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Original Research Article

Assessing Predisposing Factors Associated with Gender Based Violence amongst Married Women Attending Nairobi Women's Hospital, Kenya

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ABSTRACT

Background: Studies have shown that violence against women which is manifested in multiple forms is increasingly seen as a major public health concern. The findings from a study conducted in Kenya indicated that 46% of ever-married women have experienced any type of intimate partner violence. This is a problem affecting people from all walks of life, in Kenya, information on most aspects of gender based violence is inadequate and there is great need for research on all aspects gender based violence and therefore this research seeks to fill this gap by assessing the predisposing factors attending the Nairobi women's hospital, in Nairobi Kenya.
Objective: Assessing the predisposing factors associated with Gender-based violence amongst married women attending Nairobi Women's Hospital.
Methodology: The study was a hospital based cross-sectional study conducted at gender violence and recovery Centre of Nairobi Women's Hospital in Nairobi, Kenya, where 325 gender based violence victims visiting the facility were recruited to participate in the study. Data was collected using questionnaires and focus group discussions and the predisposing factors to be analyzed were age, marital status, economic status and education level. The data from the questionnaire forms were coded and entered in the Ms-Access, which was then analyzed using STATA version 13and the association was tested using chi-square at 5%confidence level. Data collected from Focus Group Discussions was sorted manually based on themes developed from issues arising from responses, transcribed translated and coded.
Results: Age (P<0.0001), marital status (p=0.015), whether the victim was alone during the incidence (P<0.0001), drinking habit of the victim (P=0.011), and whether perpetrator was drunk during the incidence (P=0.026) individually showed statistically significant association with the forms of violence experienced while highest level of education (P=0.575) and occupation (P=0.101) individually showed no statistical association with the forms of violence.
Conclusion: Women experience gender-based violence in a number of contexts and roles, and many have accepted their situation and therefore prevention strategies should be implemented to address the spectrum of GBV women victims.
Recommendation: Active campaigns to sensitize the community against gender based violence

Key words: Gender, violence, perpetrator, victim, women, marital status

INTRODUCTION

There is no universal definition of Gender-based violence. However, council of Europe convention (2011) defines Gender-based violence (GBV) as violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security,

and dignity, equality between women and men, non-discrimination and physical and mental integrity. GBV remains one of the most pervasive human rights violations of our time it is rooted in gender inequalities and reinforces them. Gender-based violence harms women, families, communities and society. The definition can also be extended to include sexual abuse and harm. The World Health Organization (WHO 2002) defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that results in, or has a high likelihood of resulting in, injury, death, psychological harm, mal-development or deprivation". According to the Convention on the Elimination of Discrimination against Women (2014), violence against women refers to both violence that is directed towards women because they are women as well as violence that affects women disproportionately.

GBV which includes rape, female genital mutilation, trafficking, and forced marriage, is a global problem and also has serious consequences for victims' physical and mental health (WHO, 2014). GBV should be seen as physical, sexual, emotional or social harm or abuse directed against a person because of his or her gender role in a given society. According to global and regional estimates of violence against women (2013), 35 per cent of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence. However, some national violence studies show that up to 70 per cent of women have experienced physical and/or sexual violence in their lifetime from an intimate partner (WHO, 2013). More often than not, cases of violence against women go unreported. For instance, a study based on interviews with 42,000 women across the 28 Member States of the European Union revealed that only 14 per cent of women reported their most serious incident of intimate partner violence to the police, and 13 per cent reported their most serious incident of non-partner violence to the police. (Devaney and Lazenbatt, 2016).

Worldwide, more than 700 million women alive today were married as children (below 18 years of age). More than one in three or some 250 million were married before 15 years of age. Under age brides are often unable to effectively negotiate safer sex, leaving themselves vulnerable to sexually transmitted infections, including HIV, along with early pregnancy. The fact that girls are not physically mature enough to give birth, places both mothers and their babies at risk. Poor girls are also 2.5 times more likely to marry in childhood than those living in the wealthiest quintile. in urban areas are twice as likely as men to experience violence, particularly in developing countries; Research conducted in different countries has documented associations between HIV and physical and/or sexual violence, both as a risk factor for HIV infection and as a potential consequence of being identified as living with HIV. A decade of cross-sectional research from African countries, including Rwanda, Tanzania, South Africa and more recently, India, has consistently found women who have experienced partner violence to be more likely to be infected with HIV. (Jewkes and Morell 2010).

