER 4: RESULTS AND FINDINGS FROM WOMEN WHO EXPERIENCED IPV..	56

4.1 INTRODUCTION	56
4.2 BACKGROUND CHARACTERISTICS OF THE INTERVIEWEES	56
4.2.1 Age.....	56
4.2.2 Marital status	57
4.2.3 Household composition and children	57
4.2.4 Level of education	57
4.2.5 Length of stay in Kibera.....	58
4.3 TYPES OF IPV EXPERIENCED BY WOMEN LIVING IN URBAN INFORMAL SETTLEMENTS IN KIBERA	58
4.3.1 Understanding intimate partner violence	59
4.3.2 Prevalence of IPV in informal settlements in Kibera	61
4.4 FACTORS INFLUENCING IPV IN INFORMAL SETTLEMENT OF KIBERA	62
4.4.1. Alcohol and drug abuse	63
4.4.2 Income and economic dependence	64
4.4.3 Spousal expectations and behaviour	65
4.4.4 Family background	69
4.4.5 Experiences of IPV in the community.....	70
4.4.6 Gender stereotypes	70
4.4.7 Educational differences between partners	72
4.5 HOW IPV AFFECTS WOMEN’S SOCIO-ECONOMIC, POLITICAL AND CULTURAL DEVELOPMENT	73
4.5.1 Effects of IPV on the physical health of women	73
4.5.2 Effects of IPV on the psychological and emotional wellbeing of women.....	75
4.5.3 Effects of IPV on the social life and social development of women	77
4.5.4 Effects of IPV on the economic status of women	80
4.5.5 Effects of IPV on the political space and participation of women in leadership	82
4.6 COPING MECHANISMS OF IPV VICTIMS	83
4.7 CONCLUSION	84
CHAPTER 5: RESULTS AND FINDINGS FROM THE KEY INFORMANT INTERVIEWS	86
5.1 INTRODUCTION	86
5.2 THE KEY INFORMANTS	86
5.3 TYPES OF IPV EXPERIENCED BY WOMEN LIVING IN URBAN INFORMAL SETTLEMENTS IN KIBERA	86
5.3.1 KIIs’ understanding of intimate partner violence.....	87
5.3.2 KIIs’ perceptions of who the main perpetrators of IPV are in Kibera informal settlements.....	90
5.3.3 The KIIs’ perceptions of the prevalence of IPV in Kibera	91
5.4 FACTORS INFLUENCING IPV IN THE INFORMAL SETTLEMENT OF KIBERA	93
5.4.1 Policies that guide the prevention of IPV	95
5.5 HOW IPV AFFECTS WOMEN’S SOCIO-ECONOMIC, POLITICAL AND CULTURAL DEVELOPMENT	97
5.5.1 Effects of IPV on the physical health of women	97

5.5.2 Effects of IPV on the psychological and emotional wellbeing of women.....	98
5.5.3 Effects of IPV on the social life and social development of women	100
5.5.4 Effects of IPV on the economic status of women.....	102
5.5.5 Effects of IPV on the political space and participation of women in leadership	104
5.5.6 Effects of IPV on the cultural empowerment of women.....	105
5.6 IPV FROM A SITUATED, INTERSECTIONAL PERSPECTIVE IN INFORMAL SETTLEMENTS IN KENYA	106
5.6.1 Reporting of IPV incidences and actions taken.....	106
5.6.2 Who reports incidents of IPV	107
5.6.3 To whom IPV is reported.....	107
5.6.4 Actions taken after the IPV is reported	108
5.6.5 Roles of actors and interventions in addressing IPV	110
5.6.5.1 Perceptions of the role of the victims.....	110
5.6.5.2 Perceptions of the role of the immediate family, relatives, and neighbours	112
5.6.5.3 Perceived role to be played by non-governmental organisations, community-based organisations, and civil society organisations.....	113
5.6.5.4 Perceived role to be played by the police and local administration officers.....	114
5.6.5.5 Perceived role of the judiciary	115
5.6.5.6 Perceived role of legislative institutions	116
5.7 EFFECTIVENESS OF STRATEGIES AND ACTORS IN ADDRESSING IPV AND REVERSING ITS NEGATIVE EFFECTS.....	117
5.8 CONCLUSION.....	119
CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS.....	121
6.1 INTRODUCTION.....	121
6.2 SUMMARY OF THE FINDINGS IN TERMS OF THE RESEARCH OBJECTIVES.....	121
6.2.1 Research objective 1: describing the types of IPV experienced by women living in urban informal settlements of Kibera.....	122
6.2.2 Research objective 2: identifying factors influencing IPV in informal settlement of Kibera.....	123
6.2.3 Research objective 3: understanding how IPV affects women’s socio-economic, political, and cultural development.....	124
6.2.4 Research objective 4: uncovering IPV as a lived experience from a situated, intersectional perspective.....	127
6.3 RECOMMENDATIONS	131
6.3.1 Immediate interventions for policy and practice in the informal settlements of Kibera.....	131
6.3.2 Recommendations for further research	132
6.4 EVALUATION OF THE SUITABILITY OF THE THEORETICAL AND METHODOLOGICAL CHOICES MADE.....	133
6.5 CONCLUSION.....	134
REFERENCES.....	136
APPENDIX I: ETHICAL CLEARANCE	149
APPENDIX II: RESEARCH PERMIT	150
APPENDIX III: INFORMED CONSENT.....	151

<i>APPENDIX IV: INTERVIEW GUIDE FOR SELECT WOMEN.....</i>	152
<i>APPENDIX V: E-MAILED SCHEDULE FOR KEY INFORMANTS</i>	154
<i>APPENDIX VI: LANGUAGE EDITING DECLARATION</i>	158

LIST OF FIGURES

	PAGE
FIGURE 2.1: THE INTEGRATED ECOLOGICAL FRAMEWORK FOR IPV	34
FIGURE 3.1: MAP SHOWING THE LOCATION OF THE KIBERA SLUM	41
FIGURE 3.2: MAP OF NAIROBI, KENYA SHOWING KIBERA AS ONE OF THE INFORMAL SETTLEMENTS	41
FIGURE 3.3: AERIAL PHOTOGRAPH OF THE DENSELY POPULATED KIBERA INFORMAL SETTLEMENT	42
FIGURE 5.1: WHAT THE KIIs REGARD AS DOMINANT FORMS OF IPV IN KIBERA	94
FIGURE 5.2 PERCEPTIONS OF KIIs OF THE PREVALENCE OF IPV	96
FIGURE 5.3: KIIs' PERCEPTIONS OF THE CAUSES OF IPV IN KIBERA	99
FIGURE 5.4: PERCEPTIONS OF THE KIIs OF THE FREQUENCY WITH WHICH IPV IS REPORTED IN KIBERA	113

LIST OF ACRONYMS AND ABBREVIATIONS

AU	African Union
CBO	Community-based organisation
CSO	Civil society organisation
FIDA-K	Federation of Women Lawyers - Kenya
GBV	Gender-based violence
GSS	General Social Survey
GVRC	Gender and Violence Recovery Centre
ICF Macro	International Classification of Functioning
IDS	Institute of Development Studies
IPV	Intimate partner violence
KPMG	Klynveld Peat Marwick Goerdeler
KEWOPA	Kenya Women Parliamentary Association
NACOSTI	National Council for Science, Technology, and Innovation
NGEC	National Gender and Equality Commission
NGO	Non-governmental organisation
OCPD	Officer Commanding Police Division
OCS	Officer Commanding Station
PTSD	Post Traumatic Stress Disorder
SASA	A Kenyan non-profit working in the field of GBV prevention
SDGs	Sustainable Development Goals
SES	Socio-economic status
SHOFCO	Shining Hope for Communities
SGBV	Sexual and gender-based violence
SIDA	Swedish International Development Agency
Oxfam	Oxford Committee for Famine Relief
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organization
VAW	Violence against women
VAWG	Violence Against Women and Girls
WHO	World Health Organization

CHAPTER 1: INTRODUCTION AND RESEARCH PROBLEM

1.1 INTRODUCTION

The most extreme expression of unequal gender relations in society is Gender-based violence (GBV) which violates human rights and is a global issue that cuts across boundaries of health, age, wealth, culture, religion, and sexual orientation (Issahaku 2015). While GBV disproportionately affects women and girls, it also affects men and boys. Wherever GBV occurs, it is a major obstacle to the achievement of gender justice, posing a serious threat to democratic development and an obstacle to achieving sustainable development, economic growth, and peace (Danso 2017). If women, girls, men, and boys are not safe, they cannot be full citizens nor fully participate in the development of their own society (SIDA 2015). The form of violence most often associated with GBV is intimate partner violence (IPV), inflicted by either men or women on each other. IPV is a global phenomenon. Although statistics are available relative to IPV, these are unreliable and often not disaggregated for specific geographical areas such as for the urban informal settlements of Kibera, Nairobi Kenya. SIDA (2015) shows that one out of every three women in intimate relationships have experienced violence from their partners.

Bowlus, Day and McKenna (2005), in their paper commissioned by the United Nations, maintain that violence against women has been recognized internationally as a major violation of the human rights of a woman. While reviewing literature on all forms of violence against women, Bowlus, *et al* (2005) confirm that the 1993 *United Nations Declaration on the Elimination of Violence against Women* was the first international human rights instrument directly to address the issue of violence against women. The Declaration followed the 1993 *UN World Conference on Human Rights*, held in Vienna, notable for the slogan “*women’s rights are human rights*”, reflecting the gender-blind nature of existing human rights instruments, with the exception of the 1979 *Convention on the Elimination of All Forms of Discrimination Against Women*.

These instruments characterised human rights abuses as being largely perpetrated by the state against the individual, ignoring the GBV experienced of women in their homes and communities

in the form of intimate partner violence, sexual harassment in public and harmful traditional practices. *Article 1* of the 1993 *United Nations Declaration on the Elimination of Violence against Women* defines violence against women as “*any act of GBV that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*” (<http://www.un.org>).

In this chapter the researcher presents an introduction and a background to the study, the problem statement, the research objectives, the rationale for the study, the chosen methodology, the chosen theoretical perspective, and the significance of the study.

1.2 BACKGROUND TO THE STUDY

GBV and IPV perpetrated against women by men are expressions of unequal gender relations in society and an infringement of human rights; they disable gender justice, inhibit sustainable development, and deter economic growth (Bowlus, *et al* 2005). The reason is that, when people are unsafe, they cannot participate as citizens in the development of their own society (SIDA 2015). Millennium Development Goals Monitor (2016) explains that development encompasses a multifaceted process involving growth, progress, and positive change across various domains such as physical, economic, environmental, social, and demographic aspects. It signifies not only quantitative advancement but also qualitative improvements in societies and individuals. This process occurs over extended periods and can be observed through historical transformations. The Society for International Development (SID2021) further complements this explanation by noting that development is a process that creates growth, progress, positive change, or the addition of physical, economic, environmental, social, and demographic components. The purpose of development is a rise in the level and quality of life of the population, and the creation or expansion of local regional income and employment opportunities, without damaging the resources of the environment. Development is visible and useful, not necessarily immediately, and includes an aspect of quality change and the creation of conditions for a continuation of that change. A condition that must be met for development to be said to have been achieved is that the equitability

and balance be attained simultaneously in three primary interrelated areas: social, economic, and environmental.

In studies in northern Ghana (Issahaku 2015; Sedziafa, Tenkorang & Owusu 2016), women reported feelings of worthlessness, suicidal ideation, hypertension, sleep disruption, genital sores, and premature termination of pregnancy as a result of the violence they experienced. A strong correlation between exposure to IPV and serious mental illness has also been identified (Issahaku 2015). Relationships were further identified between IPV, health impacts and quality of life, with violence affecting women's ability to go to work, to go to school, complete domestic chores, and concentrate on activities or build and maintain healthy self-confidence (IDS, GSS & Associates, as quoted in Merino, Scriver, Mueller, Lila, Ama, Fenny & Duvvury 2019).

In addition to physical and mental health impacts and their sequelae, Essel (2016) finds evidence of women being prevented from working by intimate partners or who have their earnings taken by their partners. Cantalupo, *et al* (2006, as quoted in Merino *et al*, 2019) and Danso (2017), document costs to victims of VAWG, such as fees for doctors, which result in losses to household income. The children of women who are subjected to IPV were also found to be affected by their mothers' experience of violence, including impacts on behaviour and education that result in long-term opportunity costs (IDS, GSS & Associates, as quoted in Merino, *et al* 2019).

The initial global human rights tool that addressed violence against women (VAW) was the 1993 *United Nations Declaration on the Elimination of Violence against Women*. This declaration came about as a culmination of the *UN World Conference on Human Rights Conference* convened in Vienna in 1993. Human rights abuses are routinely committed by the state against an individual, but they also extend to the state ignoring GBV and IPV as presenting not only human rights abuses but also as blocking people's potential to develop and thrive (Bowlus, *et al* 2005). Krug, Dahlberg, Mercy, Zwi and Lozano (2002) and Mbwambo, Vyas and Watts (2010), indicate that, globally, violence committed by a husband or other intimate male partner accounts for the most prominent of all forms of GBV. Garcia-Moreno (2006) and Mbwambo, *et al* (2010) affirm that IPV presents itself in diverse forms, for example physical violence and sexual violence. Global estimates

suggest that 30% of all women have experienced some form of sexual and or physical violence from their spouse or intimate partner (WHO 2013).

The Kenyan government, via the *National Gender and Equality Commission* (NGEC), has recognized the existence of gender inequality and discrimination against women. The *NGEC 2019-2024 Strategic Plan* (NGEC 2019) aims to tackle gender inequality and discrimination by promoting inclusivity as envisioned by the *Kenyan Constitution* (the National Council for Law Reporting with the authority of the Attorney-General 2010), the agenda 2063, fronted by the AU, and the United Nation's Sustainable Development Goals (SDGs). These policy instruments suggest that gender equality can be attained only by removing all types of discrimination against women and by addressing factors prohibiting women's rights. VAW violates women's basic human rights and keeps them from fully participating in their own development. VAW and IPV are both caused by, and in turn cause, gender inequality because they reinforce unequal gender power relations and the inferiority of women. For these reasons, the NGEC uses the *Protection against Domestic Violence Act 2015* as a tool to address VAW (NGEC 2019).

The *Demographic and Health Survey* of 2021/2022 pointed out that, in Kenya, among women aged from 45 to 50 years, 40% of them had been victims of either physical or sexual violence as meted out on them by their intimate partners. Traditional gender customs that uphold male dominance as well as male power are an indication of the society's toleration and justification of VAW, and the tendency to apply few sanctions against culprits (Ahmed, Edström, Izugbara, Murgor & Otieno 2014).

Andropatriarchy is the origin of gender inequalities and discrimination against women in Kenyan informal settlements. The authority a man has over a woman permits men to use violence and this has for long been considered a legal right and one which is socially acceptable. The notion that women are sub-ordinate to men has become normalized (Pakeeza 2015). VAW holds severe physical, psychological, social, economic, and emotional consequences for the victims, but also for others (Pakeeza 2015).

In the 1970s, it was first acknowledged that IPV was a social problem after being treated as a private matter for many years (Nasrullah, Zakar, Zakar, Abbas & Safdar 2015). In Kenya, IPV is acknowledged as normative behaviour, as 36.2% of men and 41.8% of women were of the opinion that physical violence is acceptable under some circumstances (Sarnquist, Ouma, Lang'at, Lubanga, Sinclair, Baiocchi & Cornfield 2018). Amnesty International (2010) found that 63% of women from all socio-economic backgrounds in Nairobi are at risk of GBV. Abuya, Onsomu, Moore and Sagwe (2012), Oduro, Swartz and Arnot (2012) and Swart (2012) affirm that VAW is endemic in Nairobi's informal settlements. Amnesty International (2010) further points out that the violence goes widely unreported, and it argues that poverty is a result, as well as the source of, violence. However, GBV is not limited to one social group as will be explained further on.

The pathways are explained as follows; many women who suffer physical, sexual, or psychological violence lose their incomes or income-earning potential because of impaired productive capacity (Bourey, Williams, Bernstein & Stephenson 2015). Poor women in abusive relationships also find it harder to escape owing to social norms that make GBV acceptable. Women are often omitted in decision-making processes at interpersonal as well as community levels owing to violence. The fact that a woman is independent economically does not mean she will be safe from violence (Capaldi, Knoble, Shortt & Kim 2012). However, having economic resources can serve only to capacitate a woman to make informed decisions and choices (Capaldi, *et al* 2012).

The form of violence most often associated with GBV is intimate partner violence (IPV). IPV is defined as “*acts of physical aggression, sexual coercion, psychological/emotional abuse or controlling behaviour by a current or former partner or spouse*” (Makayoto, Omolo, Kamweya, Harder & Mutai 2013). Statistics on IPV are unreliable and often not specific for geographical areas such as for the urban informal settlements of Kibera in Nairobi. As far as development is concerned, gains made in achieving and upholding the human rights of women are eroded owing to GBV.

Fearon and Hoeffler, (as quoted in Bulte, Lensink & Vu 2016), argue that the costs of IPV globally exceed those of a civil war. KPMG (2014) indicates that GBV and VAW are costly public health

problems. The combined health and economic impacts of VAW tear apart individuals, families, communities and even societies (World Bank 2013).

IPV is a problem that transcends race and class, but the intersecting disadvantages related to race, employment and income make escaping from violence an even bigger challenge. Thus, IPV occurs in affluent neighbourhoods and amongst couples with a high income or level of education too. However, women residing within informal settlements of Kibera face the intersecting disadvantages of poverty and precariousness of life in an informal settlement, limited access to resources and opportunities, as well as context-specific unequal gender roles and norms. As will be demonstrated below, this study has sought to unravel the complexity of such intersecting challenges and the prevention of IPV in the chosen study site.

1.3 PROBLEM STATEMENT

In spite of the fact that IPV is a fundamental problem that limits the economic and social development of women in Africa, comprehending the causes lacks a single, straight-forward approach (Lopez-Avila 2016). The emerging socio-economic and racial-ethnic dimensions of IPV are often neglected in the study of IPV. Ackerson, Kawachi, Barbeau and Subramanian (2008) and Amnesty International (2010) confirm that women's employment and economic autonomy can help them to escape from a violent home. At the same time, findings by Ackerson, *et al* (2008), Amnesty International (2010), Heise, (as quoted in Fulu & Miedema 2015), and DeRiviere (2008) found conflicting and poor links between the economic uplifting of women and IPV, although these authors suggest that this is likely owing to study design issues and difference in research methodologies. This has left a gap in knowledge and updated research on how the empowerment of women and the deterrence of IPV are linked.

The presence of limited empirical research relating to the connection between the empowerment of women to develop and their experience of IPV have yielded varied outcomes. There is a group of researchers who assert that there is a clear link between IPV and socio-economic factors that leads to development, for example:

- A study in Tanzania by Vyas, Mbwambo, and Heise, (as cited in Tandrayen- Ragoobur 2020), found the presence of greater dangers of IPV amongst women who earn money or who own a business in Dar es Salaam, while, in Mbeya, no clear correlation is demonstrated.
- IPV is a global phenomenon (WHO 2013), but the Federation of Women Lawyers in Kenya (FIDA-K 2008) suggest that IPV is endemic in Kenya and linked to women's low socio-economic status and inadequate policy and legal frameworks that condone or ignore IPV.

There is the group of researchers who question a clear link between IPV and socio-economic factors that leads to development, for example:

- Kim, Watts, Hargreaves, Ndhlovu, Phetla, Morison, Busza, John, Porter, and Pronyk, (as cited in Tandrayen-Ragoobur 2020), suggest that the risk of IPV among rural South African populations was reduced as soon as economic and social empowerment that leads to development was introduced to them.
- Jewkes, Dunkle, Nduna and Shai (2010), Krishnan, Dunbar, and Minnis (2008) and Fulu, Jewkes, Roselli and Garcia-Moreno (2013) suggest that the gendered nature of inequality is the common denominator in both the IPV experience and women's economic disempowerment leading to under development. In other words, the one is not the cause or the effect of the other, but, instead, IPV and the lack of empowerment of women have common undergirding causes. Lopez-Avila (2016) and Tandrayen-Ragoobur (2020) suggest that empirical data linking women's disempowerment/under-development with IPV are unclear and that a focus on women's victimhood obscures the discovery of contextually appropriate interventions.

These two conflicting camps that either affirm or question the ability of women's empowerment/development to lessen IPV must be reconciled in a contextualized way for Kenya and its informal settlements if IPV, as an obstacle for gender equality, is to be taken seriously. As noted by Duvvury, Nguyen and Carney (2012), VAW as part of IPV is becoming a significant obstacle to development owing to its weighty personal, economic, social, and political costs. Amnesty International (2010) suggests that a single woman's legal aid centre in Kibera receives up to ten complaints of domestic violence every week.

The Kenya government, via the National Gender and Equality Commission (NGEC), has recognized the existence and intensity of gender inequality and discrimination against women. The NGEC *2019-2024 Strategic Plan* envisions tackling gender inequality and discrimination through the promotion of inclusivity and the enhancement of a just society as envisioned by the Kenyan constitution, Vision 2030, Africa Agenda 2063, and Sustainable Development Goals (SDGs). NGEC has specifically singled out the use of the *Protection against Domestic Violence Act, 2015*, as its tool in addressing violence against women (National Gender and Equality Commission 2019).

In spite of such concerted efforts, there is greater acceptance of IPV as a norm in Kenya, as 36.2% of men and 41.8% of women agreed that physical violence is tolerable in certain situations (Kenya National Bureau of Statistics & ICF Macro, as quoted in Sarnquist, *et al* 2018). Furthermore, the prevalence of violent experiences is high in Kenya, with 44.8% of women reporting physical violence and 14.1% experiencing sexual violence perpetrated by current or former husbands/intimate partners (Kenya National Bureau of Statistics & ICF Macro; as quoted in Sarnquist, *et al* 2018). Bulte *et al* (2016) note that the costs of IPV globally exceed those of civil war. This is an alarming phenomenon.

The emergent COVID-19 pandemic continues to generate unprecedented impacts within societies. Mittal and Singh (2020) observe that violence experienced by women amplified from the onset of COVID-19 restrictions. Restrictions arising from lockdowns, curfews, quarantine, and self-isolation have resulted in domestic zones becoming nurturing ponds for intimate partner violence. Mittal and Singh (2020) further note that abusive individuals have used these restraints to apply overly excessive control over their defenceless intimate partners, limiting access to important goods and amenities as well as delivering dishonest information on COVID-19, a source of further stigmatisation. The persistent experience of defenceless women who have abusive partners, coupled with constraints in communication arising from the social restraints in the wake of the pandemic, have resulted in restricted recourses to manage the situation or to seek and receive assistance.

Studies on the costs of IPV, such as those by Merino, *et al* (2019), WHO (2013) and Ballantine, *et al* (2017), are generally concentrated on industrialized, high-income nations where the availability of data across various categories is readily available as opposed to low-income informal settlements, such as Kibera in Nairobi, Kenya. Understanding the costs of IPV against women is a research phenomenon that is receiving consideration in developing nations particularly focusing on advancing an all-inclusive mechanism to address VAW. Capitalising on this observation, this study has examined the link between IPV factors that inhibit the socio-economic, political, and cultural empowerment of women leading to their personal development and so limiting women's contribution to development especially those living in the informal settlements of Kibera in Nairobi, Kenya.

IPV remains a protracted societal problem confronting many African societies, and it transcends social, economic, religious, and cultural groups. IPV undermines the capacity and potential of women to fulfil their possibility while, at the same time, denying them dignity, safety, and security. Women's social and economic development in Africa, and particularly in urban informal settlements like Kibera, has been limited by the resultant effects of IPV. This is already a problem, and it is compounded by the fact that there is lack of a straight-forward approach and conclusive empirical findings on the causes and effects of IPV on women which leaves a research gap that this study has sought to fill by analysing IPV as it unfolds in the lives of women living in urban informal settlements of Kibera, Nairobi Kenya and how IPV shapes their development.

1.4 RESEARCH OBJECTIVES

1.4.1 The primary research objective

The primary objective of the study was to analyse IPV as it unfolds in the lives of women living in urban informal settlements of Kibera, Nairobi, Kenya and how IPV shapes their development.

1.4.2 Secondary research objectives

1. To analyse the types of IPV experienced by women living in urban informal settlements of Kibera.
2. To examine the factors influencing IPV in informal settlement of Kibera.
3. To evaluate how IPV affects the socio-economic, political, and cultural development of these women, and vice versa.
4. To develop a deeper understanding of IPV from a situated, intersectional perspective in an informal settlement in Kenya, thereby extending the theoretical understanding of this phenomenon; and
5. To make specific policy recommendations on addressing IPV as an obstacle to human development in Kenya.

1.5 RATIONALE FOR THE STUDY

Only a handful of studies (Amnesty International 2010; Swart 2012; Winter, Obara, & McMahon 2020; Kariuki & van Rensburg 2022) have investigated the link between IPV and the economic development of women in the informal settlements of Kibera, Nairobi, Kenya. This study serves to bridge this gap in evidence using data collected from a Kenyan urban informal settlement. The study has sought to generate new knowledge about Kenyan urban informal settlements and the way that IPV shapes the lived experiences of the people who live there. As the study hoped to generate insights that can positively influence policy and solutions to interpersonal violence for the inhabitants of the Kibera informal settlement and other informal settlements in urban Kenya, it is worth noting that the study obtained invaluable and timely insights that led to recommendations for policy and practical actions at the community level and at the national/government level to address IPV.

Bearing in mind the COVID-19 pandemic environment at the time of the data collection for this study and the possible effect on domestic violence and IPV, this study was timely and justified with regard to bringing in new and updated findings relating to IPV in different environments, pandemic environments in this case. The study aimed at gaining a deeper understanding of IPV from an intersectional (ecological) perspective with a view to identifying its socio-economic, cultural, and political effects on women. IPV is one of the protracted problems of social injustice

that confronts many African societies today. The researcher took the opinion that interpersonal violence undermines the capacity of both women and men to fulfil their possibilities and deprives people of dignity and the right to safety and security. Looking at IPV from an integrated ecological vantage point for the inhabitants of sprawling informal settlements was important for evidence-based policymaking. Furthermore, the findings of this study will be of assistance to social service professionals in establishing sustainable ways to combat IPV as suggested by the actionable recommendations made in chapter 6 of this study.

1.6 THE CHOSEN METHODOLOGY

The study has been undertaken in the informal settlement of Kibera in Nairobi County, Kenya. The study has used a descriptive, qualitative research design owing to its ability to be adapted to the practical requirements of the study as it allows flexibility. The study used a multi-stage sampling technique. Firstly, the researcher, using simple random sampling, selected five villages out of the thirteen villages that make up Kibera informal settlement and declared them to be the study sites. Thereafter, a combination of both snowball sampling and purposive sampling were used to select research participants from every village that had been selected.

The inclusion criteria targeted women who had suffered owing to IPV and whose participation in the study did not pose an unacceptable risk of further violence. The inclusion criteria further targeted women who were 18 years and above at the time of the study, living with a partner in a heterosexual union (marriage or other arrangements) or single, and who had given their consent to participate in the study. The study planned a purposive sample of 50 women who had suffered IPV, 10 from each of the five selected villages. Finally, 46 women were recruited, and they were selected with the help of female social workers and representatives of organisations that work for women's empowerment in the Kibera informal settlement.

Additionally, the study purposively selected 20 key informants who provided a valid representation of the administrative leadership, policy, and safeguarding of gender rights in the study location. These included senior government officials of Kibera sub-county as well as NGOs and CBO workers who were dealing with the empowerment of women and GBV programmes,

officials from the ministry of public services, Youth and Gender affairs, the Ministry of Interior and Coordination of National government, Kenya Women Parliamentary Association (KEWOPA) as well as the National Gender and Equality Commission. These key informant interviews were a source of information on policy issues that need to be put in place to prevent IPV.

The data were collected using individual telephonic interviews with the targeted 50 women while the 20 key informants were reached through face-to-face interviews and emailed interview schedules. These methodologies were selected as a preference owing to the COVID-19 protocols that were prevailing at the time. They were preferred to ensure that there was no chance of pre-disposing the researcher or the targeted participants to infection. The telephonic interviews were tape recorded and transcribed in readiness for analysis. Data from the online interview schedules were already in document form and hence no additional transcription was needed for these. The qualitative data collected were analysed using thematic content analysis. The study followed the standards for ethical and safety recommendations for research on domestic violence strictly as discussed in chapter three of this thesis.

