

A STUDY ON SEXUAL AND GENDER BASED VIOLENCE IN KIBERA, NAIROBI

Commissioned under the Women's Justice and Empowerment Initiative
(WJEI)

Report By:

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(WERK)

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Table of Contents

Table of Contents	2
List of figures	4
Acknowledgements	5
List of Abbreviations	6
1.0 Introduction	7
1.1 Objectives of the Survey	7
1.2 Significance of the Study	7
1.3 (De)Limitation of the Study	7
1.4 Conceptual Framework	8
1.5 Operational Definitions of Terms	9
2.0 Review of Related Literature	11
2.1 Prevalence of Sexual and Gender based violence	11
2.2 Perpetrators	12
2.3 Impact of Gender based Violence	12
2.4 Reporting of Sexual and Gender Based Violence	13
3.0 Methodology	14
3.1 Study Design	14
3.2 Study area and Population	14
3.2.1 Study Site:	14
3.2.2 Study Population and Sample Size	14
3.3 Data collection methods and procedures	15
3.3.1 Methods and sampling	15
3.3.2 Training	16
3.3.3 Pretesting	16
3.3.4 Response Rate	16
3.3.5 Validation	16
3.3.6 Investigator triangulation:	16
3.3.7 Methodological triangulation:	17
3.4 Data entry and Analysis	17
3.5 Ethical consideration	17
3.6 Field Experiences	17
4.0 The Findings:	19

4.1 Findings on levels of knowledge, attitudes and practices on SGBV in Kibera	20
4.1.1 Knowledge, Attitude and Practices on Sexual Violence and Harassment	20
4.1.2 Knowledge and Awareness on Emotional and Psychological Violence	27
4.1.3 Knowledge and Awareness on Domestic Violence	28
4.2 Causes of Sexual and Gender Based Violence in Kibera.....	31
4.2.1 Lack of Steady Income:	31
4.2.2 Sex for Gain Syndrome.....	32
4.2.3 Religion:	32
4.2.4 Negative Cultural Practices:	32
4.2.5 Video Dens for Pornography:.....	32
4.2.6 Exclusive Awareness Strategies:	33
4.3 Mapping pathways followed by SGBV survivors	34
4.3.1 Awareness on Processes when violated	34
4.3.2 Reasons for Non-reporting	35
4.3.3 Awareness on Support Services for SGBV.....	38
4.3.4 Coping Mechanisms for Survivors.....	39
4.4 Findings channels of information on Sexual and Gender Based Violence	40
5.0 Main Conclusions.....	40
5.1 Conclusions on Awareness Levels	40
5.2 Conclusions on Pathways	40
5.3 Conclusions on Information Channels.....	40
5.4 Implications for Programming	41
Annextures	42
Annex 1: Sample Guided Questionnaire	42
Annex 2: Awareness and Knowledge on SGBV.....	47
Annex 3: FGD Guide	47

List of figures

Figure 1 The Family Size of the Informants.....	19
Figure 2 Perceptions of Sexual Violence and Harassment.....	21
Figure 3 Perceptions on Frequency of Occurrence of Sexual harassment and Abuse by	22
Figure 4 Experiences of Sexual Violence and Harassment by Self or Husehold	24
Figure 5 Awareness on Emotional and Psychological	27
Figure 6 Experiences on Psychological Abuse by Gender	28
Figure 7 Knowledge and Awareness on Domestic Violence	29
Figure 8 Perceptions on incidences of Domestic Violence	30
Figure 9 Personal and Household Members who have experienced Domestic Violence	31
Figure 10 Awareness on process Followed When violated	34
Figure 11 Awareness on Support Services for SGBV.....	38
List of Tables	
Table 1 Respondent List.....	14
Table 2 Attitudes of the Kibera Community on Sexual Violence and Harassment.....	25

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Dr. Sara Ruto
Chairperson, WERK
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List of Abbreviations

BCC	Behavior Change Communication
CBS	Kenya National Bureau of Statistics
FGD	Focus Group Discussion
GBV	Gender Based Violence
GBVRC-KNH	Gender Based Violence Recovery Centre-Kenyatta National Hospital
GVRC	Gender Violence Recovery Centre
IPV	Intimate Partner Violence
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute
KNH	Kenyatta National Hospital
MoH	Ministry of Health
SGBV	Sexual and Gender Based Violence
USAID	United States Agency for International Development
WERK	Women Educational Researchers of Kenya
WJEI	Women's Justice and Empowerment Initiative

1.0 Introduction

This chapter outlines the background to the study, the objectives, significance and limitations of the study, and offers some operational definitions. The conceptual framework is also discussed.

Background Note

This study was commissioned by Pathfinder International/ APHIA II Nairobi, under the Women's Justice and Empowerment Initiative (WJEI). The study sought to obtain a clear understanding of the current level of SGBV awareness and prevention, responses and linkages between services in Kibera and its neighbourhoods. WJEI is implemented by APHIA II Nairobi as a pilot project has been undertaken in the informal settlement of Kibera, Nairobi.

Please insert some more background information. What are the objectives of WJEI and why was it started?

1.1 Objectives of the Survey

The study sought to obtain a clear understanding of the current level of Sexual and Gender Based Violence awareness and prevention, responses and linkages with medical and legal services by age and sex in Kibera and Kenyatta National Hospital.

The Specific Objectives were to:

- i) Establish the levels of knowledge, attitudes and practices on Sexual and Gender Based Violence in Kibera.
- ii) Map pathways followed by survivors of Sexual and Gender Based Violence survivors in seeking medical and legal services.
- iii) Identify channels of information on Sexual and Gender Based Violence.

1.2 Significance of the Study

This study will contribute to the body of knowledge on GBV issues within the Kibera community. The results of this study have the potential to enable development workers and organizations in Kibera to guide their interventions based on current data of knowledge, awareness and practices on issues relating sexual and gender based violence. The original intention of the survey, to propose some benchmarks that can be used in evaluating impacts of WJEI's activities objectively were unfortunately not met by the current study due to the level of 'contamination' as most activities under the project had already started being implemented. Nonetheless the information contained valuable for future programming considering the paucity of GBV research in Kenya.

1.3 Limitation of the Study

This study was delimited to the Kibera slum. The sample size was also relatively small, hence the findings may not be generalized to other/similar settings. The study ought to have been conducted before the interventions were implemented and was envisioned as critical in coming up with the baseline data upon which targets would be set. However, as activities had commenced and indeed the first cycle been

concluded, it became practically impossible to meet one of the main terms of the study, which was to “provide a basis for monitoring progress towards targets that will be set and in evaluating the impact of the programme after March 2011”.

Kibera is a favourite stop for researchers and the fear of ‘research fatigue’ was eminent throughout the study. Assertions have previously been made that such a community shares views they think the researcher wants to hear. In order to mitigate against this, the research team included community mobilizers, persons who have an insider knowledge, to aid in the identification of the respondents. In addition, it was clearly stated that only those who were willing to participate freely were invited for interview and that no monetary reimbursements would be given. Due to this, a number of the identified informants chosenot to take part in the process. By retaining those who were willing to share information for knowledge sake, it is hoped that the validity of the information that has been discussed is enhanced.

1.4 Conceptual Framework

This study has situated itself around the radical feminist theories that argue gender and sexual based violence is better understood when scrutinized against the backdrop of patriarchy. Patriarchy has been defined as “a system of social structures, and practices in which men dominate, oppress and exploit women” (Walby, 1990:214). Radical feminism views patriarchy as an independent social system. Indeed, patriarchal attitudes manifested in religion, tradition, and culture, have over centuries been used to control women’s sexuality. To understand the non-egalitarian traditions and norms, a scrutiny of patriarchy is paramount.

Patriarchy seeks to appropriate social roles and manipulate them for the benefit of males. Women’s sexuality is often a key site where power and manipulation is played (Tamale 2005). Patriarchy restricts women’s autonomy through the regulation of their sexuality. Women’s sexuality is a source of power that patriarchy finds so threatening and hence the need to control, or subjugate it. As a result, often, though not exclusively, women emerge in a subordinate function. Traditional attitudes about gender roles, inequitable power relations and overall unequal gender relations continue to tilt the balance of heterosexual relations.

Perhaps the most popularized expression of the radical feminist theory of patriarchy has been in the interconnected realms of reproduction, sexuality, and violence. The feminist analysis of rape radically reconceptualizes men’s sexual assault on women as a political use of violence that regulates and punishes women and therefore maintains power. Similarly, the concepts of wife battering and sexual harassment emerge as political issues because feminists identify them as tactics that effectively keep women subordinate in the home and uncomfortable in the public sphere. The translation of these feminist discoveries into gender-neutral policies about “spousal abuse” or inappropriate displays of sexuality at work have, however, erased this radical origin.

The radical feminist theory of patriarchy was deemed relevant in advancing a clearer understanding of the power relations and ethos that women operate in, and which 'allows' them to succumb to sexual and gender based violence.

1.5 Operational Definitions of Terms

Gender: This is the political, social and cultural significance attached to biological differences between men and women, boys and girls. A gender focus examine the varied experiences lived by men and women which is often shaped by the cultural ethos, values and power relations.

Violence: Is the use of physical force to cause injury, damage or death. It is an extreme form of aggression and includes assault, rape or murder.

Gender based violence: Any harmful act that is perpetrated against a person's will and that it is based on socially ascribed (gender) differences between males and females". The term "gender based violence" is often used interchangeably with the term "violence against women" which is defined as "any act of gender based violence that results in, or is likely to result in physical, sexual, or psychological harm or suffering for women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life"(IASC, 2005&United Nations General Assembly, 1993).

Sexual violence:Any physical, psychological or sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. This includes, rape, sodomy, defilement, incest and sexual harassment (Krug et al 2002).

Physical violence: This is the most visible form of abuse and is any act which results from a non-accidental trauma or physical injury. It may include severe corporal punishment or unjustifiable punishment. Physical abuse injuries result from punching, kicking, hitting, beating, biting, burning or other physical assaults.

Emotional and psychological violence: This includes a range of non-physical controlling behaviour like humiliation, confinement, non-sexual verbal abuse that is insulting, degrading, demeaning; compelling the victim/survivor to engage in humiliating acts, whether in public or private; denying basic expenses for family survival.

Socio-economic violence:This is the denial of access to education, health assistance or remunerated employment including the denial or property rights.

Domestic violence: Also known as domestic abuse, spousal abuse, family violence, and intimate partner violence (IPV), it defines a pattern of abusive behaviors by one or both partners in an intimate relationship such as marriage or dating. Domestic violence often encompasses other forms of physical, verbal, sexual abuse or economic deprivation (<http://www.domesticviolence.org/definition/>).

Format of the Report

This report presents the outcome of the study. The report contains four major sections. Section one is the introduction, the conceptual framework of the study and describes some of the concepts of sexual and gender based violence; Section two provides a brief review of the related literature while Section three briefly describes the methodology adopted in executing the study. Section four discusses the findings of the study and section 5 sums up with the conclusions and way forward.

2.0 Review of Related Literature

Introduction

Sexual and Gender based violence has continued to be a serious global health, human rights and development issue. It is a symptom of underlying gender inequalities and power imbalances that transcends the bounds of geography, race, culture, class and religion, touching virtually every community in every corner of the globe. Sexual and gender based violence is often condoned by customs and reinforced by institutions. It affects individuals or groups on the basis of their gender. This means that women, men, girls and boys are all exposed to Sexual and Gender Based Violence.

The recognized forms of Sexual and Gender-Based Violence are Sexual violence, Physical violence, Emotional and psychological violence, Harmful traditional practices and Socio-economic violence. They comprise not only rape and attempted rape, but also sexual abuse, sexual exploitation, forced and early marriages, domestic violence, marital rape, trafficking and female genital mutilation. These acts of violence have serious consequences to physical and psychological health and social well-being (WHO, 2005). This section presents a discussion on the prevalence of sexual and gender based violence, the impact of sexual violence and reporting patterns.

2.1 Prevalence of Sexual and Gender based Violence

Data from around the world confirms the pervasive nature of sexual and gender based violence. A study by Pacific Institute for Women's Health on Gender Abuse alerts that the most pervasive form of gender violence is abuse of women by intimate male partners (sometimes viewed as domestic violence). The study was carried out in a wide range of countries which included Papua Guinea where 62% elite urban women claim to have been beaten by men. The men also admitted to meting out the abuse. In India, in a study comprising a sample of the potter community in each village based on the census, 170 women of childbearing age in 3 villages in rural Southern Kamaka, (or 22% of them) reported being physically assaulted by their husbands. Only 12% reported not being beaten and the others are not reported. In Tanzania, a convenience sample from Ilala, Temeke and Kinondoni districts of 300 women from Dar es Salaam; 60% had been physically abused by a partner. The majority of these women are beaten at least three times a year with many experiencing persistent psychological and sexual abuse as well (<http://www.scielosp.org>).

The variety of data sources in Kenya confirm that it is pervasive, but as most of the data is lumped together, it is not easy to get a picture on the varied forms of violence. For example a survey on gender based violence in Nairobi found that it occurs in all constituencies and among all socio-economic groups and that 25% suffer from some form of GBV (physical, emotional, economic or sexual abuse) with one in every three victims suffering sexual abuse and three out of every four abused women suffering multiple forms of GBV (Waki Report, 2008). The 2008-09 Kenya Demographic Health Survey (KDHS) shows that more than half (57%) of women in Nyanza province have experienced physical violence, followed by those in Western province (45%). However, the same report indicates that there has been a sizable reduction in the proportion of women who reported to have experienced physical violence since age 15 from 49 percent reported in 2003 KDHS to 39 percent. These data sources suggest that between 25% to

39% women in Kenya experience violence, some with a more regular frequency. The 2003 (KDHS) further shows that 49% of women aged 15 and 49 had experienced either physical, verbal, psychological or sexual violence, 25% had experienced violence in the 12 months preceding the survey; 46% reported one or more episodes of sexual abuse in childhood; 15% of married and 25% of divorced or separated women had experienced marital rape; and 25% of 12-24 year olds reported forced sexual debut (CBS, MoH, MACRO, 2004)..

