

East African Medical Journal Vol. 98 No. 8 August 2021

FACTORS CONTRIBUTING TO DOMESTIC VIOLENCE AMONG WOMEN OF REPRODUCTIVE AGE (15-49) ATTENDING GBV CENTRE AT NAKURU COUNTY LEVEL 5 HOSPITAL

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ABSTRACT

Background: Domestic violence refers to all acts of physical, sexual psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim.

Objective: To determine factors contributing to domestic violence among women of reproductive age (15-49) attending GBV centre at Nakuru County level 5 Hospital.

Design: A descriptive cross-sectional study

Setting: Nakuru County Level 5 Hospital. Nakuru County, Kenya

Subjects/Participants: Women of reproductive age (15-49) attending GBV centre at Nakuru County level 5 Hospital.

Results: Thirty-one per cent (31%) of the respondents were aged 18 - 28 years while 19% were aged above 50 years, 32% were married while 18% were widows/widowers. The findings further revealed that 36% of the respondents got their income from the farm while 42% earned between 500 - 5000Kshs monthly, while minorities 8% earned Kshs15,001 and above. Culture influenced domestic violence, majority 77% of the respondents said their culture did not allow women to make decisions concerning the family. It was also found that 65% of the respondents were aware of domestic violence and 30% said domestic violence was common in their area. Fifty-nine per cent knew victims of domestic violence.

Conclusion: Culture was the main contributing factor to domestic violence. Men were allowed to beat their wives as a form of punishment for an alleged mistake or behavior.

INTRODUCTION

Domestic violence refers to all acts of physical, sexual psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim (1).

In the United States three women are murdered everyday by a current or former male partner while 38,028,000 women have experienced physical intimate partner violence in their lifetimes. African American women experience intimate partner violence at rates of 35% higher than white women. In 2011, 1509 women in the US were recorded to have been killed by an intimate partner. Worldwide, men who were exposed to domestic violence as children were three to four times more likely to perpetrate intimate partner violence as adults than men who did not experience domestic abuse as children (2)

In Kenya Violence against Women (VAW) is still regarded as a private family matter. Violence against women by an intimate partner has strong traditional and cultural considerations. Forty-five per cent (45%) of women between 15-49 years have experience physical violence. Almost 75% of women in Kenya experienced domestic violence (3). Domestic violence is higher than what's reported; almost every woman in Kenya is occasionally violated verbally and physically but doesn't understand it as domestic violence (4).

Nakuru is one of the counties with high prevalence of domestic violence against women. Woman had a 38% lifetime prevalence (5). These women are discriminated against, as they are not economically empowered to adequately meet their own basic needs and therefore, take charge of their sexuality and livelihoods. There have been several initiatives to prevent and help reduce VAW in Kenya. Initiatives

by law makers such as "the protection against domestic violence bill" which was signed into law by President Uhuru Kenyatta of Kenya in 2015, rehabilitation centers and shelters for domestic violence victims, domestic Violence desk in police stations strictly for reporting domestic violence cases, economic empowerment programs, civic education on women's rights for both men and women, societal civic education on the consequences of domestic violence, yet domestic violence still remain a national problem especially in Nakuru county where the study is conducted. The fact that domestic violence against women has increased since 2006, with 299 cases, 412 in 2007, and 400 in 2008 (GVRC, 2010) still possess challenge to both population, Health facilities and Government of Kenya at large. Forty-five per cent (45%) of women aged 15-49 years have experienced physical violence (3). Study conducted by Federation of Women Lawyers- Kenya (FIDA-K) in 2008 showed that most women were violated and were not aware of such violations (4). They did not understand what is meant by domestic violence. It's only by understanding domestic violence among women, factors that contributes to it and its consequences in Kenya that we can only reduce the prevalence of domestic violence especially in Nakuru county which is one of the leading counties with domestic violence among women. The gap in reducing domestic violence among women in Kenya is still a burden hence this study. The findings of the study are useful to stakeholders in Identifying strategies that are of benefits to the country, therefore empowering victims of violence against women economically, physically and emotionally.