1.7 THE CHOSEN THEORETICAL PERSPECTIVE

In andropatriarchal societies, IPV perpetrated by men against women is normalised (Mitullah 1997). Swart (2012) posits that the payment of a bride price in Kenya can partly explain why women are regarded as commodities or possessions to be disciplined through beatings. DeRiviere (2008), Krishnan, *et al* (2008) and McIlwaine (2013) suggest that a family background characterised by accepted or customary household violence is a key factor and intersects with the low levels of education and financial dependency of women, alcohol abuse by one or both partners and the younger ages of women. However, declining economic dependence does not automatically reduce IPV (Heise & Kotsadam 2015). An integrated ecological model of IPV that connects a complex array of factors (Heise, as quoted in Fulu & Miedema 2015) thus seemed suitable.

Theories on IPV focus on factors that cause it, such as personality traits, drug and substance abuse, power relations, cultural norms and learned behaviour. However, these phenomena cannot be explained using one theoretical perspective (Dalal 2011). In this study, the researcher outlined expressive, instrumental, and relative deprivation theories of IPV and suggested why these are rejected and why an ecological theory for this study was favoured instead. These theories cannot explain why men (as opposed to women) develop aggression (Mitullah 1997). The human needs theory was based on clinical observations and not scientific research, thus limiting its scope and applicability. In addition, these theories tend to assume contextual and cultural homogeneity.

The ecological theory proposed by Dutton (2006) is undergirded by a feminist comprehension of the power of patriarchal structures and posits a multi-factor approach to studying IPV. Multiple factors intersecting in the personal, interpersonal, situational, and socio-cultural spheres feed interpersonal violence and IPV. This extends to Heise's (1998) view of intersecting factors in IPV even to including the macro-level effects of globalization and unequal economic development (Mendieta 2007). The researcher regarded this theory as a suitable lens to look at IPV as occurring within a specific context. However, important concepts from feminism as a theory of oppression were used to flesh out the conceptual framework for the study.

1.8 CLARIFICATION OF KEY TERMS

1.8.1 Intimate Partner Violence (IPV)

IPV is gender-based violence that is inflicted primarily by an intimate partner and may be physical, emotional and or sexual (WHO 2013).

1.8.2 Violence against Women (VAW)

Morrison, Ellsberg, and Bott (2007:25) define VAW as *any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.*

1.8.3 Gender based violence (GBV)

This is violence against women and girls and is considered to be most prevalent human rights' violation in the world (Oxfam 2017). GBV knows no social, economic, or national boundaries. An estimated one in three women globally are likely to experience physical or sexual abuse in their lifetime. GBV undermines the health, dignity, security, and autonomy of its victims yet it remains shrouded in a culture of silence. Victims of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death (WHO 2013).

1.9 SIGNIFICANCE OF THE STUDY

This study on IPV has sought to generate new and verifiable knowledge from the Kenya urban informal settlements. The outcomes not only enhanced the existing knowledge scope but also provided information that will be used by future researchers as a basis for subsequent studies. In building on the existing literature and body of knowledge, the inhabitants of Kibera informal settlement and other informal settlements in urban Kenya will find the study results and recommendations important in terms of creating awareness and informing them about the causes and challenges posed by IPV against women. This is expected to inspire a sense of awareness of how to manage IPV as well as how to escape from relationships in which IPV is experienced.

The researcher has gained a deeper understanding of IPV by examining it from an intersectoral perspective (the interconnectedness of effects in the socio-economic, cultural, and political spheres on women as victims). It is understood that comprehending the exceptional nature of GBV in Kibera will certainly inspire policymakers to draft, implement and exercise oversight over policies that seek to end IPV in the informal settlement. The specific focus on Kibera inspired the policy makers and implementers to see the findings as being vital in not only designing new policies but also redesigning existing policies with a view of implementing them in a manner that offers a lasting solution to end IPV, especially in informal settlements.

Men are widely considered as the main perpetrators of GBV, which translates into a critical focus of interventions on the development of women, the predominant victims. The findings of this study and the resultant recommendations will provide a clear dissection of the role of men in IPV and, thus, lead to the implementation of proposals and policies that will ensure that men play a significant role in eliminating IPV. Men will also benefit from the findings of this study in understanding their roles at an individual level as far as eliminating IPV is concerned.

1.10 STRUCTURE OF THE THESIS

In Chapter 1 the researcher provides a brief overview of the IPV issue, the background to the study and the research problem. The chapter further presents the general and the specific objectives of the study, the rationale of the study, the chosen methodology, the chosen theoretical perspective, and the significance of the study. The chapter also entails a clarification of key terms used in the study.

In Chapter 2 the researcher offers a comprehensive review of relevant literature on IPV. This literature ranges from the general overview of IPV to specific aspects of it, especially as it relates to gendered agency within the socio-economic, cultural, and political categories. The researcher discusses the types of IPV experienced by women living in urban informal settlements, factors influencing IPV among the women living in urban informal settlements, how IPV affects women's socio-economic, political, and cultural development. The chapter also discusses past empirical studies related to IPV and the social, cultural, and economic development of women living in informal settlements. In this chapter, the researcher presents a review of the theories that underpin the study. The theoretical framework informing this research is explained and justified.

In Chapter 3 the researcher describes the research design, sampling techniques and the sample size for the study. This is followed by a description of the study site and how respondents were mapped or distributed. The researcher outlines the tools and methods of data collection in accordance with the respective study sources of data. The researcher explains the methods of data analysis for the qualitative data that were collected. The chapter also presents the ethical considerations for this study.

In Chapter 4 the researcher delves into the findings from the data collected from the 50 women targeted in the study. The findings were categorised into different but related thematic strands such as the social, economic, cultural, and political effects of IPV on women, all framed within the prism of agency. The chapter details findings on perpetrators of IPV, while also explaining the coping mechanisms adopted by the women who have suffered IPV. The chapter presents the analysed findings holistically within the stated theoretical framework and tests the findings against the stated objectives.

In Chapter 5, the researcher presents the findings from the data collected from the 20 key informants targeted in the study. The data presented the types of IPV experienced by women living in urban informal settlements of Kibera and the factors influencing IPV in informal settlement of Kibera. The data further explored how IPV affects the socio-economic, political, and cultural development of these women. Furthermore, the data underscored the effectiveness of strategies and actors in addressing IPV and reversing its negative effects.

In Chapter 6, conclusions are drawn, and the specific and general implications of the study findings placed within existing academic and policy context. The chapter concludes with recommendations for further academic research as well as for policy engagement.

CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

In this chapter the researcher presents a review of literature related to the study. This literature ranges from the general overview of IPV to specific aspects of it, especially as it relates to gendered agency within the socio-economic, cultural, and political categories. It discusses the factors influencing IPV in urban informal settlements, how IPV affects women's socio-economic, political, and cultural empowerment in the urban informal settlements and involving men in the prevention of IPV. The theoretical framework is also presented.

2.2 DEFINING IPV

Babcock, Waltz, Jacobson and Gottman (1993) define IPV as occurring where a partner engages in six or more minor acts (pushing or hitting with something), two or more moderately violent acts (slapping) or at least one life threatening violent act (beating up or threatening someone with a knife or gun).

Contextually, Swart (2012) reports on the findings of a study on gender-based violence in Kibera. Basing her findings on a survey sample of 200 women aged from 18 to 30 years, she notes that the survey results indicate high rates of GBV among women, thus raising the need for urgent interventions. The World Bank (2013) suggests that IPV includes physical and psychological violence, while Garcia-Moreno (2006) and Mbwambo, *et al* (2010), affirm that IPV includes physical violence and sexual violence. Panda and Agarwal (as quoted in World Bank 2013) define IPV as including physical (slapping, hitting, kicking, beating, threatening with a weapon, forced sex) and psychological violence (insults, belittlement, threats to woman or someone she cares about or threat of abandonment).

While the above definitions and framing of IPV are suggestive of the actual meanings of what IPV includes, this study has adopted the definition and framing as suggested by Panda and Agarwal (as quoted in World Bank 2013). This is for the reasons that this definition clearly includes other factors such as threats, emotional and psychological aspects of IPV that are often ignored in other definitions.

2.3 FACTORS UNDERGIRDING IPV

2.3.1 Control over household resources and decision-making

IPV is a way of controlling access to resources and decision-making in the domestic sphere (Shahrokh & Wheeler 2014; World Bank 2013). In terms of risk factors that shape a loss of autonomy in decision-making, less educated women are more susceptible to IPV (Ackerson, *et al* 2008) and so are younger women (WHO & the London School of Hygiene and Tropical Medicine 2010).

2.3.2 Traditional gender norms and pervasive gender disparities

Traditional gender norms reinforcing male superiority and entitlement, societal standards that condone or defend violence against women, and poor community punishments against abusers are some of the causes driving the frequency of IPV in Kenya (Ahmed, *et al* 2014). In andropatriarchal societies, IPV perpetrated by men against women is normalised (Mitullah 1997).

Swart (2012) posits that the payment of a bride price in Kenya can partly explain why women are regarded as commodities or possessions to be disciplined through beatings. Ellsberg, Heis, Pena, Agurta and Winkvist (as cited in Swart 2012) have explored linkages between gender violence to bride price payment in Kenya, as well as the possibility that this financial transaction is perceived to be a tacit payment for husbands' unconditional sexual access to their wives. The agreement may also indicate that husbands have permission to beat their wives as a kind of punishment. Were (1967) has similar comments, noting that ethnic and tribal conventions assume that a husband's behaviour of punishing his wife conforms to societal norms.

There is abundant evidence that gender disparities affect men's IPV perpetration and women's IPV experience as well as their risk to contracting HIV, for example in heterosexual marriages (Krishnan, Dunbar & Minnis 2008; Fulu, Jewkes & Roselli 2013; Jewkes, *et al* 2010).

2.3.3 A family background of domestic violence

DeRiviere (2008), Krishnan, *et al* (2008) and McIlwaine (2013) suggest that a family background characterised by accepted or customary household violence is a key factor and intersects with the low levels of education and financial dependency of women, alcohol abuse by one or both partners and the younger ages of women. However, declining economic dependence does not automatically reduce IPV (Heise & Kotsadam 2015).

2.3.4 Poverty and dependency

Bourey, Williams, Bernstein, and Stephenson (2015) and Sarnquist, *et al* (2018) suggest that, when poverty intersects with gender disparities, women are placed in economically and socially dependent relationships with males, increasing their vulnerability to IPV. This worsens the difficulties of negotiating the use of condoms during intercourse or exiting violent and dominating marriages. In addition, economically and socially dependent relationships imply that the women are exposed to coercion, all of which are risk factors for HIV infection and, furthermore, result in deepening and broadening incidents of IPV. In comparison to wealthy women, the vulnerability of poor women is exacerbated by restricted decision-making capacity and, in many cases, low education (Bourey, *et al* 2015; Sarnquist, *et al* 2018).

While it is undeniable that IPV is a worldwide problem encountered by women in both high- and low-income nations (WHO 2013), research repeatedly reveals that women's recent experiences of IPV are very much connected with their experiences of poverty. This is a further dimension that throws in a set of mixed empirical findings on the relationship between IPV and economic status. However, Kim, *et al* (2007) and Tandrayen-Ragoobur (2020) suggest that economic and social empowerment decreases incidences of IPV as seen from findings in rural South Africa.

Traditional modelling methodologies used by economists, although providing a valuable framework for studying bargains in the family at a certain point in time, are unsuitable for modelling violence and results that fluctuate over time (DeRiviere 2008). Employment and other human capital traits, which are thought to promote a woman's exit from a violent family, are typically managed as exogenous in contemporary theoretical formulations. It is argued that violence in the home is strongly related to abused women exogenously determined pre-violence characteristics outside the relationship, such as violence in the family background (Pollak as cited in DeRiviere 2008) and lower levels of education, which make women less likely to engage in paid work, a factor that affects both their opportunities outside the relationship and their chances within a relationship.

2.3.5 Alcohol abuse

In terms of drinking, women whose partners use alcohol on a regular basis are 47 times more likely to experience violence in the seven countries studied by Kishor and Johnson (as cited in McIlwaine 2013). In another study in Peru, Colombia, Haiti, the Dominican Republic and Nicaragua, partner alcohol addiction had the largest and most consistent influence on the chances of suffering domestic violence among all family characteristics (Flake & Forste, as cited in McIlwaine 2013). Alcohol was commonly blamed in Kerala, South India, for male partner violence against women, despite the fact that women saw alcohol as the main reason rather than gendered power disparities (Busby, as cited in McIlwaine 2013). Although it was discovered much later, alcohol usage among spouses can also contribute to domestic violence on the part of women, according to research conducted in the Philippines (Ansara & Hindin as cited in McIlwaine 2013).

2.3.6 How the different factors intersect in Kenyan informal settlements

Nationwide research by the Federation of Women Lawyers in Kenya (FIDA-K 2008) disclosed that gender-based domestic violence and intimate partner violence are prevalent across Kenya, owing to factors like the low status society accords to women, and inadequate policy and legal frameworks that condone the perpetuation of domestic violence.

In Kenya's informal settlements, andropatriarchy lies at the foundation of gender disparities and discrimination against women. A man's dominance over a woman permits him to employ violence and this has for long been considered a legal right and socially acceptable. The notion that women are sub-ordinate to men has become normalised (Pakeesa 2015). Violence against women is a huge societal issue that requires special attention owing to the severe physical, psychological, social, economic, and emotional effects that it entails (Pakeesa 2015).

In a further understanding of the factors influencing IPV in urban informal settlements, Oduro, *et al* (2012) explore how IPV unfolds in informal urban settlements in Ghana, Kenya, and South Africa. The study connected microsystems, such as the school, community, neighbourhood, street, and family to bigger macrosystems, such as poverty, government policies, power relations and structural violence. Arnot, *et al* (2012) conclude that young men use violence for exacting revenge, to acquire respect, to control female sexuality and to act out a common idea of masculinity-on-the-street.

Many women have been abused for extremely weak reasons throughout the years, with little redress. In research performed in the Laikipia area (Kibwana, as cited in Mitullah, 1992), 42.4% of respondents claimed that men had the right to beat their wives for failing to complete household or domestic tasks (33.3%), for being "irresponsible" (13.3%), rudeness (11.1%) and immorality (4.4%). The report also mentions that when spouses are under the influence of alcohol, women are beaten for no apparent cause (Kibwana, as cited in Mitullah 1997). The acceptance of violence is, in fact, a component of the systemic machinery of violence that must be addressed if the situation is to be changed.

2.4 HOW IPV AFFECTS WOMEN'S SOCIO-ECONOMIC, POLITICAL AND CULTURAL EMPOWERMENT IN THE URBAN INFORMAL SETTLEMENTS

A vicious cycle of IPV and financial dependency can occur where the violence is sparked by the fact that the woman has inadequate resources, and it then continues because the IPV lowers her

likelihood to be employed in paid work (DeRiviere 2008). The trauma caused by IPV leads to employment instability, absenteeism that has an impact on productivity and even, in severe cases, of disability (World Bank 2013). Women who have been abused are more likely to have chronic physical and mental health issues, which can significantly restrict their labour force involvement whether or not the relationship is still intact (Winter, *et al* 2020). Whether or not battered women leave the union, the trauma from the cumulative impact of violence diminishes their human capital skills quickly, forcing them into a poverty trap from which recovery is difficult if not impossible (World Bank 2013). This dynamic limit a woman's ability to earn a living for the rest of her life and, among other things, makes escaping conflict situations much more difficult (World Bank 2013).

Many women stay in abusive relationships (Tutty & Goard 2002; DeRiviere 2008; Hetling 2000; World Bank 2013) because of financial dependency, or because the abuse has led to disrupted employment. Duvvury, *et al* (2012: 82) suggest, "*Women experiencing violence do face a very significant monetary drain, which has ripple effects on those around her who often provide the financial support to meet these costs.*" Women who are in violent relationships do not invest significantly in their career progress. Any endeavour by an abused woman to educate herself may be seen by her controlling spouse as an attempt at independence, leading to sabotage (Tutty & Goard, as quoted in DeRiviere 2008). Jealousy and control are at the heart of female abuse. As the level of abuse increases, the likelihood of women being employed decreases, or, if they are employed, their human capital skills degrade quickly, keeping the victims in the secondary labour market where low earnings are the norm, and they are more likely to be found among the working poor.

Domestic violence in marriage is frequently considered as being a coercive weapon at the disposal of one individual for use in controlling the resources or behaviour of the other individual, according to Bobonis, Castro, and Gonzales-Brenes (as quoted in World Bank 2013). It is significant in intra-household resource distribution because spouses who are victims of IPV typically lose authority in household bargaining and decision making, causing them to lose out on resource allocation within the family. Furthermore, this might have a negative impact on children in the home, since

resources may be diverted away from the wife and her children (Rao, as quoted in World Bank 2013).

Beyond the individual level, IPV also has a meso- and macro-effect as women who are victims are stunted in their capability to be part of development as well as being leaders in different capacities (Terry 2004). IPV, especially that in which women are the victims, hampers women's capability to take part in development and leadership. The Oxfam GB Impact Report (2001:17) declares: *“violence is not only a violation of human rights but also deprives women from contributing to the development of the country, by affecting their confidence and self-esteem”*. Women are excluded from participating in politics (decision making) owing to IPV and its effects on their confidence and self-esteem. In the same vein, women (especially those who are poor) in abusive relationships also find it harder to escape owing to socialisation into submissive gender roles.

Furthermore, violence or the prospect of violence dissuades women, as seen in Angola, from involvement in public activities and exercising their rights as citizens. Consequently, Angolan institutions are missing the potential contributions of women (Jacobson & Pereira as quoted in Terry 2004). The full participation of women is required to address global difficulties, such as chronic poverty, deforestation, and public health issues. However, many experiences of abuse by women prevent them from fully contributing, putting a brake on growth (Terry 2004).

IPV against women is a globally recognised fundamental human rights infringement prevalent across high-, middle-, and low-income countries, according to a 2013 WHO report (World Bank 2013). It is also estimated that one in every three women in the world has been physically or sexually assaulted at some point in their lives, illustrating the widespread incidence of such violence (World Health Organization 2021; UN Women 2023; World Bank 2022). The profound consequences of sexual and physical abuse against women are a major public health issue (World Bank 2013). Women survivors of domestic abuse informed Amnesty International (2010) that, in their opinion, violence endured at the hands of their intimate partners was normal. These sentiments are thus a contradiction of the World Bank (2013) report which firmly recognised that IPV against women is a fundamental human rights violation.

Whereas the direct costs of IPV can be calculated, indirect costs, such as lost days of paid work in adults, which are estimated to be 8 million days per year in the United States, and developmental compromise in children are arguably far more significant (Centers for Disease Control and Prevention 2003, as quoted in Sarnquist, *et al* 2018; UN Women 2014). IPV has high economic consequences in terms of service provision expenses, lost income for women and their families, lower productivity, and detrimental repercussions on future human capital creation. Individuals, families, communities, and society as a whole are fractured by the health and economic consequences (World Bank 2013).

The economic independence of women does not protect them against violence, but it does improve their ability to make meaningful decisions. These sentiments are borrowed from Kim, *et al* (2007) and Tandrayen-Ragoobur (2020) who emphasise that economic and social empowerment results in reduced incidences of IPV. IPV does not necessarily diminish when economic dependency decreases; for example, in communities where few women work IPV may grow as women achieve economic freedom (Heise & Kotsadam 2015). As a result, economic interventions aimed at reducing the prevalence of IPV must consider local norms and cultural behaviours before being widely implemented.

2.5 INVOLVING MEN IN THE PREVENTION OF IPV

For almost three decades, researchers in the social sciences (primarily in women's studies, sociology, psychology, and economics) such as Tutty and Carolyn (2002), World Bank (2013), Tauchen, Ann and Sharon (1991) and Rahman, Nakamura, Seino and Kizuki (2013) have studied the prevalence of IPV and its influence on women's psychological and physical safety. Changing cultural norms and societal attitudes has made it considerably less acceptable for men to abuse women physically. Aside from these challenges, society is still grappling and struggling with the unknown reasons why so many women have difficulty exiting a violent relationship and continue to be mistreated by an intimate partner.

Until today, economic models have provided little insight into what keeps some women locked in violent relationships, and they have taught us nothing about best policy practices. By focusing on

the exogeneity of the labour market and other economic variables, false perceptions are created that the simple solution to ending intimate partner violence is found in monetary alternatives outside the relationship, such as education and employment outcomes, or providing shelter assistance (DeRiviere 2008). The safety of battered women is jeopardised when critical aspects of the abuse process are overlooked. This, thus, creates the rationale for aggressively and decisively involving men in the prevention of IPV.

In their report on shifting roles of men in collective action on SGBV in Kenya, Ahmed, *et al* (2014) cite the Kenyan 2008/09 Demographic and Health Survey which found that 45% of women aged between 15 and 49 years have experienced either physical or sexual violence, mostly meted out by their husbands or partners. The authors indicate that, with globalisation, high literacy levels and awareness, men are slowly but steadily waking up to the realisation that they have a key role to play in ending IPV against women.

Ahmed, *et al* (2014:4) have explored a significant programme seeking to engage males in addressing gender inequality. Their mapping workshop report attempted to better the comprehension, awareness, and knowledge of men's evolving roles in Kenyan collective action initiatives to combat IPV.

Anthias (2013: 154) proposes an intersectional approach that looks at the effect of IPV on the socio-economic, political, and cultural empowerment of men and women. Oosterom (2016) favours citizen engagement strategies to transform endemic IPV. Shahrokh and Wheeler (2014:1), in their study on the role of citizens living in informal settlements in stopping violence and promoting peace with a focus on Khayelitsha, Cape Town, indicate that a whole-of-society approach yields more sustainable solutions to IPV than policy approaches alone. What all these authors have in common is the notion that women, just like men, need to be empowered as far as comprehending the deleterious impact IPV has on the development of individuals, children exposed to IPV against their mothers in the home, the intergenerational transmission of the normalisation of IPV and GBV, the developmental potential of the community and the society. It is this call for an integrated approach that inspired the researcher to consider various theoretical frameworks before settling on the ecological framework for this study.

2.6 THEORETICAL FRAMEWORK

Theories on IPV focus on factors that cause it, such as personality traits, drug and substance abuse, power relations, cultural norms and learned behaviour. However, these whole phenomena cannot be explained using one theoretical perspective (Dalal 2011). In the section below, the researcher will outline expressive, instrumental, and relative deprivation theories of IPV and suggest why these are rejected and, instead why an ecological theory is favoured for the study.

2.6.1 Expressive violence theory and instrumental theory

Expressive and instrumental theories hold that IPV is an expression of frustration, anxiety, and the need to exert control over scarce household resources (Bulte, *et al* 2016). Instrumental theory subscribes to the perception that violence gets rid of frustration and anxiety elicited by limitations to traditional androcentric power. The instrumental theory, as advanced by Eswaran and Malhotra (2011), in Bulte, *et al* (2016), assumes violence to be the enabling factor for men to proclaim power and authority in decision-making for limited goods and services within households.

The subculture of violence theory focuses on the specificity of offending. Furthermore, these two theories have been used in studying particular types of crimes, such as homicide. This makes them relatively unsuitable to be used alone in the current context as not all IPV matters usually result in homicide or murder. The instrumental-expressive dimension has been criticised by Felson (1993, as quoted in Youngs, Maria & Eagles 2014) and Tedeschi and Felson (1994, as quoted in Youngs, *et al* 2014), who argue that all violence is goal-oriented, and that expressive violence does not exist. Even expressive acts of violence committed in anger reflect an instrumental reaction to perceived wrongdoing.

Regarding violence as always being instrumental behaviour that is governed by rational choice and chosen on the grounds that some kind of “gain” is involved can be problematic. This is so because it overlooks how purposeful violence provides gratification for perpetrators in many

instances without the calculation of cost and gain but motivated by emotions (Canter & Ioannou, 2004, as quoted in Youngs, *et al* 2014), “thrills,” “missions” (Katz, 1988, as quoted in Youngs, *et al* 2014), among others as seen in collective violence.

2.6.2 The human needs and psychological disorder theories

According to the theory of human needs, when people’s wants are not met, they “*will frequently appear angry and counter-productive, yet they are comprehensible in their context*” (Burton 1990:33). Burton (1990:33) goes on to say that “*if the social environment were modified, particularly the way parties regard one other, conflict would end.*” All conflict stems from unsatisfied human wants, and, if both sides agree that their needs can be met without any party losing, conflict may be resolved without resorting to violence. Inter-personal social gender conflict, including violence against women, has come to be regarded as an intrinsically psychological problem (Mitullah 1997). Psychological complexes, such as ambivalence, displacement, scapegoating, excessive affiliation with inflexible ideologies and cultural brainwashing are all discussed. This idea explains certain deviant behaviours, such as rape and murder, in terms of the individual’s psychological illness (Olawale, as cited in Mitullah 1997).

According to the psychological disorder paradigm, persons who commit acts of violence are neurotic patients. Psychological problems can be caused by a variety of external factors. Unemployment, inadequate wages, and the inability to satisfy family obligations are all variables that might lead to an increase in gender violence (Mitullah 1997). The psychological disorder theory is distinct from the psychological underpinnings of conflict theory, which relates to perceptions, attitudes, and values, many of which are taught via socialisation and so may be unlearned.

Intrapersonal psychological difficulties, such as ambivalence, displacement, scapegoating, excessive affiliation with strict ideologies and cultural indoctrination are highlighted in these theories (Olawale 1996). They recognise the importance of a variety of factors in triggering psychiatric problems, such as unemployment, low wages, and the inability to satisfy family obligations. Individuals behave with aggression when their wants are not met according to the

human needs' theory, and this may be interpreted in terms of the aggressor's context or social environment (Burton 1990).

These theories link IPV to unfulfilled human needs that lead to frustrations, conflict, and violence, but the psychological theories add intrapersonal traits (such as neurosis, scapegoating, displacement, and poor coping strategies, including violence as learnt behaviour) to such interpersonal stressors (Mitullah 1997; Olawale 1996). Interpersonal stressors include joblessness, inadequate wages, and salaries as well as a failure to maintain the needs and wants of the households (UNESCO 1981).

2.6.3 Limitations of the expressive, instrumental, human needs and psychological disorder approaches to IPV

These theories cannot explain why men (unlike women) become aggressive, but the environment has an impact on both genders. It also leaves the problem that women are subjugated in economic, social, and political life, thereby making women dependent on men unaddressed (Mitullah 1997). The human needs theory was based on clinical observations and not on scientific research using large population samples, thus limiting its scope and the application of the theory. The theory further does not consider possibilities of cultural differences, but, rather, it assumes that similar needs apply equally to all human societies.

2.6.4 Relative deprivation theory

This theory would see IPV as stemming from a discrepancy between expected and actual achievements. Systemic frustration, as envisaged by Feierabend (1969), regards interpersonal violence as typical of a society in transition. Kenya can be regarded as being in transition since the 2002 elections, yet, for the people living in the urban slums of Nairobi, vulnerability and deprivation are lived realities. Coupled with an androcentric view of the male provider/breadwinner, this creates a fertile environment for IPV (Gonalons-Pons & Gangl 2021).

Actual relative deprivation arises where persons are objectively deprived when compared to their peers. Manifestations of this relative deprivation include variations in wealth, income, and lifestyle. Such situations encompass quantifying individual economic well-being and while observing that it is not distributed in society (Feierabend 1969). Therefore, the theory implies that a society marked by stark inequalities is one prone to interpersonal violence. In this regard, Oxfam (2017) reports that Kenya, despite its economic growth since 2005, is a very unequal society. The wealthy minority accumulates wealth and income, but this does not trickle down to the 2.9 million living in extreme poverty (Oxfam 2017). At face value, relative deprivation theory seems to offer an explanatory framework for aggression expressed by a whole group. However, the theory fails to account for aggression that does not stem from other factors such as social learning.

According to Gurr (1970), relative deprivation theory complements psychological and aggressive theories. It claims that, if there is a gap between one's expected and tangible results, one might become hostile. Gurr goes on to say that the severity and scope of relative deprivation among members of a particular grouping or formation has a major bearing on the potential for collective violence. This is strongly connected to the systemic frustration theory of Feierabend (1969), which regards violence as being a symptom of a society in transition. For the people living in the urban slums of Nairobi, vulnerability and deprivation are lived realities. Coupled with the androcentric view of the male provider, this creates a fertile environment for IPV. Actual relative deprivation is a scenario in which people are objectively poor in comparison with others. This is typically expressed as disparities in wealth, income, or lifestyle, and it might include evaluating each person's economic well-being in relation to the distribution of wealth in society.

