



COVID-19 Lockdown experiences and Gender based violence in Kibra informal settlements in Kenya

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<p>Chief Editor Web: www.ijscd.org Email: info@ijscd.org</p> <p>Editing Oversight Impericals Consultants International Limited</p>	<p>Abstract: This study aimed to investigate how Covid-19 Lockdown experiences and Gender based violence in Kibra informal settlements in Kenya. The research was anchored in two theoretical frameworks: the ecological theory of GBV and the sub-culture of violence theory. The methodological design utilized a mixed-methods approach, integrating quantitative surveys and qualitative interviews. The study engaged 400 residents, many of whom were adult women who have experienced gender-based violence in their lives, and minors who were given consent to be part of the study. The findings revealed a high prevalence of GBV during the lockdown, with 70% of the 275 respondents confirming personal experience of GBV. Economic hardship, primarily stemming from job loss, surfaced as a significant factor contributing to the increased rate of violence. Mental health implications were also evident, as 70.5% of the participants reported symptoms aligning with depression and anxiety disorders. Furthermore, 95.25% of respondents identified as victims of GBV during the lockdown, underlining the intensified vulnerability of individuals within such communities during global health crises. Based on these findings, the study recommends the implementation of immediate, targeted interventions designed to safeguard and support the most vulnerable individuals during pandemics or similar emergencies. These interventions should include comprehensive community-based support systems, economic empowerment initiatives, expansion of mental health services, the promotion of gender-inclusive strategies in GBV prevention, and improved data collection and monitoring systems. A multi-sectoral collaboration involving government agencies, NGOs, and community-based organizations is also necessary to implement comprehensive interventions effectively.</p> <p>Keywords: <i>COVID-19 lockdown experiences, informal settlements, pandemic</i></p>
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1.1 Study background

The Corona Virus Disease of 2019 (COVID-19) impacted people differently in relation to their social and economic aspects. The COVID-19 regulations on control and protection especially affected women sexual and reproductive rights through strict limits on movement and this made women and

girls more prone to physical and sexual violence, but also more vulnerable to sexual exploitation (Freedman, 2020). With families unable to earn an income, many girls were forced to engage in transactional sex - exploited by neighbors, motorbike taxi drivers, or other local men - just to buy food. Local media reports have also suggested that, there has been a spike in teen pregnancies with one county reporting more than 4,000 cases of early pregnancies since schools closed in March, 2020 (Fisher et al., 2019).

Reports from some regions also suggest hundreds of girls may have been forced to undergo FGM in recent months as communities took advantage of school closures and prepared their daughters for marriage. A national helpline supported by the department of gender affairs reported 1,108 calls in June compared to just 86 in February (Bhalla, 2020). "No country is immune to gender-based violence," World Bank Group President Jim Yong Kim once said. He proceeds to emphasize that "Gender-based violence (GBV) is not only devastating for survivors. It causes significant social and economic costs that threaten our goals of ending extreme poverty by 2030 and boosting shared prosperity around the world (World Bank, 2018). Gender-Based Violence as an experience due to the COVID-19 lockdown restrictions was not only a national but global priority in the fight against the shadow pandemic during the pandemic. However, the government has not only neglected but forgotten to care for the people who would largely be affected by the Lockdown especially women in their households. Self-help centers have not only been overwhelmed but were currently running out of financial means/ capabilities to cater to the victims of Gender-based Violence (United Nations High Commissioner for Refugees, 2020).

COVID-19 seems to be similar to the pandemics in the past since this too has increased in cases of domestic violence. According to (Bradbury et al., 2020) the lockdown imposed to deal with COVID-19 has granted greater freedom to abusers. Several media reports indicate a surge in cases of domestic violence in various countries (Bradbury et al., 2020). Though a drop was observed in the overall crime rates in Australia, the domestic abuse rates increased by 5%. Some charities in Australia also raised concerns about COVID-19 misinformation being used by the offenders to further control and abuse the victims of domestic violence. (Allen, 2020) reported that China witnessed a three-fold increase in the cases of domestic violence after imposing quarantine. Different states in the United States also reported an increase of about 21–35% in domestic violence. Even the UK has been facing concerns due to rising family violence. There has also been an apparent increase in the number of domestic homicides. The Refuge website recorded an increase of 150% in the calls about domestic abuse (Hale, 2017).