MATERIALS AND METHODS

Study design: The study adopted a descriptive cross sectional study design; where its main purpose was to observe all aspects of the

situation as it usually appears at a given time without repetition.

Study Setting: The study was carried out in Nakuru County located in the Great Rift Valley region of Kenya. According to the 2009 Kenya Population and Housing Census the population was 1,603,325 with an annual growth rate of 3.4%. It ranks fourth as the most populous County in Kenya behind Nairobi, Kakamega and Kiambu counties. Agriculture is the backbone of the county's economy with maize, beans, cowpeas, milk, beef and mutton the common produce.

Study population: Women of reproductive age (15-49) years at Nakuru County level 5 Hospital.

Target Population: Women of reproductive age (15-49) years attending Nakuru County Level 5 Hospital to whom the findings of the study were generalized

Sampling Techniques: The researcher used purposive sampling and simple random sampling techniques

Sampling Procedure: Purposive sampling was used to select the study area and simple sampling was used to select the respondents.

Sample size determination: The Fisher's et al. (1998) formula for cross sectional study was used to calculate sample size, Fisher's formula is;

$$n = \frac{z^2pq}{d^2}$$

Where:

n is the sample size

Z is the standard deviation of 95 % (CI 1.96)

d is the desired level of precision (margin error 5%)

p is the (estimated) proportion of the population which has the attribute in question, for this study it's 45% so p is 0.45

q is 1-p.

Therefore; $\frac{1.96^2 \times 0.45(1-0.45)}{0.05^2}$

n=384

Here, 380 is the Fisher's sample size recommendation. Since the target population was less than 10000. Second formula was applied: $Nf = \frac{n}{1+n/N}$

Where N is the targeted population 2954 (according to GVRC, 2012).

$$Nf = \frac{384}{1+384/2954}$$

$$= 337 \text{ respondents.}$$

Due to limited resources, time and financial constraints, the researcher sampled 100 respondents.

Selection Criteria

Inclusive Criteria: Women of reproductive age (15-49) years attending Nakuru County Level 5 hospital willing to consent to participate in the study

Exclusive Criteria: Very ill women

Women not attending Nakuru County level 5 hospital

Study Variable

Independent Variables: Socio-economic factors, Cultural factors, Knowledge

Dependent Variables: Domestic Violence, Data Collection Tools, Self-administered questionnaire consisting of open and closed ended questions

Data Collection: Self-administered questionnaires were used to collect primary data from the respondents under study. For secondary data, hospital data, national documents, publications, journals, books, reports and the internet sources were used in reviewing literature.

Validity: The questionnaires designed were pre-tested by hand delivering them to a sample 10% of the sample size from Thika level 5 Hospital and thereafter collecting them dully filled followed by refining of the questions so as to ensure it gathered the expected responses information to ensure it was valid for collection of data relevant for this study.

Reliability: The questionnaires were developed in consultation with supervisors whose inputs helped ensure reliability. It was also subjected to peers through presentation

for critiquing as well as assisting to polish the questionnaires.

Data Analysis: Data collected were edited, coded and cleaned, categorized and tabulated as appropriate. Computer application SPSS version 22 was used to analyze. Descriptive statistics such mean, percentages, mode and standard deviation were used. Information generated was presented in form of Tables and Figure.

Ethical Considerations: Authority to conduct the study was received from National Commission of Science and Technology and Innovation, County commissioner of Nakuru County, County Director of Health Nakuru County and County Director of Education

Nakuru County. Permission for data collection was received from the Medical Superintendent Nakuru Level 5 Hospital and the county nursing officer. An informed consent was received from all the respondents. All the information was treated with maximum confidentiality and data collected were under lock and key for hard copy and password protection for soft copy to limit accessibility.

RESULTS

Thirty-one per cent (31%) of the respondents were aged 18 - 28 years while 19% were aged above 50 years (Table 1).

