Review

Exploring ways of combating gender based violence and a Kenyan perspective

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Abstract

Gender Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between men and women. Methodologically, the article starts by redefining the terms, exploring the possible causes of Gender Based Violence, the effects of GBV, and eventually attempts at exploring the possible methods of combating it. Can appealing to the legal channels be the panacea? Can appealing to international bodies such as USAID, WHO, UNDS, UNHCR among others be the solution to this inhumanity of humanity against humanity itself? Can we use local resources to deliver the promise? The materials in this article have been methodologically gathered through participant observation, reading of relevant literature, and sampling some cases within the city of Nairobi which largely speaks for Kenya and the larger East Africa.

Keywords: Combating violence, Gender based violence, Causes of gender based violence, Political and social factors in gender based violence

INTRODUCTION

Gender-based Violence (GBV) describes the specific type of violence that is linked to the gendered identity of being a woman or man (Baker, 2007). Gender refers to the socially constructed roles, behaviour, activities and attributes that a particular society considers appropriate for men and women. The distinct roles and behaviour may give rise to gender inequalities. That is, differences between men and women that systematically favour one group. In turn, such inequalities can lead to inequities between men and women in both social, economic and political status and relationships. Thus the weaker gender is rendered vulnerable to domination and exploitation by the more powerfulll one (Baker, 2007). Such domination and exploitation may be symptomized in limited access to social goods like health, education, security, nutrition as well as victimization from violent and non-violent sexual and non-sexual offences against the person. Acknowledging that the most common victim of GBV is the female gender, the World Health Organization (WHO, 2005) observes that for women in many parts of the world, violence is a leading cause of injury and disability, as well as a risk factor for other physical, mental, sexual and reproductive health problems. GBV takes form in a variety of behaviour including physical, mental, or social abuse (UNHCR, 2000) and sexual abuse and harm (UNFPA, 2003).

According to (UN-GA, 1993), the United Nations General Assembly presented a partial list of GBV which included:- Physical, sexual and psychological violence within the family, Child sexual abuse, Dowry-related violence , Marital rape, Female genital mutilation, Rape and sexual abuse, Sexual harassment in the workplace and educational institutions, Trafficking in women, Forced prostitution. A significant characteristic of GBV is that the victim has no choice to refuse or pursue other options without severe social, physical, or psychological

consequences owing to the fact that it is rooted in a society's social structure, that is, the society's nerve Centre or its system of norms, values and beliefs (UNHCR, 2000). It is also an important characteristic that GBV can be perpetrated by an intimate partner as well as a stranger, and within and outside the family and home environment.

Primarily, any form of violence is taken to mean physical aggression and physical or sexual harm. Any restriction of the freedom, independence or physical integrity of women and girls is a form of gender-based violence (GBV). This conforms to the definition as understood by the Declaration on the Elimination of Violence against Women (CEDAW) adopted by the UN General Assembly in 1979. For the purposes of this Declaration, the term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN, 1993).

The GBV social ill was one of the issues which led to the adoption of The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in 1979 by the UN General Assembly. In the same spirit one agenda extensively dealt with during the United Nations Fourth World Conference on Women held in Beijing China in 1995 was that of GBV. These initiatives point to the fact that, varied stakeholders have recognized the magnitude of the GBV problem, its effects on the victims and the utmost need to address it in all corners of the world.

The prevalence of GBV is underscored by such campaigns as the "The 16 Day Activism for No Violence against Women and Children". This is an international campaign which takes place every year from 25 November (International Day for the Elimination of Violence against Women) to 10 December (International Human Rights Day). During this time Governments and stakeholders run a 16 Day Activism Campaign to raise awareness on the negative impacts of violence on women and children and to act against abuse (Phillips-Barrasso, 2009).

Gender-based violence is a leading cause of girls and women's death and incapacity globally. In addition to facing physical and psychological trauma and injury, Girls and women who suffer violence are at a higher risk of contracting sexually transmitted infections including HIV and AIDS. They may also face unintended pregnancies, adverse pregnancy outcomes and chronic health problems. Survivors of GBV often suffer rejection and further victimization from partners, family and community members due to the shame and stigma associated with such violations.