Alarming, records of gender-based violence in South Africa skyrocketed during the country's lockdown because of the novel coronavirus pandemic. The South African Police Services received about 87,000 gender-based violence calls during the first week of the lockdown (Bezzina, et al., 2019). This number included those who only expressed fears that the lockdown might worsen gender abuse incidences. Still, in the first three weeks after the lockdown started on March 27, more than 120,000 victims had rung the South African National helpline for gender-based violence. (Udo, n.d.) With this upsurge, it is evident that South Africa battles another deadly epidemic of domestic violence amidst the coronavirus lockdown (Arnault, 2019).

The COVID-19 pandemic, which necessitated isolation and social distancing, enabled a second, shadow pandemic of violence against women and girls, where they often found themselves in lockdown with their abusers (Bahous, 2021). A recent study found that between 20-66% of women never tell anyone about what happened to them, and 55-80% never seek services from anyone at any

time because many face challenges with stigma and reporting, they never receive help, and are thus, forced to live with their scars.

Gender-based violence remains an area of significant concern in Kenya. Historically, both women and children have borne the brunt of cultural ideas and practices that perpetuate sexual and gender-based violence (Beall, 2019). These situations affect women and girls in negative ways and impede their ability to contribute to the progress of the country. About 45 percent of women between the ages of 15 and 49 have experienced physical or sexual violence. Many survivors have limited access to appropriate mitigating services (Odhiambo, 2020) For this reason and many others, incidences of gender-based violence against both men and women remain under-reported. A rise in gender-based violence in Kenya was reported before, during, and after the 2007 general elections. Both national and international agencies such as USAID focused on preventing such situations in the run-up to the 2013 elections. USAID worked together with other international organizations and partners to create a more protective and peaceful environment by linking emerging grassroots movements to higher-level peace initiatives (Sendo & Meleku, 2015). Through these networks, USAID provided training to security officers on how to deal with cases of gender-based violence and incorporated gender-based violence warnings into national early warning systems. The agency also promoted the safety and security of women through media campaigns and also launched a toll-free National Gender-based Violence Hotline (Chatterjee, 2019). However, this strategy has since fallen apart (Jungari & Chinchore, 2020).

Quarantine has been an effective measure of controlling infection since the 14th century (Mittal & Singh, 2020). The medieval societies were able to establish a link between the emergence of symptoms and the duration of time. With the declaration of COVID-19 as a global pandemic, there is mounting pressure on the governments to take measures to reduce the community spread of the disease (Chatterjee, 2019). Hence, in the absence of a vaccine or effective treatment, going into quarantine for varying periods is being adopted as an option by most countries (Mittal & Singh, 2020). This has led to a drastic alteration in the day-to-day lifestyle of the individuals. Most of the work is being done from home, and efforts are being made to maintain social distance. These measures are crucial to the protection of healthcare systems. However, just like one coin has two sides, the positive efforts to tackle COVID-19 have negative consequences associated with them (Mittal & Singh, 2020). These negative consequences include the risk of losing jobs, economic vulnerabilities, and psychological health issues resulting from isolation, loneliness, and uncertainty, among others. This can be regarded as the quarantine paradox. History has witnessed the weakening of the states in the face of pandemics and outbreaks. In this research, we shall focus on the negative aspect of Covid-19 which has affected various communities across the globe which is the spread of Gender-Based Violence (Mittal, 2020).

1.2 Statement of the problem

Despite the many hardships being faced by women, freedom from violence cannot, under any circumstance, be surrendered – the right to live free from violence is a basic human right. Yet the most vulnerable members of society including children, women, persons with disabilities, and the elderly are suffering during isolation. There is increasing evidence that COVID-19 pandemic fueled a surge in the number of violations of women's rights, including elevated risks of domestic violence and other forms of gender-based violence. The increase in GBV cases accompanied a decrease in the capacity of the justice sector to respond to the rights and needs of survivors. The justice gap for GBV survivors was worsening while at the same time undermining the health, dignity, security, and autonomy of its victims, yet it remained shrouded in a culture of silence. Violence against girls and women occurs at different points in their lifecycle. Many women experience multiple episodes of violence that may start

in the prenatal period and continue through childhood to adulthood and old age. Gender-based violence (GBV) increases during every type of emergency, whether economic crises, conflict, or disease outbreaks. Pre-existing toxic social norms and gender inequalities, and economic and social stress caused by the COVID-19 pandemic, coupled with restricted movement and social isolation measures, have led to an exponential increase in GBV. A third of crimes reported since COVID-19 arrived were related to sexual violence. To stop this 'shadow pandemic', action is needed but it must be based on data. With the rapid increase in gender-based violence in society, tackling the causes and effects of GBV will have a positive impact. This study will help document the experiences of COVID 19 lockdown gender-based violence and the effects it has on the people affected mostly in this case, women and children who are the most vulnerable people in the society and address the measures to be taken to prevent Gender-Based Violence during future similar pandemics.

