



The Occurrences of Sexual and Gender Based Violence in Wajir County, Kenya

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Abstract

Gender Based Violence (GBV) against women and girls is a sensitive and global phenomenon, which is also a major economic, social health and security concern for the affected communities around the globe. Women and girls in Wajir County are an easy target due to the socio-economic and cultural set up, this was exacerbated by the Covid-19 outbreak. The Covid-19 control measures by the Ministry of Health of lockdowns, closure of learning institutions and curfews contributed immensely to the increased cases of violence against women and girls especially from known perpetrators. There are a lot of stakeholders and key partners in dealing with the menace and their efforts are gaining momentum. The study employed a mixed method approach. Three sub-counties were randomly selection from the six sub counties found in Wajir County. The target population for this study were female and male members of the community aged between 18 – 64 years. A total sample was 1,250 were sampled. Data was corrected through questionnaires, interviews and focused group discussion. Collected data was analysed using SPSS and results were presented descriptively and qualitative data was analysed using narrative analysis. In Wajir county GBV manifests itself mainly in the form of sexual violence; FGM, early marriages, rape, incest and defilement and the most common of them all being rape and defilement. This is mainly propagated by bad cultural practices, poverty, lack of proper education and advocacy on SGBV. To maintain the sustainability and efficacy of the fight against GBV and sexual assault within communities, national and international funding programmes administered by local NGOs and community women's groups is necessary.

Keywords: Gender Based Violence (GBV), Gender, Violence, Wajir, COVID-19

INTRODUCTION

In 2008, United Nations Secretary-General Ban Ki-moon launched a campaign called UNiTE to End Violence against Women. The campaign website called violence against women a “global pandemic” and quoted the Secretary-General saying, “*there is one universal truth, applicable to all countries, cultures and communities: violence against women is never acceptable, never excusable, never tolerable*” (UNiTE, 2012). Gender-Based Violence (GBV) threatens the security, integrity, well-being, and human rights of those who suffer it and the nation's public health, economic development, and safety. Individuals, their families, and the entire community are profoundly impacted by GBV; for the person, the pain and psychological trauma are a never-ending nightmare. It has a significant impact on the social and economic empowerment of both victim and offender communities, as well as the national security as a whole (National Gender and Equality Commission,

2016). This GBV is probably the commonly neglected human rights violation in Kenya (Wane *et al.*, 2018; Kamunya, 2019; Rockowitz *et al.*, 2021). It is a major source of gender imbalances in Kenya today (John *et al.*, 2021). The GBV, also known as violence against women and girls is very rampant in the Northern Parts of Kenya than elsewhere according to a 2006 baseline survey done by CARE Kenya. Intimate partner violence (IPV) is similarly common especially from male to female although there are some few cases of physical violence against men (National Crime Research Centre, 2014).

In Kenya, generally, the larger percentages of the victims of physical and sexual violence are women and girls while there are reported cases of male victims too (Mathur *et al.*, 2018; Ondicho, 2018; Bryant *et al.*, 2017). According to the Kenya Demographic Health Survey (2014) forty-five per cent of women and forty-four per cent of men the age 15 to 49 have experienced physical violence. Sexual and partner violence was experienced by both men and women at a percentage of thirty- nine and twenty- four respectively at the age 15 to 49, (KDHS, 2014). The 2010 Kenya Violence against Children Study (VACS) showed that violence against young women and children is a serious problem in Kenya: 32 and 66% of females aged 18 to 24 reported at least one experience of sexual or physical violence respectively prior to age 18, and 11 and 49% of females aged 13 to 17 reported experiencing some type of sexual violence or physical violence respectively in the past 12 months (United Nations *et al.*, 2012). In Bhattacharjee *et al.* (2020) while evaluating the prevalence and patterns in gender-based violence across adolescent girls and young women in Mombasa, Kenya reported that the prevalences of lifetime and recent physical violence were 18.0 and 10.7% respectively. The 2019 Kenya Abuse Against Children Survey (VACS) found that 49% of girls and 48% of boys aged 13 to 17 had experienced physical violence, while 11% of girls and 4% of boys reported experiencing sexual violence (Republic of Kenya 2019).