Table 1
Age of Respondents

Response	Frequency	Percentage
18 - 28 years	31	31%
29 - 39 years	28	28%
40 - 50 years	22	22%
Above 50 years	19	19%
TOTAL	100	100%

Thirty-two per cent (32%) of the respondents were married while 18% were widows/widowers (Figure 1).

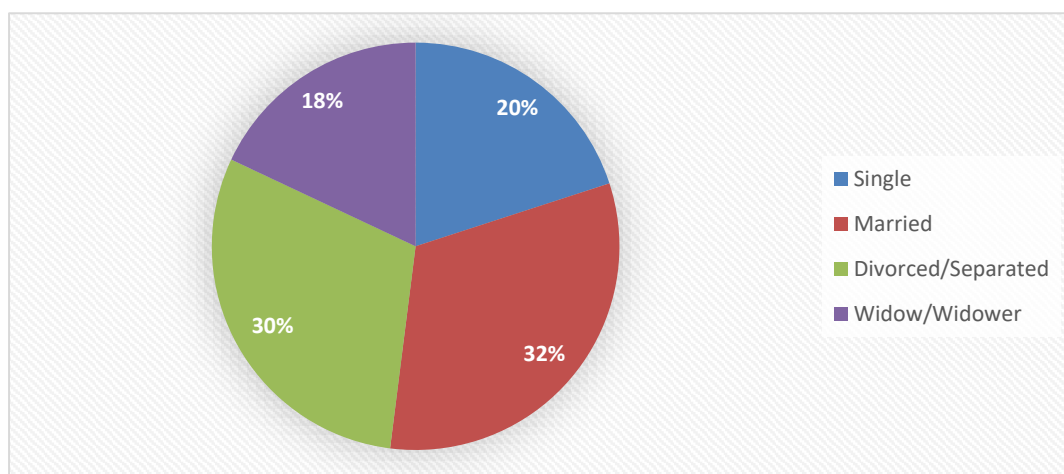


Figure 1: Marital Status

Socio-economic factors

Thirty-six per cent (36%) of the respondents get their source of income from farming

while 16% get their source of income from salaries/wages (Figure 2)

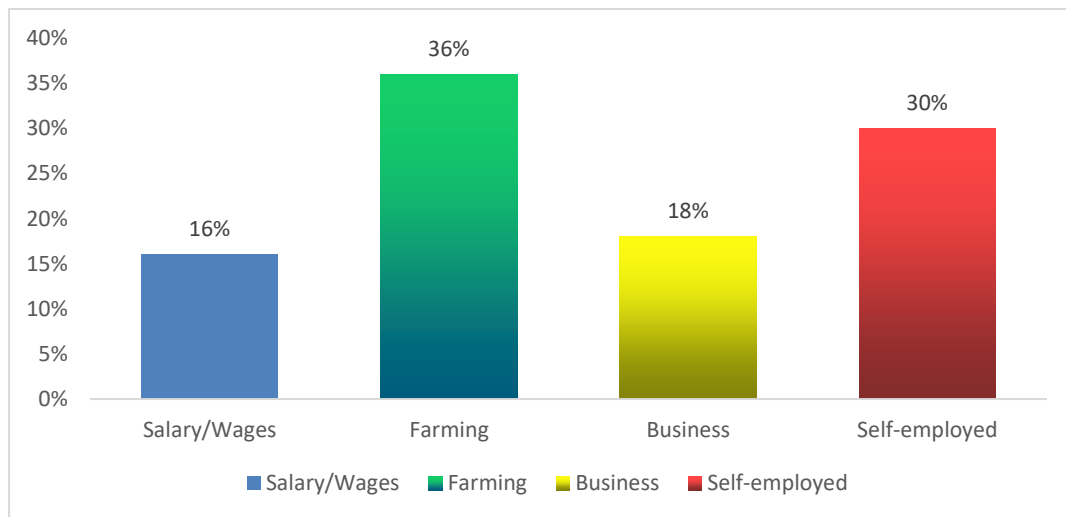


Figure 2: Source of Income

Table 2 shows that 42% of the respondents earn between 500 - 5000Kshs monthly

while minorities 8% earn Kshs15,001 and above

Table 2

Average monthly income

Response	Frequency	Percentage
500 - 5000 Kshs	42	42%
5001 - 10,000 Kshs	27	27%
10,001 - 15,000 Kshs	23	23%
15, 001 Kshs and above	8	8%
TOTAL	100	100%

Majority (72%) of the respondent spouses violated them financially while minorities 28% said their spouse did not violate them financially (Table 3).