Adolescent girls are particularly vulnerable to sexual abuse and harassment in and around school settings. Bennet (2005). In a research study based in South Africa found that a third of men who raped girls under the age of 15 were teachers. The risk of school-related violence and exploitation deterred parents from sending their daughters to school and was also a reason why the girls dropped out of school. It is worth noting that GBV is so rampant in South Africa that four women are killed every day by their intimate partners (Njenga, 2001). Many children are still being married off in several African countries.

All the reports around Africa point to the same conclusion; girls and women have been unacceptably subjected to gender based violence (Ibid). Mutua (2009) notes that GBV takes place at all levels of society and within all social classes. In Kenya such violence is sexual, political, physical or criminal. He further notes that GBV is in the home, the work place, on the street with strangers and all around us. He concludes that "Kenya has an epidemic of gender-based violence" (Njenga, 2001). On the other hand, Mutua (Ibid) notes that wife-battery; wife-murder, rape and other forms of gender-based violence are possible because men see themselves in a superior-subordinate role towards women.

A 2010 Amnesty International study showed that more than half the women in slums had experienced physical, sexual or psychological violence. The report found that perpetrators of these abuses included youth gangs, intimate partners, family members, employers and security personnel. The study was conducted in four slums of Nairobi between November 2009 and February 2010 (CREAW, 2009).

Gender-based violence in Kenya

According to statistics, 45% of all women in Kenya have faced one form of violence or another at one or more stages in their lives (Machera, 2004). In some regions in Kenya, the statistics indicate that 90% of women have experienced physical, sexual or emotional violence. Compiling the report on violence against women and children in Kenya, Machera notes that women are violated by both state officials and non-state actors. They are violated at all stages of their lives that are during their childhood, adolescent stage and adulthood. They are violated at home, schools, colleges, work places.

According to Machera (Ibid), gender based violence is a serious and persistent issue in Kenya. Persistence of certain cultural norms, traditions and stereotypes as well as discrimination regarding the role of women in the society perpetuates violence against women in Kenya. This violence can be loosely classified as physical such as assault, rape, murder, female genital mutilations/cut,

sexual harassment, trafficking, bullying and psychologically in terms of verbal abuse, exclusions, discrimination on the base of gender.

According to the committee on the elimination of discrimination against women (CEDAW, 2004) Kenyan authority has not yet taken sustained and systematic action to modify or eliminate stereotypes and negative cultural values and practices.   Most GBV remains unreported and unpunished. Although Kenya has signed and ratified the convention on the elimination of all forms of discrimination, committed herself to the Beijing Declaration and platform for action and also signed security council resolution 1325 (2000) on women, peace and security and the African Union Solemn Declaration on Gender and Equality (2004), she has done little in the implementation of these conventions.

According to Mutua (2009) Global trends have shown that in the last twenty years governments have made deliberate efforts to increase women's representation in law and policy making. These initiatives are informed by the direct linkages between discrimination against women and all its associated elements such as GBV and other gross violations of women's rights, and the under representation of women with a political voice and power to address these injustices through a legislative framework.   Most Governments have now included affirmative action in their constitutions or political party policy to ensure that women's voices can be translated into formal action through legislation.

Mutua (2009) argues that despite these legislation and very promising clauses in the Kenya's constitution, Kenya remains one of the most paternalistic societies in Africa. This creates a conducive environment to any advocacy work or lobbying on issues of women emancipation. In her article, preventing and responding to violence against women and girls, she notes that Domestic and sexual violence were the leading crimes in Kenya by 2005 (Mutua, 2009).   She however notes that there were hardly any successful prosecutions of the perpetuators of these crimes for the law made it difficult for victims to testify or even prove especially on sexual violence.

Gender-based violence in Africa

GBV is a common factor in many countries in Africa. In a 2002 survey across eight countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia and Zimbabwe) it was found that 18% of women aged 16–60 years had experienced GBV in the past 12 month (CREAW, 2009). In a repeat survey across the same countries in 2007, 18% of women had experienced GBV in the last 12 months; one in every five youths aged 12–17 years said they had been forced or coerced to have sex, and one in 10 said they had forced sex on someone

else (Ibid) The inability to implement prevention choices ('choice disability') affects a greater proportion of the population. Some 40% of women across the 10 countries said they would have sex if their partner refused to use a condom, and a similar proportion did not think women have the right to refuse sex with their partner (Ibid).