Many real-life instances are among the theory's strengths. The theory's practical application and scientific effectiveness can explain why some well-off members of minority groups continue to suffer relative deprivation, as well as why some well-off members of minority groups continue to sense relative deprivation (fraternistically rather than egoistically).

The theory has flaws, because it ignores cognitive processes in terms of self-perception, and it does not consider that aggression can be caused by factors other than frustration, such as social learning. It also does not consider that frustration can lead to other behaviours, such as depression

or despair. It also does not state how individuals or groups choose which another group to which to compare themselves.

2.6.5 Integrated ecological theory

Dutton (2006) postulated an integrated the ecological theory that is based on a feminist understanding of the power of patriarchal structures and that suggests a multifactor approach to studying IPV. Multiple factors intersecting in the personal, interpersonal, situational, and socio-cultural spheres feed interpersonal violence and IPV. This extends to other views supporting the notion of intersecting factors in IPV even to including the macro-level effects of globalisation and unequal economic development (Heise 1998; Mendieta 2007).

An integrated ecological model of IPV connects a complex array of factors (Heise as quoted in Fulu & Miedema 2015) and, thus, seems suitable to account for various factors undergirding IPV. The integrated ecology model of Heise (as cited in Fulu & Miedema 2015) proposes that IPV is impacted by a vast set of linked elements at the individual, relationship, community, and macro-levels. The model's most recent revision has been reinforced by new research relative to the risk and preventive factors associated with IPV, as well as the incorporation of scientific findings across low- and middle-income nations (Heise as cited in Fulu & Miedema 2015). For instance, Fulu and Miedema (2015) note that the model now summarizes factors associated with both women's experiences and men's perpetration of IPV. In their study, which focused on exploring the linkages and relations between globalized phenomena and women's lived experiences of IPV, they suggested that, in the globalised world in which we currently live, there is need for further analysis on how violence against women specifically is affected by cultural and social factors related to globalization.

The analysis by Fulu and Miedema (2015) attempts to move beyond static conceptualizations of globalization, and it connects global trends with tensions, resistance, and change at the local level and uses these empirical links to expand the ecological model so that it can effectively frame women's experiences of gender violence in reference to the "shifting terrain of globalizing processes". Their study proposed to include globalization as an overarching contextual framework

of the ecological model opening up an important analytical space to assess how global shifts interact with and influence the rest of the model.

In their propositions, UN Women (2013) noted that, while applying the integrated ecological model to the 21st century development interventions, it is important to reduce risk factors through, for example, interventions that target childhood abuse (individual level), exposure to parental conflict as a child (relationship level), weak community sanctions against GBV (community level), and poverty (society level). It is also critical to understand and support protective factors.

The most notable strength of the ecological theory is that it deals with living things in their natural context rather than in artificial isolation. This is due to its emphasis on interrelationships and linkages, which are critical for comprehending life as a whole (Pollak 2004).

The shortcoming of the ecological theory lies in its attempt to account for a broad scope of intersecting factors that then diffuse attention (Heise 1998). For example, given the vast array of factors, interventions may focus on only a specific component of communities or on security in the physical environment, and so neglect other factors (Heise 1998).

The researcher regarded this theory as a suitable lens through which to look at IPV as occurring within a specific context. However, important concepts, from feminism, for instance, and the theory of oppression, reproductive rights and gender stereotypes were used to flesh out the conceptual framework for this study. Figure 2.1 below shows the integrated ecological model in terms of IPV as proposed by Heise (1998).

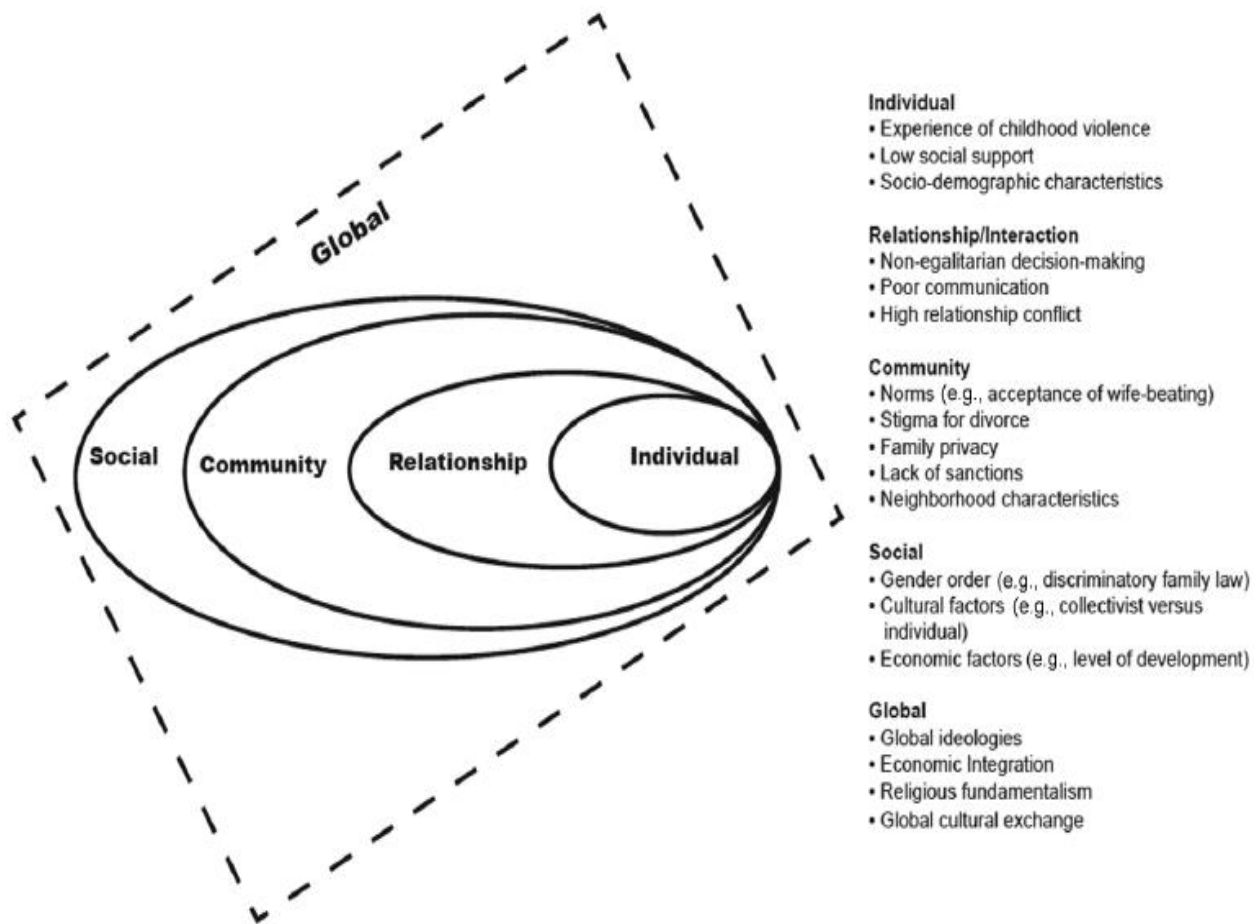


FIGURE 2.1: THE INTEGRATED ECOLOGICAL FRAMEWORK FOR IPV

Source: Heise (1998)

For this study, the researcher relied on concepts stemming from the ecological theory and added the notion of “shared oppression” from feminist understandings of interpersonal violence to analyse the stated research problem. Below, each of the categories of factors as depicted in Figure 2.1 are discussed in detail.

2.6.5.1 Individual level factors: IPV as linked to childhood violence, low support and socio-demographic characteristics

The WHO (2012) notes that some of the individual factors associated with IPV include seeing or being a victim of violence when still young, a history of abusing partners, experiencing violence between parents and low education levels. Frade and De Wet-Billings (2019) conclude that, among

children, poor academic performance is related to seeing IPV. Additionally, male children who witness IPV most likely end up becoming perpetrators of IPV in their adulthood.

Nguyen, Ostergren and Krantz (as cited in Gibbs, Julienne & Jewkes 2018) indicate that there exists a relationship between low financial status and physical violence. This is in the sense that, while overlooking how socio-economic status (SES) is measured (level of education or source of income), low SES on the part of the male spouse is related to increased risk of physical IPV. Women's poor psychological well-being, including depression and post-traumatic stress disorder (PTSD), are perceived as being predisposing factors for IPV (Nguyen, *et al* as cited in Gibbs *et al*, 2018).

Social support and assistance cushion women from exploitation arising from IPV (Capaldi, *et al* 2012). Maas, Fleming, Herrenkohl and Catalano (as cited in Frade & De Wet-Billings 2019) analysed dating violence victimisation for young men and young women and found that, while controlling for a few factors, for example, poverty, abuse, parental IPV, social aptitudes, externalising, internalising, and alcohol use, higher attachment to parents protectively reduced the risk of IPV for the young women and young men.

2.6.5.2 Relationship and interaction level factors: IPV as related to relationships

Cui, Durtschi, Donnellan, Lorenz, and Conger (2010) establish that couples who were cohabiting had higher chances of experiencing IPV in comparison to formally married couples. Similar findings were espoused by Magdol, Moffitt, Caspi, and Silva (as cited in Gibbs, *et al* 2018) who note that that IPV was more prevalent among cohabiting couples as compared to dating or wedded couples.

According to the WHO (2012), issues such as conflict or disappointment in relationships, male dominance in the home, financial strain, males having several sexual partners and differences in educational attainment are all recorded (where a woman has a higher level of education and training than her male partner). Low relationship satisfaction and high discord or disagreement are

both proximal predictors of IPV, with high discord being a particularly strong predictor (WHO 2012).

2.6.5.3 Community level factors: IPV and community norms

Modie-Moroka (2014) demonstrates that IPV is most likely to arise in patriarchal societies. In particular, Modie-Moroka (2014) reveals that the patriarchal structure embedded within the Setswana culture had given men power over women with, hence, the persistence of violence. Men have been given decision-making roles so giving them the power over women, and that escalates the rate at which IPV occurs (Modie-Moroka 2014). According to an Amnesty International report (2010), women survivors of domestic abuse believe that violence, particularly physical violence at the hands of their spouses or intimate partners, is typical in their community.

Ellsberg, *et al* (as cited in Swart 2012) discuss the relationship of GBV to bride price payment in Kenya and the possibility that this monetary transaction indicates tacit payment for a husband's unconditional sexual access to his wife. The agreement may also imply that husbands have permission to beat their wives as a kind of punishment. As noted by Siegel (1996), in the American law (during the nineteenth century), while authorities denied that a husband had the right to beat his wife, the state intervened only intermittently in cases of marital violence. Men who assaulted their wives were often granted formal and informal immunities from prosecution in order to protect the privacy of the family and to promote "domestic harmony". The presence of ethnic and tribal conventions assumes that a husband's practice of punishing his wife fits within society standards. As a result, approval of violence constitutes the structural machinery of violence which must be addressed if change is to be achieved (Siegel 1996).

2.6.5.4 Social level factors: IPV and global cultural exchanges about gender equality

Gender and violence provide a rather complicated association. Gender norms throughout society influence and reinforce the diverse roles and behaviours of females and men, children, and adults. Gender roles and behaviours differ, resulting in inequities in which one gender gains power at the expense of the other. Inequalities in gender frequently enhance the chance of men committing acts of violence against women (Fulu & Miedema 2015). Traditional gender norms that support male superiority and entitlement, social norms that tolerate or justify violence against women, and weak community sanctions against perpetrators are some of the reasons associated with the prevalence of sexual and gender-based violence in Kenya, according to Ahmed, *et al* (2014) in their report on the shifting roles of men in collective action on SGBV in Kenya.

In Kenya, as in most African nations, culture and customs favour male dominance in family, religion, law, politics, economics, and socio-cultural behaviours. Domestic violence is frequently dismissed as being a private matter that does not require measurement, action, or sufficient documentation for governmental intervention. The high prevalence of violence against women (VAW) takes many forms, and it has a significantly detrimental impact on their good development, particularly in urban squatter communities (Nasrullah, *et al* 2015).

2.6.5.5 IPV and the feminist notion of shared oppression

Ramazanoglu (1989) advances the feminism theory of oppression and postulates that there are two distinctive phases in the theoretical understanding the oppression of women. The first phase was in the 1960s when the idea of strong, irreconcilable and opposing gender interests implied that men generally dominate women and benefit from that domination. The second phase was in the 1970s where the notion of opposing oppression changed to that of shared oppression, where women were no longer seen as a homogenous group suffering the same oppression.

Male dominance and female oppression focus on the relationship between the genders while fully accounting for contextual factors as well as for women's relationship with other women (Ramazanoglu 1989). Feminist points of view consider gender to be the focal part of IPV, which

is viewed as a gender orientation with the explicit articulation of man-centric mastery of women by men in intimate relations (African Institute for Children Studies 2015). Feminist theorists, like Ramazanoglu (1989), accept that IPV cannot be sufficiently comprehended through any system that does not include sexual orientation as the essential focal point of investigation. Mackenzie (2023:7) explains the social dynamics of the oppression of unequal gender relationships succinctly by saying: “*Cultural narratives that entrench prejudicial social stereotypes, scripts, and biases, or that rationalize social relations of domination and subordination can be similarly psychologically damaging and self-reinforcing when internalized in agents' self-narratives.*” The value of adding shared oppression to the ecological framework as a theoretical lens in this study is that it has allowed for a contextual understanding of IPV in a setting of precarious existence in a sprawling informal settlement to sensitise the data collection to the way in which women can perpetuate the normalisation of IPV and how such a normalisation can be transmitted inter-generationally.

2.7 CONCLUSION

In conclusion, Holland, Ramazanoglu, Sharpe and Thomson (1994:22) aver that femininity embodies power relations via which masculinity is created as the superior and femininity the inferior. They say that, by actively recognising the societal moulding of their material bodies, women may take control of their sexuality in an active femininity if they are empowered. This feminist approach to the study of women’s empowerment was useful to the researcher’s work. Gibbs, Jacobson, and Wilson (2017) investigated the relationship between IPV and HIV/AIDS and discovered that these are co-occurring worldwide epidemics with comparable fundamental causes of gender and economic inequality. Their investigation of economic interventions aimed at preventing IPV and/or HIV risk behaviours found that initiatives that included economic strengthening and gender transformational interventions had a higher likelihood of success than any other. In this study, the researcher went further to engage the link between IPV, women and men on the one hand, and its effects on socio-economic, cultural, and political empowerment of women on the other.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

In this chapter the researcher presents the research methodology that was adopted in this study. It includes the research design, sampling techniques and the sample size, study site and how respondents were mapped or distributed. It further outlines the tools and methods of data collection in accordance with the respective sources of data. The chapter also explains the methods of data analysis employed on the qualitative data that were collected, the ethical considerations as well as the clarification of key terms used in the study.

3.2 THE STUDY SITE

This research study was undertaken in Kibera in Nairobi County, Kenya. This urban informal settlement had sprung up out of a forest seven km from Nairobi City as a result of land being allocated to Nubian soldiers returning from service in 1904. Kibera is the largest informal settlement in Kenya with about 250 000 inhabitants (Owino 2020).

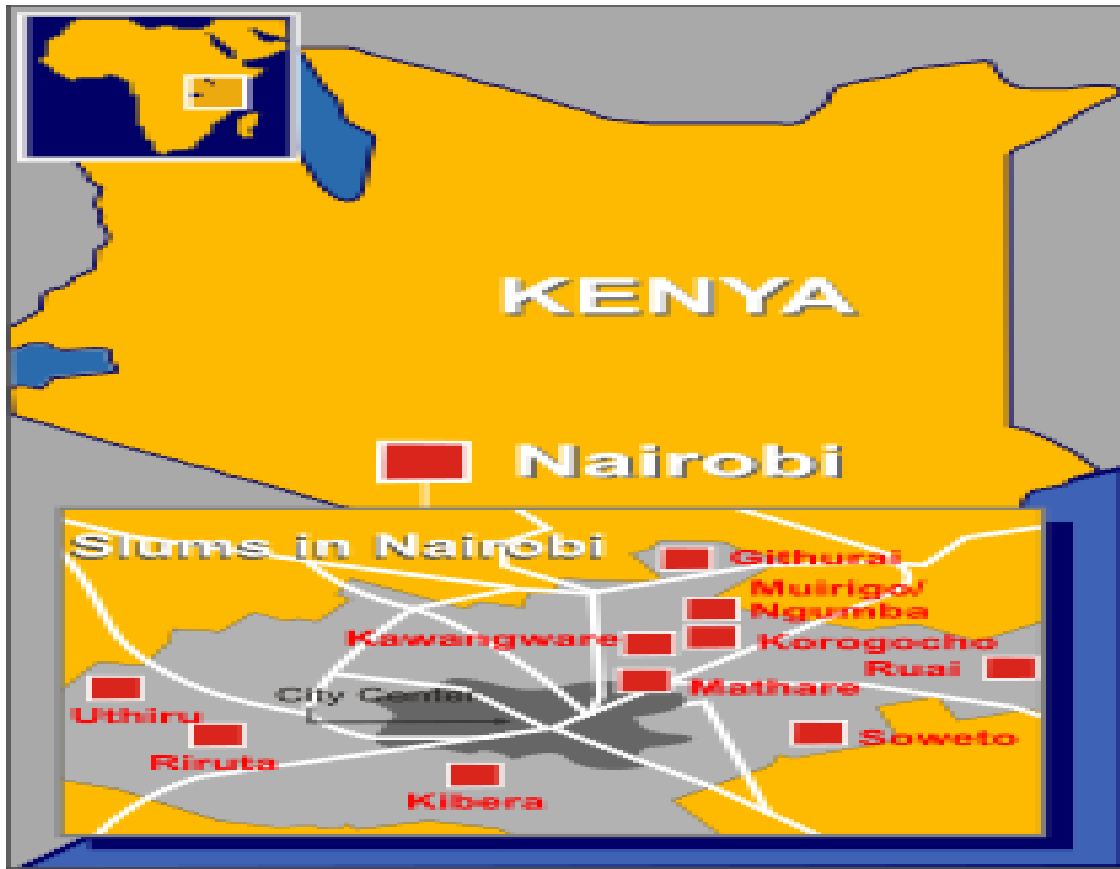


FIGURE 3.1: MAP SHOWING THE LOCATION OF THE KIBERA SLUM

Source: <https://en.wikipedia.org/wiki/Korogocho>



FIGURE 3.2: MAP OF NAIROBI, KENYA SHOWING KIBERA AS ONE OF THE INFORMAL SETTLEMENTS

Source: <https://en.wikipedia.org/wiki/Kibera>



***FIGURE 3.3: AERIAL PHOTOGRAPH OF THE DENSELY POPULATED KIBERA
INFORMAL SETTLEMENT***

Source: <https://en.wikipedia.org/wiki/Kibera>

The Kibera informal settlement covers an area of approximately four-square kilometres. The Ngong River and a railway line are the key defining borders of Kibera. The settlement is multi-ethnic, being home to many different ethnic communities (Owino 2020), including the Nubians, Luhya, Luo, Kikuyu, Kamba and Kisii. The Kibera slum is considered the largest informal settlement in Kenya and the largest urban slum in Africa (International Medical Corps 2014). Its population is estimated to be 250,000 (World Population Review 2019). Kianda, Soweto East, Gatwekera, Kisumu Ndogo, Laini Saba, Siranga, Makina and Mashimoni are the villages that make up the Kibera Slum.

The International Medical Corps (2014) notes that most of the residents of Kibera live in extreme poverty with a daily income of less than one US dollar. Rates of unemployment are also extremely high, especially among the youth. 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 have shown to be contributing factors of IPV. Being the largest informal settlement in Kenya, Kibera formed a suitable site for the study as it possesses the relevant characteristics of an informal settlement, and the results could be easily mapped onto other informal settlements. Furthermore, Kibera was

selected as the study site based on earlier findings of this study which showed that very few studies, in fact, only four, have been conducted in Kibera in relation to IPV and the lived experiences of women and, thus, there was a need to fill the research gap.

3.3 RESEARCH DESIGN

The study used a qualitative descriptive research design owing to need to understand how individuals experience IPV, which is a sensitive issue. A qualitative orientation allowed the use of purposive sampling, thereby eliminating the need for a sampling frame, whilst allowing for a flexible selection of interviewees who had experienced IPV in the past, but who were at the time of recruitment in safe spaces to talk about their experiences without the danger of retaliation by the abuser. Long and Johnson (2000) note that the primary strength of qualitative research designs is their strong internal validity, because they allow the researchers to intensively interrogate a few variables.

The use of a qualitative descriptive research design requires that a researcher asks questions relating to the knowledge, meaning making and experiences of participants relevant to specific issues in the past or present (Mugenda & Mugenda 2003). This, thus, made this research orientation suitable for this study as IPV is an issue that has happened in the past and continues to happen in the present. Additionally, in a qualitative descriptive research design, researchers generally draw from naturalistic perspectives, examining phenomena in their natural state. In comparison to other qualitative approaches, a qualitative descriptive research design facilitates inductive building up of emergent themes about the study phenomenon during the planning and execution of the study (Noble & Smith 2015).

In keeping with a qualitative orientation, data collection for this qualitative descriptive study was done through semi-structured interviews. Transcribed interview data were then analysed using thematic content analysis in keeping with the approved strategies for data analysis for a qualitative study (Noble & Smith 2015). The primary objective of the study was to analyse IPV as it unfolds in the lives of women living in urban informal settlements of Kibera, Nairobi, Kenya and how IPV shapes their development. In this regard, Creswell and Creswell (2023:193) says that “*the entire*

qualitative process” requires the researcher to “*focus on learning the meaning that the participants hold about the problem or issue.*” The secondary research objectives focus on developing “*a complex picture of the problem or issue under study*” (Creswell & Creswell 2023:195) by learning from the research participants about the types of IPV experienced by women living in urban informal settlements of Kibera, examining the factors influencing IPV in the study area, and evaluating the myriad of ways in which IPV affects the socio-economic, political, and cultural development of these women. Finally, Creswell and Creswell (2023:194) state that “*qualitative researchers typically work inductively, building patterns, categories, and themes from the bottom up by organising the data into increasingly more abstract units of information*”, which is captured in the final secondary research objective, which was to develop a deeper understanding of IPV from a situated, intersectional perspective in an informal settlement in Kenya, thereby extending the theoretical understanding of this phenomenon; and To make specific policy recommendations on addressing IPV as an obstacle to human development in Kenya.

3.4 PHILOSOPHICAL ROOTS OF THE SELECTED METHODOLOGY

This study was based on the interpretivism philosophy which focuses on meaning and employs multiple methods to reflect different aspects of an issue. Primary data generated via interpretivism studies might be associated with a high level of validity because data in such studies tends to be trustworthy and honest to the context and the people who are directly involved in, or proximate to the phenomenon being studied (Creswell & Creswell 2023:6-11).

3.4.1 Ontological assumptions

Interpretivism assumes that reality as we know it is constructed intersubjectively through the meanings and understandings developed socially, contextually, historically, and experientially (Creswell & Creswell 2023:6-11). In the current study, the researcher reported different perspectives on IPV as expressed by the women who experienced it and the support experts who work at interventions. Interpretivists adopt a flexible research approach to capture meanings in human interaction and in sense-making (Creswell & Creswell 2023:6-11).

3.4.2 Epistemological assumptions

The epistemological assumption of the interpretivism philosophy speaks to the desired information in which a study is interested, in other words. what some people think and do, what kind of problems they are confronted with, and how they deal with them (Creswell & Creswell 2023:6-11). Interpretivist knowledge claims are created inductively in each interview, case-by-case, meaning that the researcher must remain open to new knowledge throughout the study (Creswell & Creswell 2023:6-11).

The researcher made it possible to obtain actual lived experiences of IPV among the women who were involved in the study by fully immersing himself in the field, orienting himself with issues related to IPV. The researcher relied on the specific statements as put across by the women, foregrounding *verbatim* quotations, and triangulating findings from the women who experienced IPV in the past with the interviews from the key informant interviewees.

3.4.3 Axiological assumptions

Interpretivists posit that social reality cannot be separated from our knowledge of it, and this means that researchers' values are inherent in all phases of the research process (Creswell & Creswell 2023:6-11). The researcher acknowledged that research is value-laden and that biases are present in relation to his role in the study context. To balance this, the researcher presents the narrative data as expressed by the interviewees. During the interviews, the researcher tried to foster a dialogue with the interviewees with the aim to understand how they see, experience and interpret the meanings in human behaviour around the phenomenon of IPV.

3.5 THE STUDY POPULATION, SAMPLE SIZE AND SAMPLING PROCEDURES

This study utilised a multi-stage sampling technique to select village administrative units and then employ snowball sampling to select participants. Villages that make up Kibera include Laini Saba, Soweto East, Soweto West, Raila, Kisumu Ndogo, Kianda, Mashimoni, Makina, Silanga, Kichinjio, Kambi Muru, Lindi and Gatwekera. The researcher used simple random sampling to select five villages by numbering each village, then putting pieces of paper with the numbers in a hat and selecting five numbers. The five villages that were picked in this way were Laini Saba, Soweto East, Makina, Kisumu Ndogo and Gatwekera.

In each selected village, eligible research participants were selected with the help of female social workers and representatives of organisations that work for women's empowerment. Such organisations include Carolina for Kibera, SHOFCO, SASA, The Nairobi County Project and the Gender and Violence Recovery Center (GVRC) in Nairobi. These representatives have both rapport and efficient networking with women in the informal settlement and know the cases of women who have suffered owing to IPV but also for whom participation in the study did not pose an unacceptable risk of further violence (via retaliation). To be able to have 50 research respondents, 10 women in each of the selected villages were purposefully chosen according to the inclusion criteria.

Inclusion criteria were that each selected participant had to be:

- an adult woman aged 18 years or older at the time of sample recruitment.
- living with a partner in a heterosexual union (marriage or other arrangements) or single having separated from their relationship.
- willing and able to participate in the study.
- able to grant informed consent; and
- Identified by the organisations mentioned above as potential research participants willing to be part of the study safely.

A sample size of 50 was arrived at, based on propositions by Dworkin (2012). He asserts that qualitative studies use smaller sample sizes unlike quantitative studies since qualitative study

methods stress obtaining an in-depth understanding of a phenomenon, surrounding concerns, processes, contexts, and relationships. In-depth interview work is more inductive and emergent; thus, grounded theory and in-depth interviews build themes from the data and analyse links between the themes while attending to how the ‘lived experience’ of participants might be interpreted (Mugenda & Mugenda 2003).

Furthermore, a sample size of 50 was deemed adequate as Dworkin (2012) recommends that for a grounded theory or a qualitative study, 25–30 participants are adequate to attain saturation and redundancy as well as being satisfactory for publications in journals as well as for academic purposes (Dworkin 2012). The growth of theoretical categories (i.e. themes that contour the phenomenon being studied) is connected to theoretical saturation (Dworkin 2012). The introduction of new codes or themes is referred to as inductive thematic saturation (Dworkin 2012). When no new elements (themes) are discovered, data gathering is deemed to be saturated and added information is no longer essential because it does not change the understanding of the phenomenon being studied. It is a criterion that allows the validity of a data set to be determined.

Out of the targeted 50 interviews with selected women in Kibera, the researcher successfully conducted 46 interviews. Mugenda and Mugenda (2008) note that an actualised sample of above 75% is sufficient for a qualitative study. The current study employed the theoretical saturation technique using five procedural steps. The first was to record raw data. During the interviews, audio recorders were used to capture all the raw data. The second step was immersion in data through reading of data obtained through interviews as they were conducted. Step three was the compilation of individual analyses of each interview and thematic grouping where, when performing thorough reading, the themes were organised through colorimetric codification. Step four was theme allocation. By applying the colorimetric method, responses related to each theme were placed in respective colours. Step five was attaining theoretical data saturation through the absence of new elements for each grouping/theme.

The researcher found that women were eager to participate in the study, and this was explained by the research participants as being related to the fact that the Kibera informal settlement, in the past, has had unending episodes of IPV. In view of the need to study such trends and inform effective,

efficient, and context-specific interventions, research participants were willing and eager to participate in the study with the hope that issues to do with IPV would be put in the limelight and the necessary institutions would be spurred on to take action to curb the scourge of IPV.