One form of violence that particularly leaves the victims scarred is of a sexual nature. According to Ravestijn (2002), 25% of women in Nairobi experience sexual harassment cases that involve rape; of which 25% involve gang rape. The majority of rape cases within Nairobi occur in Kibera (Kenya Police 2005). There is increased reporting and presentation of sexual violence among children in Kenya. According to a study by Ruto (2009), 58 of every 100 children have been sexually harassed while 29% boys and 24% girls reported to have been forced into unwanted sex. Over 80% of SGBV incidences including assault, rape and defilement happen within the home. In Kibera, 67% of the rape incidences during the post election violence occurred at home while 21% happened on the way home. In terms of venue, Gatwikira is reported as the place where rape occurs frequently in Kibera (MSF Belgium 2008; CARE 2008). Indeed, the current study findings corroborate this as Gatwikira and Kichinjio villages were cited as the most unsafe places.

2.2 Perpetrators

The perpetrators of sexual and gender based violence spread across the spectrum. In a study targeting school age children, Ruto (2009) peers received the most mentions as perpetrators while the home is featured as the most unsafe place. In studies targeting adult populations, the perpetrators are mainly husbands, teachers, relatives and fathers (CBS, MoH and MACRO 2004; Ravestijn 2002; MSF Belgium, 2008). Over 75% of defilement cases are perpetrated by relatives (incest), people the victim trusted including fathers, step-fathers, uncles and cousins (The Defilement Index 2004-2005). Indeed such cases are often reported in the daily newspapers such as:

“A father of three who ‘paid’ a seven-year-old girl Ksh20 after defiling her was jailed for life. He admitted raping the girl on the night of April 28, this year at Kianoe village in Subukia District of Nakuru County”. The Daily Nation, Tuesday November 23, 2010.

In the recent post-election violence, perpetrators of SGBV in Kibera were reported to be mainly members of the state security forces including members of the General Service Unit and Administration Police (AP), followed by neighbours and gangs (Waki Commission Report, 2008). Other reported perpetrators of SGBV in Kibera include men who are drug/alcohol addicts, single men, unemployed idle youth/men, relatives/neighbors, gangsters, and male friends.

2.3 Impact of Gender based Violence

Evidence suggests that sexual abuse and rape survivors exhibit a variety of trauma-induced symptoms including sleep and eating disturbances, depression, feelings of humiliation, anger and self blame, fear of sex, and inability to concentrate. Survivors also run the risk of becoming pregnant or contracting STDs, including HIV. A rape crisis center in Bangkok, Thailand reported that 10 percent of their clients

contract STDs as a result of rape and 15 to 18 percent become pregnant, a figure consistent with data from Mexico and Korea. In countries where abortion is illegal or unavailable, victims often resort to illegal abortion, greatly increasing their chance of future infertility or even death(<http://www.scielo.org>). Please say something about the survivors. What about Kenya? East Africa? Or Africa?

2.4 Reporting of Sexual and Gender Based Violence

According to National Commission on Gender and Development (2006), incidences of SGBV in Kenya are largely underreported. The Defilement Index 2004-2005 indicates that women in Nairobi are the least likely to report having experienced physical violence (29%). However, in the recent past Police Crime Report and Data for 2007 indicated 876 reported cases of rape, 1,984 cases of defilement, 181 cases of incest, 198 cases of sodomy and 191 cases of indecent assault. A similar increase has been observed in number of survivors seeking care at the Nairobi Women's Hospital Gender Violence Recovery Centre. Since inception in 2001 to March 2008, GVRC has treated 10,196 survivors of sexual assault and domestic violence. 83% were sexual violence cases, 17% were physical and emotional violence/abuse cases (www.globalhealth.org). Lucy Kiana conference report. KNH-GBVRC provides comprehensive services to gender violence survivors. These include provision of emergency post rape medical care, collection and preservation of forensic evidence, Legal Aid, medical intervention, creation of awareness about GBV, trauma counseling, outreach programmes and establishment of support groups for survivors of GBV (<http://www.gtzkenyahealth.com>). Please include statistics from KNH-GBVRC. Did you find any useful and useable information from the CREAW baseline?

In Nairobi, which includes Kibera, only 7% of physical abuse and 6% of sexual abuse victims reported the incidences (IASC, 2005). Few SGBV victims in Kibera report or seek care, medical and/or other support services even when available. Among post-election sexual violence survivors interviewed, only 23% reported the matter to the police (CARE 2008). Generally, reporting rates differ according to the nature of violence perpetrated, with sexual violence less likely to be reported than the other forms of violence (Ravestijn 2002). Factors hindering reporting include feelings of shame, guilt, fear of stigma, self-blame, risk/fear of re-victimization/reprisal and mistrust of authorities and their reluctance to intervene in SGBV cases (IASC 2005; Nduku K. et al. 2003).

This literature review affirms that incidences of sexual and gender based violence are still high. There seems to be an inability, unwillingness to report violence or lack of awareness on reporting procedures and care services in Kenya in general and Kibera specifically. Moreover, people do not know the specific services offered in health facilities with a general belief that the services are of poor quality (Nduku K. et al. 2003; MSF Belgium 2008). In addition, violence against women is perceived to be a "normal" domestic affair that should not be interfered with (CARE 2008). It is in view of this background, that further study on issues of sexual and gender violence remains on high priority. The selection of Kibera, an area that represents high prevalence of violence is bound to enhance the understanding on sexual and gender based violence.

3.0 Methodology

This chapter details the methodology that guided the study on sexual and gender based violence in Kibera, Kenya. The study design, study area and population, the data collection methods and processes and analysis techniques are also discussed.

3.1 Study Design

The study utilized a 'mixed method' design in which both qualitative and quantitative approaches were adopted to address the study objectives. The quantitative study utilized a guided questionnaire that sought to capture the knowledge, attitudes and practices of the research community on sexual and gender based violence. For more detailed understanding of the perspectives and processes, the study resorted to more descriptive methodologies. A focus group was derived from the respondents of the guided questionnaires and discussions held. A variety of discussion groups composed of: male only, female only and mixed gender groups were held. 'Opinion' leaders, comprising members of the provincial administration, and the more community based leaders such as religious leaders and women group leaders were also included in the sample. The interviews sought their perspectives on the trends and dynamics of sexual violence, and subsequent behaviors. Interviews with the provincial administration specifically sought to understand their role in the prevention of SGBV and in seeking redress for survivors of SGBV.

3.2 Study area and Population

3.2.1 Study Site:

The study site was Kibera, in Langata division, Nairobi West district, Nairobi province. It is located 5 kilometres from the city centre. Kibera is the largest urban informal centre in Nairobi, and the second largest in Africa. Kibera is divided into about 7 locations (namely Kibera, Kianda, Gatwikera, Lindi, Laini Saba, Siranga, Makina). The study was conducted in 14 villages where Pathfinder/APHIA II already has a presence.

3.2.2 Study Population and Sample Size

The 2009 Kenya Population and Housing Census reports Kibera's population as 170,070, contrary to previous estimates of one or two million people (KDHS Report, 2009). After discussion with Pathfinder and with consideration of the time limit to carry out the SGBV study, a sample size was agreed upon, and the following groups reached, as detailed in Table 1.

Table 1 Respondent List

CATEGORY	RESPONDENTS	Male	Female	Total
Guided questionnaires		134	150	284
Opinion leaders	Chief	3		3
	Community Leader/Elders	2	2	4

	Women Leaders		1	1
	Religious Leaders		1	1
Youth FGD	Soweto/Raila	4	3	7
	Mashimoni	3	3	6
Male FGD	Raila	7	-	7
	Gatwikira	6	-	6
	Lindi	6	-	6
	Silanga	8	-	8
Female FGD	Makina	-	6	6
	Mashimoni	-	7	7
Support groups	Sigar	3	3	6
	Survivors	-	5	5
Organizations	CREAW	-	1	1
	Rahma Ta Allah	-	1	1
Perpetrators	Makina	1	-	1
TOTAL		177	183	360

3.3 Data collection methods and procedures

3.3.1 Methods and sampling

Two main methods were used to collect data: survey where a guided questionnaire was used, and description where a variety of group discussions and interviews were used. A tiered process was followed where the questionnaires were first administered to 20 men and women in each village. Clustering (into villages) followed by simple random sampling using the main road as the key demarcation for identifying and selecting HH members was used. This method was convenient given the inability to conduct and use systematic household numbering. It also offered an opportunity for systematic selection of households which could be revisited during the evaluation phase. The questionnaire consisted of the following major parts:

- Personal information
- Knowledge and awareness on SGBV
- General knowledge and attitude on SGBV

During training, the questionnaire was translated into Kiswahili to not only ensure common understanding among data collectors but to also ensure that the words/phrases employed in the translation were commonly used terminologies in the research. During administration, the questionnaire as then translated verbally as agreed for ease of communication.

The informants were identified via the assistance of community mobilizers working and living in Kibera. Most of the mobilizers have served as 'paralegals' in different programs hosted by APHIA 11. The community mobilizers identified persons, based on a priori communicated criteria, and invited them to avail themselves on a specific time in a specific location where the questionnaire was administered.

The guided questionnaires were supplemented with group interviews/discussion that were used to collect additional data on the existing level of knowledge, attitudes and practices on SGBV among the target group. The participants were drawn from the respondents who had responded to the guided questionnaires.

Another related component of this study was to understand the various forms of GBV and its impact. One aspect involved comprehending the services and coping mechanisms available to survivors of GBV. For this purpose, the study proposed to identify and select two survivors from the data base of Kenyatta National Hospital GVRC. The process of acquiring the permit however took longer than anticipated; hence it was not possible to interview this group. Others identified and interviewed were opinion leaders and organisations working in Kibera who were purposively sampled.

3.3.2 Training

A one day orientation workshop was organised to orient the researchers on the research tools. The counsellors were present during the training programme and provided input that ensured further protection of the interviewees. Questions that were deemed too sensitive were deleted from the instruments.

3.3.3 Pretesting

Pre testing is important to measure the effectiveness of the tools and to eliminate errors while administering the tools. The guided questionnaire and Interview guide for the survivors were pretested. Analysis of the responses and observations from researchers and counselors were used to improve the tools. Based on the pre-test, the tools were finalized for the survey in consultation with APHIA II Team. The pre test was conducted in an informal sector (Mathare) that has similar characteristics to the study site but was distant enough from the study site. This ensured that the sample drawn for the final data collection excluded the sample taken for pre-testing.

3.3.4 Response Rate

This study achieved 100 per cent response rate for all the instruments that the team was authorized to collect from. While WERK has a permit from the National Council on Science and Technology, the nature of the study, which has health implications, necessitated the acquisition of another permit from KNH/UON-Ethics and Research Committee. The latter permit delayed and as a result, data from survivors of GBV and health workers could not be collected.

3.3.5 Validation

Validation of field data forms a crucial component of social science research. Triangulation is a powerful technique that facilitates validation of data through cross verification from more than two sources. In particular, it refers to the application and combination of several research methodologies in the study of the same phenomenon. This research study employed two methods of triangulation that ensured the validity of information collected at every stage of the data collection process.

3.3.6 Investigator triangulation:

This refers to the use of more than one researcher in the field to gather and interpret data. At any given time, at least two researchers participated in an activity. Two different teams also collected similar type of data. Three group meetings were held to discuss emergent issues. These meetings drew together the researcher, assistant and the paralegals/ guides who were undertaking defined activities during the research.

3.3.7 Methodological triangulation:

This refers to the use of more than one method for gathering data. The study applied multiple research techniques such as guided questionnaire, interview guides and FGD guides. The results from each of these techniques were compared in relation to the other. In this study no contradictions were found. After comparison what was done especially if contradictions were found?

3.4 Data entry and Analysis

All group discussions and interviews were tape-recorded and later transcribed. An analysis framework was developed for analyzing information from the guided questionnaire. The structured questionnaire was properly coded for ease of data processing prior to the commencement of field work. The Statistical Package for Social Science program was used in the analysis. The same package was used for data editing and tabulation. An experienced data processing expert was engaged to conduct the data entry.

3.5 Ethical consideration

In order to uphold the rights of the informants and protect their privacy, several measures were undertaken. First, permission was sought from the Ethical Review Committee based in KNH. The committee scrutinizes the purpose of the research, the research tools, and consent forms. By so doing, it demands that certain criteria protective to the research group are met. Second, trained counselors were integrated as an integral part of interviewing the survivors and getting informed consent. The counselors were to be specifically engaged for the survivors. The counsellors were enjoined before the study and would have briefed and debriefed the survivors. Finally, all names and places have been changed during the presentation of the data. This will ensure that the privacy of the interviewee is protected.