The commitment of the Government of Kenya to attain gender equality is underlined in various international and national policy documents. Both the constitution of Kenya and the sessional paper on African Socialism and its application to planning in Kenya (1965) outlaw discrimination on the basis of gender and emphasize social justice and equal opportunities.

According to statistics from the Gender Violence Recovery Centre (GVRC); 45% of women between ages 15 – 49 in Kenya have experienced either physical or sexual violence with women and girls accounting for 90% of the GBV cases reported; One in five Kenyan women (21%) has experienced sexual violence; Strangers account for only 6% of GBV in Kenya. 64%

of survivor of violence reported that the offenders behind their ordeal were known to them; Most violence towards women is committed by an intimate partner; 90% of reported perpetrators are men. Cases of violence among men and boys are said to be relatively low although this may be because most of them go unreported mainly out of fear of ridicule and stigmatization (Workowski and Bolan, 2015). There has been intense lobbying on the government to increase penalty on rape in Kenya in a bid to minimize if not to eradicate the crime. Yet GBV cases are still rampant in many parts of the country(Ongeti et al, 2013). There is therefore need to establish the risk factors contributing to GBV and to formulate methods of curbing the vice. The aim of this study is to assess the predisposing factors associated with Gender-based violence amongst married women attending Nairobi Women's Hospital.

METHODS

Study Site:

The study was done at the gender violence recovery Centre (GVRC) of Nairobi Women's Hospital (NWH) in Nairobi, Kenya located at a latitude and longitude of -1.2951 and 36.7981 respectively. Nairobi is the capital and largest city in Kenya. It is the most populous city in East Africa with an urban population of 2,940,911 people. The NWH is a private hospital which receives patients from Nairobi city and its environs and has a hundred and ten beds. The facility has consultants in gynecology, dermatology and ophthalmology. GVRC which was launched in March 2001 is a non-profit, non-partisan charitable trust of the NWH. The main beneficiaries of GVRC include women, children and men survivors of sexual and domestic violence from Nairobi and its outskirts. Victims of gender violence seen at the facility range from children to adults of both genders.

The GVRC remains the only such facility in Kenya and the East African region. Since its inception in 2001, GVRC has treated over 24,000 gender violence survivors and has experienced ever-growing demand for its services. The center receives an average of 230 survivors of GBV per month from its four centers located at Nairobi Womens Hospital i.e. Adams, Hurlingham, Ongata Rongai and Kitengela.

Ethical clearance:

Approval to conduct the study was sought from the Kenyatta National Hospital/University of Nairobi Ethical Review Committee (ERC) prior to commencement of the study. The participants received a complete explanation about the study by the principle investigator in English and Kiswahili language. Confidentiality of study subjects was ensured by use of codes to conceal their identity, there was no information linking the data to individuals. All data obtained from the study were handled confidentially by the principal investigator. There were no monetary compensation for participation and this was communicated to the participants.

Study Population:

GBV married women victims attending the GVRC of Nairobi Women's Hospital between July 2015 and September 2015 were recruited to participate in the study. The sample size was calculated using the Fischer's formula (Jung, 2014);

$$n = \frac{Z^2 P\,(1 - P)}{d^2}$$

$$n = \frac{1.96^2 \times 0.29 \times\ (1 - 0.29)}{0.05^2}$$

=316

Where:-

n is the minimum sample size required, 1.96 is standard normal deviation within 95% confidence interval, p is the proportion of the population having the characteristics being measured [Using 29% GBV prevalence from a (Kenya National Bureau of Statistics & Macro ICF, 2010)], q=p-1 proportion of the women who have not undergone gender based violence and the level of accuracy desired set at 0.05 (5% absolute precision) 5% of the sample size

was added on the minimum sample size to account for non-response, refusals or bias bringing the sample population to a total of 325.

Data collection and focus group discussions:

Data on gender based violence was collected using semi-structured questionnaires which contained close ended and open ended questions, The questionnaire were pre-tested at the GVRC counseling rooms, to check completeness and clarity of the questions, necessary adjustments on unclear questions were made. Focus Group Discussions was conducted to CHWs who were in a GBV working group.

Questionnaires

Questionnaires were administered to the GBV married women victims at NWH after they had given consent to participate in the study. The questionnaire were administered in English and translated to Kiswahili for those who didn't understand English. GBV victims who consented and met the entry criteria were interviewed individually in the examination room to ensure privacy and confidentiality.