A study done by Mwabe *et al.* (2021) on the impact of COVID-19 on adolescent in Kenya, Physical violence was widespread among boys, with 52% of boys and 39% of girl's victims. Adolescent girls were the only ones who had suffered sexual violence, with only 2% reporting occurrences within a month. According to Ministry of Health information system figures cited by Mwabe *et al.* (2021), 1% of Kenyan adolescent girls were pregnant, and 3% had a total of 328,000 children. Between 2% and 4% of girls aged 15 to 19 were married, equating to around 100,000 marriages at a young age.

The COVID-19 pandemic occurred against the backdrop of rising humanitarian needs as a result of back-to-back drought, intermittent tribal warfare, and terrorist assaults. This is especially true for urban poor and rural areas, such as Wajir County. As a result of the Governments' and Ministry of Health's severe lockdowns and the closure of schools and certain jobs and occupations, children and parents were left with little or nothing to do at home. This has statistically resulted in an increase in domestic violence, gender-based violence, and unwanted/unplanned pregnancies among school- and college-aged girls, caused primarily by male sexual predators (Roy, 2022).

As the country was going into election on the 9th of August 2022 evidence from the earlier reports on the outcomes of elections in Kenya suggested that the country is prone to skirmishes and sexual violence. According to the record of the Kenya Human Rights Commission cited by FIDH/KHRC (2021) on 2007 election, 900 cases of SGBV were reported while the 2017 election recorded 201 cases and the

main perpetrators were the police according to the survivors. Currently activists and the lobby groups are questioning the preparedness of the government in mitigating SGBV during and after the elections on the 9th of August 2022 (FIDH/KHRC, 2021).

The country has made magnificent effort in GBV within its policy and legislative framework as a step towards the coordination of multi-sectoral efforts in preventing and responding to GBV. They include and are not limited to the National Social Protection Policy, the National Policy on the Abandonment of FGM, the National Guidelines on the Management of Sexual Violence, the criminal law Amendment Act 2013, that facilitated the sentences on sexual violence and criminal procedure code and sexual offences Act, 2006, that stipulated the different meanings of sexual offences, (Ministry of Devolution and Planning, 2014). According to United Nation (2021), Kenya's President Uhuru Kenyatta unveiled the country's plans to end gender-based violence by 2026 by adopting the gender-based violence indicator in its performance and monitoring framework. This is in terms of tracking the implementation of the GBV laws and policies in addition to the allocation of more resources to the prevention and response. These are GBV recovery centers almost in all major hospitals in the country together with the formation of gender desks in police station and civil society organizations such as Federation of Women Lawyers in Kenya and the Coalition on Violence against Women (Wado, 2021).

In addition to the nationwide institutional framework, non-state actors at the municipal and community levels are implementing advocacy and awareness programmes that are producing astoundingly positive outcomes at the grassroots level in Wajir County. These organisations are Maendeleo Ya Wanawake (MYW), Wajir Pastrol Women, Wajir Peace Committee, Wajir Women for Peace, Wajir Human Rights Watch, and the Kenya National Commission for Human Rights (Mwangi & Guyo, 2009). Wajir has a recovery center for GBV survivors at the Wajir Referral Hospital and in 2020 the county assembly had passed the Anti-sexual and Gender Based Violence Bill, 2019 as a step forward in curbing the menace.

The central assumption of this research is that Wajir women and girls are vulnerable to sexual violence as a result of gender imbalances and community cultural practises such as female genital mutilation and early marriage, which limit girls' access to education and significantly entrench women's poverty. The most common sexual offences in Wajir County are rape, defilement of a minor, incest and sodomy (Mwangi & Guyo, 2009; Sadia, 2018). The principal inquiry being addressed by this article is to find out the nature of sexual violence in the county, the role of women in fighting the vice and the common legal channels used by the victims to obtain justice.