Among women interviewed in three provinces of South Africa, 19–28% said they had experienced GBV and 5–7% had been raped. In another survey 42% of women in a Cape Town Township reported sexual assault (Ibid). In Rakai district in Uganda, one in every four women reported coercive sex with their regular partner (Ibid). The World Health Organization multicounty study on domestic violence included estimates from Namibia and Tanzania. The proportion of women who had ever experienced physical or sexual violence was 36% in Namibia (capital), 41% in Tanzania (capital), and 56% in Tanzania (district) (Ibid).

In one of the studies done among young women aged 13–24 years in Swaziland, one in three women had experienced some form of sexual violence (including forced sex, coerced sex, and attempted unwanted sex) as a child; one in four had experienced physical violence; and three in 10 had experienced emotional abuse (Ibid).These high rates of GBV among both adults and children in Africa are in the context of a culture of violence in most of African regions.

Causes of gender--based violence

The causes of GBV are complex and occur at different levels of society: individual, relationship, and community. By examining the relationship between the individual and contextual factors that influence behavior, an ecological model illustrates the necessity of a comprehensive, multilevel approach to eliminating GBV; it cannot be eliminated by simply implementing interventions at one level of risk, as other levels will continue to support violent behavior if not simultaneously addressed (WHO, 2003).

Individual level risk factors are elements of biological or personal history that influence a person's behaviors. These can include biological factors, demographic factors, psychological characteristics, and past experiences that increase the likelihood that a person will be a perpetrator or victim of violence. Risk factors common to both intimate partner violence and sexual violence include low levels of education, exposure to child maltreatment, witnessing parental violence, antisocial personality disorder, substance abuse, multiple partners/infidelity, and attitudes accepting of violence (WHO, 2011).

The unequal power relations between females and males in society are the root cause of gender based

violence. According to Betron and Doggett (2006), the abuse of power and gender inequality is at the core of GBV. Power relations have been critical in fuelling GBV, although erroneously advocated as normal and acceptable based on traditional and customary attitudes and practice. Other factors can only be legitimately viewed under the scope of these power relations. In other words, other factors cannot suffice on their own without reference to unequal power relations. In a quest to bring to light the primal cause of CBV, the UNHCR (2007) report suggests that other factors only exacerbate these unequal power relations. In fact, in most cases, these other factors only determine the type and extent of violence.

The other factors may be classified differently depending on the perspective taken. In this article however, the factors viewed by and large include socio cultural causes, policy and legal frameworks as well as institutional factors. The social and cultural factors to a great extent help explain the legitimization of the unequal power relation function while legal, economic and Institutional challenges may explain the extent and sustenance of GBV in any given context.

Socio-cultural factors

While some literature uses power relations and socio-cultural factors interchangeably, the two are inherently distinct in that while power relation has to do with psychological positioning, the latter has to do with the perpetuators of this positioning. With this understanding, factors like the patriarchal nature of most societies would then help explain the existence and extent of unequal power relations. In these societies, there is legitimized subordination of women, which includes the treatment of women as the property of men through practices such as payment of bride price. This, in turn, perpetuates violence against women and girls (CREA W, 2009).

The socialization process is such that the female gender is relegated to positions, functions and roles that are viewed as inferior and by extension suitable for the bearers of these aspects (IRIN, 2004). In other words, females are perceived as, and socialized to believe that they are weak, inferior and needing direction, guidance and discipline. In other cases, they are socialized to believe that they exist for the sole purpose of satisfying men's needs and desires (Long, 2001). Males, on the other hand, are socialized to demand and expect services from women and to treat them as inferior (Njenga, 2001).

Traditions, customs, beliefs and attitudes are used to justify the subordination and violation of women's rights (El Jack, 2003). According to Bennet, (2005) women are the gatekeepers of' the traditions, customs, practices and attitudes passed on through generations. Those who do not toe the line are ostracized by society and endure violence of different types. The powerlessness of women is worsened by their general lack of exposure, illiteracy and low education, which also limits their choices to a better life.