To ensure integrity, study assistant were recruited from qualified counselors at GVRC. The assistant was familiarized with the purposes and objectives of the research; taken through the questionnaire and the informed consent to ensure accuracy and reliability, this was done in one day training.

Focus group discussions

Four groups were formed which comprised of 8-12 community health workers (CHW) who were involved in GBV (GBV working groups). The focus group discussions were conducted at selected venues convenient to the CHWs. A topic guide with guidelines for the moderator was used in this focus group. All focus groups were moderated by the researcher with the aid of trained research assistant who operated the tape recorder, take thematic notes and act as a secondary facilitator. These focus group discussions explored perceptions on GBV, Impact of GBV on the family and the community and Strategies to curb GBV, to ensure anonymity, only participant's initials were used.

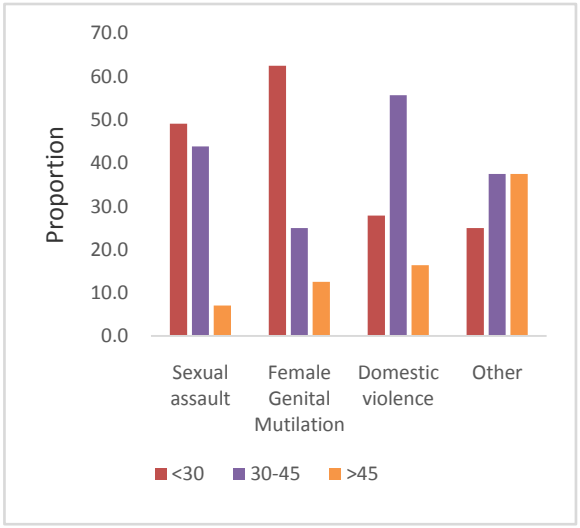
Data Analysis:

The data from the questionnaire forms was coded and entered in the Ms-Access, which was then analyzed using STATA version 13. Data collected from Focus Group Discussions was sorted manually based on themes developed from issues arising from responses, transcribed translated and coded. Thematic analysis was used in the analysis of qualitative data.

RESULTS

Forms of GBV by age-group

Figure 1: Forms of GBV by age-group



The subjects were divided into three age-groups: younger than 30 years (<30), 30 to 45 years (30-45), and older than 45 years (>45). About half 49.1% of sexual assault victims comprised of the <30 years group and the >45years group forming only 7%. Similarly, a majority 62.5% of FGM victims were made up of the <30years group with the >45years group forming 12.5%. Regarding domestic violence, more than half of the victims were 30-45 years followed by the <30 years group 27.9% with the remaining 16.4% composed of those who were older than 45 years.(figure 1)

The mean age is 34.9 years with a standard deviation of 9.4 years. The youngest

respondent was 17 years old while the eldest one was 66 years old. (Table 1)

Table 1: Summary of participants' age (years)

Variable	Observations	Mean	Std. Dev.	Minimum	Maximum
Age	325	34.86154	9.382603	17	66

Common forms of GBV

Most study participants reported to have gone through domestic violence 75.7% followed distantly by sexual violence 17.5%. 5% of the study participants have gone through Female Genital Mutilation (FGM) while 1.9% experienced other forms of GBV (Figure 2)