3.6 Field Experiences

- i) Monetary allowances or their lack, motivated some respondents. At the start of each session of the interview process, the researchers explained to the respondents that information exchange would be voluntary. A majority of the respondents appeared disappointed and may point to money in exchange for any activity, be it research, to be the norm rather than the exception. Despite this, it is only respondents from one village who opted to walk out. After considerable discussion, the others remained and willingly participated.
- ii) Interviewing survivors of sexual violence demands skill and sensitivity from the research team. Often, when a person offers their life story in public, they start receiving many invitations to re-narrate their stories. The expectation is often higher if the person is a recipient of donor money. Unfortunately, such survivors do not receive the due protection they require, and end up being scarred as they repeatedly revisit their experiences. The research team, unfortunately, encountered such a scenario during the pre-test, and despite the presence of the counselor, the general feeling was that the interview could have been carried out in a different and better manner. This experience considerably sharpened the process of identification and engagement the research team eventually shaped.
- iii) One of the groups identified as a support group/women's self help group, and whom the researchers approached to offer a perspectives on sexual and gender based violence turned out

to be a group of female survivors of rape who did not want to be identified by that category and had instead branded themselves as an economic agency. Most of them were abused during the post election violence, and some had sought redress but failed to get it. They offered their true identify during the group discussion, to a surprised and unprepared interviewer

- iv)** With the exception of two villages mobilization was largely well done. The informants appeared to have been randomly selected, although the paralegals did not always use the transect method earlier agreed on during the training. They employed the use of other community mobilizers to send informants from the various parts of the village. With the exception of the two villages, the questionnaires had to be administered to the informants in various groups as opposed to one sitting. All the informants' names and contacts were recorded after each session to ease identification process during the feedback and dissemination meeting.
- v)** The number of guided questionnaires as per the sampling, was limited to only twenty and in some cases there were more people who were willing to fill the questionnaires, but had no chance to do so.
- vi)** Kibera villages seem to be fluid and not clearly delineated, especially at the 'borders'.
- vii)** As the study sought to seek attitudes, some questions in the guided questionnaire were viewed by respondents as a gray area. For example, they found it challenging to just give "Agree" or "Not agree" answer to a question on whether it is okay for a husband to beat a wife. Most of the time, they wanted to tie down the researcher to give a scenario of such a case so they could be in a position to better "adjudicate"
- viii)** Two women approached the research team with issues after filling the guided questionnaire. One was on child neglect, and the other was on domestic violence. They were referred to CREAW, and a follow up established that CREAW was able to give assistance.
- ix)** Some community leaders who were interviewed came across as sectarian political leaders. They spoke for or against certain groups and their views ought to be viewed within this context.

4.0 The Findings:

This section presents the main findings of the study. The findings are presented in three distinct sections as guided by the study objectives. The sub-sections are as follows:

- i) Levels of knowledge, attitudes and practices on Sexual and Gender Based Violence in Kibera.
- ii) Pathways followed by survivors of Sexual and Gender Based Violence survivors in seeking medical and legal services.
- iii) Channels of information on Sexual and Gender Based Violence.

A preliminary section is presented that discusses the profile of the primary informants.

The Profile of Survey Informants

In order to get a view of the profile of the primary respondents from Kibera, personal data analysed from the quantitative study shall be presented in which 150 female and 134 male responded.

Educational Status of Informants

Over 95% of all the informants had been to school. 4.6 per cent had not been to school, 40.7 per cent had reached secondary school as highest education level, with 39.6 per cent having reached primary school as highest level.

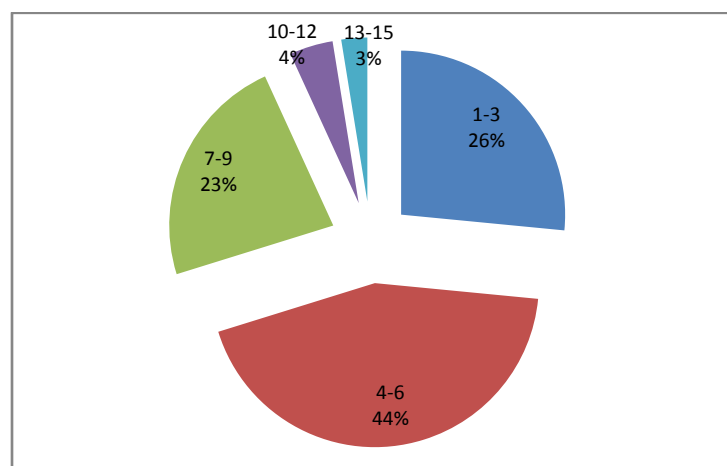
Job Status of the Respondents

In terms of occupation, 29.1 per cent of the informants were unemployed while 21.8 per cent were in business. The informants were undertaking varied work ranging from Jua Kali artisans (7.4%), security guard (3.9%), Casual work (3.5 %), teacher (3.2 %) to house wife (4.6 %) and students (2.5%).

Marital Status and Family Size of the Respondents

On the marital status of the informants; 48.8 per cent were married, 40 per cent single, 16 per cent separated, 8 per cent widowed and 5 per cent divorced.

Figure 1 The Family Size of the Informants



Key:

1 -3	Families with total number of members between 1-3
4 – 6	Families with total number of members between 4-6
7-9	Families with total number of members between 7-9
10 – 12	Families with total number of members between 10-12
13 – 15	Families with total number of members between 13-15

Figure 1 provides details of the family units of the respondents. The data shows that family sizes across the spectrum are found in Kibera and range from as few as 1-3 household members to 13 – 15 members. The highest number of persons in the household was 4-6 indicated by 42.8 per cent of the respondents. This was followed by 1-3 household members at 26 per cent and 7-9 at 22.5 per cent.

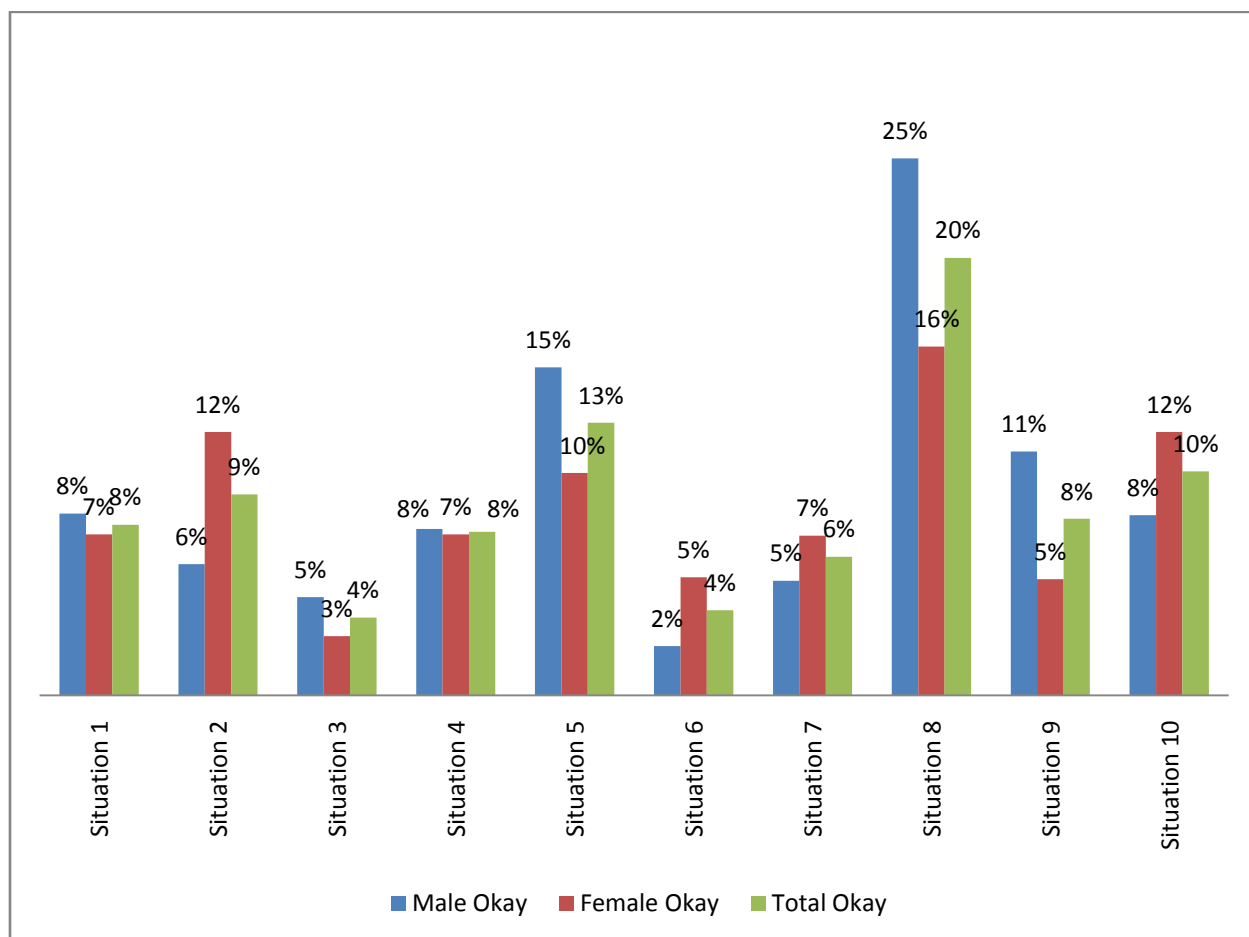
4.1 Findings on levels of knowledge, attitudes and practices on SGBV in Kibera

This section presents data that gauges the awareness levels of the Kibera community on three areas of sexual and gender based violence, namely sexual violence and harassment, emotional and psychological violence and domestic violence. The quantitative information is first presented, and later qualified by qualitative information drawn from the interviews and group discussions.

4.1.1 Knowledge, Attitude and Practices on Sexual Violence and Harassment

While over 90% of the respondents were aware that varied acts constituted sexual harassment or abuse, at least an average of 7.7 per cent of respondents believe that there is nothing wrong with having sex with a person without the person’s permission; 7.4 per cent see no problem with an adult having sex with a child; while 4.2 per cent have no problem with an employer asking for sex from an employee. Of the respondents who believe that there is nothing wrong with having sex without their permission, 8.3 per cent are male and 7.4 percent are female; Figure 2 has the details.

Figure 2 Perceptions of Sexual Violence and Harassment by sex

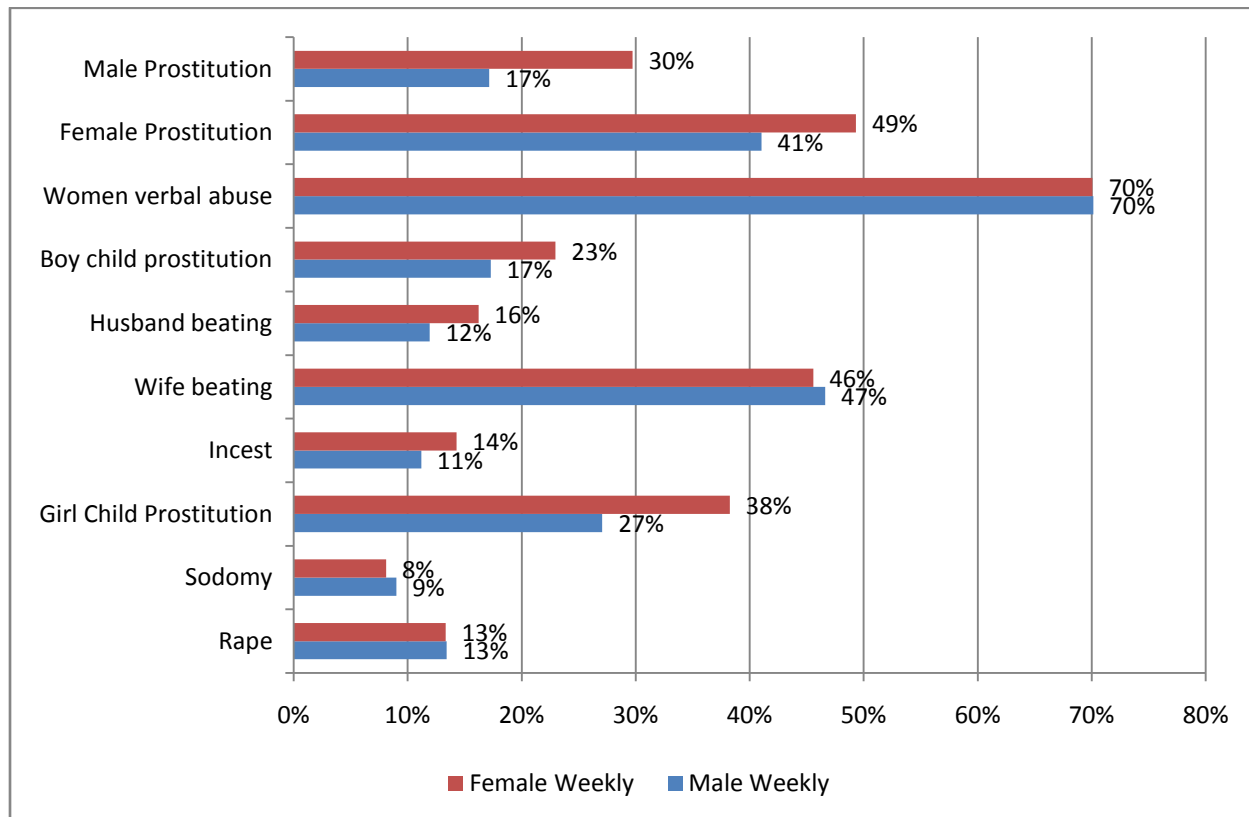


Key:

Situation 1	Having sex with a person without their permission
Situation 2	A woman continually denying her husband sex
Situation 3	A male stranger touching a woman’s body with sexual intent
Situation 4	An adult having sex with a child
Situation 5	A man denying his estranged wife access to their children
Situation 6	An employer asking a worker to have sex with him
Situation 7	Having unprotected sex with someone when you are HIV+
Situation 8	A husband beating a wife who has come home late
Situation 9	Telling your partner how ugly he is
Situation 10	A husband refusing to give money for food and medicine to his wife

Despite the relatively high awareness, the respondents felt that sexual violence was predominant in their community. The respondents were requested to gauge, from a five point likert scale the frequency of occurrence of sexual violence. Figure 3 provides the details on the weekly occurrence.