The researcher purposively selected 20 key informants to be part of the study. The study settled on 20 key informants, as they are a valid representation of the administrative leadership, policy, and safeguarding of gender rights in the study location. These representatives have a rapport and efficient networking with women and men in the informal settlement and know the cases of women and men who have suffered from or perpetrate IPV. The gatekeepers were instrumental in the identification and recruitment of respondents because of cultural barriers that existed as well as their networks and knowledge of Kibera settlement dynamics. The representatives, working in collaboration with the researcher, decided for interviews, time, and place as per convenience of the respondents. This was in view of security and confidentiality concerns.

These representatives included senior government officials in Kibera sub-county as well as NGO and CBO workers who are dealing with the Women Empowerment and GBV Programmes, officials from Ministry of Public Service, Youth and Gender Affairs, The Ministry of Interior and Coordination of National Government, Kenya Women Parliamentary Association (KEWOPA) as well as the National Gender and Equality Commission. These key informant interviews sourced information on policy issues that could be put in place to prevent IPV. These 20 informants were spread across the following categories:

- From the Ministry of Public Service, Youth and Gender Affairs, the researcher purposively selected the Director of the State Department for Gender for the reason that this is the prime official who is in charge of gender issues in the ministry and will provide better information on policy and programmes on gender-based violence, a mandate domiciled under this department.
- From the Ministry of Interior and Coordination of National Government, the researcher purposively selected 14 officials who included the Officer Commanding Police Division (OCDP), Officer Commanding Station (OCS) for the three police stations and police posts, officers in charge of gender desk at the three police stations and police posts and two chiefs and five village elders representing the five villages. The reason for choosing these specific

officers is that they are directly involved in receiving complaints associated with IPV, and documenting and recommending perpetrators to be prosecuted.

- The researcher also interviewed the chairperson of the KEWOPA as well as a member of KEWOPA to receive a view on what policies and laws the women parliamentarians have put in place to protect women from GBV.
- From the National Gender and Equality Commission, the researcher purposively selected the commissioner in charge of gender affairs.
- From SHOFCO, Carolina for Kibera, The Nairobi County Project and the Nairobi GVRC Executive directors and Programme managers were purposively selected.

3.6 METHODS OF DATA COLLECTION

Data were collected through interviews, specifically individual telephonic interviews with 46 women in Kibera. For the 20 key informants, e-mailed interview schedules were used. Issues to do with GBV or IPV are usually considered private, and victims usually shy away from sharing their experiences. Additionally, the fear and risk of increased violence as a result of reporting cases of violence is real. In view of ensuring that the recruited interviewees did not experience retaliatory violence arising from their being part of this study, telephonic interviews were most feasible.

The use of telephonic interviews ensured that respondents submitted responses at their own convenience without interference from or knowledge of their partners. In the same vein, by observing the COVID-19 protocols on social distancing and no gatherings, telephonic interviews were preferred to ensure that there was no chance of pre-disposing the researcher or the targeted participants to infection.

The strengths of telephonic interviews include reduced costs as compared to face-to-face interviews and the ability to collect so much information in a brief time irrespective of geographic scope. However, this technique has several weaknesses, such the inability to use visual aids in the interview process and participants hanging up the call before the interview finalises (Drabble, Trocki, Salcedo, Walker & Korcha 2016).

Key informants targeted were individuals with busy schedules so having a sit-down interview during their course of work was not feasible in some instances. As such, emailed interview schedules were the most valid method of collecting data from the key informants. The strengths of emailed interview schedules include the absence of interviewer bias and the ability to facilitate data collection even over vast geographic scopes with scattered participants (Mugenda & Mugenda 2003). Its weaknesses include the fact that the methods cannot be used with illiterate respondents, elevated levels of incomplete questionnaires returned, and they may be subject to technological failures (Mugenda & Mugenda 2003).

3.6.1 Telephonic interviews with purposefully selected women in Kibera

An interview schedule was developed for the women to elicit responses regarding:

- Lived experiences of psychological, physical, sexual, and economic violence in intimate heterosexual relationships in Kibera.
- Gender norms and IPV in Kibera.
- Views of relative deprivation and cycles of violence (e.g., childhood experiences of violence, normalisation of IPV).
- Contextual factors that surround IPV in Kibera.
- The nature of heterosexual relationships.
- What the “gender order” in Kibera is; and
- An understanding of gender equality and “shared oppression”.

The interview schedule was drafted, and pilot tested using English as this is commonly spoken in Kenyan urban areas. Additionally, the interview schedule was presented to the study supervisor and a panel of adjudicators for review and amendments. The interview schedule was revised based on the feedback received from the supervisor and the panel of adjudicators. The amendments included refocusing the interview guide to have guiding questions relating to IPV and not GBV. Additionally, amendments were made to ensure that the interview guide specifically captured issues relating to IPV against women and the role of men in eradicating IPV.

The reason the researcher opted for individual interviews as opposed to group and focus group interviews firstly relates to the sensitive nature of the key issues under investigation. Secondly, this technique used in data collection allowed for detailed descriptions of respondents' knowledge, attitudes, perceptions, and experiences. The interviews were open-ended and conducted in a conversational style.

Being telephonic interviews, the researcher endeavoured to make sure that the participants were in a place that was comfortable for them to receive the telephone call and respond to interview questions without fear of any other third-party listening in. The researcher made use of the NGOs as listed above and social workers to provide environments such as offices, premises or private dwellings depending on the convenience and privacy of the respondents. In all cases of telephonic interviews conducted outside the participating women's dwelling (i.e., at the offices of the social workers or the NGOs), strict safety protocols for COVID-19 transmission prevention were adhered to as applicable to that particular office.

The researcher requested the social workers to provide a list of women who had experienced IPV and are captured in the records maintained by the social workers, private and public agencies (police posts/stations, CBOs, and NGOs) confidentially. This request was made through formal communication with strict conformity to the confidentiality of the identities of these women. From the list provided, the researcher, with the aid of the social workers, summarily went through the individual experiences of the women on that list paying keen attention to their experiences and establishing which of the women were less likely to face any risks of IPV because of being involved in the study. This case-by-case analysis was done with prior authorisation of the agency that provided the names of the women as well as by the women giving consent to be involved in the study.

The case-by-case analysis yielded 80 names out of which a final 50 women participated in the study. The researcher, with the aid of the social workers, got in touch, through physical meetings, phone calls and virtual meetings, with the identified women and obtained informed consent from them after duly explaining to them how their information would be obtained as well as the purpose of the study. Once informed consent had been obtained, the researcher, with the aid of the social

workers, explained the study to the participants. Here, the researcher was keen to find out whether the participant lived with their partner or alone. For women living alone, the researcher enrolled for telephonic interviews at their homes, as this was deemed to be safe. For those women who lived with their partners, the researcher enrolled them for telephonic interviews at the designated locations to ensure that they had a comfortable environment in which to participate in a discussion.

Securing the 46 interviews required a two-step process, Firstly, the researcher inquired and recorded a convenient date and time for each participant willing to sign informed consent to be ready and available for the telephonic interviews. This was important in not only creating seamless telephonic interviews, but also to enable follow-up in case a participant failed to show up at her preferred date and time to take the call. In scheduling the dates and times, the researcher ensured that there were no conflicting schedules so that an interview could carry on should the research participant require more time. The researcher ensured that the telephonic interviews took place during the day to avoid the participants being affected by any restriction of movement arising from night curfews imposed as a COVID-19 containment measure.

During the telephonic interviews, the researcher audio recorded the interviews to ensure that a true record of the information provided by the participants was obtained. The telephone used by the researcher has a loudspeaker function to facilitate the clear capturing of voices. Immediately after each telephonic interview, the recorded audio was transferred to an external hard disk for storage while copies of the audio remained on the recorders as backup. Since the matter under study was of a sensitive nature, the researcher conducted all the telephonic interviews without the intervention of a third party. The researcher assured the participants that they could use their preferred interviewing locations.

3.6.2 E-mailed interview schedules to key informants

The researcher tested and developed an online data collection platform using Google forms to aid data collection with the key informants. These people were purposefully selected as experts on the topics of IPV who have known and accessible email addresses. This group of key informants were targeted because they provided insights regarding specific prevailing conditions of IPV, local

interventions and successes or flaws in the implementation of such interventions. E-mailed interview schedules were appropriate for this group of informants as they were more convenient in terms of giving them freedom to respond in their free time. This method allowed key informants to have adequate time for responding to all questions without rushing. These schedules were open-ended enough to allow the key informants to explore ideas and issues relating to policy while consulting with colleagues and resources within their respective institutions as far as providing accurate and credible information was concerned.

The Google forms online interview schedule for the key informants elicited responses regarding:

- Knowledge, perceptions, and attitudes regarding several types of violence in intimate heterosexual relationships in Kibera.
- Gender norms (or the “gender order” and IPV in Kibera).
- Views of relative deprivation, “shared oppression,” gender equality and community norms.
- Contextual factors that surround IPV in Kibera.
- The developmental impact of IPV in Kibera; and
- Possible policy interventions for IPV and general development for the informal settlements in Kibera.

3.7 VALIDITY AND RELIABILITY

Appraising the quality of research has always been vital where it is anticipated that findings will be used in practice to support efforts to prevent and eradicate IPV. Researchers must decide on the ‘soundness’ of the research in terms of the applicability and appropriateness of the methodologies used as well as the integrity of the final results when assessing reliability (Noble & Smith 2015).

Lincoln and Guba (1985) have proposed criteria to be used in assessing rigour in qualitative studies. These include truth-value, consistency, neutrality, and applicability. In addressing truth-value, the researcher considered subjective experiences and views which could result in bias. Results were presented relied solely on the data collected from the targeted samples to present participants’ perspectives clearly and accurately. The researcher conducted peer debriefing by

consulting a qualified, impartial, independent qualitative research consultant to review and assess the thesis proposal, methodology applied, the data and the findings. Peer debriefing assisted in uncovering taken-for-granted biases and assumptions.

In terms of the truth-value, the inclusion of 50 women in the sample, as well as their willingness to discuss their experiences in-depth and over time, allowed for continual clarification of findings. The use of semi-structured audio-recorded interviews allowed for frequent review of the data to check for developing themes and ensure that participants' claims of IPV were accurate. The researcher was able to make judgments about whether the final themes were faithful to the participants' experiences thanks to the use of rich and dense *verbatim* quotes from the women who had experienced IPV. Different views were represented by establishing a comparative case and looking for similarities and contrasts between narratives.

Consistency refers to the 'trustworthiness' of the procedures used, which is contingent on the researcher keeping a 'decision-trail,' that is making explicit and transparent judgments (Laher, Fynn & Kramer 2019). At the end of the day, an independent researcher should be able to produce the same or equivalent results. The researcher provided a transparent and comprehensive account of the research process, from the initial outline through to the creation of methodologies and reporting of outcomes. Furthermore, the researcher maintained a research journal for noting obstacles and issues that arose so as to help to keep the study's goal, design, and techniques coordinated. In all the interviews conducted, the researcher used almost the same interview technique, sequence of questioning and probing as well as end-of-day data back-checks.

When truth-value, consistency and application were managed, neutrality (or confirmability) was attained (Noble & Smith 2015). This is predicated on an understanding of the complexities of long-term involvement with participants, as well as the fact that the methodologies used, and the results collected, are inextricably related to the researchers' philosophical experiences and views. These were accounted for and distinguished from the accounts of the participants. The researcher objectively refrained from giving his opinions or suggestions to the women who participated in the study in so far as their accounts of lived IPV experiences were concerned as well as not

providing any guiding phrases or hints as to coping mechanisms in cases of IPV. In this way, the researcher maintained his neutrality.

Respondent validation also featured in the process of achieving confirmability. This included inviting selected respondents to provide feedback on the transcribed data and the final themes established. With the assistance of the host who was part of the study, the researcher conducted five sessions with five women who were selected based on the codes assigned to them during data collection. The trans-scripted data were presented to them in English, and they were allowed time to peruse the data and make shortened notes on sections that they felt were incorrectly transcribed. From the submissions of these women, the transcribed data were the actual framing of their accounts as captured by the audio recorders.

Data triangulation, as suggested by Mugenda and Mugenda (2003), was also used whereby diverse sources of data facilitated the production of comprehensive findings. In this study the researcher triangulated the data from each interview with one another and also used both individual telephonic interviews and emailed interview schedules. Applicability, which relates to a consideration being given to applying findings from this study to other contexts, settings, or groups (Noble & Smith 2015), was of interest to the researcher insofar as replicating the policy recommendations arising from the findings from the informal settlement of Kibera to other urban informal settlements in Kenya.

3.8 DATA ANALYSIS

The telephonic interviews were conducted in English or Swahili, the languages spoken by most Kenyans in the urban centres. Each telephonic interview was tape recorded and transcribed. The transcribed interviews and the text from the online questionnaires were prepared as word documents and analysed using thematic content analysis.

During thematic analysis, the words and their meaning, the context in which the comments were made, the internal consistency, frequency, the extent of the comments, the specificity of the answers, and the importance of identifying the main ideas were all considered. The analysis begun

with compiling specific phrases and key words used by respondents in the description of scenarios to represent themes. The researcher used short abbreviations as descriptive codes to label data, usually a comment from key informants, under an appropriate category such as numeric codes organised around relevant ideas, concepts, questions, or themes. Similarities and differences would then be sorted out and merged into larger categories and then, further, into sub-themes. Triangulation of findings from the two sources of data (interviews and online questionnaires) was done to present holistic findings. *Verbatim* quotations were used to present the data.

The researcher assessed theoretical saturation using five procedural steps. Firstly, the researcher recorded raw data. During the interviews, audio recorders were used to capture all the raw data. The second step was to transcribe the recorded interviews as documents and then there was immersion in data through the reading these transcripts as the compilation of individual analyses of each interview to extract themes for colorimetric codification. Step four was theme allocation whereby responses related to each theme were marked with respective colours. Step five was attaining theoretical data saturation through absence of new elements for each grouping/theme.

3.9 ETHICAL CONSIDERATIONS

This research, in addition to the ethical research codes and guidelines as prescribed by UNISA, followed the standards for ethical and safety recommendations for research on domestic violence set by the World Health Organization (WHO) that aims at ensuring women's safety and the maximum disclosure of actual violence (Dalal 2011). In this study, maximum disclosure from the women was achieved through a combination of assurance techniques. Firstly, the selected women were interviewed one-by-one in a clean, safe, well-lit, and comfortable place where their physical security and safety was assured. These rooms were provided by the social workers at the request of the researcher and were used for the purpose of hosting the women to undertake the telephonic interviews. The principal researcher and research assistants were not present in these rooms during the telephonic interviews. Secondly, the researcher was welcoming and assuring to the women while explaining the course of the interview, the expectations of the researcher and the expectations of the women. Thirdly, the researcher allowed maximum time for the women to talk,

express their emotions through crying, explain their experiences to the last details as they wished and without being given time limits.

Without being subjective, biased, or encroaching, the researcher expressed sympathy with the situations the women were explaining as a way of comforting them and reassuring them that he has listened. The researcher further assured the women that their identities would be disclosed to anyone and that they should feel free to detail their experiences of IPV completely.

The study observed UNISA's prescriptions for informed consent, voluntary participation, and confidentiality. The approval to conduct the study was obtained from the University of South Africa's (UNISA's) Ethics Review Committee and from the Kenyan National Commission for Science, Technology, and Innovation (NACOSTI), Kenya. Administrative authorisation to conduct the study was sought from the Kibera Sub-County administration.

In adhering to the ethical standards and procedures for conducting research in Kenya, an introduction letter and ethical clearance were obtained from UNISA. The researcher also applied for and obtained relevant documentation from the Ministry of Education in Kenya. This was in line with the requirements to conduct academic research in Kenya.

The researcher adequately informed respondents about the intentions of the study. Consent was obtained from respondents prior to participation. Key informants were requested to complete a consent form at the beginning of the Google form schedule while those interviewed telephonically gave verbal consent by affirming the statements read to them.

The researcher also ensured confidentiality and the research participants' identities. The agencies assisting the researcher in selecting the 46 women knew their identities and sought their consent before giving out their contact details to the researcher who reached out to them through their individual telephone numbers. In some cases, these were home telephone numbers and, in others, the telephones at the agencies where the women received regular support were used.

All the consent forms that were signed by all the research participants were stored in a locked safe accessible only by the researcher. The researcher knew the telephone numbers and the true identities of the 46 women research participants but kept this information secure as password-protected documents on a password-protected computer. The researcher acquired a personal computer and dedicated it for purposes of this research. This computer, which had two levels of security access, had login usernames and password which were known only to the researcher. Since the passwords were identifiable by the researcher, no back-up of the passwords was created to ensure no third part could infiltrate the backup nor the main computer and the secured folders.

The telephonic interviews were tape recorded with consent of respondents. In the transcription of these tapes, pseudonyms were assigned to protect the identities of the women. To remain COVID-19 compliant, all offices used for the research and all telephone instruments were cleaned and sanitised as prescribed prior to and after each interview.

3.10 CONCLUSION

This chapter has presented the research methodology that was adopted and utilised. A clear exposition of the qualitative descriptive research design that was adopted was given, the multi-stage purposive sampling technique described and the sample size and how respondents were mapped out provided. The use of interviews in the collection of data and the method and procedures of data collection were further discussed in relation to the objectives of the study. The chapter also explained the methods of data analysis employed with regard to the qualitative data that were collected and the ethical considerations that were adhered to.

CHAPTER 4: RESULTS AND FINDINGS FROM WOMEN WHO EXPERIENCED IPV

4.1 INTRODUCTION

In this chapter the researcher presents the results of the analysis of the data collected from the fifty women who were interviewed. The results, which include the background characteristics of the participants, address the objectives of the study which were to analyse the types of IPV experienced by women living in urban informal settlements of Kibera, to examine the factors influencing IPV in informal settlement of Kibera, and to evaluate how IPV affects the socio-economic, political, and cultural development of these women and *vice versa*.

4.2 BACKGROUND CHARACTERISTICS OF THE INTERVIEWEES

The researcher gauged the background characteristics of the research participants by enquiring about their age, marital status, household size and children, their highest level of education and length of stay in Kibera. The literature reviews, as reported on in Chapter 2, showed that these demographic variables contour the experience of IPV.

4.2.1 Age

The researcher was keen to understand the trends in IPV across different age groups. Eight women were aged between 18 and 24 years, 27 were aged 25 to 44 years and 11 were aged 45 years and older. This, thus, further affirms that the study targeted participants who fit the study's inclusion criteria.

4.2.2 Marital status

All the women interviewed have been married before, with 24 still married at the time of the interviews and 22 no longer in a union. As the findings of this study will show in the subsequent sections, incidences of IPV as experienced by these women pushed them to leave their marital unions and, as a result of fear of retaliation and further IPV, many shied away from getting involved with another partner.

4.2.3 Household composition and children

The study further sought to understand the status of the households of the women who participated in the study in terms of whether the women lived with their partners at the time of study, the number of children the women had and the ages of these children.

Of the 24 women who noted that they were in a marital union at the time of the study, 17 were living with their spouses/partners while 7 were not living with their spouses/partners. Further probing revealed that those women who were not living with their spouses/partners had moved out of their homes for a short while and sought refuge at rescue centres and at relatives' places as they sought to flee from the IPV meted out against them.

The number of children ranged between none and six children with the oldest male child being 29 years of age, and the youngest male child was less than one-year-old. The oldest female child was 24 years of age, and the youngest female child was six months old.

4.2.4 Level of education

This was important in understanding the dynamics of IPV since prior research (DeRiviere 2008; Krishnan 2008; McIlwaine 2013) suggested education as being a predisposing factor to IPV as well as a factor that leads to the decision to escape from IPV.

Twenty-five women had secondary school levels of education, whereas two had no education, five held a primary level of education and the remaining fourteen women held tertiary levels of education (college, technical and vocational institutes, and university). The findings of the study were an indication that there were considerably elevated levels of literacy among the women, which was further affirmed by the UNESCO Institute for Statistics (UIS 2020) that Kenya has a high literacy level of 82% with the literacy level for women being 78%. The findings show that education is, therefore, not necessarily a predisposing factor to IPV as experienced by women in the informal settlements of Kibera.

4.2.5 Length of stay in Kibera

Finally, the researcher tried to establish the length of time that the participating women had resided in Kibera. This was important as it would contribute to further affirming the participants' experiences of IPV in an informal settlement and, thus, further conform to the inclusion criteria of the study.

The data collected showed that most of the participants had resided in Kibera for a period of between six years and 15 years. The findings indicated that eleven participants had resided in Kibera for a period of between six and 10 years, eleven had resided in Kibera for a period of between 11 and 15 years, seven had resided in Kibera for a period of between one and five years, seven had resided in Kibera for a period of between 16 and 20 years, four had resided in Kibera for a period of less than one year while the rest, namely six participants, had resided in Kibera for a period of 21 years and more.

4.3 TYPES OF IPV EXPERIENCED BY WOMEN LIVING IN URBAN INFORMAL SETTLEMENTS IN KIBERA

IPV experienced by women presents itself in different forms. This researcher tried to understand the types of IPV experienced by women living in informal settlements in Kibera. The researcher further sought to understand who the main perpetrators of IPV were and to grasp the women's own experiences of IPV.

4.3.1 Understanding intimate partner violence

The researcher first sought to find out what participants understood IPV to be. The researcher requested participants to define or describe IPV from their own perspectives. The research participants described IPV in terms of physical, sexual and/or mental aggression meted out against them by a marital or intimate partner. For instance, the following quotations reveal physical, sexual, and mental IPV:

This is where a man or woman beats their husband or wife, or sexually abuses them. (Participant 14)

IPV relates to violence or conflicts between a husband and wife or people who are in a sexual relationship, and it usually leads to harm and injury on the victim. (Participant 21)

It is violence in a household and occurs mostly where a man who is a husband or boyfriend beats the wife or the girlfriend and sometimes, maybe sexually assault them. (Participant 03)

The above quotations from the interviews clearly depict the research participants' agreement with the definitions of Panda and Agarwal (as quoted in World Bank 2013) that defines IPV in terms of physical violence, psychological violence and emotional violence inflicted on a person with whom one is in a romantic or sexual relationship. In addition, the definitions provided by the women who participated in this study fit well with the definition of Krug, *et al* (2002), who indicate that, globally, violence committed by a husband or other intimate male partner accounts for the most prominent form of GBV.

In the narrations about IPV, the researcher noticed that the interviewees related these not only to actual instances of violence, but also to threats of potential harm as part of IPV. This realisation

gives new impetus to the definition of IPV since many of the studies reviewed in Chapter 2 ignored threats of physical violence as part of IPV. For instance, one of the women interviewed noted:

I can say it includes many things, like physical assault, sexual assault, emotional torture, beating, chasing the wife out of the house and even something as simple as threats of use of violence. (Participant 41)

Another participant mentioned:

My partner used to threaten me that he would beat me, he would kill me, he would send me to a wheelchair. So, in my opinion, I believe all these can be termed as part of IPV in one way or another. (Participant 16)

Sexual violence, as was established by this study, was categorised under physical violence by most of the women who were interviewed. This is because, unlike the other types of IPV, it involved physical contact. Garcia-Moreno (2006 as quoted in Mbwambo *et al* 2010), affirms that IPV presents itself in diverse forms, for example physical violence and sexual violence. Furthermore, economic violence, where one is deprived of economic resources in a household was not mentioned as a type of IPV, but, rather, it was cited as a cause and predisposing factor for IPV especially against women. For instance, one of the women who was interviewed opined:

When a woman works, for example, and the husband is not working as it is prevalent in this slum, the husband forces the woman to give him all the salary she receives and if not, she gets beaten. So, you can see the woman is deprived of her freedom to use her hard-earned income or even decide how such money is spent. (Participant 04)

When a woman has little or no say about household expenditures, the use of household resources or denied the opportunity to go and work and earn income just because of fears and insecurities by the husband, it can be IPV, or it can be a cause of IPV. (Participant 28)

The researcher endeavoured to understand how the research participants saw the main perpetrators of IPV in informal settlements. Most of the research participants said that men were the main perpetrators of IPV. Only four out of the 46 women who were interviewed noted that both men and women were responsible for perpetrating IPV. The findings herein agree with the findings of Swart (2012) who established that women were mostly victims while men were mostly the perpetrators of IPV in Kibera.

4.3.2 Prevalence of IPV in informal settlements in Kibera

The researcher also sought to understand the prevalence of IPV in informal settlements in Kibera. When discussing the research participants' subjective experiences of IPV, the researcher discovered that some of them had experienced IPV as recently as one week prior to the interview session. Two accounts show how IPV was a repeated event in the relationship with the physical violence escalating:

I was beaten quite badly, and before that, I had been threatened like 5 times by my husband at that time. When he finally decided to assault me, he came home in the evening, with his usual allegations and beat me with a belt and fist blows. This got me admitted for 2 days to hospital.
(Participant 09)

These things happened but we women choose sometimes to just keep quiet. My then husband beat me on one night. This was like the third time. He even chased me, and I left my children and slept at our neighbour's place. The following day, I went back to the house, and he came in the evening, beat me again. He forced me to sleep in our bed, and in the night, he forced himself on me, while still hitting me. (Participant 06)

In another account, the escalation is again noted, with people around the victim normalising it:

For me it was in public... you can imagine. Just outside the block we live in. He used fist blows, kicks, and slaps... not even the people around me could save me... because they said this was a fight between a husband and wife. and no one should interfere. (Participant 20)

A further account from another participant shows a cycle of psychological IPV and how it became a constant threat of even further violence for the woman who experienced it:

In our house, my boyfriend could just come home and quarrel... like for the whole night and for no apparent reason. Sometimes, he would just not talk to me...this silence would last even for a whole week. He does everything for himself and does not want me to do anything for him. You know that kind of mental torture is very painful because you do not know what he is thinking or planning to do to you. I was even scared of sleeping in the same bed with him. (Participant 33)

The above quotations from the interviews indicate that IPV is rampant in informal settlement of Kibera. These few highlighted cases are just a glimpse of a prevalent vice that is affecting a large number of women in Kibera. More worrying is the fact that the community seemingly normalises and ignores such violence. It was also clear from the narrations that IPV is seldom a once-off incident in which the perpetrator lost self-control for a moment. Instead, the accounts of IPV clearly illustrate that IPV is a series of violent events that tend to escalate.

4.4 FACTORS INFLUENCING IPV IN INFORMAL SETTLEMENT OF KIBERA

One of the main objectives of this study was to examine the factors influencing IPV in the informal settlements of Kibera. The researcher tried to understand the factors that led to participants' own experience of IPV, factors leading to IPV against women in informal settlements, and to examine the justification of IPV as part of marriage.

The interviews revealed that most of the women had suffered IPV owing to factors such as alcohol and drug abuse, being financially dependent on a partner, stereotypical expectations of spousal duties, a family background of abuse, normalisation of IPV in the community, customs, and differences in the level of education between the partners. These factors are discussed in turn below.

4.4.1 Alcohol and drug abuse

The data show that 34 out of the 46 women interviewed were of the opinion that alcohol consumption and the use of drugs (such as bhang, cigarettes, khat) was a factor that led to IPV especially against women. Although some of the women noted that men become victims of IPV as a result of consuming alcohol and, a result, fail to perform their responsibilities.

From the interviews it emerged that while few women consumed alcohol and other drugs, their spouses or partners were frequent consumers of alcohol and other drugs, such as bhang. In effect, the use of these drugs among their spouses or partners led to IPV. One of the women interviewed noted:

My husband used to drink a lot especially on weekends because they are paid on every Friday. So, after drinking, he would come home, beat me up, throw me and my child and our belongings out of the house, only to come back on Monday while sober and beg me to go back to the house.

(Participant 17)

Another woman explained:

Alcohol, bhang, leave it. My boyfriend used to smoke bhang and he would beat the hell out of me. I have huge scars on my back as a result of one of the beatings. (Participant 22)

These quotations from the interviews show that alcohol and drugs can impair judgement, cause uncalculated tensions and lead to IPV. These findings affirm the findings of McIlwaine (2013) who suggests that alcohol abuse by one or both partners is a factor that influences IPV.

4.4.2 Income and economic dependence

The review of the literature established that women with little or no income are more susceptible to IPV than others. From the interviews it emerged that 18 of the interviewees noted that their lack of their own income and being dependent on their spouses for everything contributed to their experiences of IPV. The general poverty of the couple, along with the male's control over household resources, created violent confrontations about economic independence and job seeking. In terms of the latter, some of the interviewees revealed to the researcher that they were denied the opportunity to seek employment and any insistence from their side to try to find work would result in IPV. Furthermore, for women who managed to get employed, their earnings were taken away by their spouses, sometimes through the use of violence. Access to and control of household resources were, thus, significant factors that led to the women in the study experiencing IPV. As one of the women noted:

When I got into a relationship with that man, I was poor, no job, no nothing. So, in the house, he had control over everything. Like he could give me money that would only last to buy food for the day and nothing else. When I got a job, he assaulted me badly accusing me of going against his authority since he was providing me everything. (Participant 46).