Table 3

Do your spouse violate you financially

Response	Frequency	Percentage
Yes	72	72%
No	28	28%
TOTAL	100	100%

Fifty-six per cent (56%) of the respondents made financial decision in the family while 44% of the respondents did not get the opportunity to make any financial decision in the family (Table 4).

Table 4

Ability to make any financial decisions in the family

Response	Frequency	Percentage
Yes	56	56%
No	11	44%
TOTAL	100	100%

Sixty-five per cent (65%) of the respondents have ever experienced domestic violence at their workplace while 35% have never experienced any of it.

Socio-Cultural Factors

Majority (77%) of the respondents said that their culture did not allow women to make decisions concerning the family while minorities 23% said their culture allowed women to make decisions over the family (Table 5).

Table 5

Culture allowed women to make decisions over the family

Response	Frequency	Percentage
Yes	23	23%
No	77	77%
TOTAL	100	100%

FGM a form of violence against women

Fifty-three per cent (53%) of the respondents agree that FGM is a form of violence against women while 47% disagree that FGM is a form of violence against women in their culture.

Knowledge on domestic violence

Sixty-five per cent (65%) of the respondents were aware of domestic violence while 35% were not aware of what domestic violence was. Thirty per cent (30%) of the respondents said domestic violence is common in their area while 16% said that domestic violence is not common. Fifty-nine per cent (59%) of the respondents were aware of any woman who was a victim of domestic violence while 41% were not aware. Majority 76% of the respondents were aware of laws/political initiatives preventing domestic violence against women while minorities 24% were not aware. Sixty-eight per cent (68%) of the respondents were aware of organizations/specialized support for women survivors of domestic violence while 32% were not aware of such organizations/specialized support. Forty-one per cent (41%) of the respondents agreed that domestic violence was a very serious offence while 9% said it was not serious.

DISCUSSION

The findings revealed that 31% of the respondents were aged 18 - 28 years while 19% were aged above 50 years, another 32% of the respondents were married while 18% were widows/widowers, 41% of the respondents had no formal education at all while minorities 7% had attained up to college/ university level of education. Majority of females experience domestic violence at a younger age than their male counter parts. A study conducted in India by Ackerson proved that socio-economic factors contributed to domestic violence among women and age was another contributing factor presenting with 67% (6).

Source of income is a major factor contributing to domestic violence among residents of Nakuru County, this study has also shown that majority of the spouses were being violated financially. This concurs with another study conducted in India by Boyle, 2009 on women's education, attitudes towards mistreatment and standards of living, this study showed that men had attitude over women who were working thus showing that occupation was a major contributor to domestic violence (7). Culture influenced domestic violence, majority 77% of the respondents said that their culture did not allow women to make decisions concerning the family and that 53% of the

respondents agreed that FGM was a form of violence against women in their culture while 47% disagreed with the notion that FGM was a form of violence against women in their culture. Sixty-three per cent of the respondents agreed that it was culturally right for husband to beat a wife. Another neural conducted in Nairobi by Mitullah, concurs with our study where women inheritance was a major issue in families where women had more than enough compared to their men thus showed that in some culture's inheritance was a major contributor to domestic violence (8).

CONCLUSION

In conclusion, Lack of women empowerment lead to domestic violence, women were viewed as lower beings and hence were subjected to violence and there was no need to empower women economically and socially. Culturally women in these settings felt inferior being left out on any decisions making. Gender based violence was also attributed to economic strain as instability in the economy led to a breakdown in values leading to gender-based violence. Legal

framework in addressing gender-based violence against women was ineffective.

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