Figure 3a Perceptions on Frequency of Occurrence of Sexual and Gender based Violence per week by sex



The figure 3a above shows the percentage of female and male that perceived the weekly occurrence of the listed examples of sexual and gender based violence.

For instance, 30% of the female respondents said that male prostitution occurred in Kibera weekly compared to only 17% of the male; Women verbal abuse was perceived to be highest with both male and female respondents (70%) perceiving it to occur weekly. Sodomy was perceived to occur the least frequently per week with 8% female (9% male) respondents.

The analysis shows that there is no remarkable difference in views across the gender, with both sexes, on the whole agreeing that rape (13% female, 13% male) for example is more prevalent than sodomy (8% female, 9% male); and girl child prostitution (38% female, 27% male) believe is more prevalent than boy child prostitution (23% female, 17% male).

Figure 3b: Perception of the Occurrence of Sexual Abuse on a weekly basis

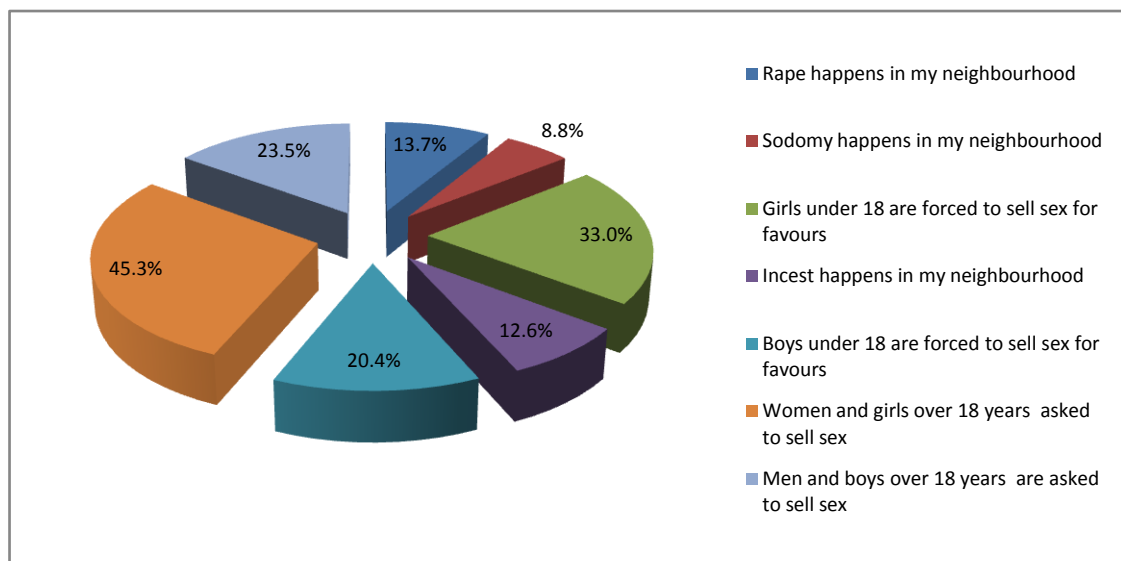


Figure 3b offers the perceptions of the weekly occurrence of violence. A total of 45.3 per cent (69 female) and 33 per cent (57 female) responded that women and girls under 18 respectively are expected to offer themselves for sex for economic gain on a weekly basis. Comparatively, 23.5 per cent indicated that men and boys over 18 are asked to sell sex; and 20.4 per cent of the respondents indicated that boys under 18 are forced to sell sex for favours. Other sexual related abuses, such as incest, sodomy, did occur too but less frequently.

The interviews and group discussions confirmed that women and girls over 18 are often forced by the prevailing circumstances to sell sex in order to survive. As a woman in Village 10 confirms;

mzee ametoka na wewe mama huna kitu na watoto ni wewe watakulilia wakitaka chakula na unajua mzee hayuko na kukuja kwake atakuja wakati watoto wakiwa wameshalala, sasa itabidi utafute vile utapata na ukikosa na ukipata mtu anakwambia pesa ndio hii, labda itabidi ujilazimishe ndio upate ile kidogo ili uweze kuridhisha wale watoto wako na sasa ufunike mzee asijue. (Woman FGD, Village 10).

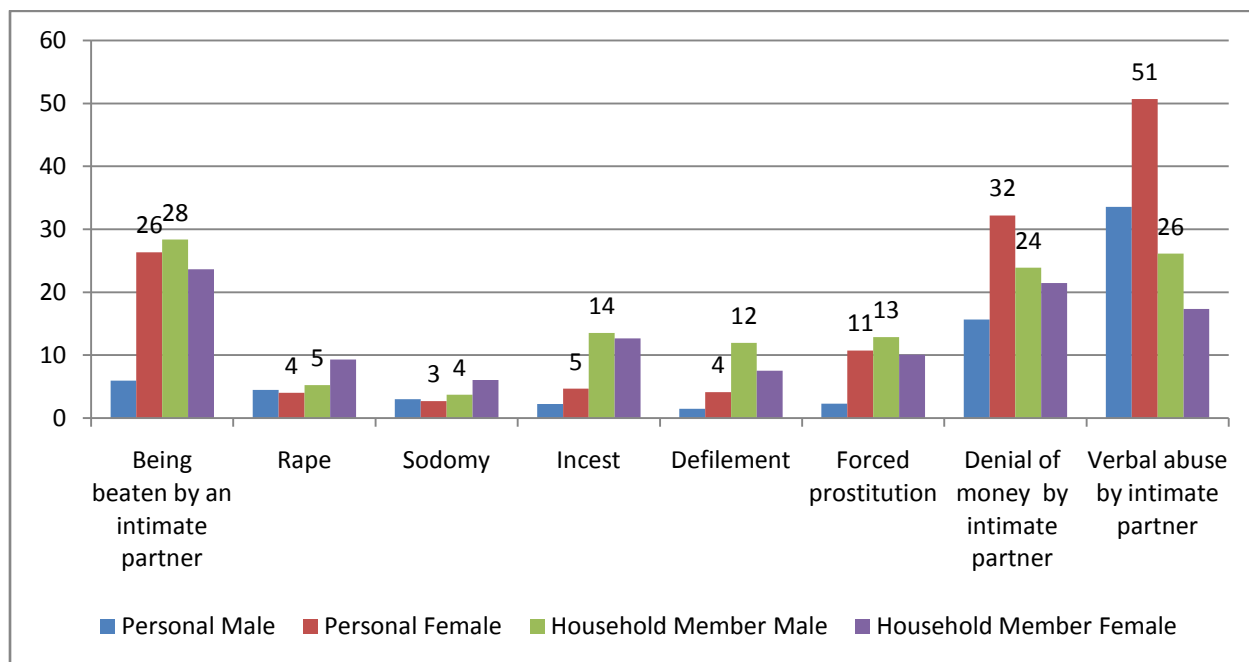
[The man has left and you the mother have nothing and it is you the children will cry out to when they need food, and you know that he is not there, and he will come when the children have already slept. It will necessitate for you to look for ways and if you are not successful, you might also find someone (a man) who tells you here is the money. So you will force yourself so that you can get a little of the money for your children. Then you will ensure that your husband does not get to know]

A venue that was cited as dangerous for sexual safety, especially for girls, was the brewing dens where it was claimed that underage daughters would be used as bait to get more customers and money, as they would be forced to have sex with these customers. One young person explained:

Where these people they sell chang'aa, so they use their daughters mostly, they wear trousers whatever, do you know they normally sell their chang'aas in their houses not in the bars. So when their visitors come or their customers come, there are these daughters they use to sell chang'aa, in order to attract those men, to have money. (Female Youth, Youth FGD, Village 5).

In order to corroborate based on personal experience, the study sought to establish if any of the respondents, or their household members had actually experienced any forms of sexual violence or harassment.

Figure 4 Experiences of Sexual and Gender Based Violence by Self or Household by sex



Close to 20% of the sample reported that either they or a member of their household had experienced sexual abuse. The most predominant form of violation was forced prostitution, where 7 per cent of the respondents (11% female, 4% male) reported to have directly experienced it, while it had happened to another 11 per cent of members in their household (10% female, 13% male). Rape was the second most prevalent form of sexual violation at an individual level with 4 per cent of the respondents stating they were survivors; Incest was reported to have been suffered by 4 percent; and defilement and sodomy were also reported as being prevalent in Kibera with 3 per cent of the respondents indicating that they were survivors and 9.5 per cent indicating a household member was a survivor. These findings corroborate with the general perceptions held by community members in Kibera, that forced sex is high. There is a general expectation that women and girls ought to, and are allowed to use their bodies for family gain.

During the discussions, it was reported that children were habitually abused, but that reporting of such cases was hampered by poverty, threats, stigma, and lack of faith in the judicial process. A woman from Village 10 had this to say:

Unajua such cases wazazi huwa hawareport na wakireport they do in a false way na ukifuatilia unakuta ni uongoni kuwekeleana tu, may be bibi amepigwa na bwana ndio maana anamwekelea (Women Support Group, Village 10).

[You know such cases parents do not report and if they report, they do in a false way and if you follow up, you will find that it is a lie. May be the wife was beaten by her husband and that is why she lies about him]

This was supported by other group discussions involving young people who stated that:

Where you have someone forcing their daughters, or someone who is their relative. There is a case where, there was this parent, he was taking care of the daughter to his sister. You know, then now, when the child was in high school, he told the child if you want me to continue paying for you school fees, then you have to give in sexually. So such incidences do happen (Male Youth, Youth FGD, Village 5).

Although informants said that rape happens, consensus was that it was largely unreported.

Rape pia iko lakini haijawahi reportiwa officially unless mtu akiwa amepatikana in action ndio mtu anasema amerepiwa lakini rape ya watu wazima sio sana (Women Support Group FGD, Village 10).

[There is also rape but it has never been reported officially. Unless someone is caught in action. But rape of adults is not common]

Another form of violence highlighted was that of men outside Kibera sexually abusing women from Kibera who worked at their homes as house girls, or took day contracts washing clothes.

Men rape domestic workers, the workers are forced to have sex when the wives have gone to work, you have to accept to have sex so that you are not dismissed (Women Support Group FGD, Village 10).

Incest was treated as a family affair, and though many of the respondents in the guided questionnaire indicated that incest should be reported, discussions pointed to a different conviction as most times the perpetrator was the bread winner and the family was torn apart on taking the decision to report. One leader confirmed this assertion, stating that *“Ilitokea this year na mara nyingi ikitokea huwa watu wana malizana kifamilia au kinyumbani”* (Male Chief Male, Village 9). *[It happened this year and many times when it happens, people deal with it as a family or domestic matter]*

The study sought to get perceptions on sexual abuse; on who was responsible, if men could be victims of sexual harassment and what ought to be done when faced with rape or incest. **Table 2** below presents the attitudes of the community members of Kibera on these aspects.

Table 2 Attitudes of the Kibera Community on Sexual Violence and Harassment

	Agree (%)	Neither agree Nor disagree (%)	Disagree (%)
Women invite rape to themselves by the way they dress	57.9	15.4	26.7
Sexual harassment does not happen to men	23.5	13.0	63.5
Incidents of incest are family matters and should be handled within the family	25.6	8.8	64.6
Whistling / leering at a woman is just an expression of your admiration	34.0	15.1	50.2
Marital rape is not real. You cannot rape your own wife	34.7	8.8	56.1
If I was sexually abused I will not tell anyone it is too shameful	11.2	8.4	79.6
A woman who has been raped is not fit for any one. she is spoilt	10.9	8.8	80.0

It is difficult to prevent sexual and gender based violence	26.3	15.1	57.5
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Approximately 58 per cent (75 female) of the surveyed community members believed that “women invite rape to themselves by the way they dress”. The respondents and informants were of the view that dress ‘provokes’ one to be raped

“Halafu kuna hii mambo ya kuvaa half naked, mtu anavaa blouse tumbo yote iko inje, mgongo yote iko inje, wanavaa mpaka hapa kwa matiti hapa, hii gap inaonekana, sasa unawacha inje nani aone, si unajua mwanaume kawaida yake ni weak, akiona akili inapinduka na akili ikipinduka mambo ingine inaharibika, atakurape, na vile huku kwetu kuna vichochoro mingi mingi, unafikiri akikuona hivyo atakuacha, saa zingine pia ni late hours anaangalia huku hakuan mtu, huku hakuna mtu, anakushika, so pia hiyo dress pia inachangia” (Women Support Group FGD, Village 10).

[Then there is this thing of dressing half naked. Someone wears a blouse and the whole stomach is out, the whole back is out, the cleavage is showing. Now, when you are leaving everything out, whom do you want to see? You know that men are naturally weak, when he sees his mind gets confused and some things in the body go awry. He will rape you. And the way our place here has many alleys you think if he sees you that way he will leave you? Sometimes it is late hours and he looks here and there, sees there is no one, and grabs you. So dressing contributes]

Mimi ninaona wanawake vile wanava ina activate hormones za wanaume ndio maana wanarepiwa (Male FGD Village 9).