Similarly, another woman noted:

That man could not even allow me and the children to have three meals a day. In fact, at some point, he used to cook for himself so that he could measure out the amount of food we eat. When I complained, he used to beat me, even the children. (Participant 35).

In another account, the interviewee was encouraged to keep on working, but was forced to surrender her income:

He knew where I worked as a tailor and knew when our pay day would be. He could come home on our pay day and demand from me to give him all of my salary. On several occasions I declined, and I was beaten. I could not go to work for the following three days after such a beating.
(Participant 08).

These findings are not only indicative of access to and control of resources but, further, point to the issue of poverty and economic dependence. The experiences of these women highlight the fact that, owing to their own poverty and lack of sources of income, they were subject to the mercies of their spouses and partners. This made them more vulnerable to IPV. The findings of this study echo those of Essel (2016) who found evidence of women being prevented from working by intimate partners or having their earnings taken by them. This study adds another dimension, namely that beyond having to surrender their meagre earnings, the interviewees in this study narrated their IPV as also including severe rationing of food in the household, with their and their children's food and nutritional security at risk, and receiving beatings that, due to shame and stigma, prevented those working at formal workplaces to go to work. In addition, men regarded women taking up waged labour as a sign that their sole-breadwinner status was undermined. This creates a vicious cycle of precarity, that even when the abused woman eventually tried to break free of, would exact punishment in the form of (mostly physical) IPV.

4.4.3 Spousal expectations and behaviour

Any perceived lack of respect and rudeness towards their spouses resulted in women facing IPV as a retaliation and way of commanding respect. This was noted by most of the women interviewed. The expectations by the men were that they had to be the first and most important priority for their wives, and that any delay in responding to commands, or in serving meals was a sure sign of a lack of respect. For instance, two examples from the women interviewed said:

My husband would just rain slaps on me and claim that he called my name and I failed to respond, yet I did not hear him call out my name.

(Participant 37)

At times, I would get beaten because of not responding to a rhetorical question or keeping quiet because I do not want to talk back at him. He took my silence as me disrespecting him, and he would beat me for that.

(Participant 02)

Related to this was the partners' dissatisfaction with the way that the women performed their domestic responsibilities. The study observed that many women faced IPV as a result of a perceived failure to perform their duties and responsibilities such as taking care of children, preparing food for their spouses and even sexual responsibilities to their spouses. It is important to note that the expectations set by the male IPV perpetrators were what triggered the violence, with actual performance or the lack thereof not in evidence. To the contrary, the women thought that they were actually performing their expected roles as mothers exceptionally well, and their narrations showed confusion about their male partners' dissatisfaction and lack of understanding of the demands they faced having to tend to their children as well as all the domestic chores. For example, two of the women noted:

My husband would sometimes beat me or insult me saying I am lazy...that I can't cook ... that I can't clean and tend to the children in equal measure. He was forgetting that household chores need prioritization and a lot of time. When I stay up late at night just to finish household chores and to ensure that the children are put to bed and that they are prepared for school...then he would say that I am taking so long because I am avoiding sexual responsibilities by staying up late. I got beaten twice for this flimsy reason. (Participant 14)

I remember sometimes, when he thinks that I was delaying in serving him his meal, because I was feeding the children first, he would beat me saying

I am ignoring him and concentrating on children too much instead of on him. Yet, I am trying to balance doing my household chores, doing my motherly duties, and being a wife. (Participant 31)

Additionally, the inability to bear children, has led to IPV against women. This is exacerbated by pressure from friends and family of the man in relation to fathering children. As such, instances of the lack of children in a marriage have led to pressure and anxiety for the men, who, in turn, have resorted to IPV either to prove a point or get rid of the woman. One of the women noted:

My then man would beat me saying I am embarrassing him in the neighbourhood... that people are saying he is impotent and that he cannot impregnate a woman. We both went to several doctors, and we were both confirmed to be fertile. He never understood that we had to be patient for our time to conceive. Even his mother strongly suggested that he should marry another wife from the village. (Participant 46)

Another woman mentioned:

You know everyone will always feel pride talking about their children. Before we had our first child, my husband would come home and quarrel with me, saying how he felt embarrassed to even talk before his friends when they met at social places because he had no child to refer to. The scolding was so much that he at some point chased me out of the house for two days. (Participant 04)

Furthermore, perceived issues of immorality and extra-marital affairs have led to many women suffering IPV. As the data show, some women noted that affairs have triggered incidences of IPV, but also, they had attempted to escape some of the ravages of a violent marriage. Two narrations reveal this:

Because of the threats of violence and my dissatisfaction with that violent marriage, I found solace with another man. When my then husband heard about it from people in the slum, I got the beating of my life. I left my marriage for good on that day. (Participant 18)

I know of a woman in this slum, who was hacked to death by her husband who found out that she was having an affair with another man who was a boda boda operator [motorcycle taxi]. (Participant 44)

The strong andro-patriarchal gender role expectations featured prominently in explanations of factors that led to IPV. Most of the women noted that the gendered norms held by African societies, where a man is perceived to have authority over a woman - more so in a marital union - exposed all women to potential IPV. For instance, two of the women noted:

My then husband would beat me, and he would tell it to my face that he paid my parents dowry, so I am his property. This really hurt me. (Participant 11).

A man is just a man. He would force himself on me whenever he wanted, saying I am his property and if I didn't want it, I should leave the marriage. (Participant 36).

Looking at the above quotations from the interviews, male domination is reinforced by culture and religion that give men a perceived sense of ownership and superiority that leads to IPV. These findings agree with Ahmed *et al* (2014) who observe that traditional gender norms that uphold male dominance as well as male power are an indication of the society's toleration and justification of IPV.

4.4.4 Family background

It was also noted in the study that family background, where women and men experienced IPV within their families, contributed to IPV in their own marriages and unions. A few of the interviews contained the phrase “*it runs in the lineage or family,*” when the women recounted their experiences. For instance, participants noted:

My husband... I know his family history because we are close neighbours in our rural home. His father was a violent man to both the wife and children, and even my husband's mother died because she was beaten really badly, which caused her to be confined to a hospital bed for months before she died. So, I think that bad behaviour is also in his blood.
(Participant 33)

On my part, I can say my husband might have inherited it from his family line, because even his brother usually beats his wife. His brother has had three wives so far, and all of them left because of his violence. So, when he beats me, I even tell him that their family is cursed with beating their wives.
(Participant 19)

These sentiments indicate that, in the estimation of the women who were interviewed, men who experienced violence within their families while growing up exhibit similar behaviour when they have their own families. This intergenerational transmission of the IPV was narrated as “in the blood” or as “a curse.” As McIlwaine (2013) suggested, a family background characterised by household violence has a high potential of resulting in men perpetrating IPV when they marry. In view of this, the cycle of violence needs to be broken and the links that join it from childhood to adulthood severed.

4.4.5 Experiences of IPV in the community

All 46 interviews offered up evidence that the women regularly witness IPV in the community. Beyond the familial history of IPV as explained above, a picture emerged of IPV as normalised behaviour that passes from one generation to the next. One of the women interviewed noted:

IPV is very common and most young people perpetrate it because they see other people doing it and they feel that it is a way of commanding respect from peers and from the community at large. (Participant 16)

From this, it is reasonable to deduce that, because this is a frequently observed phenomenon and normalised as something that happens in all families, IPV is learned behaviour and acculturation. The endemic nature of IPV in the study area also meant that most of the interviewees spoke about IPV as retaliation or part of actions aimed at gaining community approval. For instance:

My own case was a retaliation from my then boyfriend over what he termed as me gossiping about him with other women in the neighbourhood and thereby demeaning him. So, he was beating me while shouting that I should respect him and that the beating was payback for demeaning him. (Participant 37)

This last example illustrates another interesting theme stemming from the narrations, namely that despite the prevalence of IPV in the community, and its apparent normalisation, IPV as retaliation against a perceived injustice was regarded as unacceptable “payback” and as a betrayal of the expected trust between loving partners.

4.4.6 Gender stereotypes

In the literature review, it was noted how gender stereotypes merge with socialisation and customs that, in paternalistic societies, permit men to “punish” their female partners and that this sustains IPV (Kariuki & Rensberg 2022). Such gender stereotypes prevail in marriages where the authority

over women is assumed as natural and somehow secured through the paying of a bride price. As pointed out by an interviewee:

The assumption that men are superior to women allows men to treat women like me according to their own will, and to meet out IPV on women.

(Participant 01)

During the interviews, the researcher probed about whether marriage and payment of a dowry were regarded as a justified reason for IPV against women. The interviewees shared the idea that men tend to use the excuse that African traditional customary law permits “wife beating” but that they all believe that marriage and payment of a dowry does not justify IPV against women. In other words, this was generally seen as an after-the-fact justification for beating a woman, but never accepted by either gender as a cultural norm. For instance, some of the women interviewed noted:

Why would a man beat a woman, his wife, just because he paid dowry? We all accept that women are human beings too and that they have human rights. (Participant 4)

Marrying does not give a man a ticket to beat the wife. This is the wife, mark you, the one who bears children for you, who takes care of you and your household, who provides conjugal rights. Why would you even raise your hand on her? It is not right. (Participant 13)

That is the problem. When men view marriage as if you have been given permission over a woman and her body, you get all kinds of wrong. That is why many women run away and shy away from marriage because of such things. (Participant 27)

These quotations from the interviews speak directly to the fact that marriage as an institution is valued by the interviewees and regarded as something that should not be used as a reason, excuse, or justification for IPV against women.

4.4.7 Educational differences between partners

This factor split the interviewees into three distinct groups. Firstly, there were those who felt that a low level of education for the female partner predisposes them to IPV. Secondly, there were those who felt that the female's level of education did not insulate her from IPV. Thirdly, there were those who opined that a lower level of education for a female was used by an abusive man to demean her and make her feel inferior to him, thus readily perpetuating IPV. The following are sentiments shared by the women in relation to the above groupings:

For a few women... and me.... I know... I never went past standard 8, while my husband went up to college level and he has a diploma. I cannot count the number of times that he has threatened me and even slapped me, saying that I am daft and do not show him respect because I am not learned, unlike other women who are learned and show their men respect. (Participant 22)

Education is just education; it does not protect you from violence in your marriage. Myself I have a degree plus other small qualifications, but I faced violence.... bad beatings until I decided to run away with my child. So, education will not protect you at all. (Participant 06)

When your husband is more learned than you, obviously you feel inferior. For me, he forced me to be a housewife because he is more learned than me. He had the means to open even a small business for me but because he used to say that am illiterate, he would not. When I tried to maturely reason with him, he would beat me very badly. (Participant 42)

One of the interviewees differed from these three positions above, instead suggesting that:

If a woman has a higher level of education than her man, she will face IPV. This is because such a woman might feel superior to her man and show him disrespect. The man then retaliates with IPV as a way of earning respect. (Participant 05)

Earlier findings of this study indicated that the women interviewed had considerably high levels of education. This is even more encouraging noting that the conditions and infrastructure in informal settlements do not readily and effectively provide for educational access to all. The findings of this study note that, despite the women living in informal settlements having relatively high levels of education, they are still predisposed to IPV.

4.5 HOW IPV AFFECTS WOMEN'S SOCIO-ECONOMIC, POLITICAL AND CULTURAL DEVELOPMENT

One of the key objectives of this study was to understand how IPV affects the social, economic, political, and cultural development of women. The subthemes extracted from the analysed interview transcriptions reveal effects on the physical health of women, their emotional and psychological wellbeing, women's social status, women's economic status and women's leadership potential.

4.5.1 Effects of IPV on the physical health of women

The narrations of the 46 women were filled with the impact of IPV on women's physical health in several ways including inflicting of external and internal injuries, physical disability and impairment and sexual reproductive health ill-effects. It was established that women who were victims of IPV suffered injuries from violent attacks which caused both internal and external injuries. This led to some of the women being hospitalised, undergoing surgery and other special treatments. It was noted that IPV exacerbated the effects of pre-existing medical conditions for some of the victims, further leading to unending illnesses and damage to organs. Some of the women averred:

My then husband beat me so badly with a piece of metal that I had to undergo four surgeries to save my life. Right now, I do not even feel like I have healed well. (Participant 10)

My boyfriend... or should I say fiancé... beat me really badly... and you know, I have a medical condition. I collapsed, I am told by the neighbours that he got so shaken, he took me to hospital where I stayed for five weeks, being treated. (Participant 30)

These upsetting testimonials were narrated as the worst days of their relationships. Another prominent effect of IPV on the physical health of women was disability and impairment. The women narrated how they suffered grave injuries that led to an amputation for one, a stroke induced by the injuries for another, and for a third, paralysis.

If you were to see me now... I walk with crutches... yet I was not born like this. Actually, one year ago I was well, walking on two legs without the crutches. But after my husband turned into an animal and beat me like the devil, now I have to walk on crutches. (Participant 42)

Those beatings were bad for me. I was picked up by well-wishers, taken to hospital and, later on, the doctors amputated my left hand. I wish you could see it for yourself. It took time for me to accept this new reality but now my body is not the same anymore as it used to be. (Participant 07)

While the researcher was unable to confirm cases of disability or impairment physically among the women who were interviewed, their testimonials of experiences of IPV demonstrate that IPV had had negative and lifelong effects on the physical health of women. These sections of the interviews were difficult to listen to, with the affected interviewees retelling these events as life changing.

The study also established that IPV had detrimental effects on the sexual and reproductive health of women. It was observed that some of the women had been raped leading to injuries to their reproductive organs while others had been infected with sexually transmitted diseases. In two cases women miscarried because of IPV.

The guy beat me, and he raped me. Yes, in African culture we know there is no rape among married couples, but that one, he raped me, and infected me with a STI. It took like two months plus a lot of money to treat the STI.
(Participant 12)

I cry every day when I remember my little innocent angel. That baby would be three years now. I was expecting at the time. He came home and claimed that I was carrying another man's child. He beat me like I have never seen. I lost my angel. (Participant 18)

Some of these heart-breaking experiences clearly indicate that women who experience IPV have more to lose than merely their physical health. Issahaku (2015) and Sedziafa *et al* (2016) establish that women reported feelings of worthlessness, suicidal ideation, hypertension, sleep disruption, genital sores, and premature termination of pregnancy as a result of the violence they experienced. Physical health effects have a ripple effect and can result in other compounding consequences. Abused women have a high likelihood of developing chronic physical and mental health problems, factors which can ultimately impede their participation in the labour market and the acquisition of resources for their sustenance and development.

4.5.2 Effects of IPV on the psychological and emotional wellbeing of women

The interviews revealed that the psychological and emotional effects of IPV on women included stress, depression, trauma, anxiety, suicidal thoughts, loss of self-esteem, feelings of unworthiness and associated mental health problems. The study observed that these psychological and emotional effects were interlinked and that some of them were products of other prolonged psychological and emotional effects of IPV. For instance, some of the women noted:

At that time, it was an exceptionally long episode in my life, to a point that I lost myself. I could see myself as a worthless punching bag. I felt used. I could not even talk to my children or reprimand them because my self-esteem had been punctured. (Participant 44)

I have attempted suicide twice; I have thought of it like a million times. Every time I remember what I went through at the hands of that man, I just want to leave this earth to get away from him, and so that I can go to rest. (Participant 45)

I cannot count the number of times I have fallen into depression because of what I go through, although nowadays it is not that much as it was three years ago. Even right now I am on medication for depression, I can show you. (Participant 16)

A closer look at these experiences depicts how women suffer trauma and profound emotional pain at the hands of their violent partners. In the narrations it soon transpired that, under COVID-19 restrictions, things deteriorated for these women. For instance, one woman noted:

During lockdown and curfew days, we were just in the house, and you know, such situations put you in a place where you can easily be beaten, or the other person can easily get violent. Especially if he is idle. For me, I remember there was a point I left the children and went to stay with my sister for like three weeks because he was always arguing, throwing tantrums and I was emotionally scarred. (Participant 38)

Another participant noted:

Since they were not going to work, he was just in the house, giving orders left, right and centre. He even rationed food for us, so as to save on money. When we tried to cook enough food, he would beat me and even deny me and the kids the same food. He was so controlling that I could not stand the stress and I became very depressed. (Participant 23)

These findings are similar to those of Mittal and Singh (2020) who noted that abusive individuals used COVID-19 restrictions arising from lockdowns, curfews, quarantine, and self-isolation to apply overly excessive control over their defenceless intimate partners, limiting access to important goods and amenities as well as delivering dishonest information about COVID-19, a source of further stigmatisation and psychological disorientation.

4.5.3 Effects of IPV on the social life and social development of women

The narrations revealed that women suffered from stigma, the knowledge that their human rights were being denied and restrictions to their social advancement that trickled down to their children. For instance, one of the women said:

Since I stopped helping my children with their homework, they do it on their own or go to do it with their schoolmates out there, some who even don't understand some topics. To be honest, my children sometimes get punished for not finishing homework and they blame it on me. Their performance last year was nowhere close to impressive. (Participant 37)

Another woman said:

My children have seen it all. Me being beaten and demeaned in their presence. They even fear their father, they do not go out to play with other children...they are just locked in the house watching tv. And even when my husband finds them watching tv, he beats them and forces them to go to sleep or do homework. They tell me they fear that I will be killed and that we should run away. (Participant 02)

The researcher observed from the interviews how the women who experienced IPV were to some extent stigmatised by their communities. This was narrated as being relative to their perceived inability to defend themselves or escape from the violent unions. For instance, one of the women noted:

Women who are my neighbours, they gossip behind my back. They no longer even visit me, they say that I am a weak woman who seems to be cursed and cannot even afford to run away from that violent man. They even dropped me from the 'chama' we were in together. (Participant X2)

The expulsion of this participant from a “chama” (an informal women’s savings group) shows how the stigmatisation of victims of IPV can result in their being denied the opportunity to invest in their own social development. Additionally, women who had experienced IPV had their human rights violated. For instance, most of the women noted that they were restricted from meeting and visiting other people especially women on the assumption that they would be “brainwashed” or unduly influenced by other women. Their right to access information and their right to privacy were restricted or violated by their over-controlling partners including restricted access to television, radio, their mobile phones, and social media. For example:

When he started that behaviour, he forced me to give him the password to my cell phone, and, even up to now, he scrutinises whom I chat with on WhatsApp and Facebook. If he finds like for example a man trying to hit on me, chaos ensues. (Participant 19)

The researcher further established that the effects of IPV trickled down to the children within the household not only after witnessing the actions but also from the effects suffered by the women. It was noted that women felt demoralised, bitter about life, depressed and stressed to a point they were unable to take care of their children. For instance, one woman noted:

Always, it was me who used to help the children with their homework. Right now, I do not want to do it because...why should I do it? If the father of the children has no respect for me at all? And he is always out there, never with the children. (Participant 37)

The interviews revealed that women were restricted from attending social gatherings, such as religious activities. Attendance of such social activities was deemed as an opportunity for others to convince (the actual word used in the narrations was “brainwash”) the victim into revolting against the IPV, or as a waste of her time and other resources. Social gatherings and religious meetings were clearly valued by the interviewees as sanctuaries to ease the pain of IPV and give them hope, but many of them feared the backlash and even more IPV once they attended such events, for example:

When a man is violent, he cannot allow you even to practice your religious beliefs. He forces you to practice his belief, even if that belief is against your own religious belief. My man stopped me from going to church. At some point, he forced me to attend some new church and, when I declined, he assaulted me badly saying I am revolting. (Participant 32)

I was married to a man who was not from my ethnic community. That man would beat me and deny me the chance of attending cultural activities of my ethnic community. Any time I did attend, he would become even more violent even to the children. (Participant 43)

IPV perpetuates a sense of control for the perpetrator, emanating from socialisation. In cross-ethnic marital unions, women who suffer IPV are often denied the opportunity to express and enjoy all that pertains to their culture, beliefs, and attitudes. IPV instils fear and, at times, can lead to forced socialisation into new cultures without consent. These findings are similar to those by Tutty and Goard (as quoted in DeRiviere 2008) who note that women who are in the throes of abusive relationships do not make significant investments in their social lives. Any move by an abused woman to educate herself or find some peace at a social or religious gathering may be viewed by the controlling partner as an attempt to gain independence, and sabotage is likely to ensue. Additionally, the findings of this study are in line with the findings of the IDS, GSS and Associates (as quoted in Merino, *et al* 2019) who found that children of women who are abused were also found to be affected by their mothers’ experience of violence, including impacts on their behaviour and education that resulted in long-term opportunity costs.

4.5.4 Effects of IPV on the economic status of women

The effects of IPV on the economic situation of women was explored by the researcher by posing questions about job-seeking and access to employment, engaging in economic investment, access to further education and promotions, access to and control of household resources and general engagement in income-earning activities. The interviews revealed that men who perpetrated IPV denied women any opportunity to seek gainful employment or engage in income-earning activities by claiming that they were the main breadwinners and, as such, women must be homemakers only. Any attempt to seek employment was met with violence. Furthermore, income earned was confiscated by the men.

One participant noted:

When I got my first job as a house help, he demanded I give him all the salary every month. Sometimes I declined. He used to go to my boss and collect the money, and later return home to beat me, claiming I embarrassed him. (Participant 24).

Such actions deny women access to jobs, which would otherwise help these women to be economically independent and able to support their households. Furthermore, IPV led to women being denied access to household resources, leaving sole control to men. For instance, one interviewee noted:

The only thing I have control over in my house is breathing, which he can take away if he wants. I cannot even decide what to cook for my children, how to spend money, what clothes to buy. The man gets violent with me any time I spend money on something he has not approved. (Participant 25).

The narrations further revealed that, because of IPV, women had little or no access to opportunities for further education or promotions at work, for those who were employed. This was so because of compounding consequences such as lateness to work, absenteeism, lack of concentration at work and low productivity owing to poor health or injuries arising from IPV. One of the women interviewed said:

On two occasions after landing a new job, I was late for work because my husband beat me in the morning and could not let me leave for work. I only left for work after he had left for work as well. My boss warned me on both occasions. After three years in the same job position, I requested for a promotion because there was a vacancy, but my manager said that my continued lateness to work and missing workdays owing to being hospitalised could not allow me into that position. It pained me a lot.

(Participant 11)

Furthermore, the researcher found that women and households were generally financially drained as a result of resources spent to treat women who had experienced IPV. For instance, one woman said:

I spent a lot of money to pay the hospital. In fact, I am still paying those debts. Even a title deed for my dad's land is still held as collateral until I pay that debt. Right now, I am financially exhausted, and even worse because I do not have a job, no income to feed my children.

(Participant 34)

The findings of this study align with the findings of Cantalupo, *et al* (2006 as quoted in Merino, *et al*, 2019) and Danso (2017), who documented the costs to victims of VAWG. These costs included fees for doctors, which result in losses to household income. Many women who suffer IPV lose their incomes or income-earning potential because of impaired productive capacity. The findings further agree with the findings of the World Bank (2013) which noted that the trauma caused by IPV leads to employment instability, absenteeism that has an impact on productivity and even, in

severe cases, to disability (World Bank 2013). IPV plays a key role in intra-household resource allocation whereby wives who are victims of IPV usually face a consequent loss of power in household bargaining and decision making, in turn leading them to lose out in the allocation of resources within the family. As espoused in the study by World Bank (2013), this can have adverse effects on children within the household whereby resources may be directed away from the wife and her children.

4.5.5 Effects of IPV on the political space and participation of women in leadership

The interviews revealed that IPV curtailed the political space and participation of women in leadership, including denying them the freedom to vote, stand for a political office, present themselves for leadership positions in the community or participate in political activism. One interviewee said:

He directs me to campaign for and vote for specific political aspirants and leaders, with any contrary actions being met with violence. (Participant 28).

The interviews further showed that women who experienced IPV were denied, deliberately, and indirectly through threats and stigma, from running for public office or leadership positions within the community. One woman noted:

Myself I was very active in leadership within this community. But when I started going through that phase of violence, there was a lot of stigma and people were saying, 'We cannot have a leader who is always screaming, every evening, because she is being beaten. She is weak'. (Participant 26)

The narrations further showed that women would not dare take part in political activism for fear of continued violence meted out against them by their partners. One woman said:

I have taken part in three political activism activities, and in two of them, my husband beat me very badly, claiming I was becoming a goon, uncontrolled and that he did not have money to bail me out in case I got arrested. From then, I was afraid, I felt unsafe and insecure. (Participant 39)

Women are excluded from participating in politics (decision making) owing to IPV and its effects on their confidence and self-esteem. Violence or the threat of it deters women from participating in the public sphere and exercising their rights as citizens. The findings of this study agree with the findings of Terry (2004) who noted that IPV, especially that in which women are the victims, limits women's ability to participate in development and to assume leadership roles.

4.6 COPING MECHANISMS OF IPV VICTIMS

The researcher tried to understand the mechanisms and strategies used by the women to cope with experiences of IPV. Six of the women said that the only option was to put up with the IPV and a further five said that they will or should stay in the union and just wait it out. Three interviewees felt that retaliation was the best way to cope. Twelve of the interviewees said that they reported their abuse to the authorities. Only four of the interviewees suggested that the best option was to leave the relationship or the marriage.

It can be concluded that reporting the IPV was the most common response. Those who mentioned it, noted that they reported it to government authorities or to local NGOs that provided support to victims of IPV as well as to other individuals, most notably to relatives of the male partner.

The second most mentioned response was to tolerate the IPV and to "stick it out." These findings are an indication that women who experience IPV become vulnerable and, as such, seek support and remedy from third parties.

Of particular interest was three of interviewees who suggested that retaliation was the best response. One noted:

I was once advised that when my husband or any other man beats me, I should not feel inferior, I should stand up for myself. So, at first, I retaliated with a slap when my husband started beating me. That got him even more angry, and it went into a full fight inside the house. So, the next time he beat me again, I hit him back. This went on for several times, until he stopped beating me. So, it worked. (Participant 35)

Another woman said:

I was brought up by a single mother who taught me to stand up for myself the way she did when she was in an abusive marriage. So, for me, when my husband used to beat me, I would return the same with fists and slaps and we would fight. He stopped beating me for like one year, then, when he started again, I just left the marriage. (Participant 18)

4.7 CONCLUSION

In this chapter, the results relating to the types of IPV experienced by women living in urban informal settlements of Kibera have been presented. This was followed by a discussion of the factors influencing IPV in informal settlement of Kibera and how IPV affects these women's socio-economic, political, and cultural development and *vice versa*. The discussion noted that IPV is expressed in assaulting behaviour, coercive behaviour, or manipulative behaviour and that it results in physical, sexual, or psychological harm or suffering, threats of such acts, coercion or arbitrary deprivation of rights and freedoms. The study concluded that a combination of emotional, physical, sexual, and economic violence were the most dominant types of IPV in Kibera.

The study concluded that alcohol and drug abuse, access to and control of household resources and the andro-patriarchal norms and values held by men were the most prominent factors influencing IPV in informal settlements of Kibera. The study established that women's socio-economic, political, and cultural development were negatively affected by IPV and that continued perpetration of IPV on women in Kibera served to increase the vulnerability of these women.

CHAPTER 5: RESULTS AND FINDINGS FROM THE KEY INFORMANT INTERVIEWS

5.1 INTRODUCTION

In this chapter the researcher presents the results of the analysis conducted on the data collected from the 20 key informants interviewed in the study. The results address the objectives of the study which were to analyse the types of IPV experienced by women living in urban informal settlements of Kibera, to examine the factors influencing IPV in informal settlement of Kibera and to evaluate how IPV affects the socio-economic, political, and cultural development of these women and *vice versa*.

5.2 THE KEY INFORMANTS

From the planned 20 targeted key informants, the researcher successfully conducted 20 key informant interviews. The researcher attributes the high turnout partly to the strict adherence to the data collection plan and partly to the importance placed on issues related to IPV by the key informants targeted and the society at large.

5.3 TYPES OF IPV EXPERIENCED BY WOMEN LIVING IN URBAN INFORMAL SETTLEMENTS IN KIBERA

The first issue that the researcher explored with the key informants was what they understood IPV to be. In accordance with the qualitative orientation followed, the researcher knew that it was crucial to gauge the research participants' own understanding of IPV as it unfolds in the lives of women living in informal settlements in Kibera. The discussion was then further explored to grasp whom they understood to be the main perpetrators of IPV, and how they perceived the prevalence of IPV in Kibera.