METHODOLOGY

The study employed a mixed method approach involving both qualitative and quantitative techniques. Qualitative techniques were captured through in-depth interviews of intimate partners, key informant interviews with various stakeholders in the study. The research was conducted in Wajir County, which is located in northeast Kenya. Wajir County is bordered to the east by Somalia and to the northwest by Ethiopia. The weather is extremely dry and severe (Karienyé & Warfa, 2020). The research study was carried out within Wajir County located in Northeast Kenya. Wajir County, borders Somalia to the east and with a short border with Ethiopia to the Northwest. The climate is very dry and harsh (Karienyé & Warfa,

2020). Rape, defilement of a minor, incest and sodomy are some of the sexual offenses that have been reported in Wajir County. In the survey research, there was a random selection from the three sub-counties (Buna, Habaswein and Bula Jogoo) as the target sample population out of the six sub-counties of Wajir County. The process involved randomly selecting three sub-counties from the six counties in Wajir County, and selecting three locations from each sub-county, and from each selected location in the sub-county, taking a random sample of clusters, which were villages. The sample was generated using probability proportional to size (PPS) techniques whereby the selected sample is distributed proportionately across the county. The secondary data was obtained from scholarly work, government reports on gender-based violence policies and implementation procedures, violence against women and girls and the survivors of SGBV. The primary data was obtained using in-depth interviews with Key Informant Interviews (KIIs) that included the religious leaders, community leaders, NGO workers who were the contact persons for the survivors of sexual violence and women's group leaders. The target population for this study were female and male members of the community aged between 18 – 64 years. This choice of 64 years as the upper age limit was to ascertain the memory of the participants to give credible information about past experience on GBV. The lower age limit was considered to be the legal age of an individual. The study used multistage cluster sampling technique in selecting the study participants. The three sub-counties were used as the sample domain in order to make the findings representative at the county level.

The estimated prevalence rate of SGBV (45%) has been captured for women age 15 – 49 years leaving other age groups and the male gender. Based on this rate, it is assumed that the average rate of SGBV indicators (e.g., knowledge of what SGBV means, personal experience) is about 40%. Further, according to the 2019 Census reports, people aged 12-64 years' account for 55% of the population. Thus, we inferred that Women are more likely to experience SGBV and therefore our sampling was designed to capture 80% of female respondents and 20% male respondents. Arising from these considerations, a total sample was 1,250 (1000 women and 250 men) was targeted as shown in Table 1 below.

Table 1: Targeted Sample Distribution

	Total population	Sample	Females (80%)	Males (20%)
1. Wajir East (Bulla Jogoo)	110,654	400	320	80
2. Wajir South (Habaswein)	174,134	600	480	120
3. Wajir North (Buna)	49,886	250	200	50
Total	334,674	1,250	1,000	250

Source: *Kenya National Bureau of Statistics (2019b)*

The in-depth questionnaire was administered to households who were randomly selected giving same probability to all households. Three Focus group discussions (FGDs) were administered with each session lasting for 120 minutes to different target groups and peer groups that were formed in order to separate the youth from the elderly. The FGDs were held in order to understand the nature of SGBV, the mechanism to seek justice by the survivors and the role of the women in the fight against SGBV. The FGDs were conducted each one having 12 respondents; one to the youth of both gender, another to the elderly of both gender and lastly to the religious leaders, Community Based Organizations (CBOs) and Non- Governmental

Organizations (NGOs) dealing with SGBV in the County. Verbal consent was sought to interview all participants and none of the respondents were below 18 years of age. All focus group discussions done in the community were conducted in Somali language and since the researcher is acquainted with the language there was no need for a translator.

The turnout was not full as expected though it was fruitful, out of the targeted 1,250 respondents the researcher managed to capture 945 respondents. Women and men participants were 756 (61%) and 189 (15%) respectively. The reason for a low turnout was because this study was carried out in 2020 when the guidelines and measures from the Ministry of Health were put in place as a way to curb the spread of the COVID-19 Pandemic and the other issue is the attitudes towards GBV in the community. Collected data was analysed using SPSS and results were presented descriptively and qualitative data was analysed using narrative analysis.