Policy and legal conditions

Lack of access to legal services, justice and protection for victims is a major hindrance to actualization of women's rights (Krug, 2003). Inaccessibility to these services makes it difficult even for the willing to make headway while the perpetrators of violence often go unpunished. Some of the laws as well as the poor justice implementation structures make the victims of violence feel left out and even in some cases traumatized in the pursuit of justice. On the other hand, the level of commitment by some governments to the implementation of the international commitments is not sufficient (Mezieobi, 2004). For most countries, the spirit and letter of the said commitments goes only as far as the ink of the appended signatures reaches.'

In most countries, national constitutions provide for the equal rights of women and men. However, in some cases, there is disconnecting between the existing laws and policies and the constitutions of the respective countries (Ibid). This disconnect invariably requires certain amendments to allow for conformation. The challenge arising from this regards the pace of amendments which has itself become a major constraint to achievement of equality between the females and males. Equally, the law reform processes are dependent on the support of law makers, most of who are men and whose commitment to support the gender equality agenda cannot be guaranteed. Experience from several countries has demonstrated that women cannot expect much from these legislative institutions (Judith, 2004).

From our own assessments, there are no laws governing domestic violence in most countries. The law enforcement agencies, including the police and the judiciary, largely rely on penal provisions relating to assault and battery to fill the gap, inadequate as they are in dealing with the seriousness of the problem. In matrilineal and patrilineal societies alike, men are the key architects and custodians of customary law and authority as well as government policies and programmes. The absence of women from decision-making positions is a major factor contributing to the negative policy and political environment, which perpetuates or at least tolerates violence. Most governments only pay lip service to the global commitments to eliminate violence and often sign conventions and covenants they have no intention of implementing (UNIFEM, 1998).

Institutional factors

In most countries there are few, if any, victim support services. Even where they exist, the services are far away and victims cannot easily or cheaply access them. Long distances from courts, health facilities and police stations are a major obstacle to combating gender-based violence. According to Ahmadu (2000), most settings especially the rural areas, chiefs, religious as well as community leaders are the only link to any form of justice for victims of GBV and other crimes. These positions are invariably occupied by men who are heavily influenced by the patriarchal culture which ultimately becomes the definition of social justice. For instance, among the Somalis, the incidents of domestic violence or rape are in most cases reported to the Maslaha courts. All the Maslaha members are usually men and even when judgments are passed, the victim is never at the center of their consideration. Restitution for lack of a better word is done to the members of the Maslaha rather than to the victim of violence. With such institutions, the challenge of GBV remains deeply rooted in the communities.

Effects of gender--based violence

Gender based violence affect girls and women in various environments. In this study the consequences are grouped into three categories economical, health and social. UNICEF (2000) captures the situation in a report on GBV and states that GBV against girls and women continues to be a global epidemic that kills, tortures, and maims physically, psychologically, sexually and economically. The report further emphasizes that GBV is one of the most pervasive of human rights violations, denying girls and women equality, security, dignity, self-worth, and their right to enjoy fundamental freedoms.

Economic consequences

Female-focused violence represents a hidden obstacle to economic and social development. By sapping women's energy, undermining their confidence, and compromising their health, gender violence deprives society of women's full participation. As the United Nations Fund for Women (UNIFEM) observed, "Women cannot lend their labour or creative ideas fully if they are burdened with the physical and psychological scars of abuse" (UNIFEM, 1999).

The potential psychological effects of a GBV incident include lowered self-esteem, difficultly with interpersonal relations, increased stress, depression, frustration, and anxiety. Those who have encountered GBV display common coping strategies i.e. indirect expression of anger, denial or minimization of the incident, and compliance; as well as feelings of powerlessness, aloneness, fright, humiliation, and incidence of posttraumatic stress disorder.

GBV is also a serious development concern. Development is not simply the pursuit of economic growth but the linking of economic growth to indicators of social justice and individual well-being. The UNDP defines development as the "enlargement of choices," and the improvement of women's individual agency is essential to this. Therefore, at the most fundamental level, GBV contradicts the goals of development (UNDP, 2010).

GBV also undermines development outcomes, because it depletes resources and has various direct and indirect economic and social costs. Direct costs such as medical, criminal justice, social services as well as non-monetary costs such as increased homicide, suicide, alcohol/drug abuse, depressive disorders, are some of the issues that we identified in our Kenyan context. In the United States, the health related costs of rape, physical assault; stalking and homicide by intimate partners are more than $5.8 billion every single year (UNIFEM, 2003).