[I see that the way women dress activates male hormones and that is why they are raped]

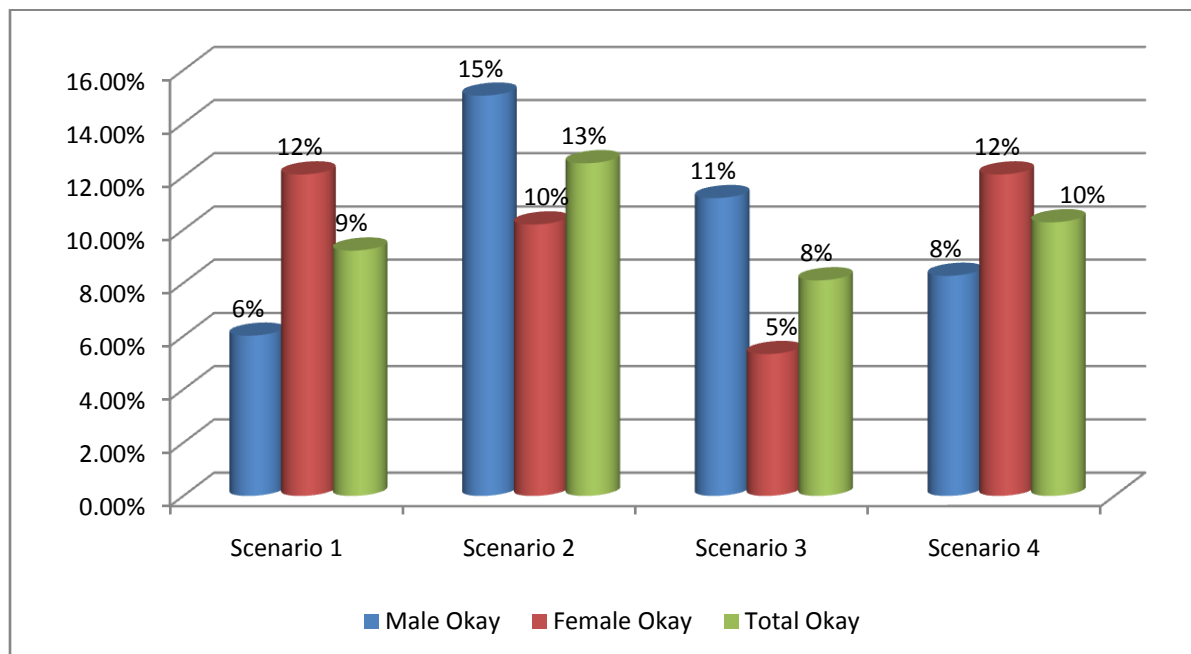
The argument of dress often dismantles when one asks how a ‘three month old baby dresses to warrant being raped’. The response above is therefore symptomatic of the trend of blaming the victim who often belongs to the bottom rung of power dynamics. That victims subscribe to this view means that it is vital to have forums where ‘stereotypes’ or ‘popular assumptions’ are deconstructed.

Women’s sexual rights within marriage are often a hotly debated area. 56% of the respondents (72 female) felt that marital rape can happen. However, at least one third of the respondents (50 female, 45 male) believed that “marital rape is not real. You cannot rape your wife.” Equally 34 per cent of the community members believe that “whistling to a woman, is an expression of admiration” and cannot be classified as a form of sexual violence/harassment.

The findings also present a scenario that shows that there have been some advances in relation to positive attitudes towards the girl child and women in general; for instance, respondents disagreed by 80 per cent that “a woman who has been raped is not fit for anyone. She is spoilt.” They also indicated that if they were sexually abused, they would report with 79.6 per cent giving priority over reporting to not reporting. However, practice shows that people do not always do what they know is the right thing to do, largely due to stigma in such a case.

4.1.2 Knowledge and Awareness on Emotional and Psychological Violence

Figure 5 Awareness on Emotional and Psychological Violence by sex



Key:

The above figure 5 shows the respondents by gender and totals who answered “it is Okay” when given the scenarios below

Scenario 1	A woman continually denying her husband sex
Scenario 2	A man denying his estranged wife access to their children
Scenario 3	Telling your partner how ugly he/she is
Scenario 4	A husband refusing to give money for food and medicine to his wife

From **Figure5** above, 13 per cent (10 % female) felt that there was no problem with a man denying his estranged wife access to their children; 10 per cent (12% female) of the respondents felt that there was no problem with a husband refusing to give money to the wife; and 8 per cent(5% female) had no problem with telling your partner how ugly he/she was.

The survey also showed that psychological abuse by an intimate partner was perceived to be quite prevalent with most of the respondents (42.8%) having been verbally abused, while 24.2 per cent had been denied money for basic needs. Of these respondents, 21.4 per cent knew a household member

who had been verbally abused within their household while 22.5 per cent had a household member who had been denied money for basic needs.

Figure 6 Experiences on Psychological Abuse by Sex

6(i) Denial of money for basic needs by Partner

6(ii) Verbal abuse by intimate partner

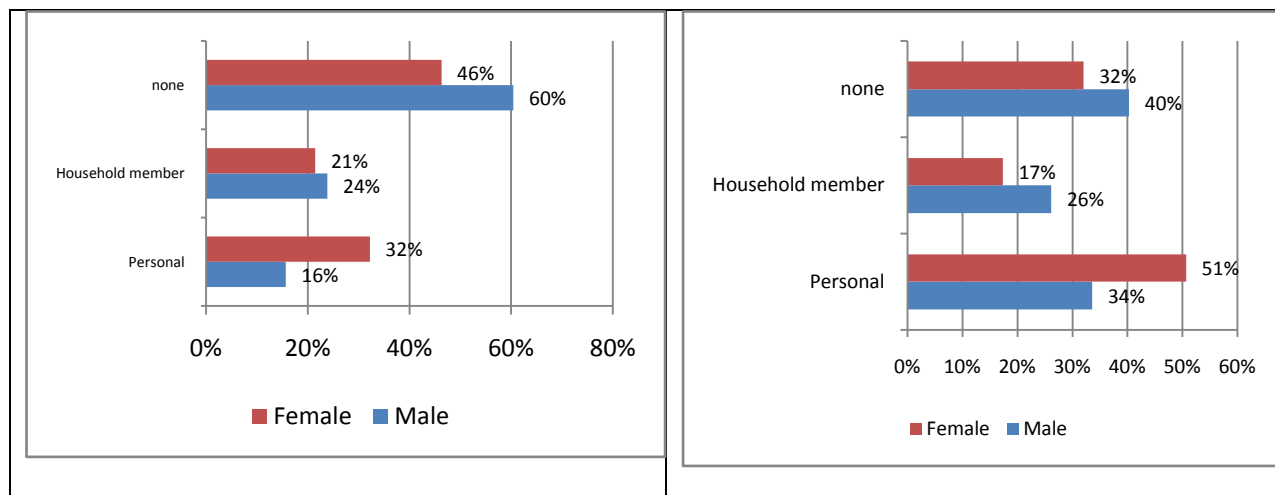


Figure 6 above shows two scenarios of percentages of members of a family who have faced psychological abuse by a partner of either gender

From Figure 6 above, it is noted that 32 per cent (48 female) have personally experienced psychological abuse by their intimate partners denying them money for basic needs; while 51 percent (76 female) have suffered emotional abuse by an intimate partner verbally abusing them.

Emotional and psychological abuse was mostly blamed on culture, with the perception that after a man has paid the dowry, he has the leeway to do as he so wishes. Male identities and masculinity was also blamed as women expressed that it is not in the nature of men to speak out about their challenges, and therefore they may be rude, silent or refuse to be forthcoming because they are unable to communicate. Women even felt responsible for attracting such kind of emotional withdrawal and abuse. One respondent’s argument elucidates thus;

“Hata sisi wanawake tuna shida. Wanaume wanakuanga na mafikira nyingi. Badala ya kuenda pole pole, unaongea hivi na hivi. Hata kitu angefanya si atawacha. Halafu si ataongea na kufanya vitu bila kukujali.” (Woman, Female FGD, Mashimoni). [*Even us women have to blame. Men have many thoughts. Instead of approaching them with caution, we talk aimlessly. Even though he was planning to do for you something, he will stop. And then he will talk and do things without any care about you.*]

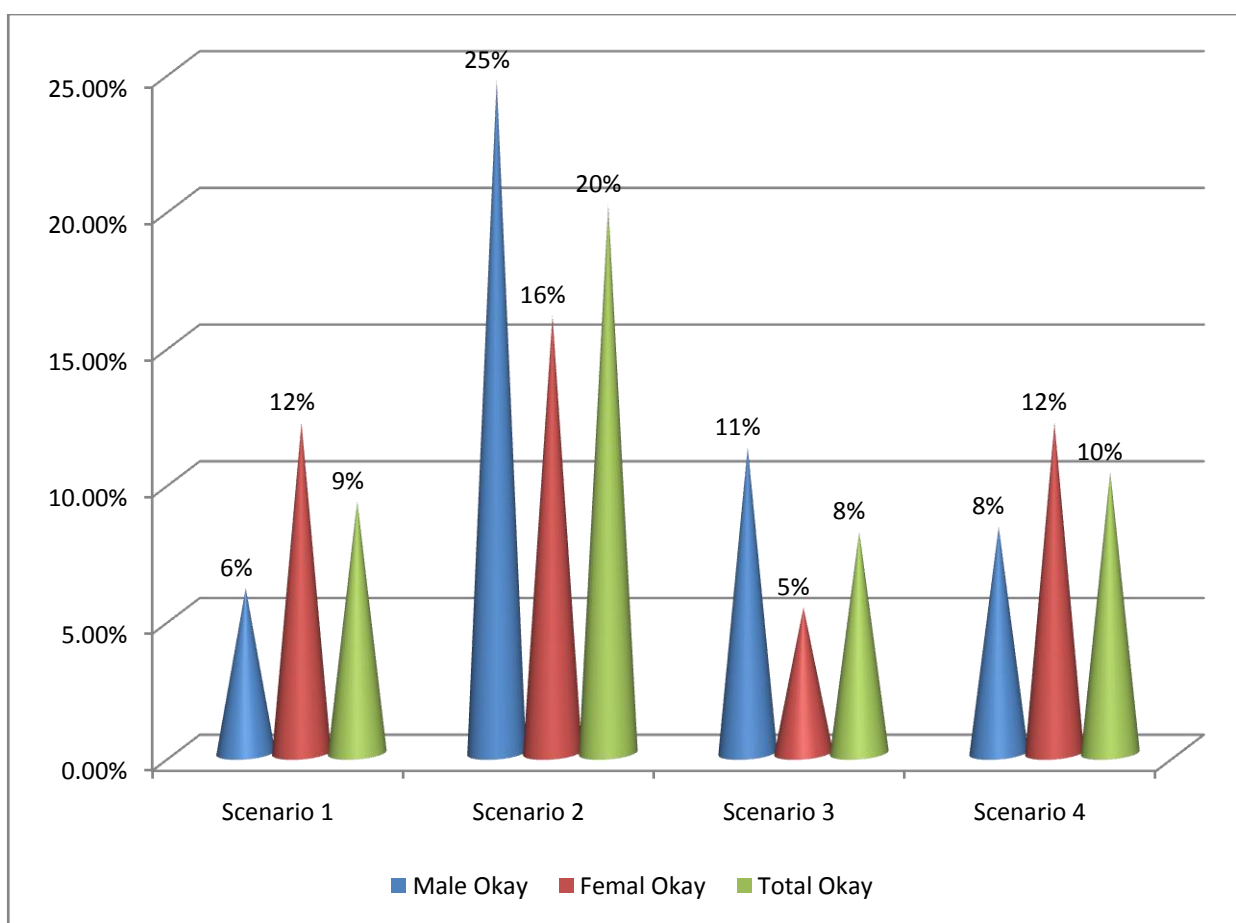
4.1.3 Knowledge and Awareness on Domestic Violence

A series of questions were posed to establish the level of knowledge and awareness of the community members on domestic violence. Annex 2 also shows excerpts of the summary tables of the responses of

the community members in relation to domestic violence. In the responses, all the individuals who did not respond to a question have been classified as “do not know”.

The responses in **Figure 7** below show the levels of knowledge on SGBV. Asked whether the it was “okay” or “not okay” to do the following, 20.4 percent (32% female) responded that it was “okay” for “a husband to beat his wife when she comes home late”; 10.5 per cent responded it was okay for “a husband to refuse to give money for food and medicine to his wife”. Women in the FGD in Village 10 cited it as “*hii kunyimwa chakula, kupimiwa chakula, pesa, yani kupewa maisha magumu magumu*,” [this is denial of food, being measured for food, money, generally being given a hard life] whereas 9.1 per cent responded “it was okay for a woman to continually deny her husband sex”.

Figure 7 Knowledge and Awareness on Domestic Violence by Sex



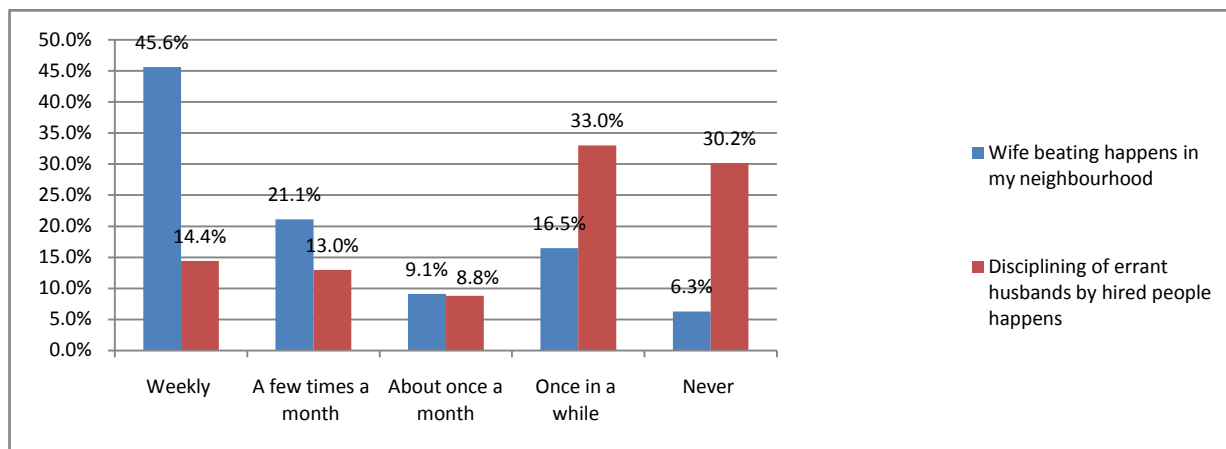
Key:

Figure 7 shows the percentages of respondents who said it were “okay” with the following scenarios (by gender).