RESULTS AND DISCUSSION

The findings of this study are based on the analysis of the interviews with key informants, focus group discussions and the literature reviews herein. The findings are organized according to the issues extracted from the discussions with the FGDs, KIIs, and the research objectives.

Wajir County has six sub-counties; the researcher visited 3 out of those six sub-counties namely Wajir East (Bulla Jogoo), Wajir South (Habaswein) and Wajir North (Buna). The researcher recorded a total of 4,823 GBV cases that occurred in the last twelve months (January 2020 to January 2021), Bulla Jogoo had the highest GBV cases recorded of 1,912 mainly because of; high population density, urban challenges and researcher also felt through the questionnaire session that they were more forthcoming compared to the sample that were got from had Habaswein and Buna who were more reserved. At Habaswein the researcher recorded 1,706 GBV cases and 1,205 cases for Buna. These cases ranged from rape, defilement, child sexual abuse, physical injury, FGM, early child marriages, discrimination in educating the girl child and spousal emotional and sexual abuse.

GBV offences are illustrated as below:

Table 2: Prevalence of Gender Based Violence offences in Wajir County

GBV offences	Percentages (%)
Sexual violence (rape, defilement and sexual assault)	50
Domestic violence	35
Physical violence	7
Female Genital Mutilation	5
Forced Early Marriage	3

The data also showed that the majority of the GBV victims were women even though cases of men victims were also noted. The gendered percentage of the victims was as follows;

Table 2: The victims of Gender Based Violence offences in Wajir County

Gender	Percentages (%) of victims
1. Women	84
2. Men	10
3. Children (Both Gender)	6

“I was married off to an old man by my father when I just finished class 8 and I was barely 14 years old” says Kheira Dugow (not her real name) from Bulla Jogoo in Wajir East sub-county. “I loved school and I wanted to become a teacher and now look at my age mates they are all learned and earning and I am here with four kids and I am just 21-year-old” she lamented. Kheira feels her father loved her but due to either ignorance to the importance of education or bad cultural beliefs he married her off to a wealthy old man who already had another wife. This case reveals two widely spread GBV namely; Early child marriage and discrimination of the girl child to education. These two serious women rights violations are widely common within the pastoral Somali community but very few of these are either reported or even known. This is mainly because the community believes that this is a cultural thing and not an abuse and therefore it is rarely reported. Kheira however has no regrets of ill feeling about her missed opportunity in life but she says now she is fully committed to ensure all her kids (boys and girls) are given their right to education.

A more serious sample was a case recorded at Buna sub-county; Ms Halima Ibrahim (not her real name) says she was married to a police officer and she had three kids. Halima says she endured a life of hardship and emotional, verbal and physical abuse at the hands of her husband whom she is now divorced from. “He would on many occasions come home drunk very late in the night and beat me up for no reasons, at times claiming I didn’t open the door early enough for him or that he wanted food at that time of the night when he knows the little food, he got us was barely enough for the kids and I” Halima said. Halima says she couldn’t report her abusive husband because one he will use the *maslaha* system (traditional judicial system) to control her and secondly, he was a police officer so she feared to report the case to the police. She claimed that she had fled her husband multiple times, but that she always returned because he would get the *maslaha* system to advise her that she must not leave her husband. Therefore, the abuse would continue until on the maternity period of her third child she got sick and upon testing she was unfortunately diagnosed with HIV. That’s she says when her life turned from horrible to disaster: from bad to worse. She immediately knew it was her husband who had infected her and all she cared about was whether her kids were okay, fortunately their test turned negative and that’s when she finally ran away and got divorced through the Khadi’s court. Halima is on ARVs and her health is good even at the time of our questionnaire with her she looked great. This particular case portrayed a greater abuse of women rights and the poor judgements and mostly biased and unfair resolutions passed through the *maslaha* system.