1.3 Study Objective

To establish some of the Covid-19 Lockdown experiences within the Kibra informal settlement in Kenya

1.4 Justification of the research

This study is important because it will shed light on the shadow pandemic that had been lurking in the darkness for a very long time. Violence against women and girls was one of the most prevalent human rights violations in the world. It knew no social, economic, or national boundaries. Gender-based violence undermined the health, dignity, security, and autonomy of its victims, yet it remained shrouded in a culture of silence. Victims of violence could suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV, and even death.

1.5 Significance of the Study

This research will be crucial because it will be a guided reminder of some of the human rights that many victims are not aware of. Exposure to GBV is a form of violation of the human rights of the victims. However, as per the recent studies done, most victims of GBV (in most cases women) are not fully aware of their rights (Haki Blog-Kituo Cha Sheria, 2015). Educating them on their rights and freedom gives them a form of power to stand up and defend their rights as human beings against the perpetrators of violence. This research will act as a source of literature for those wishing to undertake studies related to COVID-19 experiences and gender based violence in informal settlements.

1.6 Conceptual Framework

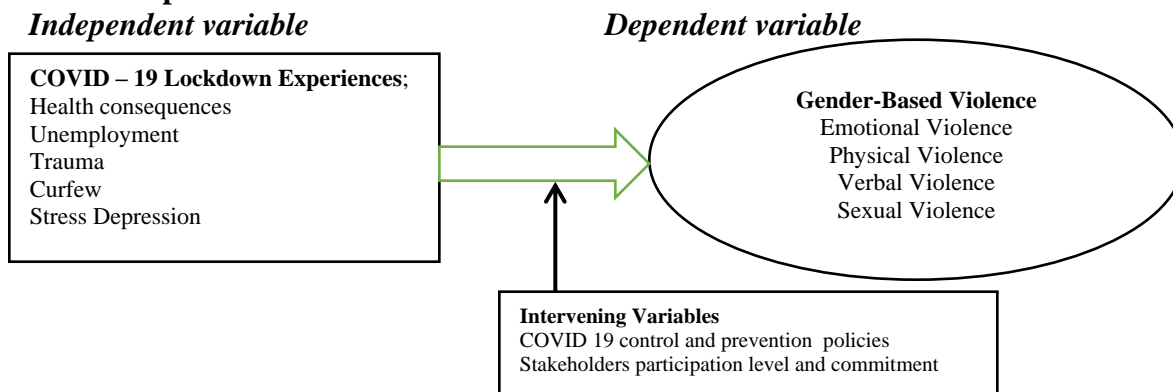


Figure 1: Conceptual framework
Source: Own conceptualization, 2022

1.7 Literature review

In this section, Theoretical framework and empirical reviews are presented.

Theoretical review

Ecological Theory of Gender-based Violence

Donald Dutton proposed the Ecological Theory of GBV, focusing more on the individual's personality development rather than the family structure. This theory sheds light on how personal experiences in various social settings foster violent behavior. The theory identifies four systemic levels that influence individual behavior: broad cultural values and belief systems (macro-system), groups and institutions that connect the family to the wider environment (exo-system), the family unit itself (micro-system), and the individual's personal development (ontogenetic factors). Dutton argues that factors across all four levels contribute to intimate partner violence scenarios. The theory's strength lies in its capacity to determine environmental factors contributing to strained relationships, but it doesn't provide explicit strategies to mitigate these factors.