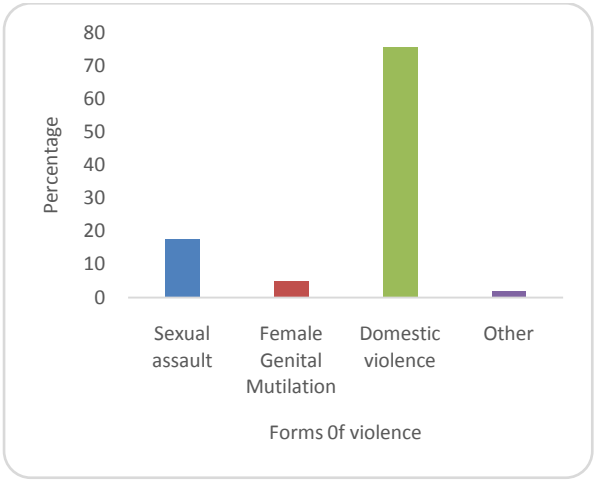


Figure 2: Forms of gender-based violence reported by study participants

GBV experienced verses marital status

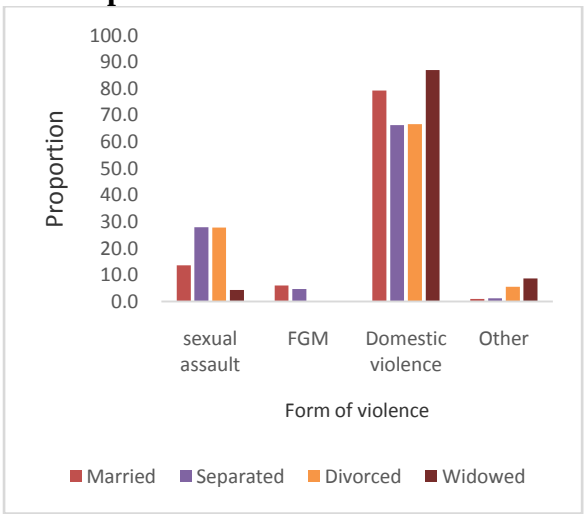


Figure 3: Forms of violence experienced verses marital status

The separated, 27.9% and the divorced, 27.8% women were found to be the major victims of sexual assault, 4.3% of widowed were also reported to be victims of sexual assault. FGM was reported in 6.1%, of married and 4.7%, of separated women. There were no victims of FGM among the divorced and the widowed. Domestic violence was the highest among widows 87%, followed by the married 79.3%, but low among the separated 66.3%, and the divorced 66.7%, women (Figure 3).

Among those who reported going through other forms of violence, the widowed formed the highest proportion 8.7%, while the married formed the least 1%.

Relationship of perpetrators to victims of GBV

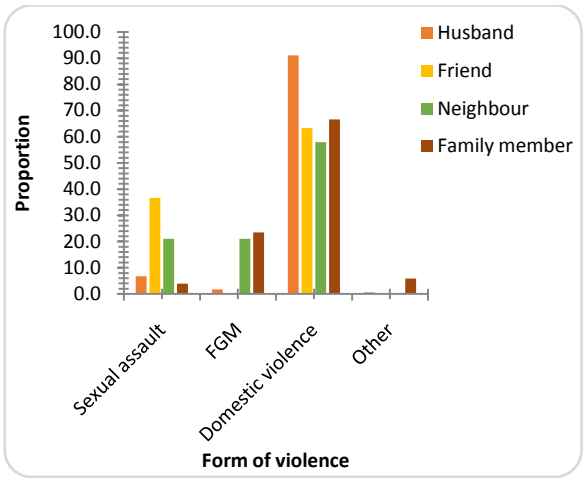


Figure 4: Relationship of perpetrators to victims of GBV

Out of the 325 respondents, 90% knew the perpetrators. The major perpetrators of sexual assault were found to be friends to victims 36.7%, followed by neighbors 21.1%, Husbands 6.7%, and family members 3.9%, and were least reported sexual assault perpetrators. As regards FGM, family members 23.5%, and neighbors 21.1%, to victims were the main perpetrators while husbands were the least common culprits of the same. None of the FGM perpetrators were friends to victims. For domestic violence, husbands were the main perpetrators 91.1%. Family members 66.7% and friends 63.3% were more or less equally culpable proportion wise, while neighbors 57.9% were least common

perpetrators of domestic violence. Other forms of violence were not adversely reported (Figure 4).

Place and time of incidence of forms of GBV

Out of 257 incidences that took place at home, domestic violence had the highest prevalence 81.7% followed by sexual assault 9.7%, FGM 6.25% and other forms of violence 2.3%. Similarly, domestic violence was highly prevalent 92.9% at place of work with 7.1% reporting being sexually assaulted at work place. No case of FGM was reported at place of work. Among cases that occurred at the plantation/forest (n=24), 75% were sexual assault victims while the remaining 25% suffered domestic violence. Again, no case of FGM occurred at the plantation/forest. At the shopping center (n=13), a majority 76.9% experienced domestic violence, 15.4% were sexual assault victims and 7.7% underwent other forms of violence. Of those cases that occurred at the bar (n=12), sexual assault was the most prevalent 83.3% while the rest 16.7% were domestic violence victims. Regarding the time of incidence a majority of domestic violence 75.6% of cases happened between 6:00am and 7:00pm, followed by sexual assault 13.4%, while the least reported were FGM 8.5% and other forms of violence 2.4%. Out of those that occurred between 7:00pm and 6:00am, 75.8% were domestic violence while 21.7% were sexual assault cases. The least reported at this time were FGM and others 1.2% each (Table 2).