5.3.1 KIIs' understanding of intimate partner violence

The researcher sought to find out how key informants perceived IPV in terms of defining it, recognising it, and acknowledging the issues that constitute IPV. The KIIs responded that IPV was related to violence by a spouse or partner in an intimate relationship against the other spouse or partner. They mentioned that this form of violence includes physical, verbal, emotional, economic, and sexual abuse. Most of the definitions and explanations put forward by the key informants emphasised the physical and sexual aspect of IPV, reiterating the fact that it happens among couples whether in formal or informal marital unions. For instance, one of the key informants noted:

This is that kind of violence and abuse between people who are married or living together as boyfriend and girlfriend. In most cases, it involves beatings and that kind of violence. (KII 03)

The important matter to observe from KII03's description, is that the physical beatings are described in plural, hence a series of violent incidence. This framing of IPV recurred in the conversations, with all the research participants regarding IPV as being a process as opposed to a once-off occurrence. The link between IPV and a romantic relationship also came to the fore, with another key informant reporting:

Intimate partner violence is part of domestic violence, but this one is between husband and wife or boyfriend and girlfriend who live together. (KII 05)

IPV is, thus, understood from the perspective of violence experienced in an intimate union. It is violence meted by either a current or former partner or spouse, and it was often a repeated pattern of behaviour. Analysing the talk about the meaning of IPV also revealed that the research

participants link it to a power differential in the relationship. For example, one key informant explained:

IPV is expressed in assault-like behaviour, coercive behaviour, or manipulative behaviour by a partner to demonstrate power over that partner. (KII 01)

Beyond power, IPV was narrated as being an act that holds particular consequences. For example, a key informant observed:

IPV involves any act of violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to a woman, including threats of such acts, coercion, or arbitrary deprivation of liberty within an intimate relationship. (KII 09)

In summary, IPV was defined as a series of acts of violence, based on power differentials in a marital union or romantic relationship, which holds serious consequences for the victim. Beyond understanding the definitions of IPV from the perspective of the interviewees, the researcher sought to understand how the key informants rated the different types of IPV in terms of their occurrence or dominance in Kibera. The findings are shown in Figure 5.1.

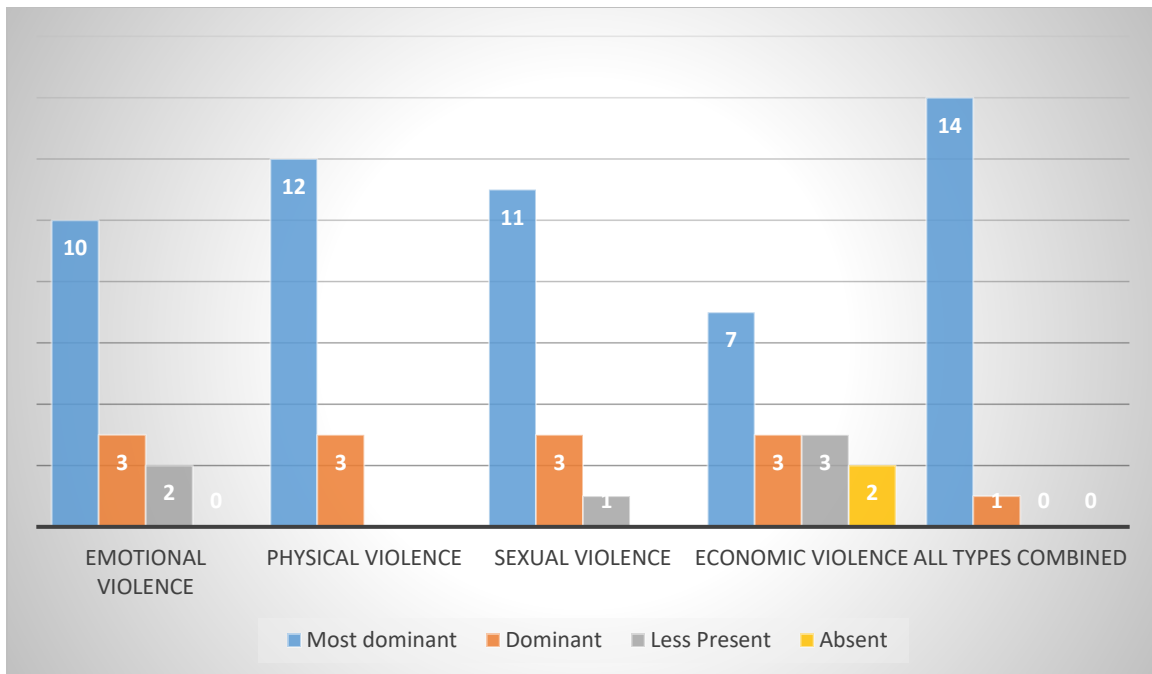


FIGURE 5.1: WHAT THE KIIs REGARD AS DOMINANT FORMS OF IPV IN KIBERA

From the KIIs ratings of IPV from the interview schedule, 14 said that a combination of emotional, physical, sexual, and economic violence constituted the most prevalent types of IPV in Kibera. Furthermore, 10 key informants noted that emotional violence was the most dominant while two noted that it was less prevalent than other forms of abuse. Physical violence, as the most prevalent form of IPV in Kibera, was noted by 12 key informants. Sexual violence was cited as the most dominant form of IPV in Kibera by 11 key informants, with only one individual noting that sexual violence was less dominant. Finally, economic violence was cited as being the most dominant manifestation of IPV by seven key informants with three noting that it was less dominant and a further two suggesting that it was not present at all.

It is interesting that economic violence was underrated as a form of IPV, but this is partly explained by the fact that the KIIs regarded Kibera as having such pervasive issues of poverty and hardship that it was not singled out as a form of IPV, but instead narrated as part of a context of suffering that enabled flare-ups in intimate interpersonal violence to reach epidemic proportions. These findings are in tandem with the findings of Babcock, *et al* (1993) who established that IPV can be physical violence, psychological violence, and emotional violence.

5.3.2 KIIs' perceptions of who the main perpetrators of IPV are in Kibera informal settlements

The key informants shared with the researcher who, according to their knowledge and experience, were the main perpetrators of IPV. Eight of the key informants said that both men and women perpetrated IPV, with nine saying that men are the main perpetrators. Three key informants pointed out that the actual perpetrators of IPV were women. One of the key informants explained:

In our African society, Kenya in particular, it is mostly men who perpetrate IPV against women. That is a fact and if you were to take time to peruse things like OB at police stations or visit the chief's office, 95% of cases are women who report IPV being meted on them by men. However, there are also women who perpetrate IPV against men, but these numbers are very low. (KII 18)

Furthermore, another key informant noted:

In the slums like where I work, it is men who are the perpetrators and women who are the victims. This is true for most of the reports I receive from the victims in my office. But then again, men are sometimes the victims, but not in most cases...but again, some of the cases where men are victims are rarely reported. But the bottom line is, men are mostly the perpetrators. (KII 16)

These findings can be compared with those of Mitullah (1997) who noted that, in andro-patriarchal societies, IPV is perpetrated mostly by men against women, and that this is normalised. While the normalisation of IPV speaks to issues of risk and predisposing factors, men are found to perpetrate IPV against women in most of the cases. In this study the research participants considered men as being the main perpetrators of GBV and IPV. This points to the need for a critical focus of interventions on the development of women, the predominant victims. However, the interventions ought to be balanced enough not to disenfranchise the men.

5.3.3 The KIIs' perceptions of the prevalence of IPV in Kibera

The researcher sought to establish from the key informants how they experience the frequency at which incidences of IPV occurred in Kibera. The findings were as shown in Figure 5.2.

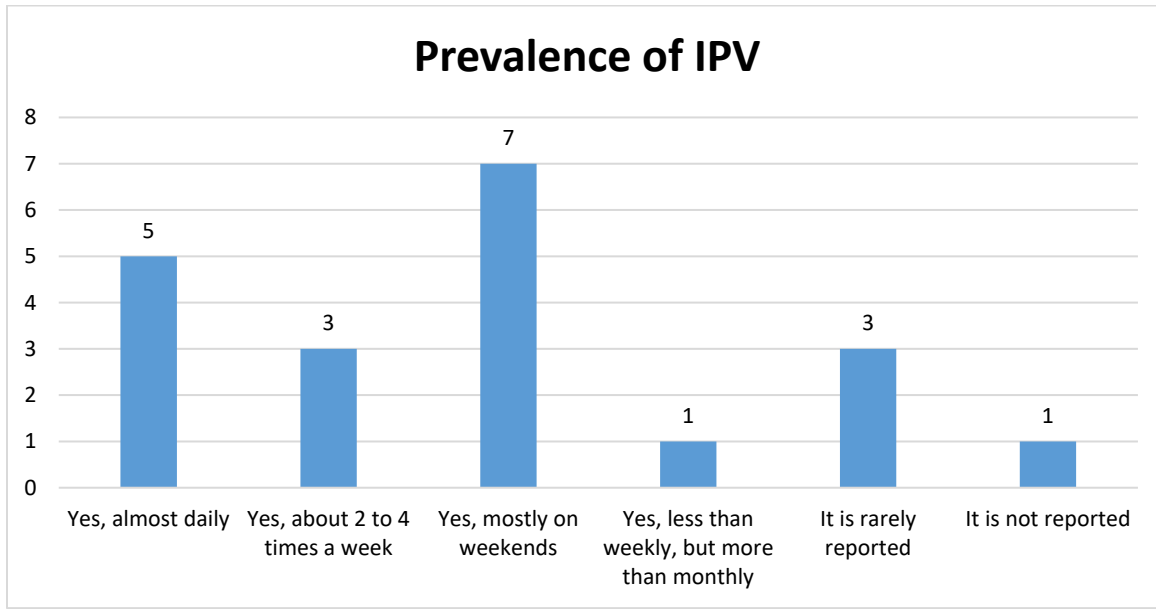


FIGURE 5.2 PERCEPTIONS OF KIIs ON THE PREVALENCE OF IPV

Most of the KIIs reported that IPV occurred mostly on weekends. They explained this as related to that fact that, on most weekends, men are usually with their spouses or partners as opposed to being away for work. Tensions arise from this that then leads to IPV. One of the key informants suggested that the abuse of alcohol or drugs as part of how the men relax over the weekends are the main triggers for increased incidents of IPV over weekends:

Further, for those who use alcohol and drugs, weekends are the best times for them to indulge. And considering that alcohol and drug use is a predisposing factor to IPV, on weekends we see increased incidences of IPV. (KII 02)

Another key informant added further depth to the narration about the increased incidence of IPV over weekend. In this narration, we see different explanations, such as the expectation that

weekends must be a time to be idle, that the men feel entitled to be idle and take decisions about how leisure time is spent. This retelling of IPV also frames the issues leading up to IPV as trivial, but as leading to an accumulation of frustrations, and, finally, as being linked to the environmental context of a slum, with small dwellings and limited space for leisure activities:

Weekends are resting times and if you have ever been to a slum, you will note that idling around is the norm on weekends. From our informal surveys in the slums, tensions are most likely to brew in slum households due to small things like who will watch the television, or that the music is too loud... because the houses are so small, many frivolous issues arise that lead to tensions. Men would most likely take advantage of such situations, letting the tensions boil over, and perpetrate IPV. (KII 09)

Five out of 20 of the key informants reported that IPV was a daily occurrence, three key informants noted that it occurred about two to four times a week, seven key informants noted that IPV occurred mostly on weekends, one key informant noted that it occurred less than weekly but more than monthly, three key informants noted that IPV was rarely reported while one key informant noted that IPV was not reported. It was, therefore, evident that IPV was a frequent occurrence in Kibera. Additionally, the findings relating to alcohol consumption and the subsequent perpetration of IPV are in line with the findings of Ansara and Hindin (as cited in McIlwaine 2013) who established that alcohol usage among spouses can also contribute to domestic violence.

Thus, the researcher noted that, both in the interviews with female victims of IPV and in the interviews with the key informants, there was consensus that there is a high prevalence of IPV against women in the informal settlements of Kibera. In this regard Amnesty International (2010) established that 63% of women from all socio-economic backgrounds in Nairobi were at risk of GBV. These findings are in tandem with the findings of Abuya, *et al* (2010), Oduro, *et al* (2012) and Swart (2012) who affirm that IPV and VAW are endemic in Nairobi's informal settlements. This study adds depth to these statistics by showing how intrinsically the incidence of IPV is related to men's expected roles in the communities of Kibera. They worked away from home, returning to their partners over weekends, where they expected to be allowed to be idle, take

decisions about the leisure activities, and own the space in small, cramped houses in the informal settlements. When these expectations were not met, they reacted to accumulated frustrations with IPV.

5.4 FACTORS INFLUENCING IPV IN THE INFORMAL SETTLEMENT OF KIBERA

One of the main objectives of this study was to examine the factors influencing IPV in the informal settlements of Kibera. The researcher endeavoured to find out what the key informants regarded as the risk factors, predisposing factors, and the drivers of IPV against women in Kibera. The findings are shown in Figure 5.3.

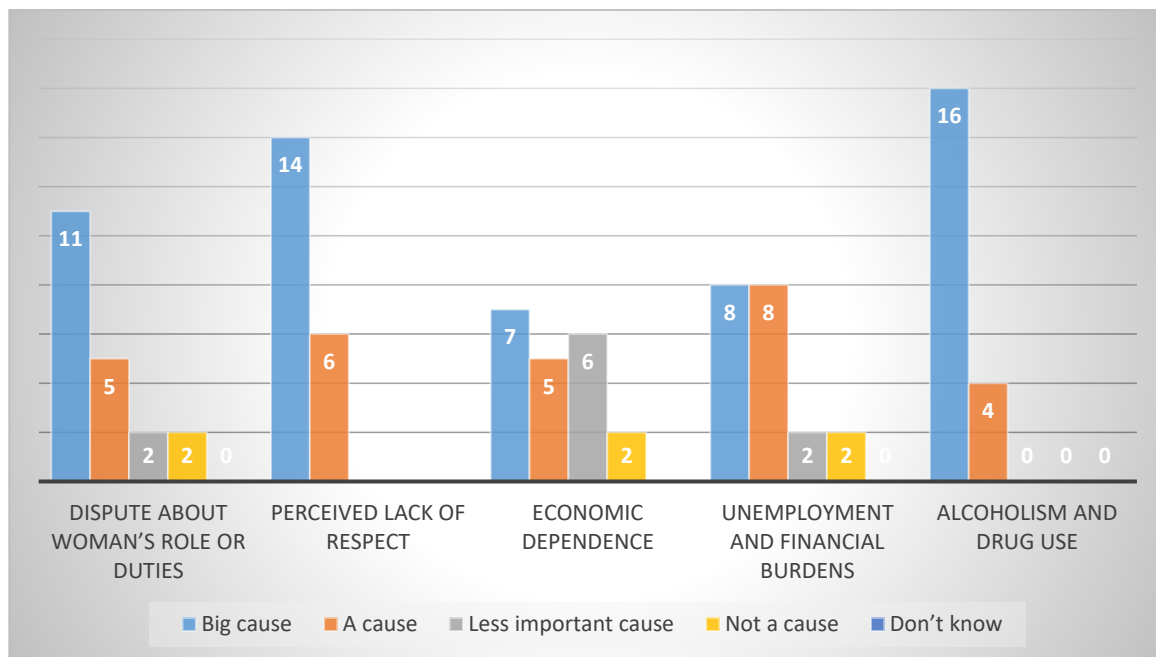


FIGURE 5.3: KIIS' PERCEPTIONS OF THE CAUSES OF IPV IN KIBERA

The key informants were united in singling out alcohol and drug use as the key factor associated with IPV against women in Kibera. This is not surprising because the elevated incidence of IPV in the study area over weekends was narrated as being caused in large part by substance and alcohol abuse. In fact, the analysis of the transcribed interviews confirmed that every single KII mentioned

alcohol as a key factor in IPV. In particular, the KIIs reiterated that weekends pose a risk for IPV because they are seen as times to indulge in alcohol and/or drugs because the man is at home away from his work duties during the week and would tend to stay sober to keep a job.

Disputes about a woman's role or duties was mentioned by 11 key informants as a major key factor related to IPV, five noted that it was a minor factor, two noted that it was a less important factor while two responded by stating that it was not a factor in IPV. This should be seen against the fact that 14 key informants said that the perceived lack of respect by the woman is a considerable factor with a further six noting that it was a factor, albeit not a key factor. These findings are, thus, in agreement with the findings of Swart (2012) who posits that the payment of a bride price in Kenya can partly explain why women are regarded as commodities or possessions to be disciplined through beatings. Stereotypical understandings of the female, submissive role and what respecting a husband or male partner entails then lead to resentments when the male feels challenged by a female who deviates from such stereotypes.

The economic dependence of the female partner was cited as a major by seven key informants, five noted that it was a minor factor, six noted that it was a less important factor and two informants responded by stating that it was not a factor to be considered. This should be seen in conjunction with the fact that eight key informants rated general unemployment and financial burdens as the key factors associated with IPV, another eight key informants noting that it was a minor factor, two noted that it was a less important factor and two individuals said that it was not a factor to be considered. This underrating of economic factors should be read against the earlier findings in this chapter about the economic dimension being made less prominent as part of IPV by the key informants. This is not to suggest that they regard this as being unimportant. Instead, the thinking is that the people in the informal settlements of Kibera, irrespective of gender, all suffer economic hardship and hence the role of economic factors both as a dimension of and a type of IPV becomes less prominent in the eyes of the observers.

These findings further align with the findings of DeRiviere (2008), Krishnan *et al* (2008), and McIlwaine (2013) who suggest that a family background characterised by accepted or customary household violence was a key factor and its intersection with women's low levels of education,

women's financial dependency, alcohol abuse by one or both partners and women's younger ages were some of the main factors that influenced IPV against women. When taking all these factors as intersecting issues, it becomes apparent that the ecological theory which posits a multi-factor approach to studying IPV, applies to the lived experiences of the interviewees. The above data vignettes show that, according to the experiences of the interviewees, multiple factors, such as alcohol and substance abuse, women's economic dependence on men and the normalisation of men's power over women, intersect in the personal, interpersonal, situational, and socio-cultural spheres to feed interpersonal violence and IPV. What stood out in this study, however, was that even the most frequently discussed proximate cause of the IPV in Kibera, namely men abusing alcohol especially on weekends where such behaviour was hidden from their employers, was normalised as the way that men conduct their lives. This points to male power as being the main inflection point for any strategies to address the IPV, but also that they would need to address proximate, distal, and environmental/contextual issues such as the small dwellings and the non-availability of healthier ways to "be idle" on weekends or to let off steam.

5.4.1 Policies that guide the prevention of IPV

The researcher further sought to understand how the KIIs perceived the existing policy interventions, guidelines and frameworks that support the prevention of IPV. All of the KIIs were able to mention the *Sexual Offences Act*, the *Penal Code*, *Sexual and Gender-Based Violence Prevention Act* and the *Bill of Rights* as some of the legal instruments meant to address IPV. Less frequently mentioned were the *Protection Against Domestic Violence Act*, the *Matrimonial Property Act*, the *Marriage Act*, the *National Policy on Prevention and Response to Gender-Based Violence*, the *National Guidelines on the Management of Sexual Violence* and the *County Government Policy on Sexual and Gender-Based Violence*.

The key informants knew that Kenya is a signatory to various international treaties and conventions that are meant to address issues related to IPV. These include the *Declaration of Human Rights*, *International Convention on Civil and Political Rights*, the *Convention on the Elimination of all forms of Discrimination against Women*, the *Solemn Declaration on Gender*

Equality in Africa and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Most of these laws, policies, guidelines, and regulations are applied by state organs through state structures and institutions. These organs include the National Gender and Equality Commission, State Department of Gender Affairs and the Ministry of Interior Coordination and National Government. When it came to these issues, the key informants were quick to note that, while these policies, regulations, and frameworks are in place, they are insufficiently implemented and also rarely used. Their implementation is wanting, and this fact has served only to stall interventions meant to address IPV. For instance, one of the key informants noted:

In our national assembly, we have over the years debated and passed bills. In the executive, they have formulated policies, frameworks, and regulations at different levels. However, implementation is falling way behind all the speaking. There is no goodwill to implement some of these very elaborate frameworks. It is sad. (KII 17)

Another key informant noted that research should uncover that implementation lags behind, saying:

Policies are there... the rules, the regulations. But if I can take a random guess, they are only used or implemented to say 30% of their capacity. But I am glad that with studies like this yours, you can shed further light on this, and it can be an eye opener for all those who are involved. (KII 20)

A key finding in the study is the consensus view that having policies, frameworks and regulations is just not enough, and that, rather, strict observance and implementation of these polices would ensure that resources allocated to interventions would yield results and address IPV in its entirety.

5.5 HOW IPV AFFECTS WOMEN'S SOCIO-ECONOMIC, POLITICAL AND CULTURAL DEVELOPMENT

In achieving one of the key objectives of this study, the researcher sought to understand how the key informants saw the effects of IPV on the social, economic, political, and cultural development of women.

5.5.1 Effects of IPV on the physical health of women

The key informants mentioned that IPV causes injuries, physical disability and impairment and exacerbates pre-existing medical conditions. As noted by one of the NGO officials interviewed:

You find that, if a woman has a medical condition like high blood pressure, when she undergoes this kind of violence, the medical condition worsens even more, leading to hospitalisation, depression, and even in worst case scenarios, death. (KII 06)

Another key informant mentioned:

Women suffer a lot from IPV. They are beaten, injured very badly, but many do not have money to go and get treated. Some are even beaten again if they try to go and seek medical attention because their partners are afraid the hospital might report the abuse to the police. (KII 10)

Treatment seeking, hence, was limited by threats of further violence, retribution, or that the woman or her dependents would suffer because the perpetrator would be reported and might have to face jail time. The analysis of the interviews further established that IPV posed negative effects on the sexual and reproductive health of women. As noted by key informants, some women had been raped by their partners and spouses, injuring their reproductive organs. This is in addition to being infected with sexually transmitted diseases. One of the police officers gave the following account. It should be noted that this interviewee struggled to convey this account, and that it shaped his

understanding that IPV means repeated attacks on the physical, mental, and psychological wellbeing of the victim, with some attacks lead to death owing to severe injuries:

We have one such case... which is under active investigation as we speak... It just breaks my heart...such an innocent soul is lost in such a manner... Women who have suffered from IPV are usually left with indelible injuries...and deteriorated health, while some have paid the ultimate price. The physical health effects of IPV have a ripple effect and can result in other compounding consequences. (KII 13)

Another key informant explained how repeated IPV tends to manifest as other forms of morbidity even when the actual incident goes unreported, and that, over time, it stunts the victim's abilities to earn an income or take up a role that could help them and others break out of the cycle of IPV:

Women who are victims of IPV are at a higher risk of developing chronic physical and mental health problems, all of which can limit their participation in income-earning activities, leadership and resource mobilisation and control. This negatively affects their personal development as well as the development of their households and the society at large. (KII 15)

5.5.2 Effects of IPV on the psychological and emotional wellbeing of women

The KIIs shared with the researcher that from their own experiences as experts on the topic of IPV, the psychological and emotional effects of IPV on women are severe and include stress and depression, trauma, stigma, suicidal ideation, low or loss of self-esteem and associated mental health problems. A closer analysis of these effects showed that they were interlinked and that some of them were products of other prolonged psychological and emotional effects of IPV. The recurring theme that IPV is not a once off incident but instead an insidious process of abuse surfaced again in the narrations about the psychological wellbeing of female victims of IPV. One of the key informants highlighted that:

For some women, it begins with stress and the trauma from that first IPV experience. Then they suffer continued incidences of IPV, and it pushes that woman into depression and that is when some contemplate suicide, and even go ahead to attempt to take their lives. So, the effects are like a chain reaction. (KII 06)

COVID-19 and the subsequent containment measures, such as curfews and lockdowns, meant that incidences of IPV increased and, as such, the effects multiplied. The researcher found that many of the KIIs' responses were similar to those reported by Mittal and Singh (2020) who noted that abusive individuals used COVID-19 restrictions arising from lockdowns, curfews, quarantine, and self-isolation to apply overly excessive control over their defenceless intimate partners. For instance, one of the key informants noted:

The location I work in, we received more cases of IPV against women during the COVID period than at any other time. It was an issue that even led to initiation of several community barazas to discuss it. For example, women complained that they had no access to information because they were forced to stay in the houses all day-long and could not even visit friends to get updated information on COVID. All they relied on was the information from their spouses, some of which was lies. (KII 06)

Another key informant said:

Lockdown during the COVID period made things worse for women who were in relationships that experienced IPV. With restricted movements out of the house, some women were even beaten just because one of the household members contracted a flu, in the pretence that the women had brought COVID into the household. Women really suffered during this period for sure. (KII 03)

It was the view of the interviewees that women experienced increased incidences of IPV during the COVID-19 period, with the men limiting access to important goods and amenities as well as delivering dishonest information on COVID-19, a source of further stigmatisation and psychological disorientation. Such misinformation related to curfews and restrictions on movement and travel, signs and symptoms of COVID-19 and prevention measures such as social distancing. One of the key informants noted:

One lady reported that her husband told her that she cannot go to work or to town because the government has banned all kinds of movements by imposing a day and night curfew. This was just sad because the lady could not even go to neighbours or friends to verify this information, if she did go out, she would come back and meet more violence. (KII 12)

Additionally, another key informant noted:

With restrictions on access to sources of information like televisions, radio, mobile phones and internet, women, especially those who were illiterate, were told things like COVID-19 kills women faster than men and hence the need for them to stay indoors all through. The men took advantage of such situations to further stigmatise, dominate and control the women. Any attempt by the women to question such information or seek confirmation was met with violence. (KII 05)

5.5.3 Effects of IPV on the social life and social development of women

The KIIs felt that the effects of IPV on the social life and social development of women included social stigma, violation of their human rights and freedoms, limited social interactions in the community and multiplier effects on the social lives of children in the household. Women who experienced IPV were often stigmatised in the society. Their inability to defend themselves, inability to seek support and redress or escape from the violent relationship and IPV exacerbated their vulnerability to social stigma. Through these controlling effects of IPV, the denial of women

to participate in social initiatives and groupings such as the “chama” (informal women’s savings group) denied them the opportunity to invest in their own social development. For instance, one of the key informants noted:

When a woman experiences IPV, the husband denies them the opportunity to attend any woman’s social activity like the famous chamas. They feel that their women will go and tell it [the IPV] all to their fellow women and, thus, the affected women will be advised on how to seek support or escape.

(KII 06)

Tutty and Goard (as quoted in DeRiviere, 2008) also noted that women who are in the throes of abusive relationships do not make significant investments in their social lives. Furthermore, IPV violates the rights and freedoms of women. Restricting women from meeting and visiting other people within their neighbourhood - especially with other women - on the assumption that they would be swayed to leave the abusive relationship is a violation of freedom of association and movement.