Sub-culture of Violence Theory

Wolfgang and Ferracuti introduced the Sub-culture of Violence Theory in 1967, originally intended to study criminals' attitudes towards violence. This theory was later extended to investigate violence in intimate relationships and families. It suggests that the intensity of violence correlates with the values and norms prevalent in a system's sub-culture. Hence, individuals immersed in such a sub-culture uncritically accept and perpetuate violence. This theoretical perspective is beneficial as it enables a deeper understanding of violence from a cultural viewpoint. However, it has been criticized for implying the existence of a single type of delinquent subculture, whereas, in reality, multiple illegitimate sub-cultures exist worldwide. In light of the above theoretical frameworks, our research will consider each theory's merits and limitations while examining the prevalence of GBV in Kibra settlements. We aim to glean insights into the deep-rooted societal, cultural, and individual factors contributing to GBV during the COVID-19 lockdown, thus informing more effective and targeted interventions to address and mitigate GBV in such challenging contexts.

Empirical review

There is already an unsettling amount of information on Gender-Based Violence occurring against the backdrop of the COVID-19 outbreak. It is also becoming increasingly clear that many of the measures deemed necessary to control the spread of the disease are not only increasing Gender-Based Violence-related risks and violence against women and girls but also limiting survivors' ability to distance themselves from their abusers as well as reducing their ability to access external support (Pozarny, 2020). In addition, it is clear from previous epidemics that during health crises, women typically take on additional physical, psychological, and time burdens as caregivers (GBV Guidelines, n.d.) Globally 1 in 3 women experience physical or sexual violence in their lifetime, with intimate partner violence being the most common (Jones & Kellet, 2018). Violence increases during all emergencies, and older women, women with disabilities, and poor women are at increased risk. Displaced women, refugees, and women living in conflict areas are particularly vulnerable.

Job losses mean a greater economic burden, resulting in economic abuse of women. School closures worsen the burden on women. Contact with family and friends, and social and protective networks break down. Social distancing adds to the stress. During the last twelve months, 243 million women

and girls globally aged 15 – 49 have been subjected to physical or sexual violence perpetrated by an intimate partner (Muthoni, 2017). This number is likely to increase as health, security, and money concerns heighten tensions in an already compromised environment (Sohail, 2020). Emerging data show that since the outbreak of COVID 19, gender-based violence, especially domestic violence has intensified. There is growing anxiety about the increase in gender-based violence, with international and national organizations warning of a dramatic surge in cases of violence against girls and women. Case studies reviewed by Cousins (2020) during the rise of the COVID-19 Pandemic indicated that, In Colombia, for example, reports of gender-based violence during lockdown increased by 175% compared with the same period last year, according to Plan International. “Gender-based violence has distinguished the pandemic (from other crises) because of the lack of movement and people being trapped in abusive situations”, (Cousins, 2020). Furthermore, there has been a 30% increase in domestic violence in France, Cyprus, and Singapore and a 25% increase in Argentina. Domestic violence has tripled in Jinzhou in February 2020. According to extrapolated figures, crimes against women and children in Pakistan increased 200% in March from February 2020. The challenges in dealing with this situation are two-fold: firstly, only 40% of women and girls report violence, and secondly, the financial burden of managing the increased caseload is huge. It is estimated that the global cost of violence against women is \$1.5 trillion (Cousins, 2020).

During the COVID-19 lockdowns imposed by some Southern African countries, some homes across the region became enclaves of cruelty, rape, and violence for women and girls trapped with abusive family members and nowhere to report or escape the danger (Conroy, 2017). Harmful gender stereotypes embedded in social and cultural norms, which suggest that women must always submit to men or that a man who beats his wife does so because he loves her, have fueled the rise in violence against women and girls in Madagascar, Mozambique, South Africa, Zambia and Zimbabwe (Amnesty, 2021). According to Deprose Muchena, Amnesty International's Director for East and Southern Africa, "The COVID-19 pandemic has prompted an escalation in gender-based violence against women and girls in Southern Africa. It has also magnified existing structural problems such as poverty, inequality, crime, high unemployment, and systematic criminal justice failures (Amnesty, 2021).

Just as levels of violence against women have risen, lockdowns and other movement restrictions have made it more difficult for survivors to report abuse and seek help. Refugee women often lack access to public health facilities and other critical social services and are reliant on services available through NGOs and UN agencies (Conroy, 2017). But COVID has forced many of those services to close and in camps from Kenya to Bangladesh, humanitarian workers have been unable to visit refugees or organize prevention activities (Connolly, 2017). The surge in COVID-19 cases is straining even the most advanced health systems (Sohail, 2020). Mwangi (2021) research discovered that in Kenya, according to the Public Service and Gender Cabinet Secretary Margaret Kobia, between January and March 2021, the ministry recorded 877 cases of gender-based violence.