At Habaswein sub-county, Mrs. Haretha Hussein (Not her real name) narrated to me a defilement case involving her young daughter who at the time was only 9 years old by a close male relative. She says the suspect defiled her daughter at a watering point just outside Habaswein town and seriously injured her. The child was taken to hospital and because there was a lot of anger the suspect was beaten up and taken to the police to face charges of child defilement and physical injury. However, because of cultural practices and close family relationships, the case was withdrawn and dealt with them traditionally. Mrs Haretha says “it was agreed by the two families that it is better to resolve the matter through the *maslaha* system and we agreed, but to date I am still very angry” she tells us that after a long period in the hospital and with many surgeries her daughter returned home but with a huge burden she says. First, Mrs Haretha says that her daughter is still traumatized and had dropped out of school, she has poor social interactions and the mother says she fears for her daughter’s future in terms of marriage and child bearing due to cultural stigma,

injuries and the surgeries. Though she admits the suspect's family catered for the medical expenses and paid blood money as per the judgement, but she is concerned that *maslaha* system is not fair to the victim and only cares about the welfare of the perpetrator.

CONCLUSION AND RECOMMENDATIONS

It is clear that GBV knows no social, economical and national boundaries and it undermines the health, dignity, security and the autonomy of its victims. Violence against women and girls is one of the most prevalent human rights violations in the world and it happens one in three women worldwide. This menace is shrouded in a culture of silence and it is a matter of time for people to stand up and fight against the cultures and customs that hinder the eradication of GBV.

In Wajir county GBV manifests itself mainly in the form of sexual violence; FGM, early marriages, rape, incest and defilement and the most common of them all being rape and defilement. This is mainly propagated by bad cultural practices, poverty, lack of proper education and advocacy on SGBV. The consequences of SGBV add to a more vulnerable group of women who come from a poor background, those with disabilities and those from minority and marginalized groups and communities.

The COVID-19 pandemic has increased the rate of SGBV in the country, Wajir in particular where close family members sexually assaulted young girls. The *maslaha* system is *traditional* judicial system of dealing with such crimes have resulting in more pain and suffering to the victims.

The main advocacy work on the issues around SGBV is mostly done by social workers, local NGOs and a few community and religious leaders that are usually underfunded and do not get proper sufficient support to lead the fight against SGBV.

To maintain the sustainability and efficacy of the fight against GBV and sexual assault within communities, national and international funding programmes administered by local NGOs and community women's groups is necessary. The National Government through the Department of Gender and Social services should play a leading role by creating awareness through the media and the Department should also identify and partner with local NGOs working in the area of GBV within the community as a strategy for enhancing GBV and sexual violence awareness within the community.

REFERENCES

- Bhattacharjee, P., Ma, H., Musyoki, H., Cheuk, E., Isac, S., Njiraini, M., ... & Pickles, M. (2020). Prevalence and patterns of gender-based violence across adolescent girls and young women in Mombasa, Kenya. *BMC women's health*, 20(1), 1-11.
- Bryant, R. A., Schafer, A., Dawson, K. S., Anjuri, D., Mulili, C., Ndogoni, L., ... & Van Ommeren, M. (2017). Effectiveness of a brief behavioural intervention on psychological distress among women with a history of gender-based violence in urban Kenya: a randomised clinical trial. *PLoS medicine*, 14(8), e1002371.
- FIDH/KHRC (2021)- Sexual Violence as a Political Tool During Elections in Kenya. State Actions Needed Ahead of the 2022 Polls.
<https://allafrica.com/stories/201911270205.html>
- John, N., Roy, C., Mwangi, M., Raval, N., & McGovern, T. (2021). COVID-19 and gender-based violence (GBV): hard-to-reach women and girls, services, and programmes in Kenya. *Gender & Development*, 29(1), 55-71.