Table 2: Place and time of incidence of forms of GBV

Variable	Description	Form of violence				
		Sexual assault N (%)	FGM N (%)	Domestic violence (%)	Other N (%)	Total N=325
Place of incidence	At home	25(9.7)	16(6.2)	210(81.7)	6(2.3)	257
	Place of work	1(7.1)	0(0.0)	13(92.9)	0(0.0)	14
	At the plantation/forest	18(75.0)	0(0.0)	6(25.0)	0(0.0)	24
	Shopping center	2(15.4)	0(0.0)	10(76.9)	1(7.7)	13
	At the bar	10(83.3)	0(0.0)	2(16.7)	0(0.0)	12
	Other	1(20.0)	0(0.0)	3(60.0)	1(20)	5
Time of incidence	6:00am to 7:00pm	22(13.4)	14(8.5)	124(75.6)	4(2.4)	164
	7:00pm to 6:00am	35(21.7)	2(1.2)	122(75.8)	2(1.2)	161

Action taken by victims of various forms of GBV

The majority of those who underwent sexual assault went to hospital (61.4%, n=70), 20% reported to the police, 10% reported to the chief, and 8.6% did nothing about the incidence. Similarly, out of those who experienced FGM 58.8%, n=17, went to the hospital, 17.6% reported to the chief and the rest did nothing about it. 48.9% of domestic violence victims went to the hospital after the incidence, followed by those who reported to the chief (25.2%). 10% reported to the police while 4.4% talked to their family members. An equal proportion (4.1%) either walked away or did nothing. Half of those who experienced other forms of violence went to the hospital, 37.5% reported to the chief while 12.5% talked to family members (Table 3).

Table 3: Action taken by victims of various forms of GBV

Action taken	Form of violence			
	Sexual assault n(%)	FGM n(%)	Domestic n(%)	Other n(%)
Went to the hospital	43(61.4)	10(58.8)	132(48.9)	4(50)
Reported to the chief	7(10)	3(17.6)	68(25.2)	3(37.5)
Reported to the police	14(20)	0(0)	27(10)	0(0)
Did nothing	6(8.6)	3(17.6)	11(4.1)	0(0)
Talked to family member	0(0)	0(0)	12(4.4)	1(12.5)
Walked away	0(0)	1(5.9)	11(4.1)	0(0)
Other	0(0)	0(0)	9(3.3)	0(0)
Total	70(100)	17(100)	270(100)	8(100)

Association of forms of violence with socio-demographic characteristics of participants

In order to determine the factors that influence GBV, we first tested for the association of each of the potential factors (predictors) with the forms of violence (outcome). We then fit a logistic regression model to assess how the potential factors influence the outcome.

Table 4 shows individual associations between factors and forms of GBV. The associations were tested using Chi-square test at 5% level of significance (α=0.05). Age (P<0.0001), marital status (P=0.015), whether victim was alone during the incidence (P<0.0001), drinking habit of victim (P=0.011), and whether perpetrator was drunk during incidence (P=0.026) individually showed statistically significant association with the forms of violence experienced.

Highest level of education (P=0.575) and occupation (P=0.101) individually showed no statistical association with the forms of violence.

Table 4: Association of forms of violence and potential factors

Variable	Description	Form of violence			
		Sexual assault/FGM	Domestic violence/Others	Total	P-value
Age	29 years and below	38	70	108	<0.0001
	30 to 44 years	28	128	156	
	45 years and above	7	54	61	
Marital status	Married	39	159	198	0.015
	Separated	28	58	86	
	Divorced	5	13	18	
	Widowed	1	22	23	
Highest level of education	University/college graduate	11	33	44	0.575
	Secondary	41	130	171	
	Primary	21	89	110	
Occupation	Formal employment	9	24	33	0.101
	Informal employment	10	36	46	
	Self-employment	42	115	157	
	Unemployed	12	77	89	
Victim alone during incidence?	Not alone	23	149	172	<0.0001
	Alone	50	103	153	
Drinking habit of victim	Doesn't drink	61	235	296	0.011
	Drinks	12	17	29	
Perpetrator drunk during incidence?	Wasn't drunk	17	82	99	0.026
	Was drunk	21	92	113	
	Don't know	26	54	80	

Logistic regression analysis of potential factors influencing gender-based violence

The outcome of the model was forms of violence, (domestic/other forms of violence, and sexual assault/FGM) with the reference group being domestic/other. The predictor variables were age (years), marital status, highest level of education, occupation, and alcohol drinking behavior of victim.