Scenario 1	A woman continually denying her husband sex
Scenario 2	A husband beating a wife who has come home late
Scenario 3	Telling your partner how ugly he/she is
Scenario 4	A husband refusing to give money for food and medicine to his wife

The figure 7 shows that 20 percent of the respondents (16% female, 25% male) find no problem with a husband beating a wife who has come home late.

Figure 8 Perceptions on incidences of Domestic Violence



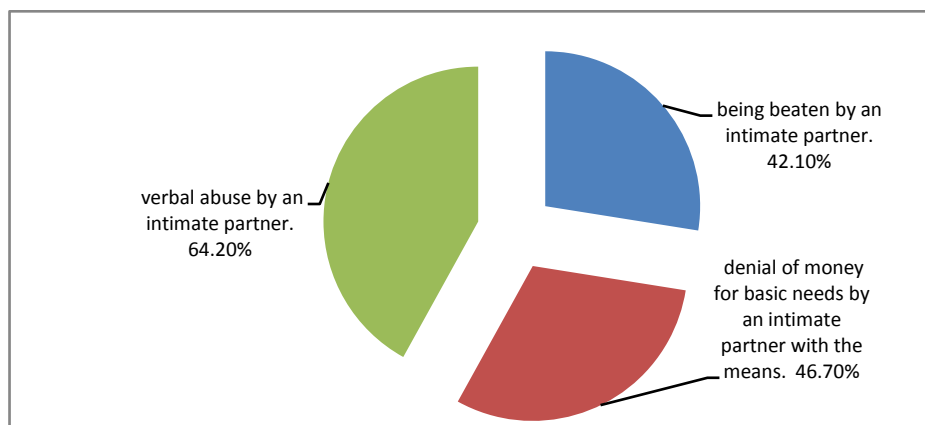
The respondents gave their perceptions (figure 8 above) on the frequency of incidences of domestic violence. For cases where women are beaten, 45.6 per cent of the respondents (70 % of them female) indicated this occurs weekly; 21.1 per cent indicated it occurs a few times a month; and 9.1 per cent indicated it occurs once a month. During, an FGD with a support group, they noted “(wife beating)

Ni weekly, kuna watatu, utasikia huyu amepigwa leo na bwanake coz bwanake ni mtu mlevi. So anytime tu amekuja home mlevi, hiyo siku majirani wanajua tu bwana ya fulani amekuja. Kwa nini watu watajua amekuja, kwa sababu mwanamke ataanza kupiga nduru. Like Friday last week, tuliamba usiku walikuwa wamwawangana mpaka wametoana nje, jamaa ni mlevi alikuwa na kachuma alikuwa anapiga huyo mwanamke but then tunaambiwa family issues is family issues, vyenye walioana sisi hatukuwa, so sisi tusijiinvolove saa za shida (Male Support Group FGD from Various villages)

[It is weekly. They are three. You will hear that this one has been beaten today bu the hisband because he is a drunk. So anytime he comes home drunk, neighbours know that so and so’s husband has come. How will people know he has come? Because the woman will begin screaming. Like Friday last week, we woke up at night and they had beaten each other up until they had gotten outside. The drunk man was beating the woman with a metal but then we are told that family issues are family issues. When they got married, we were not there, so we should not involve ourselves when there are problems.]

Domestic violence was not only against women because men also directly or indirectly suffered this violence. 19.6 per cent of the respondents said that beating a man who was drunk was not bad because it was a form of correcting him. Further, in responding on cases where men are “disciplined”, it was reported by 14.4 per cent of the respondents that men are beaten by hired people weekly, 13.3 per cent reported that this happens a few times in a month; and 8.8 per cent indicated that it happens about once a month.

Figure 9 Personal and Household Members who have experienced Domestic Violence



Domestic violence was found to be the most prevalent abuse in Kibera with the respondents reporting to either having personally been survivors or knowing a family member who is a survivor. 64.2 per cent (70% female) reported on being verbally abused; 46.7 per cent reported on denial of money or basic needs and 42.1 per cent reported on being beaten as shown in figure 9 above.

During discussions with various categories of people: Youth, women, and men all pointed to domestic violence (both physical and psychological) being the most prevalent type of sexual and gender based violence in the community. Many reported beating of women by their husbands/spouses/partners as being a daily occurrence that has over time become the norm. A chief in Village 14 gave credence to these claims explaining that: *“For domestic violence I can handle even five cases a day. These cases of sorting out domestic disagreements and fighting between husband and wife are numerous”*. On the contrary, husband beating did not make it to the ranks of abuse. Few women wanted to admit beating their husbands, and even fewer men wanted to talk about being beaten by their wives. Men also alluded to women being much more aware of their rights, and receiving support from authorities, such that women found place to report, while men’s voices in such matters were generally shunned.

4.2 Causes of Sexual and Gender Based Violence in Kibera

The survey sought to establish the causes of SGBV, according to the residents of Kibera. The presentation therefore analyses the views of this specific population, rather than describe the cocktail of reasons as generally understood to cause violence. Different kinds of abuse were apportioned different causes as detailed below;

4.2.1 Lack of Steady Income:

It was reported that most fights in the home surround money issues; the lack of it, and the use of it, extramarital affairs and a general feeling of men having failed in their responsibilities

Ndio nakwambia kwa nyumba tunataka dialogue, tunataka dialogue ingawa mwanaume ndio head, lakini katika hiyo hali ya kuhead, hawajui wanahead nini, they don’t know how to head on

their responsibilities, anaka tu hapo head without the qualities of being a head, ni kama kichwa bila mwili (Women FGD, Village 10).

[I tell you in the house we need dialogue. We need dialogue because even though men are the heads of the home, they do not know what they are heading. They don't know their responsibilities. He is just there without the qualities of being a head. It is like a head without a body].

4.2.2 Sex for Gain Syndrome

For the youth, especially young girls, unemployment has led them to shun away from relating with fellow young men. “Unajua wanasema kuwa sisi ni M-Kesho, afadhali waende watafute M-Pesa au Pesa Pap.” Youth FGD, Raila. *[You know they say that us, we are M-kesho (as in money due tomorrow). They had rather go and look for M-pesa or pesa pap (as in instant money)].* The girls have used coded language identifying the youth as M-Kesho meaning that when the girls ask them for money, they respond by saying they will get tomorrow, whereas the older men from Kibera and from outside Kibera give them instantly hence M-Pesa or PesaPap respectively. This frustration leads to the male youth using force to have sex with some of these girls. This was confirmed by the men, who indicated that the girls prefer older men because they have money:

Wasichana wadogo lazima wafuate wazee hao kwa sababu ya pesa. Kwa sababu Vijana rika yao hawawezi fuata kwa sababu hawana kazi au pesa (Male FGD, Village 9).

[Young girls will follow old men because of money. Because youth their age have no jobs or money]

4.2.3 Religion:

Religion was also cited as contributing to violence, especially against women. Some religious teaching were said to subjugate women, and encourage men to be high handed. One woman simply stated: “Pia dini sanasana imechangia kwa sababu inakandamiza sisi wanawake” (Women FGD, Village 5). *[Religion also contributes because it disempowers us as women].*

4.2.4 Negative Cultural Practices:

Culture also played a role, with the women indicating that some communities were prone to ‘disciplining’ their wives, as opposed to others. For example, there was a popular view that communities living in Gatwikira and Sarangómbé were more prone to being abusive as opposed to those living in Makina.

4.2.5 Video Dens for Pornography:

Video dens, especially those airing pornographic material, were cited as corrupting the minds of men and leading them to search for sex even in places where they should not do so; this is exacerbated by the living conditions that include limited housing space which ill affords any privacy and exposes adults to children meaning that children are prey to unwanted attention. An adult having sex in such enclosed space may for example lure a child in the household if say, her mother is not present. The use of drugs in these dens, especially by young men, also serves to alter sound judgment.

4.2.6 Exclusive Awareness Strategies:

Some of the strategies used by the rights awareness organizations working in Kibera were cited as the causes of violence. It was noted that some of these groups create an impression of isolating men from the trainings and this leads men to feel isolated and hence the ensuing tendency to assert their authority excessively. During a Men FGD (Village 1) a respondent expressed the following “*Unajua hizi human rights groups zinasema kila mtu yuko na rights zake na hii inaweza leta shida*” [You know these human groups that say that everyone has their rights bring about problems]. The threat to the power and authority of the male figure in the house was a major influence to violence. This was supported by the women, who felt that awareness strategies should also target men, “*unajua sisi tunaelimiswa lakini hawa wanaume hakuna vile wanaweza elimishwa kwa hivyo bado wako palepale, sisi tuko na elimu, tunanyenyekea kwao lakini wao bado wako palepale, hawana habari yoyote wanajua*” (Women FGD, Village 10).

(You know we are given education but for this men there is no way and that is why they always remain in the same place. We have information and though we may humble ourselves to them, they are still in the same place of ignorance)

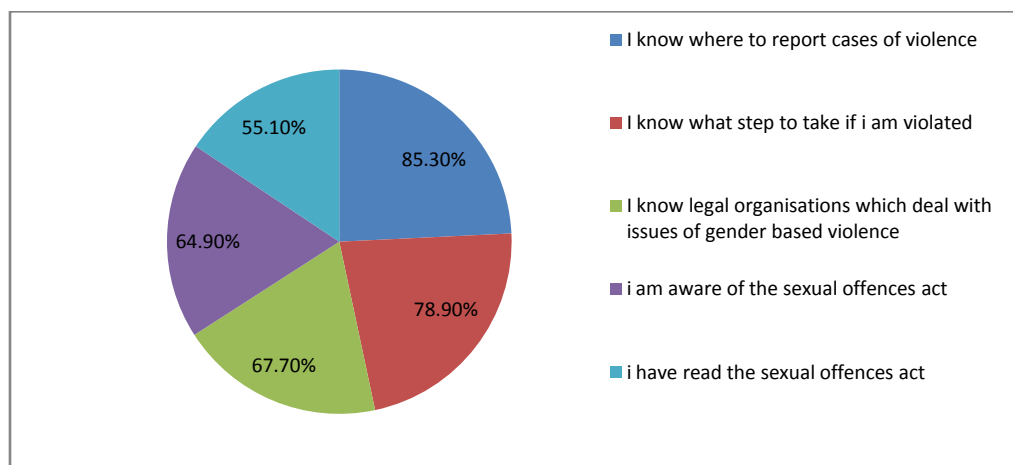
In summary, though the findings show a positive attitude towards addressing Sexual and Gender based Violence, there is still a percentage (10%-34.7%) which needs to be targeted for attitudinal change.

4.3 Mapping pathways followed by SGBV survivors

4.3.1 Awareness on Processes Followed when Violated

The level of awareness on the processes to be taken when violated was found to be high. As shown in Figure below, 85.3 per cent of the respondents knew where to report cases of sexual and gender based violence; 78.9 per cent knew what steps to take when sexually violated; 67.7 per cent knew organizations that deal with SGBV; 64.9 per cent knew about the Sexual Offences Act; and 55.1 per cent had actually read (through training or otherwise) the Sexual Offences Act.

Figure 10 Awareness on process Followed When violated



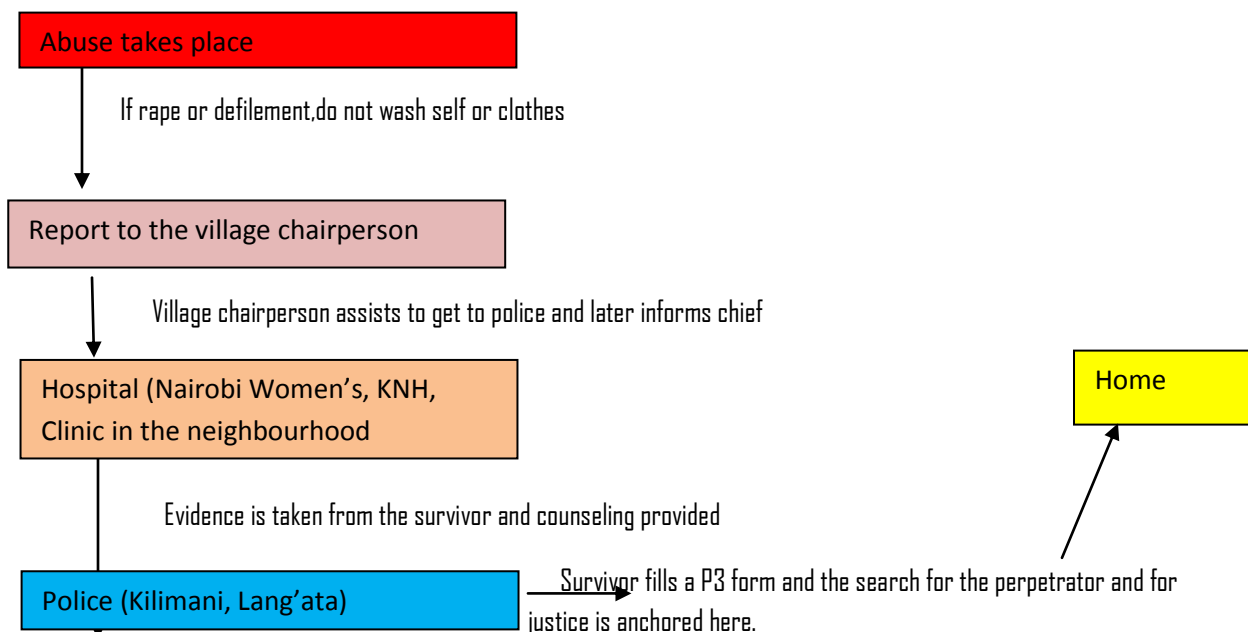
However, even with such high knowledge on the process to be followed, there were claims that cases of SGBV remain unreported. Perhaps the main explanation for ‘non-action’ was the perceived stigma that seemed to automatically emerge, and which was consolidated by the processes of ‘help’ put in place in hospitals and with the police. An excerpt on the process of reporting, and implication is explained below:

“huwa mtoto anapelekwa hospitali pamoja na manguo yake amekuwa defiled nayo kwa wale wataalamu, then ataandikiwa report na daktari then waende na hiyo report police station, then police wanashika huyo offender, then after that huyo victim anapewa counselling mpaka awe kwa hile normal mood yake kwa sababu may be kuna watu wamemcheka, wamemstigmatize then after counselling ndio atarudi kwa community. Then legal services huwa zinafuata baadaye.”