After carefully reviewing case studies over the past year, Arthur and Clark (2020) discovered that there are several reasons for such an increase in gender violence cases. Economic dependence has been identified as a cause of domestic violence. During quarantine, as more women were in informal jobs and got laid off, this led them to experience a greater impact as they became economically dependent on their male counterparts (Arthur & Clark, 2020). According to (Alon & Doepke, 2020), lesser women than men are in telecommunication jobs, thus making it difficult for them to adapt to the changing conditions. This increased economic dependence not only increases their risk of gender-

based violence but also makes it difficult to leave their perpetrators. When under quarantine, women individuals are near the male members with limited to no freedom to go out, thus leading to an increase in gender violence at home.

The disruption of social and protective networks has further exacerbated intimate partner violence and its consequences. Women have less contact with family and friends who provide support and protection from violence by a partner. Perpetrators have further restricted access to services, help, and psychosocial support from formal and informal networks. As health and other support services, including sexual and reproductive health services, have been scaled back, women subjected to violence may have less opportunity for receiving support and referrals from the health sector. Other essential support services such as hotlines, crisis centers, shelters, legal aid, and protection and counseling services have also been scaled back, further reducing access to help for women in abusive relationships (Roesch, 2020). Data from earlier emergencies and anecdotal data during the pandemic suggest that COVID-19-related restrictions on movement may exacerbate intimate personal violence. Early in the pandemic, countries hard hit by COVID-19 began raising the alarm bell about the impacts of the disease on Gender-based Violence occurrence (Evans et al., 2021).

France saw a 36% increase in the number of reported Gender-Based Violence cases. Police in China reported that 90% of the causes of recent Gender-Based Violence cases could be attributed to the pandemic. An online survey of 15,000 Australian women found that 65.4% of women who experienced IPV during the pandemic experienced violence for the first time, or observed an escalation in the intensity or frequency of violence relative to earlier experiences, supporting the notion of emergencies exacerbating underlying vulnerabilities and inequities (Boxall et al. 2020). Increased economic strain and diminished health care capacity to support survivors are among the potential reasons for such dramatic effects. There have been multiple reports of spikes in domestic, family, and sexual violence following the institution of home isolation and closure of schools and work facilities as COVID-19 containment, and SSA is no exception. Kenya reported a 34% rise in domestic violence, while in South Africa, there was a 37% spike in gender-based violence complaints in the first week of a total lockdown. Children are often victims and/or witnesses of domestic/family violence, which has a harmful impact on their physical health and mental development, and well-being (Coker et al., 2020).

Focusing on Kibra Informal settlement, cases of Gender-Based violence has always been high, but with the pandemic and forced lockdown amongst other measures implemented to tackle the ongoing pandemic, the cases have since risen, and in some unfortunate cases, gone too far. Women depend on men as the breadwinner for the home and families. It is his "duty" to work, protect and provide for the family (Evans et al., 2021). With this setting at hand, women depend heavily on men to be the light at the end of the tunnel and provide for the family accordingly. However, due to unforeseeable circumstances, most middle to low-income workers was sent home when there was an outbreak of the pandemic at the beginning of 2020 (International Development Law Organization, 2020). With no source of income and frustrations, they tend to release their anger and frustration on their families. The families automatically become the victims of this kind of violence. Moreover, most women stay in such marriages or situations because they are not economically independent and depend heavily on the man to provide. The Covid-19 pandemic is straining healthcare systems in the US and globally, which has wide-reaching implications for health. Women experience unique health risks and outcomes influenced by their gender, and this narrative review aims to outline how these differences are exacerbated in the Covid-19 pandemic (Connor et al., 2020). GBV seriously affects all aspects of women's health- physical, sexual and reproductive, mental, and behavioral health.