World health organization Research (2005) identified larger economic consequences of GBV such as loss of productivity, decreased investment and social impacts such as intergenerational transmission of violence, reduced quality of life, reduced participation in democratic processes. Violence and the threat of violence have been found to significantly reduce women's and girl's opportunities for work, their mobility and their participation in education, training, community activities and wider social networks (Fawole et al., 2003), In Mexico a study found that a major reason why women stopped participating in development projects was due to men's threats.

Health consequences

Health consequences of GBV take various forms. First there are physical and reproductive consequences such as, injury, diseases, gastrointestinal problems, infections, gynaecological disorders, unwanted pregnancy, menstruation disorders, pregnancy complications, sexual disorders, unsafe abortion and miscarriage among others. There are also emotional and psychological effects including post-traumatic stress disorders, mental illness, suicidal thoughts and behaviours, shame, insecurity, self-hate and self-blame.

According to USAID (2006) the impact of gender-based violence resonates in all areas of health and social programming: survivors of GBV experience increased rates of morbidity and mortality, and violence has been shown to exacerbate HIV transmission, among other health conditions. Fawole et al., (2003) did a study on

prevalence and nature of violence among young female hawkers in motor-parks in south-western Nigeria. He found that the women who had undergone any form of GBV were physically injured or had suffered mental torture. The study found that victims usually have scars and in the severe cases such as where acid was used in the attacks the physical appearance of the victim was altered completely. The study also noted that there were instances of death though they could not be traced directly to the GBV.

Regarding the issue of female genital mutilation/cutting (FGM/C), the consequences include stress, fear, extreme shock, heavy bleeding and sometimes death. This is complicated like in the case of Somali women who are stitched. Brady (2001) indicated that depending on the type of excision made cutting the tip of the clitoris or removal of the clitoris as well as the minor and major labia - women end up suffering complications during their menstrual period, during marriage and at childbirth. Carr (2007) also found that as the stitching done during FGM leaves only a small opening, this often results in complications that can lead to infections during the menstrual period and at times a woman has to undergo surgery upon marriage to re-open the vagina. Even during childbirth, surgery must be performed and this can lead to the baby's or woman's death where surgery is not easily available.

Social consequences

Morrison (2004) observes that GBV leads to social consequences including social stigmatization, social 'rejection and isolation, loss of roles/functions in society, the blaming of the victim, feminization of poverty and increased gender inequality. All these consequences have led to an increase in maternal morbidity. GBV has an impact on young girls in social, family and school settings. It is only through the studies presented in the foregoing discussions that we can assess the impact of gender violence against girls. They suggest that violence against girls is an important cause of poor performance and dropout in schools, although it is difficult to establish cause and effect. The study by Dunne (Leach, 2003) on the impact of violence experiences on retention and achievement found that violence against girls, in the form of sexual intimidation, verbal abuse and physical assault was a significant contributor to irregular attendance and underachievement of girls in school and extra curricula activities.

The United Nations Fourth World Conference on Women held in Beijing in 1995 observed that violence against women is an obstacle to the achievement of the objectives of equality, development and peace in the society. It was further noted that GBV against women

both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms (Morrison, 2004). Domestic violence has been found to cause untold suffering on the victims of the violence especially the mother and this in turn affects the relationship with the children.

In most cases as observed domestic violence leads to family breakdown. In my view, this situation is confirmed by the high number of households which are having single parents – as the Kenyan situation will attest to this. This is because long term abusive relationships variously tended to be characterised by separation and/or deaths.

Political implications

Apart from the above factors, GBV has adverse effects on the person's functioning which ultimately affects the community, country, and the world at large. UNFPA (2008) agrees that GBV kills and disables more women aged 15-44 years than does cancer, malaria or even traffic accident. UNFPA explains that immediate effects of GBV include poor health, lowered social participation and economic productivity among others. From our assessments from the Kenyan context, physical abuse may lead to pregnancy complications like miscarriage, placental abruption, premature delivery, low birth weight and fatal or infant death. Certainly, the consequences of sexual abuse on reproductive health includes sexually transmitted diseases and infections including HIV and AIDS, unwanted pregnancy, unsafe abortion, pelvic inflammatory disease, infertility and genital injuries including obstetric fistula. The report shows that when a woman is not able to seek proper health care in the period surrounding pregnancy or after physical abuse, the consequences can be fatal. The CREAW report (2008) gives the psychological consequences of GBV as post-traumatic stress syndrome, depression, anxiety and low self-esteem which can lead to alcohol and drug abuse, risky sexual behaviour and victimisation.