The likelihood ratio test of the logit model has a P-value = 0.0002. This implies that the model fit is statistically significant. Hence we can confidently use this model to explain the factors influencing GBV.

Age (P=0.002) and alcohol drinking behavior of victim (P=0.025) showed statistically significant influence on the forms of gender-based violence, while controlling for other factors in each case. Adjusting for marital status, highest education level, occupation, and alcohol drinking behavior of victim, for every additional year in age, one is 6% less likely to experience sexual assault/FGM as opposed to domestic/other forms of violence.

Considering drinking behavior of victim, those who drink are 2.7 times more likely to suffer sexual assault/FGM as opposed to domestic/other forms of violence, after adjusting for age, marital status, highest education level, and occupation.

No level of marital status, highest education level, and occupation showed significant influence on the forms of GBV (table5.) Overall P-value = 0.0002

Table 5: Logistic regression analysis of potential factors influencing gender-based violence

Factor	Odds ratio	Std. error	Z	P-value	95% Confidence interval	
Age (Years)	0.9426692	0.0181343	-3.07	0.002	0.9077883	0.9788904
Marital status (Ref: Married)						
Separated	1.5860040	0.5110711	1.43	0.152	0.8433635	2.982593
Divorced	1.8560330	1.1263050	1.02	0.308	0.5649986	6.097110
Widowed	0.3755072	0.4066747	-0.90	0.366	0.0449538	3.136681
Highest education (Ref: University/college)						
Secondary	1.0844110	0.5620281	0.16	0.876	0.3926750	2.994707
At most Primary	0.8322005	0.4570347	-0.33	0.738	0.2836339	2.441731
Occupation (Ref: Employed)						
Informal employment	0.7706117	0.5128626	-0.39	0.695	0.2090924	2.840095
Self-employment	1.1259530	0.6490241	0.21	0.837	0.3638049	3.484750
Unemployed	0.5606967	0.3580531	-0.91	0.365	0.1603846	1.960169
Alcohol drinking behavior (Ref: No)	2.7304290	1.2215470	2.25	0.025	1.1361030	6.562117
Constant	1.8138220	1.4286350	0.76	0.450	0.3873965	8.492459

DISCUSSION

The findings of the study indicated that out of the 325 participants 60.9% were still married even though they were undergoing gender based violence. People from different sections of society have always argued that gender based violence in general and particularly among married women has always been as a result of the compromised socio-economic status of women in society. The social and economic background of a woman has a bearing on her chances of experiencing domestic violence. 52.6% of all women in the study were married and majority of them had attained secondary school education, the results also indicated that majority of them were self-employed and housewives which brings us to the school of thought that women are vulnerable because of their financial dependence on men which in most cases results in failed prosecution of domestic violence cases.

To assess if the economic status of victims of gender based violence has influence on the employment status, from results only 10.2% of women in the study had a formal employment which explains why women are undergoing gender based violence and still remain married to their violent spouses because 48.3 % were doing petty trading and 21.3% were house wives which brings us to the most cited example that women who are economically dependent on their husbands have to return to the same household where the assault had taken place.

Majority of sexual assault victims (49.1%), 62.5% of FGM victims were thirty years and below. Regarding domestic violence 55.7% of the victims were between 30-45 years followed by the <30 years group which was 27.9% with the remaining 16.4% composed of those who were older than 45 years. This is similar with Reinn statistics that ages 12-34 are the highest risk years for rape and sexual assault. Those aged 65 and older are 92% less likely than 12-24 year olds to be a victim of rape or sexual assault, and 83% less likely than 25-49 year olds (Reinn, 2006)

Previous studies have investigated the relationship between different types of violence, the combination of physical abuse and sexual assault was seen to be the most commonly occurring forms of violence, and the similar scenario was seen in other studies as well (Abeya, 2011). Physical violence is often accompanied by psychological attacks, threatening, and in some cases sexual assault. This study showed that 75.7 % of women suffered domestic violence while the main victims of sexual assault were separated and the

divorced probably because they were more vulnerable. There was low occurrence of sexual assault among women who were still in marriage from the study possibly because of the perception that conjugal affairs are considered private matter and not disclosed. FGM was only reported among married women. Findings from other studies showed that gender based violence was multiple in nature and majority of the women have been victims of more than one type of violence (Ali et al 2011)

Majority of the victims knew who their perpetrators were, the major perpetrators in this study was husband followed by family member which concurs with other studies (Deribe, et al 2012). Male supremacy in our society could possibly explain this scenario where in a marital relation wives are supposed to be submissive and some men sometimes exhibit violent behaviors to control women and in cases where the women depend on the men economically results to a situation the women will tolerate the violence because of economic dependency.