1.8 Methodology

A Mix method approach that focused on both Qualitative and Quantitative research methods was adopted for this study. For the quantitative study, questionnaires were administered to the selected respondents prompting them to answer questions regarding GBV and their experiences. Children were specifically interviewed while utilizing the structured questionnaire, focusing on prompts that were relatable to them. Research assistants were trained on how to administer the questionnaire, how to follow ethical cues and content of the research. Descriptive statistics, from proportions and frequencies, were used to present the acquired data. For the qualitative study section, a narrative approach was utilized to carry out and analyze responses or sentiments shared by respondents during the focused group interviews or discussions. Focus was on the contextual meaning of the acquired texts from the narrative responses. This approach gave the participants a chance to express their perceptions and experiences on a topic of interest while permitting the interviewer flexibility to explore new themes or discussions. For this exercise, a total of 10 adults, both men and women, and 10 children, were put in two independent groups. Questions were posed to the participants in both English and Kiswahili, depending on the preference of the participants. Preliminary data analysis was used by the researcher to identify emergent themes from their responses. The responses were recorded using a smartphone, transcribed and translated during the analysis stage. The researcher triangulated qualitative thematic content with quantitative results to frame the results. A narrative approach was adopted to structure the identified themes from the qualitative study to guide the explanatory results.

The area in which the research was done was Kibra Informal Settlement. Kibra informal settlement was located in Langata, Langata Constituency, Nairobi City County, Kenya. It was roughly 1 to 2 kilometers off Langata road. According to the Kenya National Bureau of Statistics (KNBS), the census done in 2019 indicated that Kibra was home to about 185,000 Kenyans. The slum was characterized by poor housing, a high rate of youth unemployment, gangs, drugs and substance abuse among the youth, teenage pregnancy, poor roads, illegal businesses, high levels of insecurity, and poor hygiene and sanitation. Kibra is located near the Industrial area of Nairobi where up to 50% of the available workforce were employed (usually in fairly unskilled jobs). However, there was still an unemployment rate of 50%. This informal settlement grew over the years due to some of the social-economic challenges that were experienced and faced by the population such as Rural-Urban migration with no jobs to sustain the lifestyle in the urban areas (Kizito, 2019). With the ongoing pandemic, studies indicated that most Gender-Based violence was more prevalent in informal settlements such as Kibra. This research was focused on the people of the Kibra area with a special focus on women and children who were, in most cases, the victims of Gender-Based Violence as compared to men. The researcher also sought to research rescue centers and GBV desks, police posts and local administrators, and self-help groups within Kibra Informal Settlement. The sample size chosen for this study was reliable and readily available to provide the researcher with the necessary information to carry out the research.

The research targeted the women of Kibra Informal Settlement who were at a higher risk of being exposed to Gender-Based Violence during the lockdown. The researcher collected data by not only visiting the residents at Kibra but also visiting the rescue centers based in Kibra. Because of the large population size, the researcher adapted the Taro Yamani sampling technique Formula to help determine the sample size the researcher focused on. This sampling technique eliminated social biases

that could shape the research sample. The table below explains the sample size and the sampling

$$n = \frac{N}{1 + N(e)^2}$$

technique that was used in this research.

n = Sample Size

N = Total Population of the study

1 = Constant

e = Error limit/ Sampling of error which is usually 5% or 0.05

In consideration of Kibra's population of study, 185,000, the sample size for the research exercise was determined while applying Taro Yamani formula as shown below:

$$N = \frac{185,000}{1 + 185,000(0.05)^2}$$

$$N = \frac{185,000}{1 + 185,000(0.0025)^2}$$

$$N = \frac{185,000}{1 + 462.5}$$

$$\text{Sample size} = 399.137$$

When rounded off, the total sampling size from the households was **400**.

The researcher planned to visit households in Kibera and interact with families including children during the research period. Additionally, the researcher visited rescue centers in the same locality with a primary focus on women who were victims of GBV. The researcher collected data from 100 children and 300 women from the calculated sample.

Table 1: Sampling frame

Target group	Target population	Sample size	Sampling techniques
Kibra Households	2700	160	Simple random
Nubia Rights Forum	1500	110	Purposive
The Action Foundation	800	70	Purposive
Garden of Hope	700	60	Purposive
TOTAL	5,700	400	

Source: Researcher's conceptualization, (2022)

The main tools/instruments that were used for data collection in this research were questionnaires and interviews. Individual interviews were also carried out to gather in-depth knowledge from the selected women and children. For questionnaires, questions were printed out and sent to the respondents, who in this case were women. These two kinds of tools were carefully selected for this study as they helped generate accurate data collected firsthand from the field. All ethical procedures were followed to collect data from the respondents.