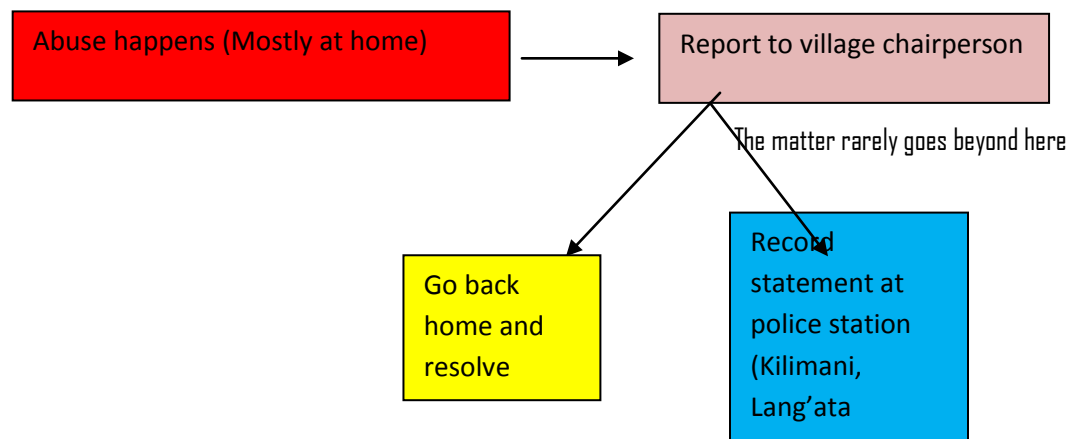
[The child is taken to the hospital along with his/her cloths in which she/he was defiled abd handed over to the experts. He/she will then be written for a doctor’s report with which they will go to the [police station. The police then arrest the offender. The victim is counselled until he/she returns to normal mood because there may be people who are laughing at him/her. After counselling he/she will return to the community. Then the legal services will follow thereafter.]

Pathway for dealing with Defilement and/or Rape

This section discusses the patterns of reporting that would be resorted to. From the evidence provided, different forms of violence elicited different reactions as seen in the two examples below. Sexual abuse victims, who followed the agreed steps often, went through a five point procedure that included interventions from the village, hospital and police.



Victims of domestic abuse on the other hand went through a two point process that involved interventions/stops at the village and with the police.



4.3.2 Reasons for Non-reporting

Economic deprivation: The findings of the study revealed that a number of victims of violence opted not to report the violence. Other than issues of stigma, other reasons forwarded were fear of desertion that may result in 'singlehood':

Na sisi tunajua zile sheria tunaweza wapeleka lakini sisi hatuwezi coz once umefanya hivyo na huna msimamo wako wa kujisimamia, anaweza enda huko ama akuwache kabisa na ubaya sasa ni akuwache na wale watoto (Women FGD, Village 10).

(We know the law and we can report but we cannot because once you report and you are not self sufficient, he can leave you for good and the worst scenario is if he leaves you with the children).

In other words, women would rather put up with the violence than face economic deprivation.

Male Socialization: Another finding was that the socialization of men as opposed to women also led to less reporting for cases relating to men as survivors. When violated, men tended to be shy in reporting because of societal expectation that men cannot be beaten because men “marry” and are not “married by their wives” as explained below:

Lakini wanaume hatusemi. Unajua mwanaume akipigwa atavumilia, utavumilia kwa sababu utaona aibu hata ukienda kwa chief useme bibi alikupiga anaweza kukuuliza kama ulimwoa ama alikuoa, kwa sababu wanajua ni ngumu useme bibi yako alikugonga. Lakini hebu wewe gonga bibi yako akijua haki zake hautakula (Male Youth FGD, Raila).

(But we men never report. You know, if a man is beaten he will persevere. You will persevere because you will feel ashamed going to the chief and saying that your wife has beaten you. He can ask you whether you married her or she married you. They know it is hard for you to say that your wife has beaten you. But just try and beat your wife who knows her rights. You will not eat).

Huwa mara nyingi ni wanawake peke yake ndio hureport. Wanaume huwa wanaona kureport kwa chief ni kujidunisha so wengi huwa hawa report (Chief, Sarangombe).

(Many times it is only the women who report. Men feel that it is embarrassing and belittling to report to the chief, so many do not report)

Patriarchal nature of society: The women reported that the legal-judicial system is filled with men who tend to “protect their own”. As explained:

Ukifika kule mbele OCS ni mwanaume, mkifika huko anamwambia msikizane, anawaambia leteni mia tano tano muende mkasikizane au mnatumwa kwa chief, na ukifika huko unapata chief pia ni mwanaume, mnaketishwa, mnaongelehwa, mnaambiwa mrudi kwa nyumba, sasa mwanaume ndio ataendelea kukupiga vizuri, anakwambia si ulinipeleka, nilifanywa nini? Sasa ndio anaendelea kukupiga mzuri hata kushinda vile alikuwa akikupiga ya kwanza (Woman FGD, Village 10).

(When you get to the OCS, it is a man. When you get there, he will tell you to go back home and reconcile. He says bring five hundred shillings and go home. Or you will be sent to the chief, and you will find that it is also a man. He will talk to you people and ask you to go back home. This is when the man will go on beating you properly, and tell you ‘you took me and what did they do to me?’ Now he will beat you properly even better than he used to in the beginning)

Unjust justice System: Men tend to settle cases of rape and defilement out of court even before reaching administration officer such as chiefs.

“Hata hapeleki kwa chief si nimemfinyia kitu kidogo na mtoto anaendelea kuumia ama mke wako saa zile unasikia amefanyiwa hivyo, unaenda huko kando mnaenda kuongea mnamalizana, na hiyo maneno inaishia katikati hapo. Kuna mzee mwengine hapa mtoto yake alikuwa raped, yule alimuita, sasa vile alienda akamuuliza umefanyaje mtoto, akaeleza vile ilikuwa na alikuwa amerape. Na yule mzee kusikia hivyo si akamwambia waende kwa M-pesa, na wakaongea kwa M-pesa na hiyo mambo ikaisha (Male FGD, Raila).

(It never even gets to the chief. I would have already given them something small. If it is your child who has been defiled, you meet the perpetrator who gives you something and that is finished. Doesn't matter that the child is hurting. Like there is a man here whose child was raped. He met the perpetrator who accepted. The man asked the perpetrator to settle it via M-Pesa, and that was it)

The general perception was that the pathway of seeking redress is long and complicated, requires a lot of resources (time and finances) which the survivors do not have.

Afadhali wangetutengenezea mahali pale tunaweza enda direct kuliko kwenda Kilimani au kwenda wapi juu ukifuata kina FIDA sijui kina nani, hizo ziko na process mrefu mpaka unaogopa kufuata hiyo process, kwa sababu unaulizwa mambo ya marriage certificate sijui nini na siku hizi watu ni wale wa come we stay (Woman FGD, Village 10).

(It would have been better if we had a place to go to directly instead of going to Kilimani or going I do not know where to look for FIDA or others. Those processes are long you are afraid of following them. Because you are asked for a marriage certificate and I don't know what, and yet these days it is come we stay)

The mistrust of the justice system: The survivors felt that the cases of women issues are not considered as important. They also felt that the justice system is not about fairness. For instance, they gave an example of a police officer who was caught on Camera shooting a young demonstrator and his case has been dismissed.

“kama hiyo kesi imeisha, sasa itakuwa yetu kweli?”FGD for Women Survivors, Kibera.

(If that case is now over, will it be ours that will be considered?)

Insensitive Healthcare system: Survivors felt that the public hospitals they visit have different service providers (shifts) which sometimes lead to them narrating their ordeals to many different personnel, making them uncomfortable and resulting in shying away from the facilities.

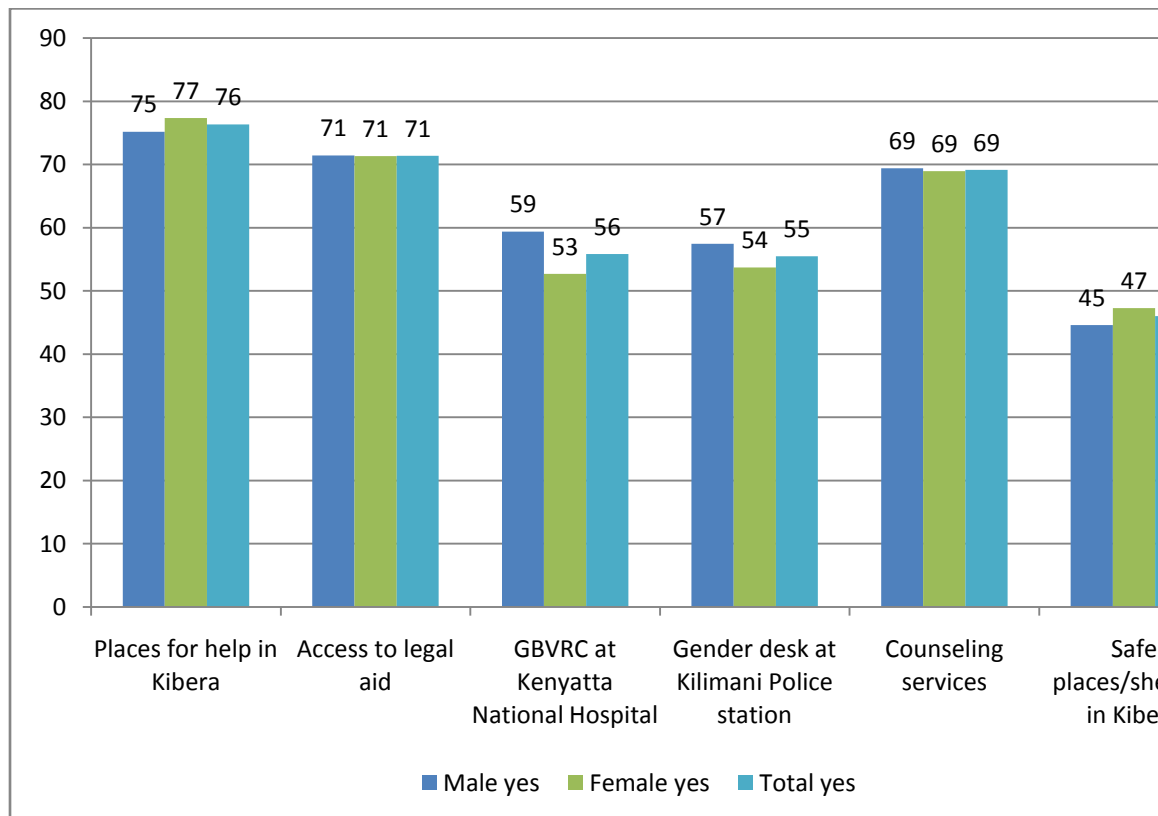
“Sasa hata unaenda hospitalini unaulizwa, na hospitali sio ya mtu mmoja, sasa hiyo ni aibu kwa sababu unatakikana ueleze, sasa utanzia wapi mpaka uwaambie. “FGD for Women Survivors, Kibera

(Now even when you go to the hospital and are asked, and the hospital is not for one person. That is now shameful because you are required to explain, and now where are you supposed to begin from?)

4.3.3 Awareness on Support Services for SGBV

The study also sought to find out about the awareness of support services such as medical and legal services. The respondents showed a high level of knowledge of support services (see Figure 11); for instance on the issue of where to report cases of violence, 85.3 per cent indicated that they knew where to report; 78.9 per cent knew what steps to take when violated; 67.7 per cent knew legal organizations that deal with sexual offences; 64.9 per cent of the respondents were aware of the Sexual Offences Act and 55.10 per cent had actually read or been taken through the Sexual Offences Act.

Figure 11 Awareness on Support Services for SGBV



On the support services offered in Kibera as per figure 11 above, 76.1 per cent were aware of SGBV services being offered; 70.9 per cent were aware of where to access legal aid; 68.9 per cent knew where to access counseling services; 55.8 per cent were aware of the KNH Gender based Violence Recovery Centre; and 55.1 per cent were aware of the Gender Desk at Kilimani Police Station. Asked whether there are safe places/ shelters in Kibera, only 44.9 per cent indicated their availability.

In spite of this awareness on the support services given, many are those that have no faith in the system. As narrated by youth from Raila in a FGD, “*Unajua kureport kwa polisi inasaidia but process huwa inakuwa slow sana*”. Youth, Raila, Male, 25 years. (You know reporting to the police helps, but the process is very slow)

The police service is also castigated for asking persons reporting cases of SGBV to fuel the police vehicles in order to follow up those cases as stated by another youth in Raila;

“Kwa mfano vile karao wanatak pesa ya mafuta ukienda kupeleka kesi yako na umeibiwa kila kitu, that means hawata kusaidia na infact umeibiwa na wanataka kukuibia tena. So karao hawasaidiii hata sioni haja ya kupeleka cases huko” Youth, Raila, 19 years

(For example the police want money for fuel when you go to report a robbery. Infact you have been robbed and they want to rob you again. So, police do not help and I do not see the need of taking cases there)

Another prevalent situation that works against efficient service delivery is political interference.