Key informants reported that they were aware of instances where women’s access to information and the right to privacy were restricted or violated by their over-controlling partners including restricted access to television and radio. This violation further led to limited access to credible and verifiable information especially that which related to the COVID-19 pandemic. A sub-theme that emerged from the interviews was that television, mobile telephones and access to social media were regarded by the male IPV perpetrators as unacceptable threats to their ability to control what their partners, and even their children, were allowed to know, and that the COVID-19 period brought this matter to a crisis point in the study site. One of the key informants said:

In one of the communities barazas I attended, women complained that they and even their children are not allowed to watch television because their spouses were of the view that watching TV during the COVID period would increase their anxiety about the situation in the world. Some only heard information from neighbours and when they tried to verify the information

with their spouses, they would be beaten for violating what the spouses termed as 'house rules'. (KII 10)

Another key informant intimated:

We currently have three cases where the husbands confiscated their wives' mobile phones just because the women went on social media to get updates on the COVID-19 situation in the country. In all three cases, taking the phones was not all... all three women were badly assaulted before their phones were taken away. In one case, the husband went so far as to sell the phone belonging to his wife after viciously beating her and taking it by force. (KII 17)

5.5.4 Effects of IPV on the economic status of women

The key informants mostly felt that both genders in Kibera face economic hardships, but they agreed that for women who face IPV, their controlling male partners would routinely restrict their job-seeking and access to employment, economic investment, further education and subsequent promotions at work, access to and control of household resources, and general engagement in income-earning activities. As one KII explained:

Any attempt to seek employment is regarded by the male as a strategy to self-emancipation and will be met with more violence. Some working women are coerced by their partners to surrender their incomes to them. Any hesitation or decline will result in violent retribution. (KII 14)

IPV leads to women being denied access to household resources, not even to speak about control over resources. Women and their households end up financially drained as a result of the resources spent on medical bills for women who had experienced IPV. Key informants noted that, in some of the cases, some of the treatment cost more than the households could afford and this led to an

immense strain on resources, resources which to which they had no access or control over in the first place. For instance, one of the key informants noted:

Several times, I have personally been called to harambees in the slum, to contribute and pay for hospital bills for women who unfortunately were physically assaulted by their spouses. You get to their house and realise that they have spent all they had already and even cannot afford food for themselves, for children, while at the same time, being detained in hospital, mark you, with every passing day, the bills increase. (KII 19)

Furthermore, as a result of IPV, women find themselves in situations where they have little or no access to opportunities and resources to further their education. Additionally, women have little chance of getting promotions at work because of issues such as lateness to work, absenteeism, lack of concentration at work and low productivity owing to poor health or injuries arising from IPV. As noted by one of the key informants:

Women who experience IPV will in most cases lack money to even take a short course. This is in addition to the fact that the husband or boyfriend will not allow her to further her education because of some personal fears...which are of course non-existent...that this would somehow make the woman leave. In terms of women who work, the husband will not always be happy or excited to hear that the wife has gotten a promotion.... I know of one case where after the wife was promoted, the husband went to her workplace to beat her up, accusing her of sleeping with her bosses to get promoted. Unfortunately, the woman lost her job because of that. (KII 13)

The World Bank (2013) concurs that IPV plays an important role in intra-household resource allocation whereby wives who are victims of IPV usually face a consequent loss of power in household bargaining and decision making, in turn leading them to lose out in the allocation of resources within the family. In this study, the interviewees suggested that the men controlled the

household resources in any case and that any attempt made by the women either to earn more through further education, or by working hard to earn a promotion would be regarded as a threat to the man's ability to control her and lead to IPV.

5.5.5 Effects of IPV on the political space and participation of women in leadership

The KIIs reported how women who experienced IPV were denied by their spouses or partners the opportunity to run for political positions and leadership positions within the community. A surprising dynamism was that women who were victims of IPV were not voted for or supported by the community to take leadership positions or political positions. Rather, they were stigmatised, ridiculed and called out as being weak. For instance, one of the key informants noted:

Let's face it, here in the slums, and I believe in other parts too, women who undergo IPV rarely take up leadership positions because they know they will be ridiculed by their opponents and other people in the society just because of their IPV experiences. (KII 11)

In further probing, KII11 explained that, although IPV is endemic to Kibera, women who are victims are also regarded as weak-willed and hence unable to hold political office. The other key informants mentioned that women would not dare take part in political activism for fear of continued violence meted out on them by their partners. The key informants reported that women who participated in political activism were termed as deviant, unruly and uncontrollable by their spouses or partners and, for such a reason, further violence was meted out on them whenever they participated in political activism. One of the key informants narrated:

Very few women in slums participate actively in political or social activism. Even in general politics, they just attend political rallies as bystanders and do not participate actively. We have several cases where women are beaten by their husbands for going out to political activism marches and processions. The men say it [the political rallies] is a way of

controlling the wife so that she will eventually overpower the man due to political brainwashing. (KII 19)

Violence or the threat of it deters women from participating in the public sphere and exercising their rights as citizens. The exclusion of women from participating in politics owing to IPV dents their confidence and self-esteem. It further denies the society the leadership qualities, skills, and expertise that these women would bring to the development sphere. In this regard, Terry (2004) noted that IPV limits women's ability to participate in development and to take up leadership roles.

5.5.6 Effects of IPV on the cultural empowerment of women

Within this theme, the KIIs spoke about the effects of IPV on the cultural empowerment of women in terms of restrictions on practising religious ceremonies or participating in cultural events. One of the key informants noted:

When a man marries a woman whom they are not from the same culture or ethnic community, the man tends to force the woman to adhere to his own culture, or even religion and even force the children too. Women who resented this have ended up victims of IPV, some even leaving those marriages. (KII 04)

While ethnic diversity is greatly valued and appreciated in Kenya, the researcher observed from the interviews that there were incidences of IPV in marriages and unions between persons from different ethnic and cultural backgrounds and that such incidents further led to women being denied the freedom to enjoy, participate in and express their cultural values, beliefs, and systems. In particular, the interviewees mentioned cases of IPV where the women were even denied the opportunity to speak their mother tongue whenever the man was at home, or even to teach their children their mother tongue openly. This issue was predictably more prevalent in cross-ethnic marriages or unions.

5.6 IPV FROM A SITUATED, INTERSECTIONAL PERSPECTIVE IN INFORMAL SETTLEMENTS IN KENYA

The researcher was also keen to understand IPV from an intersectional perspective in informal settlements in Kenya. With this framework in mind, the researcher probed the KIIs' understanding of the reporting of IPV, interventions to address IPV and the actors involved in addressing IPV.

5.6.1 Reporting of IPV incidences and actions taken

As Figure 5.4 shows, the results for the reporting of incidences of IPV dovetailed with the KIIs' experiences of when IPV mostly occurred, thus eight of the participants said that it was reported mostly on weekends, with four noting that IPV incidences were reported almost daily, three saying that IPV incidences were rarely reported, while five noted that IPV incidences were reported about twice to four times a week. Of concern is the three respondents who admitted that IPV is rarely reported. This was a cause for concern because it limits the effectiveness of interventions meant to address IPV.

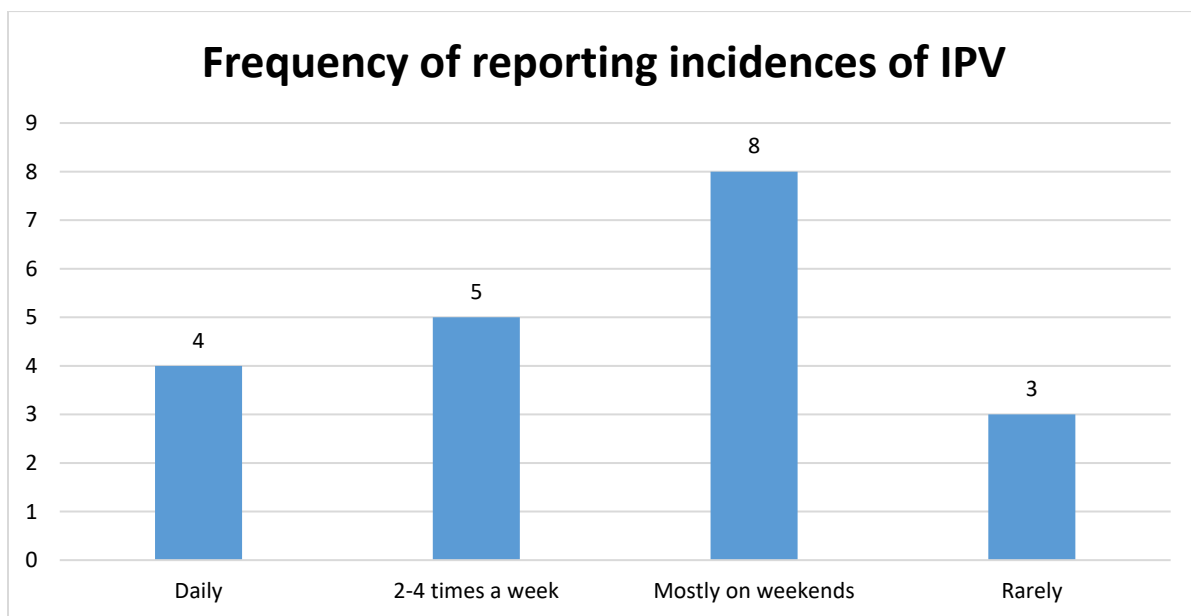


FIGURE 5.4: PERCEPTIONS OF THE KIIs ON THE FREQUENCY WITH WHICH IPV IS REPORTED IN KIBERA

5.6.2 Who reports incidents of IPV

The researcher sought to understand from the key informants how they experience the dynamics of reporting incidences of IPV. All of the informants said that the victims report the IPV. Six said that the social worker reports it, eight mentioned family members and two said that perpetrators sometimes gave themselves up. None of the informants mentioned the police as persons who would, on their own accord, report the IPV; instead, they were seen as the persons to whom the IPV was reported. Less frequently mentioned as persons reporting the IPV were *nyumba kumi* leaders and religious leaders. These results are an indication that there is willingness to report incidences of IPV by not only the victims but also by other members of the society.

5.6.3 To whom IPV is reported

The researcher also sought to understand what the KIIs knew about the individuals and institutions to whom incidents of IPV were reported. All of the KIIs said that most incidents were reported to the police. Those who reported these incidences either reported them to policemen who were on patrol in the informal settlement or who were at the local police stations and police posts. Additionally, incidents were reported to local administrators who included chiefs, assistant chiefs, village elders and the *nyumba kumi* leaders. A key finding in this regard is that the observations by the KIIs that incidents of IPV reported to CSOs and NGOs were often preferred because the victim held the expectation that this would result in rescue and support in the informal settlement more readily than for any other avenue of reporting. As one key informant suggested:

Reporting to CSOs and NGOs are always done in the hope that the victim will get first-hand support in terms of her basic needs as well as support in seeking legal redress for the IPV. (KII 08)

Finally, the key informants also shared with the researcher that IPV was reported to the family members of the men as a way of initiating customary redress. The value of traditional, family-based interventions should not be overlooked. A case in point as narrated by one of the key informants is quoted below. What this narration revealed, was that the lengthier process of

involving the family and traditional leaders can be supportive of the victim, because full reporting and open declarations are demanded, without interfering in formal prosecution through the law, and eventually both parties were supported by the family preferably to part ways:

In the location I work in, a woman reported to my office that her neighbours, a woman, and her children, had been badly assaulted by her husband and that the matter had been reported to the family of the man. While the family of the man set out to investigate and address the issue, they wanted to contact me to give me detailed information about this man's history in assaulting his wife and children before this latest incident. It was quite interesting for me to partake in the process.... although I was merely a witness if I may say so. This is where I came to see for myself that the traditional way of handling such a situation is very elaborate, but also free, open, and objective. The man was found culpable, he was fined and later also officially sanctioned by the courts, and, few months later, the couple separated. (KII 19)

5.6.4 Actions taken after the IPV is reported

In view of understanding and making suitable recommendations regarding interventions, the researcher sought to hear from the key informants how the actions that were taken after incidences of IPV were reported typically unfold. The key informants reported that the most common action taken was arrest and prosecution under Kenyan law. The police took up the reports, investigated them, made arrests, and ensured the prosecution of the perpetrators. For instance, one of the key informants revealed:

When such heavy matters are reported to us, first is to record the case.... Record statements from the victim and then arrest or bring in the alleged perpetrator to record their statement too. We then proceed with objective investigations and arraign the said perpetrator in court based on evidence and witness statements. We are always relieved when perpetrators get

convicted and committed to serve jail term as punishment and deterrence.
(KII 07)

It was also noted that mediation was another prominent action taken after incidences of IPV were reported. This kind of mediation was conducted by religious leaders, local administrative leaders or senior elders and family members of both the man and the woman. One of the key informants accounted that:

Mediation is also another good and prominent method.... As long as it is objective.... I have been part of several mediation processes but, in particular, one involving a case of IPV. We gave each of the parties' comprehensive hearings during which they could detail the incident as well as past incidences. We weighed the information they provided... we brought them to one table... had a discussion on what the possible ways forward were there and the compromise that each one would need to make. In the end, I and the entire panel were happy that they got back together and, right now, they are living happily...just this experience of mediation or hearing both sides of the story were enough in this case. (KII 06)

The more common outcome was rescue and relocation. This was common especially with the NGOs providing rescue and support to women who experienced IPV. The rescue is meant to protect the woman from further IPV and provide her with an environment to access medical attention and heal, access mental health treatment and plan for the best next course of action. One of the key informants noted:

Although it can be quite expensive especially where there is limited or no funding, but rescue and relocation has also worked well. We have evacuated women and sometimes even with their children to safe shelters. However, we always do this on a voluntary basis from the side of the woman and in collaboration with other agencies like the police, chief and the likes. It has worked well before. (KII 16)

Finally, warnings and threats of arrests and prosecution were also used, most commonly by the chiefs, assistant chiefs, and village elders. This was thought to be a deterrence. One of the key informants explained:

We usually try to use peers at first. We find a peer of a man alleged to be a perpetrator and send that person to deliver warnings and advice. If the man does not change his ways, we send the village elder, sub-chief or chief to deliver further warnings. If the man continues with his acts of violence against his wife, we send a police officer to bring the person in to receive formal warnings that sometimes include the man being released on police bond as a warning mechanism. (KII 12)

Complicated warning systems, mediation, rescue to a place of safety and involving the police were hence all discussed as ways to respond to IPV, each having different measures of success. A one-type-fits all approach would hence be inappropriate, but, at the same time, the narrations could highlight a few cases where these actions had had successful conclusions. This does not detract from the fact that, during the interviews, the key informants reiterated that, notwithstanding an array of possible responses, IPV as a common occurrence, and one that took on other dimensions during the COVID social distancing measures, still presents a major problem in Kibera.

5.6.5 Roles of actors and interventions in addressing IPV

The researcher asked the KIIs to explain their own understanding of the interrelationship between the different actors and the interventions meant to address IPV. The analysis conducted was focused on understanding the roles of individual actors and their interventions and how the different roles were interlinked to one another.

5.6.5.1 Perceptions of the role of the victims

The KIIs reported that victims have a vital role to play which involves reporting incidents of IPV immediately when they happen, providing accurate and timely information to the police and

investigating agencies and having an awareness of IPV in general, but specifically of the mechanisms through which they could escape from IPV. As one informant explained:

Reporting incidences in real time ensures that immediate actions are taken to avert any further violence as well as eliminating evidence gaps for instance in cases of sexual assault. (KII 07)

Another key informant said:

Providing credible information, statements and witness accounts aids the police, investigating agencies and even the courts (judiciary), to adequately assess, prosecute and convict perpetrators. Thus, victims have a responsibility to provide adequate material evidence to the police including biological samples to prove the guilt of the perpetrators. (KII 15)

In the words of one of the key informants:

The victims have a responsibility to know and be aware of IPV, not only through formal education, but also by attending or participating in community awareness campaigns and platforms. This will empower them to be able to detect early warning signs of IPV, escape from marital unions where IPV happens as well as seek adequate redress and interventions in a timely manner. (KII 12)

This last quotation seems naïve given the finding that, in IPV situations, men control women's ability to access to any information, including information they might gain by attending community awareness campaigns. In addition, having knowledge about the early warning signs of a possible abusive relationship may be insufficiently empowering, given the full dynamics of IPV in Kibera as explained in this chapter. For the most part, the victims of IPV were narrated by the

key informants as mere data sources that are obliged to co-operate with any agency involved in investigating the incident so as to put a stop to it.

5.6.5.2 Perceptions of the role of the immediate family, relatives, and neighbours

The KIIs shared their perceptions with the researcher about what the immediate family of victims of IPV, their relatives and neighbours can do to report incidences of IPV, provide material, emotional and psychological support to the victims and help them seek legal interventions. For the most part, the role of family, relatives and neighbours was described as being instrumental in terms of emotional support, eyewitness accounts, or temporary childcare. One of the informants shared:

Family, friends, and neighbours can give crucial emotional support and care for the children of victims in cases where the victims are incapacitated through hospitalisation as a result of IPV. (KII 02)

Another informant said:

Friends and family, especially eyewitnesses can give statements and witness accounts where necessary to the police and investigating agencies so as to support valid evidence before the courts. This goes a long way towards ensuring that cases of IPV brought before judges are water-tight and lead to the conviction of perpetrators. (KII 09)

A third informant regarded the role of family, friends and neighbours in a larger socialisation capacity and opined:

Family, friends, and neighbours, in fact everyone in the community, is responsible to shame and shun cultural orientations and traditional customs that prop up IPV. With modernisation and globalisation, some of this communal responsibility for care was lost. Family members, relatives and neighbours must guide and direct victims to reliable sources of

information and awareness on IPV as a means of building the victims or would-be victims up so that more and more people can understand and deal with IPV. (KII 03)

5.6.5.3 Perceived role to be played by non-governmental organisations, community-based organisations, and civil society organisations.

The KIIs acknowledged that NGOs, CBOs and CSOs play a key role to play in providing material, psycho-social and emotional support to victims of IPV. This includes making legal arrangements for escape from IPV situations, providing shelter, food, clothing, medication, and mental health services to support the healing process of the victims. According to the KIIs, these groups have a role to play in recommending and or providing legal services to the victims in cases where charges have been pressed against the perpetrators. As explained by one informant:

These organisations must play a role in providing and corroborating evidence produced by the victim as well as recruiting credible witnesses on behalf of the victims. This will aid the police and investigating agencies to be able to conduct thorough investigations, compile overwhelming evidence and successfully prosecute the perpetrators. (KII 06)

Another informant saw the role of these organisations as being mainly advocacy and stated:

NGOs and CBOs must create awareness on IPV in the community. By leveraging on their deep community networks, these organisations can better raise awareness and share information using different platforms such as awareness campaigns, targeted mass education rallies, community libraries and workshops. Through such platforms, these organisations improve the capacity of women to be able to deal with IPV in their marital unions. (KII 13)

How such mass awareness and education campaigns are likely to bear any fruit in environments where the abuse men so violently use to control access to information and women's movement outside the house remains understated in the interviews. It became evident that KII13 was retelling the policy guidelines of her organisation in response to this part of the interview, as opposed to actually considering the actual contextual constraints.

5.6.5.4 Perceived role to be played by the police and local administration officers

The KIIs discussed how the police, being a key pillar in the fight against IPV, play a crucial role in investigating incidences of IPV, collecting evidence, and making arrests. The local administration must then follow up with the prosecution of perpetrators. The informants explained:

The police are the first responders to incidences of IPV. They receive reports on IPV and ought to have a dedicated gender desk manned by competent officers who are friendly and knowledgeable on issues related to IPV. With such a capacity, they are able to listen, understand and provide all the relevant support to victims of IPV. (KII 02)

The police must receive and investigate IPV, gather evidence, make arrests, and suggest the preferring charges against perpetrators. Successful convictions act as a warning, a deterrence to any further IPV. (KII 04)

Local administration officers play a key role in ensuring that law and order is maintained while supporting the creation of a friendly environment to deter the occurrence of IPV and address incidences of IPV. They have a responsibility to provide administrative support especially to the police and investigation agencies during the investigation and arrest of perpetrators. (KII 07)

Through community gatherings such as community barrazas, local administration officers can send warnings, create awareness, and impart knowledge on IPV to members of the community. Being events that are attended by both men and women, these community gatherings can provide a level ground of passing on knowledge and information that is objective and balanced, not favouring one gender. As such, IPV can be addressed through whole of community approach and whole of government approach. (KII 14)

Finally, the police and the local administration officers have a key role to play in enforcing and implementing laws and policies that are meant to address IPV. They are duty bearers in protecting such laws and policies and ensuring that they are adequately implemented and observed in the society. (KII 11)

5.6.5.5 Perceived role of the judiciary

The KIIs also felt that the judiciary has a very important role to play, especially when it comes to the prosecution of perpetrators and the award of compensation to victims. Here are some of their comments:

By objectively listening to the case brought by the victim, scrutinising the evidence adduced, the courts are able to deliver not only ground-breaking judgements that serve as historical monuments of the fight against IPV but also hand down sentences to perpetrators... sentences that act as deterrence and warning to any further IPV. (KII 15)

The courts can recommend commensurate compensation to victims in cases of death, disability, physical impairment, or hospitalisation. This will provide relief to the victims and their families as they heal from the effects of IPV. (KII 01)

Courts are, hence, presented in the interviews as part of justice-seeking, or even retribution, but with little preventative powers. Furthermore, in a justice system that is handling numerous cases, victims continue to suffer as it sometimes takes quite long for cases to be heard and concluded, and justice served. Thus, the study takes note of the recommendation that special courts should be set up specifically to handle IPV and GBV related cases. Confidence in this approach to addressing IPV needs to be strengthened.

5.6.5.6 Perceived role of legislative institutions

The KIIs felt that the legislative institutions have a responsibility to play in proposing, drafting, debating, and approving laws and policies that firmly and decisively address IPV. In this regard, the KIIs opined:

Institutions such as parliament have a role to play in ensuring that bills are debated and passed in the interests of eliminating IPV. (KII 05)

We have institutions that are mandated to oversee gender issues... and IPV is a gender issue. We have the Gender and Equality Commission as well as the Ministry of Gender and Youths. They must propose, draft, and implement policies and guidelines that will support the efforts of NGOs, CSOs, CBOs, the police and local administration officers in intervening in IPV. (KII 08)

These platitudes ring untrue given the background of many laws, policies, conventions, and institutions and yet the persistently high levels of normalised IPV in Kibera that every day robs another human life of dignity, rights and even life. Besides their important role of creating laws, policies and regulations, legislative institutions ought to play a key role with regard to the oversight of the implementation of these laws and policies. It is my view that creating policies is not enough; overseeing their proper implementation gives more impetus to the fight against IPV.

5.7 EFFECTIVENESS OF STRATEGIES AND ACTORS IN ADDRESSING IPV AND REVERSING ITS NEGATIVE EFFECTS

The KIIs shared the view that the most effective strategy of addressing IPV and reversing its negative effects was arrests, prosecution, and subsequent conviction of the perpetrators. These are all reactive as opposed to preventative strategies, and they have, over the years, not really stemmed the tide of IPV in Kibera.

Other strategies cited by the participants were rescue and support to the victims, community education, knowledge and awareness raising on IPV, provision of safe and friendly reporting mechanisms for victims, provision of guidance, counselling and mental health support services, mediation and reconciliation and the strict implementation of all laws and policies relating to prevention of IPV, SGBV and domestic violence. Furthermore, the key informants suggested the creation of more centres where victims, their families and friends would conveniently report incidences of IPV, and the victims receive adequate redress. In their own words:

Arrests, prosecutions, and subsequent conviction are more effective as they deter and warn any would-be perpetrator that there are consequences to IPV. It is a fact that a conviction alone would not heal the wounds and reverse the damage caused, but through its justice was served to the victims, and this brings some relief to help the healing process. The actors in these processes, the police, prosecutors, lawyers, magistrates, and judges have an important role to play in ensuring the law is applied and that justice is served so as to deter any other acts of IPV. (KII 10)

What is most effective is to rescue and support the victims with basic needs. This enables the victims to access basic resources and services away from their violence-ridden homes. We see in the community that there are some women who have no other alternatives, and they stay put in their homes despite the IPV. With rescue services being organised at community level by NGOs, CSOs, CBOs and community volunteers, victims can be rescued

and provided with shelter, food, clothing, medication, and even legal advice. (KII 12)

The KIIs elaborated on the importance of community education, knowledge, and awareness-raising on IPV to build the capacity of the victims in informing them of the dangers and risks associated with IPV, the alternatives available, the strategies to escape from IPV and the mechanisms they can use to seek redress and justice. In terms of the reported control over women's abilities to access information, such wholesale hope in such awareness campaigns seem naïve and misplaced.

A far more interesting observation in this regard is that some of the KIIs felt that awareness creation among perpetrators would enlighten them of the negative consequences of perpetrating IPV and the effects of IPV on the development and empowerment of women. Such information and awareness creation were, according to the KIIs best left to the police, NGOs, CSOs, CBOs and community leaders through various forums, such as workshops, community barrazas and the advocacy of community volunteers. One of the informants explained:

Education, awareness, and advocacy are the best because they pass information, knowledge, and awareness to future generations and, as such, incidences of IPV would be eliminated even in future generations. (KII 14)

Provision of safe and friendly reporting mechanisms for victims was also cited as an effective strategy to address IPV. Such strategies encompassed the creation of centres where victims, their families and friends would conveniently report incidents of IPV. One informant explained:

There must be a SGBV reporting desks at every police station, police post and chiefs camp to provide a safe, secure, and anonymous channel for reporting of incidences of IPV. (KII 01)

The KIIs were adamant that the provision of guidance, counselling, mental health support services, mediation and reconciliation are effective strategies to deal with IPV. They explained:

Counselling must support the victims to pass through and weather the storms of the effects of IPV. (KII 11)

Guidance and counselling and associated mental health support services would eliminate the feelings of sadness, unworthiness, suicidal ideation and help the victims to regain their self-esteem. These would further avert cases where victims fall into depression and succumb to the trauma. (KII 06)

The provision of these services, as noted by the participants, was described as being the best channels to give hope and strength to the victims and give them the moral support to seek justice and move on with their lives. The KIIs cited reconciliation and mediation as key to ensuring that marriages or unions did not completely break down. This was cited in situations where the couple had children and where separation and divorce might cause further suffering to the children.

Finally, the KIIs stressed that the strict implementation of all laws and policies relating to the prevention of IPV, SGBV and domestic violence would provide the basis for all other strategies. While all these laws, policies and strategies are already in existence, the KIIs mentioned that the laxity in implementation was hurting the efforts meant to address IPV. Therefore, strict implementation of these laws, policies and strategies would be a large boost to all other strategies and this would encourage all the actors to use all the available mechanisms and strategies to address IPV.

5.8 CONCLUSION

In this chapter the researcher has presented findings arising from interviews with twenty key informants. The findings revealed that alcohol and drug abuse, access to and control of household resources and the patriarchal power of men were the most prominent factors influencing IPV in informal settlements of Kibera. The interviews further revealed that IPV has negative effects on

women's political, social, economic, and cultural development. From the interviews, it was observed that the most effective strategy of addressing IPV and reversing its negative effects involves arrests, prosecution, and subsequent conviction of the perpetrators. The reactive nature of these measures was insufficiently juxtaposed with preventive or proactive measures that placed great emphasis on awareness and education campaigns that are unlikely to have success in a context where women's access to information is violently suppressed.

In view of the instrumental theory which assumes violence to be the enabling factor for men to proclaim power and authority in decision-making for limited goods and services within households, the findings of this study note that men use violence against their spouses as a means of control, domination, and the exertion of male authority within households. While the instrumental theory subscribes to the perception that violence gets rid of frustration and anxiety elicited by limitations to traditional androcentric power, the findings of this study suggest that, by meting out violence on women, men do not actually get rid of frustrations and anxieties that come with life, but, rather, continue to perpetuate a very retrogressive vice within our modern societies.

In terms of the ecological theory, the findings show that multiple factors intersecting in the personal, interpersonal, situational, and socio-cultural spheres feed interpersonal violence and IPV. The findings have detailed the individual level factors, relationship and interaction level factors, community level factors and social level factors associated with IPV.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

In this study the researcher has sought to analyse IPV as it unfolds in the lives of women living in urban informal settlements of Kibera, Nairobi, Kenya and how it shapes their development. The specific research objectives of the study were to analyse the types of IPV experienced by women living in urban informal settlements of Kibera, to examine the factors influencing IPV in informal settlement of Kibera and to evaluate how IPV affects the socio-economic, political, and cultural development of these women and *vice versa*. The study further sought to develop a deeper understanding of IPV from a situated, intersectional perspective in an informal settlement in Kenya, thereby extending the theoretical understanding of this phenomenon. The final objective was to make specific policy recommendations on addressing IPV as an obstacle to human development in Kenya.

The study adopted a qualitative descriptive research design. Primary data were collected using two sets of interview guides. The primary data were collected from 46 women living in Kibera who had suffered IPV, and 20 key informants purposefully selected because they are engaged in of the administrative leadership, policymaking and implementation or safeguarding of gender rights in the study location. Thematic analysis was conducted on the qualitative data collected from the participants and used to inform the findings of this study.

6.2 SUMMARY OF THE FINDINGS IN TERMS OF THE RESEARCH OBJECTIVES

Based on the findings of the study, the following conclusions were made in relation to the research objectives:

6.2.1 Research objective 1: describing the types of IPV experienced by women living in urban informal settlements of Kibera

The data show that IPV includes physical, verbal, emotional, economic, and sexual abuse meted out on a partner by another partner with whom they are in an intimate relationship. The interviewees expressed the view that IPV took the form of physical assaults, coercive or manipulative behaviour that resulted in physical, sexual, or psychological harm or suffering. In addition, the narrations showed that IPV is also manifested as threats of such acts, coercion or arbitrary deprivation of rights and freedoms.