1.9 Study findings

Age of Respondents

Based on the analysis of the collected data, the majority of the participants fell within the age bracket of 25-31 years, representing 33% (n=132) of the sample. Respondents aged above 42 years accounted for 24% (n=99) of the total sample. The age distribution of the remaining participants was as follows:

those aged between 32-41 years comprised 21.25% (n=85), while those aged between 18-24 years accounted for 19% of the respondents. The number of participants below 18 years was relatively low, representing only 2% (n=8) of the sample. These findings provide valuable insights into the age distribution of the study population and can be used to inform targeted interventions for different age groups. The findings align with previous research that also reported a higher prevalence of GBV among younger and middle-aged adults (Ellsberg et al., 2008; WHO, 2013).

Some of the Covid-19 Lockdown Experiences within the Kibra Informal Settlement

Table 2: Some of the Covid-19 Lockdown Experiences within the Kibra Informal Settlement

To establish some of the Covid-19 Lockdown experiences within the Kibra informal settlement.

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
<i>I lost my source of livelihood due to Covid-19 lockdown</i>	14 (4%)	63 (16%)	3 (1%)	168 (42%)	153 (38%)
<i>I was laid off work due to Covid-19</i>	3 (1%)	2 (1%)	9 (2%)	204 (51%)	182 (46%)
<i>I experienced salary pay cut due to Covid-19</i>	2 (1%)	1 (0%)	10 (3%)	194 (49%)	193 (48%)
<i>I experienced economic hardships due to Covid-19</i>	0 (0%)	3 (1%)	0 (0%)	299 (75%)	98 (25%)
<i>I was forced to relocate due to Covid-19</i>	42 (11%)	50 (13%)	2 (1%)	175 (44%)	131 (33%)
<i>I am forced to rely on other means of livelihood</i>	5 (1%)	28 (7%)	37 (9%)	200 (50%)	130 (33%)
<i>I am unable to secure a stable job to sustain my family</i>	10 (3%)	33 (8%)	8 (2%)	141 (35%)	208 (52%)
<i>I became a victim of Gender Based Violence</i>	3 (1%)	9 (2%)	13 (3%)	202 (51%)	173 (43%)
<i>I struggle to provide for my family</i>	2 (1%)	5 (1%)	17 (4%)	184 (46%)	192 (48%)
<i>I am unable to sustain my current lifestyle</i>	8 (2%)	12 (3%)	108 (27%)	154 (39%)	118 (30%)
<i>I have experienced mental health problems such as depression & anxiety due to Covid-19 lockdown</i>	4 (1%)	19 (5%)	79 (20%)	195 (49%)	103 (26%)
<i>Life has become very challenging</i>	2 (1%)	1 (0%)	117 (29%)	204 (51%)	76 (19%)

Source: Field data, 2023

This research was meant to establish some of the COVID-19 lockdown experiences within the Kibra informal settlement, specifically in relation to GBV, economic and employment challenges, and mental health. The data presented in the table (not shown here) provides a quantitative overview of these issues. As shown in the table, the majority of respondents have faced economic hardship and job loss during the lockdown, exacerbating stress and tensions within households. The qualitative data collected supports this finding, with respondents sharing their personal experiences. One male respondent aged 25-31 remarked, "Yes, definitely. We are all stressed, and some people take it out on

their partners." Another female respondent aged 32-41 mentioned the difficulty in providing for their families, saying, "It's hard to provide for our families, and that can cause tension." (*Key Informant 18, 2023*).

From the literature reviewed, there are different views on the impact of economic hardship on GBV. Some studies argue that financial stress can be a significant risk factor for GBV (Peterman et al., 2020), while others suggest that other factors, such as cultural norms or substance abuse, may play a more significant role (Gibbs et al., 2020). Regarding mental health, one female respondent aged 32-41 admitted, "I have experienced mental health problems such as depression and anxiety due to the COVID-19 lockdown." (*Key Informant 44, 2023*). This statement supports the notion that poor mental health may exacerbate the risk of GBV. In my opinion, addressing mental health issues is crucial in preventing GBV, as improved mental well-being can potentially reduce the likelihood of violence within households.