In regards to time and place where the incidences occurred, most of them occurred at home with domestic violence being the highest while all the FGM cases occurred at home. Domestic violence was still highly prevalent at place of work and three quarter of the sexual assault cases occurred at the plantation/forest. Of the cases occurred at the bar sexual assault was highest and the rest were GBV cases. As regards time of incidence a majority of cases that happen between 6:00am and 7:00pm were domestic violence, followed by sexual assault while the least reported were FGM and other forms of violence. Of those that occurred between 7:00pm and 6:00am, three-quarters were domestic violence while were sexual assault cases. The least reported at this time were FGM and others.

The study also sought to find out which action was taken by the GBV victims after the incidence and the majority of those who underwent sexual assault 61.4% went to the hospital, 20% reported to the police, 10% reported to the chief, and 8.6% did nothing about the incidence. Similarly, out of those who experienced FGM 58.8% went to the hospital, 17.6% reported to the chief and the rest did nothing about it. 48.9% of domestic violence victims went to the hospital after the incidence and 25.2%.reported to the police while 4.4% talked to their family members. According to Hawkes et al (2013) GBV is or they have no idea where they can ask for assistance but from this study, Dagoretti sub-county being one of the Nairobi women's hospital have a GBV working group that works in the community to rescue and support GBV victims which has enhanced reporting of GBV cases and treatment of the GBV victims.

The demographic factors; Age, marital status, whether the victim was alone during the incidence, drinking habit of victim and whether the victim was alone during the incidence showed statistically significant association with the forms of violence experienced while the highest level of education and occupation showed no statistical association with the forms of violence which contradicts with studies done in Uganda (2002) and South Africa (2003) found that women's educational status was also associated with experiencing violence Age and alcohol drinking behavior factors are statistically significant influence on the forms of gender-based violence with a P-value of 0.002 and 0.025 respectively. Adjusting for marital status, highest education level, occupation, and alcohol drinking behavior of victim, for every additional year in age, one is 6% less likely to experience sexual assault/FGM as opposed to domestic/other forms of violence. This study agrees with a study conducted by Eileen et al (2013), women who had more risky alcohol expectancies, who consumed more alcohol and consumed it frequently, who were problem drinkers, and who were at higher sexual risk were more likely to report being recently abused by a sex partner. Importantly, sexual risk

behavior, particularly meeting sex partners in a drinking venue and engaging in transactional sex and gender-based violence were significantly associated even after accounting for alcohol in the context of the alcohol-serving venues.

Drinking behavior of victim being statistically significant influence to GBV, those who drink are 2.7 times more likely to suffer sexual assault as opposed to domestic/other forms of violence, after adjusting for age, marital status, highest education level, and occupation. The marital status, highest education level, and occupation showed significant influence on the forms of GBV. This study is in agreement with the 2014 MDHS data that a woman's marital status is associated with her experience of domestic violence, the social and economic background of a woman has a bearing on her chances of experiencing physical violence.

CONCLUSION

Gender-based violence is a significant issue among married women. Women experience gender-based violence in a number of contexts and roles, and many have accepted their situation and therefore prevention strategies should be implemented to address the spectrum of GBV women victims.

Not only is sexual violence more generalized than previously thought, but our findings suggest that future policies and programs should focus on abuse within families and eliminate the acceptance of and impunity surrounding sexual violence nationwide while also maintaining and enhancing efforts to stop gender-based violence.

RECOMMENDATIONS

These recommendations will go a long way in reducing gender based violence particularly among married women in Kenya and other countries may as well adopt these in an effort to curb gender based violence among married women.

Gender based violence must be made part of safety talk in our work place to reduce cases of GBV at our workplace.

There should be workshops organized for both men and women where the community health workers in the gender based violence working group and other practitioners educate them on such issues.

Programmes should be established for empowering women so that women can be independent financially.

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