However, the researcher discovered that economic violence in which one is deprived of economic resources in a household was not mentioned as a type of IPV, but, rather, it was cited as a cause and predisposing factor for IPV especially against women. This new discovery, thus, brings forth new findings which affirm that economic violence is more of a pre-disposing factor rather a type of IPV.

The data revealed that a combination of emotional, physical, sexual, and economic violence provided the most dominant types of IPV in Kibera. The data are, therefore, in accord with the global categorisation of types of IPV as the Centres for Disease Control and Prevention (CDC 2015) identify four types of intimate partner violence, physical violence, sexual violence, stalking, and psychological aggression. In furtherance to this, there is sexual violence, which is divided into five categories, any of which constitute sexual violence, whether attempted or completed. All these acts occur without the victim's consent, including cases in which the victim is unable to consent owing to being intoxicated (drugs and substances) or being threatened.

Additionally, men were cited as the main perpetrators of IPV in informal settlements of Kibera. The data from this study thus agree with the findings of Swart (2012) that women were mostly victims of IPV while men were mostly the perpetrators of IPV in Kibera. The findings reinforce the fact that men are the key perpetrators of IPV and that interventions to address IPV need not victimise or scorn men but, rather, involve them in knowledge, attitude, and behaviour change.

This approach was proposed by the World Health Organisation (2013) which had found out that 77.7% of cases of IPV reported in Sub-Saharan Africa were perpetrated by men.

6.2.2 Research objective 2: identifying factors influencing IPV in informal settlement of Kibera

The interviews revealed that alcohol and drug abuse, access to and control of household resources and the andro-patriarchal norms and values about acceptable behaviour for men were the most prominent factors influencing IPV in informal settlements of Kibera. Other factors included disputes about a woman's role or duties, perceived lack of respect, income and economic dependence, undue influence on their spouses or partners from friends and family, spousal expectations, and behaviour such as adultery or cheating, experiences of IPV in the family and community while growing up, retrogressive cultures and traditions and level of education.

From the interviews conducted, it was evident that a woman suffers IPV from a man's actions of keeping her from seeing friends, restricting contact with her family of birth, insisting on always knowing where she is, ignoring her or treating her indifferently and becoming angry if she speaks to other men.

The interviews established that, while men used the excuse of African traditional customary law which permits "wife beating", marriage and payment of dowry in whatsoever context was not a justification for IPV against women. While Eckhardt and Crane (2015) claim that cognitions associated with IPV includes misogynistic beliefs, endorsement of patriarchal norms and attitudes that positively endorse the use of aggression in close relationships, IPV against women and IPV in general has no place in societies and should be condemned.

Referring to the ecological theory, the data are indicative of the fact that multiple factors intersecting in the personal, interpersonal, situational, and socio-cultural spheres feed interpersonal violence and IPV. The findings have detailed the individual level factors, relationship and interaction level factors, community level factors and social level factors associated with IPV.

People with certain risk factors are more likely to become victims or perpetrators of IPV. Those risk factors contribute to IPV but might not be direct causes. Not everyone who is identified as “at risk” becomes involved in violence. Some risk factors for IPV victimisation and perpetration are the same, while others are associated with one another. For example, as established from the key informant interviews, childhood physical or sexual victimisation is a risk factor for future IPV perpetration as well as victimisation. A combination of individual, relational, community, and societal factors contribute to the risk of becoming an IPV victim or perpetrator. Understanding these multilevel factors can help to identify various opportunities for prevention.

6.2.3 Research objective 3: understanding how IPV affects women’s socio-economic, political, and cultural development.

The data revealed that IPV led to the inflicting of external and internal bodily injuries, physical disability and impairment and adverse effects on the sexual and reproductive health of women who were victims. IPV exacerbated the effects of pre-existing medical conditions of the victims, further leading to unending illnesses and damage to bodily organs. IPV had detrimental effects on the sexual reproductive health of women particularly those who had been raped, leading to injuries to their reproductive organs, the contracting of sexually transmitted diseases or, in the worst-case scenarios, losing their unborn babies owing to miscarriages.

Women experience more chronic and injurious physical assaults at the hands of intimate partners. Most injuries, such as scratches, bruises, and welts, were minor. More severe physical injuries may occur depending on the severity and frequency of abuse. Physical violence can lead to death.

The data revealed that the psychological and emotional effects of IPV on women included stress and depression, trauma, stigma, suicidal ideation, low or loss of self-esteem and associated mental health problems. These effects were interlinked and some of them were products of other prolonged psychological and emotional effects of IPV. Other effects included feelings of unworthiness and anxiety attacks. With the advent of COVID-19 and the subsequent containment measures, such as curfews and lockdowns, incidences of IPV increased and, for this reason, the effects multiplied.

From the above findings, the researcher concluded that the effects of IPV on the social life and development of women included social stigma, the violation of human rights and freedoms, limited social interactions in the community and multiplier effects on the social lives of children in the household. The inability of women to defend themselves, their inability to seek support and redress or escape from the violent relationship and IPV exacerbated their vulnerability to social stigma. The denial of women to participate in social initiatives and groupings, such as the “chama” (informal women savings group), denied them the opportunity of investing in their own social development. These violations further led to limited access to credible and verifiable information especially that which related to the COVID-19 pandemic leading to their inability to prepare for and protect themselves against contracting the COVID-19 virus.

The study demonstrated from the narrations how the effects of IPV on the economic situation of women meant that they were restricted in their own attempts relative to job-seeking and access to employment, restricted in engaging in economic investment, restricted in accessing further education and subsequent promotions at work, access and control of household resources and the general engagement in income-earning activities. Hospitalisation and the cost of treatment increased the financial burdens on these women leading to immense strain on resources. Women had little chance of getting promotions at work because of issues, such as lateness to work, absenteeism, lack of concentration at work and low productivity owing to poor health or injuries arising from IPV.

The data also revealed that the effects of IPV on the political space and participation of women in leadership included the denial of the freedom to elect preferred political leaders, restrictions in seeking political office, restrictions in seeking leadership positions and restrictions in participation in political activism. Women were denied the right and freedom to choose leaders of their choice, and, rather, they were coerced to campaign for and vote for specific politicians, political parties, and leaders. They were denied by their spouses or partners the opportunity to run for political positions and leadership positions within the community.

In this regard, the researcher found an issue not previously covered in literature, namely that the stigma attached to IPV meant that women who were victims of IPV were not voted for or supported by the community to take leadership positions or political positions. Furthermore, women who participated in political activism were termed as being deviant, unruly, and uncontrollable by their spouses or partners and, for this reason, further violence was meted out against them whenever they participated in political activism.

It was found in this study that the effects of IPV on the cultural empowerment of women included restrictions with regard to practising religious observance and participation in cultural events and activities as well as maintaining and pursuing their own cultural beliefs and attitudes. Women who had suffered from IPV were coerced into submitting to and practising the religious and cultural beliefs and norms of their partners. Such involuntary actions were denying these women the rights and freedoms to practise their own cultural and religious beliefs and attitudes.

6.2.4 Research objective 4: uncovering IPV as a lived experience from a situated, intersectional perspective

The researcher wanted to understand IPV from an intersectional perspective. To do so, the researcher first asked the interviewees to describe the incidents and reporting of IPV in the study site. In this regard, the interviews revealed that the incidents of IPV were reported mostly on weekends. Of concern to the researcher was the finding that many incidences of IPV were rarely reported. This is a concern; it limits the effectiveness of interventions meant to address IPV.

Probing the issue of reporting of incidents of IPV further, the researcher discovered that, in most cases, the victims themselves reported them. Other people who also reported incidences of IPV were family members of the victim, perpetrators, social workers, neighbours, and friends of the victim, *nyumba kumi* leaders and even religious leaders. It was, thus, concluded that there is willingness to report incidents of IPV by not only the victims but also by other members of the society.

It was also concluded that most incidents were reported to the police who were on patrol in the informal settlement at the time, or at the local police stations and police posts. Incidents were also reported to local administrators which included chiefs, assistant chiefs, village elders and the *nyumba kumi* leaders, CSOs, CBOs and NGOs that offer rescue and support to victims of IPV in the informal settlements. IPV was also reported to the family members of the men as a way of initiating culture based and customary based means of addressing the IPV.

The researcher found that the most common action taken was to arrest and prosecute the perpetrators under Kenyan law. The police wrote reports, investigated claims, made arrests, and prosecuted the perpetrators. Other actions included mediation and reconciliation, rescue, and relocation of the victim and, in some cases, their children and the issuance of warnings and threats of arrests and prosecution against the perpetrators especially by the chiefs, assistant chiefs, and village elders as a deterrence to perpetrating more IPV.

Worth noting from the interviews was that mediation and reconciliation were conducted based on both customary law and the Kenyan law, unlike in the past where mediation and reconciliation were conducted based on traditions and customary law alone. The researcher, therefore, noted that the use of both the customary law and the Kenyan law gave more credence to the process, involved authoritative stakeholders and, thus, the result would receive buy-in by all the parties involved.

Deterrence measures were not as effective as envisioned by those who fronted this intervention. This is because some men, after receiving warnings, would migrate to other places, either within the Kibera settlement or outside the settlement and continue their heinous acts of IPV. This indicated a simple case of transferring a problem and not eradicating the problem and, thus, deterrence measures need to be looked at again in terms of monitoring and follow-ups.

From the interviews the researcher concluded that various stakeholders have both individual and collaborative roles to play in interventions intended to address IPV. Victims have a vital role to play which involves reporting incidents of IPV immediately they happen, providing accurate and timely information to the police and investigating agencies and having an awareness of IPV in general, but, specifically, about the mechanisms through which they could escape from IPV. They have a responsibility to acquire knowledge and awareness of IPV though not only formal education but also through awareness campaigns and platforms which are usually available within communities. This will empower them to be able to detect early warning signs of IPV, escape from marital unions where IPV happens as well as seeking adequate redress and interventions in a timely manner.

The immediate family members of victims of IPV, relatives and neighbours have a responsibility of reporting incidences of IPV, providing material, emotional and psychological support to the victims as well as supporting the victims to seek legal interventions. Their roles further include emotional support and caring for the children of victims in cases where the victims are incapacitated through hospitalisation because of IPV. They are instrumental in providing statements and witness accounts where necessary to the police and investigating agencies to support the inducement of valid evidence before the courts. Finally, they have a responsibility of shunning cultural orientations and traditional customs that support IPV.

NGOs, CBOs and CSOs have a key role to play in providing material, psycho-social and emotional support to victims of IPV. This includes making legal arrangements for escape from IPV situations, providing shelter, food, clothing, medication, and mental health services to support the healing process of the victims. They have a role to play in recommending and/or providing legal services to the victims in cases where charges have been pressed against the perpetrators. In the same way, they have a role to play in providing and corroborating evidence produced by the victim as well as recruiting credible witnesses on behalf of the victims. These organisations also play a key role in creating awareness on IPV within the community by leveraging on their deep community networks and platforms such as awareness campaigns, targeted mass education, community libraries and workshops.

The police and local administration officers have a crucial role which encompasses investigation of incidents of IPV, collecting evidence, making arrests and the prosecution of perpetrators. They play an important role of being the first responders to incidents of IPV. Local administration officers play a key role in ensuring law and order is maintained while supporting the creation of a friendly environment to deter the occurrence of IPV. Through community gatherings, such as community barrazas, local administration officers are able to send warnings, create awareness and impart knowledge on IPV to members of the community. The police and the local administration officers have a key role to play in enforcing and implementing laws, policies and regulations that are meant to address IPV.

The judiciary has a very important role to play especially when it comes to the prosecution of perpetrators and the award of compensation to victims. The courts can deliver not only groundbreaking judgements that serve as historical precedents for the fight against IPV, but they can also hand down sentences to victims, sentences that act as deterrents and warnings with regard to any further IPV. They are well positioned to recommend commensurate compensation to victims in cases of death, disability, physical impairment, or hospitalisation. This will provide relief to the victims and their families as they heal from the effects of IPV.

Legislative institutions have a responsibility to play in proposing, drafting, debating, and approving laws and policies that firmly and decisively address IPV. Institutions, such as parliament, have a role to play in ensuring that bills are debated and passed in the interests of eliminating IPV. Other institutions that are mandated to oversee gender related issues and issues related to IPV, such as the National Gender and Equality Commission and the Ministry of Gender and Youths, should propose, draft, and implement policies and guidelines that will support the efforts of NGOs, CSOs, CBOs and the police and local administration officers in intervening in incidents of IPV.

The findings of this study suggest that the most effective strategy of addressing IPV and reversing its negative effects is the arrest, prosecution, and subsequent conviction of the perpetrators. Other strategies cited by the participants were rescue and support to the victims, community education, knowledge, and awareness-raising on IPV, provision of safe and friendly reporting mechanisms for victims, provision of guidance, counselling and mental health support services, mediation and reconciliation and the strict implementation of all laws and policies relating to prevention of IPV, SGBV and domestic violence. Furthermore, the study noted that key informants suggested the creation of more centres where victims, their families and friends could conveniently report incidences of IPV.

6.3 RECOMMENDATIONS

6.3.1 Immediate interventions for policy and practice in the informal settlements of Kibera

Increased knowledge and awareness among both men and women living in informal settlements on the adverse consequences of IPV should be attended to through a community-based approach. This type of approach emphasises that people targeted for an intervention have the right to participate in making decisions that affect their lives as well as a right to information and transparency from those responsible for providing the intervention. Thus, the community in the Kibera informal settlement should participate fully in designing, implementing and monitoring the awareness-raising intervention.

While the community in Kibera is aware of the existence of IPV, the data indicated that there were very few cases of reported IPV owing to ignorance, stigma, and a lack of awareness of safe and friendly reporting channels. There was further limited knowledge of national policies and regulations that speak to IPV as well as limited awareness of alternative methods and strategies to address IPV besides the known traditional methods. Therefore, efforts to increase the knowledge and awareness of these reporting channels can serve as a short term, medium term, and long-term intervention. A suitable awareness campaign can be fashioned through collaborative efforts between NGOs, CBOs, CSOs and the government administration in the slums through workshops, community barazas, awareness raising campaigns and public education fora.

Government officers charged with the implementation of laws, policies and regulations meant to address and eliminate IPV should be more effectively empowered through targeted training, capacity building and facilitation so as to be able to deter, detect, investigate, prosecute, and convict perpetrators of IPV. While the study established that these officers have, in the past, worked to address IPV, their roles are limited only to those who come to them and not their going out to investigate instances reported anonymously. The large size of the Kibera community *vis-a-vis* the number of officers dedicated to address IPV is not proportional. Additionally, instances of weak investigations and loss of evidence have led to the collapse of several cases at the courts,

leaving the victims devastated. Therefore, well-staffed units, with well trained, well versed, well equipped, and well supported officers need to be deployed to address IPV. Achieving convictions through tightly evidenced cases will serve as a stern warning to any would-be perpetrators but also work towards inculcating an anti-IPV culture within communities in informal settlements.

Legislative institutions should refocus on legislating and passing laws that are practical in nature and in consideration of the dynamic environment in which the laws are to be implemented. Laws that are practical in nature will have deliverables and indicators and that there will be a system for monitoring and evaluating these laws for any changes and ratification. Legislative bodies should formulate laws that have been critically analysed and pilot tested and whose application is evaluated from time to time based on the implementation strategies proposed for each of these laws. While the existing laws that have been highlighted in this study have been in place for quite some time, data collected indicated that no monitoring and evaluations have been conducted. With the lack of evaluation reports, no meaningful review and redesign of such policies and laws to suit the ever-dynamic nature of IPV in Kibera can be made. Therefore, such laws should be formulated taking into consideration the practical application environment present in the informal settlement of Kibera.

6.3.2 Recommendations for further research

Further research should be conducted on intimate partner violence against men as a mental health problem. While the current study has focused on women as the main victims of IPV, some findings emanating from the interviews suggested that men are also victims of IPV as perpetrated by women and this has to an extent been associated with mental health among men. Thus, a further study should focus on men as the victims while, at the same time, investigate linkages, if any, with mental health.

6.4 EVALUATION OF THE SUITABILITY OF THE THEORETICAL AND METHODOLOGICAL CHOICES MADE

The ecological theory was found to be a suitable lens to look at IPV as occurring within a specific context, viz. the context of women in informal settlements. Just as the integrated ecological model suggests that IPV is influenced by a complex array of interconnected factors across individual, relationship, community, and macro-levels, the study found the application of this theory to be relevant and timely as individual, relationship, community and societal level factors were exposed as contributing to the lived experience of IPV among women in informal settlements of Kibera. It is also important to note that, at the individual level, some factors are associated with perpetration, some with victimization, and some with both.

The ecological model allowed the researcher to detect the role of cultural, legal, and organizational assets in buffering IPV. For example, the prosecution of IPV perpetrators depends on the potential impact of specific measures and resources related to social and legal services, their protective factors, preventative strategies, and the rules set forth by the existing legal frameworks. Through the ecological model, contextual analysis can progressively be used to improve our understanding of IPV. This can further be utilized to inform future IPV prevention and treatment programmes by helping victims to identify and effectively respond in situations where they may be at a heightened risk for experiencing IPV. The researcher concludes that, while the ecological model is a general reference for IPV prevention mechanisms, it primarily provides a framework outlining its core principles. This still leaves a need to improve the knowledge of certain specific articulations of IPV, as well as of the effectiveness of IPV-related service providers.

While other methodologies would be applicable to the studying of IPV and, specifically, the lived experiences of women in informal settlements, only by focusing on the psychological dimensions of perpetrators can IPV be understood as solely an individual or relational pathology. Therefore, an ecological approach that is able to focus on the individual dimensions of a more general issue of social power was necessary. This ecological approach also proposes a perspective that places value on interventions directed not only at victims, but also at perpetrators, in the context of both preventative and therapeutic perspectives.

The qualitative methodological strategies followed in this study was able to produce a rich, thick description of the contextual experience of IPV in the particular context. It revealed how the Kibera informal settlement with its cramped housing and lack of healthy leisure spaces and places allowed IPV to continue unabated, with men returning from workplaces over weekends and interpersonal frustrations leading to intensified IPV during such times. Often the IPV was witnessed by children, a younger generation, and neighbours without this changing the situation. Women who stayed in violent domestic situations were instead regarded as too weak to take on political leadership and controlling male spouses who perpetrate IPV tended to regard the women's participation in public, political or cultural life and paid employment as direct threats to their status and power. Further research should focus on interventions for men to deal with these frustrations and fears instead of blaming their partners, community, or society for their own violent behaviour against their intimate partners.

6.5 CONCLUSION

This research study has illustrated the key challenges related to IPV that development practitioners face in their quest for holistic development especially for women in urban informal settlements like Kibera in Nairobi, Kenya. The study generated, new knowledge about Kenyan urban informal settlements and the way that IPV shapes the lived experiences of the people who live there. Specific policy and actionable solutions are recommended from the findings to address interpersonal violence for the inhabitants of the Kibera informal settlement and other informal settlements in urban Kenya.

IPV is one of the protracted problems of social injustice that confronts many African societies today. The study clearly demonstrates that interpersonal violence undermines women and men's capacity to fulfil their possibilities, it deprives people of dignity and the right to safety and security. Looking at IPV from an integrated ecological vantage point for the inhabitants of sprawling informal settlements was important for evidence-based policymaking. The verifiable findings and recommendations of this study will further be of assistance to social service professionals in establishing sustainable ways to combat IPV.

IPV has to stop. In the short term, IPV can be addressed through arresting, prosecuting, and subsequent convicting the perpetrators and supporting the victims. On the longer term, community education, knowledge and awareness raising on IPV must be actively pursued, as should the provision of safe and friendly reporting mechanisms for victims.

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APPENDIX I: ETHICAL CLEARANCE



COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

29 November 2021

Dear Alex Musembi Musili

Decision:
Ethics Approval from 29 November
2021 to 29 November 2026

NHREC Registration # :
Rec-240816-052
CREC Reference # :
63671220_CREC_CHS_2021

Researcher(s): Name: Alex Musembi Musili
Contact details: 63671220@mylife.unisa.ac.za
Supervisor(s): Name: Prof GE du Plessis
Contact details: Dplessis@unisa.ac.za

Title: Intimate partner violence against women as a problem for development: A case study of Kibera, Kenya

Degree Purpose: PhD

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for five years.

The *low risk application* was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.
4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the



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APPENDIX II: RESEARCH PERMIT

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 421517	Date of Issue: 16/December/2021
RESEARCH LICENSE	
	
This is to Certify that Mr. Alex Musembi Musili of University of South Africa, has been licensed to conduct research in Nairobi on the topic: INTIMATE PARTNER VIOLENCE AGAINST WOMEN AS A PROBLEM FOR DEVELOPMENT: A CASE STUDY OF KIBERA, KENYA for the period ending : 16/December/2022.	
License No: NACOSTIP/21/12592	
421517	
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APPENDIX III: INFORMED CONSENT



CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty.

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interview.

I will receive a copy of this informed consent agreement.

Participant Name & Surname..... (type)

Participant Signature.....Date.....

Researcher: I have explained this study to the best of my ability. I invited questions and gave answers. I believe that the participant fully understands what is involved in being in the study, any potential risks of the study and that he or she has freely chosen to be in the study.

Researcher's Name & Surname.....(type)

Researcher's signature.....Date.....



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APPENDIX IV: INTERVIEW GUIDE FOR SELECT WOMEN

Date	Host
Start time	Location
End time	Remarks

Section A Background information

1. To commence with our interview, I would like to ask you a few biographical details.
 1. How old are you?
 2. Have you ever been married?
 3. What is your current marital status?
 4. Do you currently live with a partner/husband/boyfriend?
 5. Do you have children? Please give me your children's ages.
 6. What is your level of education?
 7. Have you lived in Kibera all your life? If no – at, what age did you move to Kibera?

Section B Types of intimate partner violence

2. Can you describe to me what you regard as intimate partner violence?
(Probe emotional, physical, sexual, economic violence).
3. Have you ever experienced IPV yourself?
(Probes: victim/survivor of IPV in own relationship(s),
Who was the perpetrator?
Experience of IPV in childhood home
Experience of IPV in community)

Section C Factors influencing IPV.

4. What, in your opinion, is the main reason for IPV in Kibera?
(Probes: failure to perform duties, irresponsibility, rudeness, immorality, culture/customs, employment status/income/economic dependence, childbearing, education level, family background, drug, and substance abuse)
5. What, in your opinion, is the main reason why you have experienced IPV in your own life?
(Probes: failure to perform duties, irresponsibility, rudeness, immorality, culture/customs, employment status/income/economic dependence, childbearing, education level, family background, drug, and substance abuse)
6. Is there ever a just cause for a person to mete out IPV? Please give me the reason for your answer.
7. Is IPV simply part of being a married woman in Kibera? Please give me the reason for your view.

Section D IPV and women's socio-economic, political, and cultural development

8. How did you react to the IPV you have experienced?
(Probes: tolerance of IPV, reporting to the authorities/someone else, retaliation, staying in the relationship)
9. Who provided support to you during this time?
(Probe support from family, authorities, social workers, NGO).
10. What was the effect of the IPV on physical health?
(Probe seeking medical attention, being admitted in hospital, kind of injuries, cost of seeking medical attention)
11. What was the effect of the IPV on your psychological and emotional health?

- (Probe stress, depression, general mental health, panic attacks, trauma, stigma, fear)*
12. What was the effect of the IPV on your social activities?
(Probe relationship with children/family, interaction with neighbours and community members, ability to attend social gatherings like church/mosque/women chamas)
13. What was the effect of the IPV on your economic status?
(Probe job-seeking, attending to work, concentration at work, general income earning, control over household resources, accessing education/promotion/remuneration, engaging in economic investments)
14. What was the effect of the IPV on your ability to participate in public life?
(Probe voting in national elections, participation in leadership at any level whatsoever, participation in political activism, seeking public office, practising religion, observance of cultural events/activities, maintaining own beliefs and attitudes)
15. If you could suggest one intervention that would help address IPV in Kibera, what would that be?

This is the end of the interview. Please tell me whether there is anything else that you would like to add?

Thank you for participating in the study.

APPENDIX V: E-MAILED SCHEDULE FOR KEY INFORMANTS

Key Informant ID Key	Organisation:
Date	Role/position in organisation
Location.	

SECTION A Types of IPV experienced by women in Kibera.

1. How do you define IPV?					
2. What are dominant forms of IPV in Kibera?					
Type of IPV	Most dominant	Dominant	Less dominant	Not present at all	Don't know
Emotional violence	1	2	3	4	5
Physical violence	1	2	3	4	5
Sexual violence	1	2	3	4	5
Economic violence	1	2	3	4	5
Combined emotional, physical, sexual, and economic violence	1	2	3	4	5
3. Who perpetrates IPV?					
Men are the main perpetrators					1
Women are the main perpetrators					2
Both men and women perpetrate IPV to an equal measure					3
4. How prevalent is IPV in Kibera?					
It is a daily occurrence					1
About 2 to 4 times a week					2
Just on weekends					3
Less than weekly, but more than monthly					4
Rare					5
5. How does the prevalence rate of IPV in Kibera compare with prevalence elsewhere in the country?					
More severe in Kibera					1
Less severe in Kibera					2
Cannot say/don't know					3

SECTION B Factors influencing IPV.

6. In your experience, what are the main causes of IPV in Kibera?
--

Cause	Big cause	A cause	Less important cause	Not a cause	Don't know
Dispute about woman's role or duties	1	2	3	4	5
Perceived lack of respect	1	2	3	4	5
Economic dependence	1	2	3	4	5
Unemployment and financial burdens	1	2	3	4	5
Alcoholism and drug use	1	2	3	4	5
Other (please specify)					

7. Which policies guide the prevention of IPV?

8. Please list the interventions that your organisation undertakes to address IPV.

8.1
8.2
8.3
8.4
8.5

9. In terms of the interventions mentioned in Question 8, which one is most successful and why?

SECTION C How IPV affects women's socio-economic, political, and cultural empowerment in Kibera.

10.1 Is IPV ever reported?

Yes, almost daily	1
Yes, about 2 to 4 times a week	2
Yes, mostly on weekends	3
Yes, less than weekly, but more than monthly	4
It is rarely reported	5
It is not reported	

10.2 Who reports it?

The victim	1
The family of the victim	2
The perpetrator	3
The police	4
Social workers	5
Others (please specify)	

10.3 To whom is the IPV reported?

11.1 Is IPV reported to you or your organisation/institution?	
Not	1
Yes	2
11.2 What action/s were taken?	
12. How does IPV affect the physical health of women?	
13. How does IPV affect the psychological/emotional wellbeing of women?	
14. How does IPV affect the social life and social development of women?	
15. How does IPV affect the economic status of women?	
16. How does IPV affect the political space and participation of women?	
17. How does IPV affect the cultural empowerment of women?	
18.1 In general how does IPV affect women's socio-economic, political, and cultural development especially those living in informal settlements in Kibera?	
18.2 How does IPV affect the nation at large?	
19. Please provide your top three suggestions for addressing IPV and reversing its negative effects	
19.1	
19.2	
19.3	
20. Which stakeholders or role players are best suited to implement the three suggestions you indicated at Question 19?	
20.1	

20.2

20.3

APPENDIX VI: LANGUAGE EDITING DECLARATION

The Reverend David Swanepoel
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17 JULY 2023

TO WHOM IT MAY CONCERN

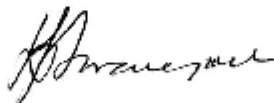
This is to certify that I have completed the English Editing of the text of thesis to be submitted in fulfilment of the requirements for the degree of
DOCTOR OF PHILOSOPHY
in the subject
DEVELOPMENT STUDIES
at the
UNIVERSITY OF SOUTH AFRICA

The thesis is entitled
INTIMATE PARTNER VIOLENCE AGAINST WOMEN AS A PROBLEM FOR
DEVELOPMENT: A CASE STUDY OF KIBERA, KENYA

By
ALEX MUSEMBI MUSILI

I am qualified to have done such editing, being in possession of a Bachelor's degree in English from Rhodes University, Grahamstown, an Honours Degree in English and HED with English as prime teaching subject from the University of South Africa, and having taught English to Matriculation, First Year University Level, GCSE and A level in both South Africa and the United Kingdom of Great Britain for over 40 years, as well as having been Senior (English) Associate Editor of a national magazine for two years. I have edited Master's Dissertations and Doctoral Theses for several years for several universities and institutions in South Africa and abroad as well as editing documents/papers for publication for various publishing concerns and a number of international academics.

I trust that this declaration is satisfactory.



DAVID JOHN SWANEPOEL