“Badala mtu aende Kwa wazee wa kijiji anaenda kwa chairman wa party so it is very difficult even to handle some issues.” FGD Men, Gatwikira. *(Instead of a person going to the village elder, he/she goes to the party chairman so it is very difficult even to handle some issues)*

4.3.4 Coping Mechanisms for Survivors

Awareness on Security Risks and Hotspots: Women and girls have to be aware of the security risks and ensure they avoid the hot spots or conclude their activities before night fall as elaborated here

“Wakati wowote ukitoka kwa nyumba kama unaenda mahali ni lazima uone ni steps gani unachuka ili usije ukafuatwa mahali unaenda, halafu pia usitembee usiku.” Makina Women FGD

(Anytime you leave home for any place, you must be conscious of which steps you are taking so that you are not being followed. You should also not walk at night)

Reaching out to men on SGBV Awareness: To help in getting support from the male counterparts, the awareness groups strategies need to also target men in their programs as outlined below;

“Pia wanaume wanafaa kufunzwa hii maneno pia kwa sababu hapa kibera huwa tunasikia tu mambo ya forum ya wanawake tu” Mashimoni, women FGD

(Even men need to be educated on these matters because here in Kibera we only hear of only womens forums)

Perspectives on wife beating: Survivors sometimes resign themselves to their lot as a coping mechanism. They argue that culturally, men are expected to discipline women, and so it is not a big deal. With this re-assurance, they perhaps do not feel very unfortunate about what happens to them. As viewed by a woman;

“If he beats me no problem coz am his property he is right especially if I have done mistakes. Si mwanamke ni mali ya mzee!Wengine wanafanya hivo na baadaye wanakuja kuomba msamaha” Mashimoni women FGD

(...Isn't the wife the husbands property!Some men beat and they will ask for forgiveness later)

4.4 Findings on Channels of information on Sexual and Gender Based Violence

The youth mainly cited their sources of information on SGBV as being NGO forums, Theatre and Drama groupings coming to the market and shopping centers, and television.

Mimi huwa Napata hiyo information kupitia experience either yangu mwenyewe au ya majirani yangu (Gatwikira male FGD)

(I get information from either personal experience or my neighbours)

The women preferred radio because of the lack of adequate time to read leaflets:

Leaflets unaweza pewa lakini hutasoma saa hizo, unaweka na hata saa zingine unaweza kuta mtoto ameiwashia jiko na hujaisoma, unajua wale wanapenda kusoma hizo vitu ni wale wako shule, sisi wamama tunajua kupiga budget ya hii ni supper, breakfast au hii ni lunch so ni ngumu kusoma vitu kama hizo na labda radio iko hapo unasikiza ukiendelea kufanya kazi zako kwa hiyo radio ni very powerful kushinda zote (Women FGD, Village 10).

(You are not sometimes able to read the leaflets immediately they are given to you, and sometimes the child may even use them to light the jiko before you have read them. The people who like reading those are the ones in school. Wee mothers know how to work out budgets for meals; breakfast, lunch, supper. Maybe radio is the best option because you listen to it as you do your work. Radio is therefore the most powerful)

5.0 Main Conclusions

5.1 Conclusions on Awareness Levels

In general, there is a high awareness of the 'right' and 'wrong' of gender and sexual based violence. Despite the awareness, the general perception is that violence is high. Indeed close to 20% of the respondents either directly face violence or reported that it is meted out to a household member. The causes for the violence concur with other studies before. That these reasons remain constant over time seems to affirm that society is not moving fast enough to curb sexual and gender based violence. It further suggests that interventions are still needed.

5.2 Conclusions on Pathways for Reporting

On the whole, the study affirms that gender based violence is not reported. When it is however, it is often sexual violence that receives the more elaborate steps and with action from the village level, hospital and police. The second most reported violation is domestic violence, but no action happens thereafter. Verbal and psychological violence, perhaps because of their 'non-visible' characteristics did not receive any mention.

5.3 Conclusions on Information Channels

Information bearing habits are not only gendered, but matter across the age. Young people for example receive information better when it is presented in a more participatory way. Women on the other hand

prefer radio. Print material does not seem to favor highly despite the fact that the majority of the respondents are literate.

5.4 Implications for Programming

At the Macro level: There is need for broader legislative implementation of the Sexual Offences Act. When victims receive justice, it will give them and others courage to speak out, and this is an important deterrent that persons can achieve by acting in their own personal spaces.

At the Micro level: There are many organizations and institutions, government and non government alike, offering intervention in gender and sexual based violence. The partnerships and cross collaboration is a positive move and has the potential of allowing the victim a one stop 'help' process. The behaviors of victims of violence, together with explanations given on causes of violence (such as the evil of dress) point to the need for programs to inject more analytic frameworks. There is need to re-examine and deconstruct patriarchy and how it has been allowed to cushion violence. In other words for such a program to be successful, it needs a gender analytic framework.

Annexures

Annex 1: Sample Guided Questionnaire

Questionnaire number

GUIDED QUESTIONNAIRE

Dear Informant,

We are carrying out a study to establish your experiences of living in Kibera and the implications this has had on your life. We would appreciate your honest answers to the following questions. Your responses will be treated with utmost confidentiality.

Village	
Date	

Section A: BIODATA

B1. In your opinion, which of the following is okay and, which is not okay?

NO.	NARRATIVE	Okay	Not Okay
1	Having sex with a person without their permission		
2	Married people having sex		
3	A woman continually denying her husband sex		
4	A male stranger touching a woman's body with sexual intent		
5	An adult having sex with a child		
6	A man denying his estranged wife access to their children		
7	An employer asking a worker to have sex with him		
8	Having unprotected sex with someone when you are HIV+		
9	A husband beating a wife who has come home late		
10	Telling your partner how ugly he is		
11	A husband refusing to give money for food and medicine to his wife		
12	Choosing your own partner for marriage		

In your own words, and understanding, what does sexual violence mean?

B2. About your community

Below are some statements. Please read each of them carefully and tick your response in the box that you feel is most appropriate:

Statements	Weekly	A few times a month	About once a month	Once in a long while	Never
1 Rape happens in my neighbourhood					
2 Sodomy happens in my neighbourhood					
3 Girls under 18 are forced to sell sex for favours					
4 Incest happens in my neighbourhood					

5	Wife beating happens in my neighbourhood					
6	Disciplining of errant husbands by hired people happens in my neighbourhood					
7	Boys under 18 are forced to sell sex for favours					
8	Women are subjected to verbal abuse, catcalls and derisive comments about their bodies					
9	Women and girls over 18 years in this community are asked to sell sex					
10	Men and boys over 18 years in this community are asked to sell sex					

B3. About your household

Have you or anybody else in your household experienced any of the following? Please tick whichever is applicable

Statements		Personal	Household Member	None
1	Being beaten by an intimate partner			
2	Rape			
3	Sodomy			
4	Incest			
5	Defilement			
6	Forced prostitution			

7	Denial of money for basic needs by intimate partner with the means			
8	Verbal abuse by intimate partner			

B4. Responding to SGBV incidents

NO.	STATEMENTS	YES	NO
1	I know where to report incidents of violence		
2	I know what steps to take if I am violated		
3	I know legal organizations which deal with issues of gender based violence		
4	I am aware of the sexual offences act		
5	I have read the sexual offences act		

SECTION C: OPINION SHARING

C1. Please indicate your opinion on the following statements:

NO	STATEMENTS	Agree	Neither Agree nor disagree	Disagree
1	Women invite rape to themselves by the way they dress			
2	Sexual harassment does not happen to men			
3	Incidents of incest are family matters and should be handled within the family			
4	There is nothing wrong with disciplining a wife by beating her now and then			
5	Whistling/leering at a woman is just an expression of your admiration			
6	A woman taking a man to court for touching her is overreacting			
7	Marital rape is not real. You cannot rape your own wife			
8	Beating a husband who drinks too much is not bad. You are just trying to correct him.			

9	Reporting incidents of violence to the police is not helpful			
10	If I was sexually abused, I would not tell anyone. It is too shameful			
11	Controlling all of your wives earnings is fine. You just want to organize her.			
12	If you don't have enough money for school fees, it is okay to pay for your son, and leave your daughter at home for a while.			
13	A woman/girl who has been raped is not fit for anyone. She is spoilt.			
14	It is difficult to prevent sexual and gender based violence			
15	Inheriting a wife is okay. You are just taking care of her			

SECTION D: PRACTICES

D1. Awareness of support services

Please indicate if you are aware of the following:

SERVICE	Yes	No
Are you aware of a place you can get help for sexual and gender based violence within Kibera?		
Are you aware of where to access legal aid?		
Are you aware that you can get help from the GenderBasedViolenceRecoveryCenter at KenyattaNationalHospital?		
Are you aware of a gender desk at Kilimani police station?		
Are you aware of a place where you can get counseling?		
Are there any safe places/shelters in Kibera?		

D2. Sources of new information

Below are listed various sources of information on sexual and gender based violence. Please indicate the first five places where you get your information by indicating number 1 to number 5 on the ranking scale.

INFORMATION CHANNEL	RANKING
Chiefs Baraza	
NGO Forums	
Community Health workers	
Hospital	

Community mobilizers	
Paralegals	
Local Drama	
Friends/Neighbours	
Television	
Newspaper	
Radio	
Brochures	
Billboards	
Wall writings	
Other (Please specify)	

Annex 2: Awareness and Knowledge on SGBV

	Frequencies				Percentages			
	Okay	Not Okay	Don't Know	Total	Okay	Not Okay	Don't Know	Total
Having Sex with a person without their permission	22	260	3	285	7.70	91.20	1.10	100.00
Married people having sex	257	27	1	285	90.20	9.50	0.30	100.00
A woman continually denying her husband sex	26	257	2	285	9.10	90.20	0.70	100.00
A male stranger touching a woman's body with sexual intent	10	271	4	285	3.50	95.10	1.40	100.00
An adult having sex with a child	21	260	4	285	7.40	91.20	1.40	100.00
A man denying his estranged wife access to their children	36	245	4	285	12.60	86.00	1.40	100.00
An employer asking a worker to have sex with him	12	270	3	285	4.20	94.70	1.10	100.00
Having unprotected sex with someone when you are Hiv positive	19	265	1	285	6.70	93.00	0.30	100.00
A husband beating his wife who has come home late	58	227	0	285	20.40	79.60	0.00	100.00
Telling your partner how ugly he is	23	261	1	285	8.10	91.60	0.30	100.00
A husband refusing to give money for food and medicine to his wife	30	253	2	285	10.50	88.80	0.70	100.00
Choosing your own partner for marriage	244	33	8	285	85.60	11.60	2.80	100.00

Annex 3: FGD Guide

(Community Members-Youth, Men and Women)

Introduction

1. Introduce yourself: We are carrying out a study to establish your experiences of living in Kibera and the implications this has had on your life. We would appreciate your honest opinions during the discussion. Your responses will be treated with utmost confidentiality.
 2. Explain the Group Discussion Process- interactive, participative. Participants to be honest about their opinions and beliefs
 3. Explain the rules of discussion:- one person at a time, no domination and side conversation, opportunity for all to participate
 4. Ask for permission to record the discussion
 5. Remember to take notes on the discussion
 6. Retaliate the confidentiality of responses
-

A. Knowledge on forms of Sexual and Gender Based Violence

- What do you understand sexual and gender based violence to mean?
- What are the various forms of Sexual and Gender Based Violence prevailing in your community? (probe for any cases in the neighborhood)
- Could you state the most critical form of violence that is prevailing in your community?

B. Causes and factors of Sexual and Gender Based Violence

- a. What are the factors that lead to SGBV that you listed
- b. What needs to be done to reduce SGBV in your neighborhood?

C. Attitudes

1	Women invite rape to themselves by the way they dress
2	Beating a husband who drinks too much is not bad. You are just trying to correct him
3	Reporting incidents of violence to the police is not helpful
4	Controlling all of your wives earnings is fine. You just want to organize her

D. Sources of Information on Sexual and Gender Based Violence

- a. Could you state what are your main sources of information on Sexual and Gender Based Violence

Thank You

FGD Guide Youth

Introduction

- Introduce yourself: We are carrying out a study to establish your experiences of living in Kibera and the implications this has had on your life. We would appreciate your honest opinions during the discussion. Your responses will be treated with utmost confidentiality.
 - Explain the Group Discussion Process- interactive, participative. Participants to be honest about their opinions and beliefs
 - Explain the rules of discussion:- one person at a time, no domination and side conversation, opportunity for all to participate
 - Ask for permission to record the discussion
 - Take notes on the discussion
 - Confidentiality of participants
-

A. Knowledge on forms of Sexual and Gender Based Violence

- a. What do you understand sexual and gender based violence to mean?
- b. What are the various forms of Sexual and Gender Based Violence prevailing in your community? (probe for any cases in the neighborhood)
- c. Could you state the most critical form of violence that is prevailing in your community?

B. Causes and factors of Sexual and Gender Based Violence

- a. What are the factors that lead to Sexual and Gender Based Violence that you mentioned

C. Attitudes

1	Women invite rape to themselves by the way they dress
2	Beating a husband who drinks too much is not bad. You are just trying to correct him
3	Reporting incidents of violence to the police is not helpful
4	Controlling all of your wives earnings is fine. You just want to organize her

D. Prevention

- a. Are there any strategies you use to protect yourself from any form of SGBV?
- b. How can the youth play a role in addressing this issue in the community

E. Sources of Information on Sexual and Gender Based Violence

- a. Could you state what are your main sources of information on Sexual and Gender Based Violence

Thank You

Please include TORs with the amended objectives.