In light of the findings from the table and the qualitative data, I believe that addressing the interconnected issues of GBV, economic hardship, and mental health is of utmost importance. The COVID-19 lockdown has laid bare the existing vulnerabilities within the Kibra informal settlement, and it is essential to take a comprehensive approach to tackle these challenges. From my perspective, engaging the community in the development and implementation of targeted interventions is a critical step in creating sustainable solutions. This includes providing financial support, job training programs, and accessible mental health services that cater to the unique needs of the Kibra residents. Furthermore, it is important to recognize and address the gender inequality that lies at the heart of GBV. Education and awareness campaigns can play a significant role in transforming cultural norms and fostering a more equitable society.

1.10 Conclusion

The present research offers essential insights into the experiences faced by inhabitants of Kibra informal settlement during the COVID-19 lockdown, particularly emphasizing the prevalence and triggers of gender-based violence (GBV). Through comprehensive analyses, it has been revealed that a significant number of respondents were victims of various GBV manifestations, including physical, emotional, and sexual abuse. Major contributors, such as economic duress, unemployment, financial turmoil, and mental health complications, were identified as potent factors inciting a heightened risk of GBV amidst the lockdown conditions.

These results offer valuable theoretical implications, supporting various theories of violence, including the ecological theory, and the sub-culture of violence theory. Each of these theories underline the intersectionality of individual, relational, and societal factors that contribute to the perpetuation of GBV (Heise, 1998; Bandura, 1973). Furthermore, the findings emphasize the necessity for comprehensive interventions addressing these intersecting factors. Such interventions might include financial assistance, job skill training, mental health support, and the provision of accessible support services for GBV survivors (Peterman et al., 2020; Gibbs et al., 2020). This research extends beyond its direct implications, establishing a foundation for further exploration in the field of Social Science and Development Studies. The need for an interdisciplinary approach to understanding and addressing GBV effectively is clearly demonstrated, urging scholars, policy makers, and practitioners to incorporate perspectives from diverse disciplines and consider the multifaceted nature of GBV. This research illuminates the urgent issue of GBV during the COVID-19 lockdown in Kibra informal settlement, underscoring the critical need for strategic and targeted interventions. To protect vulnerable

individuals and foster a safer, more equitable society, it is crucial to address the multiple, interconnected factors contributing to GBV. This study contributes valuable knowledge to this end, offering potential pathways towards creating more effective strategies to combat GBV, both within the Kibra informal settlement and in broader contexts.

1.11 Recommendations

The conclusions drawn from this research pave the way for various actionable recommendations, each aimed at specific entities for the effective address of gender-based violence in the Kibra informal settlement and similar environments:

- a) **To Local Government and Community Leaders:** Formation of community-based support systems integrating health, education, and social services, providing a comprehensive solution to tackle GBV. These systems should involve local stakeholders and leaders to ensure cultural acceptance and community ownership (Fulu et al., 2014).
- b) **To NGOs and Government Agencies:** Implementation of programs designed to boost the economic independence of susceptible individuals, especially women, through vocational training, microfinance, and entrepreneurship initiatives (Gupta et al., 2013). Economic empowerment can curtail financial dependence and enhance the bargaining power of those at risk of GBV.
- c) **To Health Service Providers:** Expansion of mental health services by training healthcare providers, establishing counseling centers, and promoting campaigns to destigmatize mental health issues (Bradbury-Jones & Isham, 2020). Addressing mental health could potentially reduce the instances of violence and improve overall community well-being.
- d) **To Educational Institutions and Community-Based Organizations:** Involvement of men and boys in GBV prevention initiatives through education, awareness campaigns, and the promotion of positive, non-violent masculinities (Jewkes et al., 2015). Engaging all genders in the fight against GBV can create a more inclusive and impactful approach.
- e) **To Technology Providers and NGOs:** Utilization of digital and mobile technologies to provide accessible, confidential platforms for GBV survivors to seek support, report incidents, and find resources (Ferdousy & Matin, 2020). Digital solutions can help overcome barriers to reporting and accessing services.
- f) **To the National Police Service Commission and Ministry of Health in Kenya:** Mandatory implementation of GBV training programs for law enforcement officers, healthcare professionals, and other frontline workers (Sapkota et al., 2020).
- g) **To the Ministry of Education in Kenya:** Introduction of inclusive, gender-sensitive education policies that instill a culture of respect, equality, and non-violence from early childhood (Ellsberg et al., 2015).
- h) **To the Ministry of Health and Ministry of Public Service and Gender:** Establishment of one-stop crisis centers providing comprehensive services for GBV survivors, including medical, legal, psychological, and social support (Guedes et al., 2016).

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