- Kamunya, M. W. (2019). *Human Rights and Justice Rights Approaches to Gender-Based Violence (GBV): The Case of Kenya's Sexual Offenses Act (KSOA)* (Doctoral dissertation, University of Massachusetts Boston).
- Karienyé, D., & Warfa, O. (2020). Dynamics of clan-based conflicts in Wajir County, Kenya. *Budapest International Research and Critics Institute (BIRCI-Journal): Humanities and Social Sciences*, 3(2), 692-702.
- Kenya Demographic Health Survey (2014). Nairobi: Kenya National Bureau of Statistics, Kenya, Ministry of Health
- Kenya National Bureau of Statistics. (2019b). 2019 Kenya Population and Housing Census: Vol IV Distribution of Population by Socio-economic Characteristics. <https://www.knbs.or.ke/?wpdmpro=2019-kenya-population-and-housing-census-volume-iv-distribution-of-population-by-socio-economic-characteristics>.
- Mathur, S., Okal, J., Musheke, M., Pilgrim, N., Kishor Patel, S., Bhattacharya, R., ... & Pulerwitz, J. (2018). High rates of sexual violence by both intimate and non-intimate partners experienced by adolescent girls and young women in Kenya and Zambia: Findings around violence and other negative health outcomes. *PLoS one*, 13(9), e0203929.
- Mwangi, G. K., & Guyo, J. (2009). An assessment of sexual and gender based violence in Wajir district, North Eastern Kenya.
- National Crime Research Centre (2014). Gender based violence in Kenya. National Crime Research Centre.
- National Gender and Equality Commission (2016). Gender Based Violence in Kenya: The Cost of Providing Services. A Projection Based on Selected Service Delivery Points. <https://www.ngeckkenya.org/Downloads/GBV%20Costing%20Study-THE%20COST%20of%20PROVIDING%20SERVICES.pdf>
- Ondicho, T. G. (2018). Violence against women in Kenya: A public health problem. *International Journal of Development and Sustainability*, 7(6), 2030-2047.
- Republic of Kenya. (2019). "Violence against Children Survey Report 2019." Findings from a national survey, Department of Children's Services, Ministry of Labour and Social Protection, Republic of Kenya, Nairobi.
- Rockowitz, S., Stevens, L. M., Rockey, J. C., Smith, L. L., Ritchie, J., Colloff, M. F., ... & Flowe, H. D. (2021). Patterns of sexual violence against adults and children during the COVID-19 pandemic in Kenya: a prospective cross-sectional study. *BMJ open*, 11(9), e048636.
- Roy, C. M., Bukuluki, P., Casey, S. E., Jagun, M. O., John, N. A., Mabheha, N., ... & McGovern, T. (2021). Impact of CoViD-19 on gender-based violence prevention and response services in Kenya, Uganda, Nigeria, and South Africa: a cross-sectional survey. *Frontiers in global women's health*, 2.
- Sadia, I. H. (2018). *Knowledge and Perceptions of Complications Associated With Female Genital Mutilation/cutting Among Somali Community in Wajir County, Kenya* (Doctoral dissertation, University of Nairobi).
- Unit, S. (2021). Promises to keep: Impact of COVID-19 on adolescents in Kenya.
- UNiTE to End Violence against Women. 2012. "About UNiTE." United Nations Secretary-General's Campaign. Retrieved March 7, 2012 (<http://www.un.org/en/women/endviolence/about.shtml>).
- United Nations (2021). President Uhuru Kenyatta Gives a roadmap to accelerate national efforts to end gender-based violence and female genital mutilation. <https://kenya.un.org/en/133232-president-uhuru-kenyatta-gives-roadmap-accelerate-national-efforts-end-gender-based-violence>
- United Nations Children's Fund Kenya Country Office DoVP, National Center for Injury Prevention and Control, U.S. Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics. (2012). Violence against Children in Kenya: Findings from a 2010 National Survey. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood.
- Wado, Y. D., Mutua, M. K., Mohiddin, A., Ijadunola, M. Y., Faye, C., Coll, C. V., ... & Kabiru, C. W. (2021). Intimate partner violence against adolescents and young women in sub-Saharan Africa: who is most vulnerable?. *Reproductive health*, 18(1), 1-13.
- Wane, N. N., Parsitau, D. S., & Nyokangi, D. (2018). Dangerous Spaces: Kenya's Public Universities as a Locus for Sexual and Gender-Based Violence—A Case Study of Egerton University, Njoro Campus. *Canadian Woman Studies*.
- WHO (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-intimate partner violence