According to CREAW (Ibid) these outcomes are evident in Kenya where women who suffered during the post-election violence are still enduring similar symptoms. Children who were affected by the post-election violence were also found to suffer from some form of anxiety compared with children who grew in peaceful environment (Ibid). Morrison (1999) further contends that GBV undermines livelihood strategies and economic alternatives and this impoverishes the family. He goes on (Morrison, 1999) to argue that this has been evidenced in studies elsewhere such as Nicaragua where violence limits women's ability to maintain a job.

GBV at community level can be regarded as a new form of subjugating the population and limiting freedom of movement through the use of terror in particular in

relation to women and such impedes progress in participation and peace building (Morrison and Orlando, 1999). From our observations in the East African region, we can deduce that lasting solution to the internal and armed conflicts have been the dissolution of social capital and community network - as these have been replaced by mistrust and pervasiveness at local and national levels. In this regard, affected people, mainly women, and their families become isolated as violence hinders their participation in their community's social, political and economic life. In view of this, GBV exerts considerable economic impacts and therefore takes its toll on the state.

The National Crime Research Centre report (2016) argues that GBV will hinder the Kenya's vision 2030. Vision 2030 is a long term development blue print that seeks to transform Kenya into a newly industrializing middle income country providing a high quality of life to all its citizens in a clean and secure environment. The plan is anchored on three pillars, economic, social and political governance. The economic pillar aims to achieve an economic growth rate of 10% per annum and sustaining the same till 2030 in order to generate more resources to address development goals. The social pillar seeks to create just, cohesive and equitable social development in a clean and secure environment. The political pillar aims to realize an issue based, people centred, result oriented and accountable democratic system. These aims cannot be efficiently achieved in an insecure social economic environment epitomised by GBV (GOK, 2011, IASC, 2005). Thus GBV need to be prevented and controlled. Where it has already occurred, survivors need to be rehabilitated and restored and perpetrators punished and corrected.

Combating gender based violence

Having seen the effect of GBV, how then can we combat it? Do we have the capacity, as a society, to combat it? Can our collective efforts deliver the promise? With reference to our Kenyan context, are we different from the rest of the globe, and how can we address this huge concern? From a simple observation, it is clear that several institutions including USAID have been on the fore front of fighting GBV in Kenya and have come up with programs which are committed to preventing GBV. Their methodology includes working towards increasing access to justice and integrated support services and creating public awareness about GBV. Accordingly, there are two types of interventions are needed to combat GBV. The primary intervention which seeks to prevent GBV occurrence is by targeting social norms and/or through educational outreach. These programs focus on societal and situational factors. Secondary intervention is used to address GBV once it has occurred. It include

barterer intervention program, couples therapy, programs to increase help seeking behaviour by targets, civil protective orders, criminal sanctions etc.

According to Black and Weiss (2008) the exaggeration of gender roles by youth and adolescents is hypothesised to increase the risk of dating violence and therefore should inform the design of primary interventions in schools. These could be a school based intervention program targeting every adolescent. They argue that other curricula could target adolescent attitudes, specifically those that may justify use of aggression. This can be supported on the grounds that by changing perceptions of norms of masculinity, the program hopes to encourage more gender equitable behaviour and attitude among participants. These interventions must necessarily use social modelling techniques to communicate gender equitable social norms and to transfer relationship skills in peer to peer educational sessions, in order to yield fruits.

Another way of addressing this is to ensure that some settings, programs also target men outside these small sessions using media campaigns such as radio transmissions and billboards. Such programs target potential targets of violence seeking to help them avoid future violence. Indeed, the primary preventive strategy is to reduce rape and sexual assault among adults in the country. Additionally, social norms affect behaviour change more dramatically than personal attitude. Generally, social norms can sustain GBV rooted in community customs including FGM/C; for even some Kenyan families oppose FGM/C, still have their daughters going through it, albeit secretly. They perceive that other community members view it as normal or desirable. Despite FGM being declared illegal by the Kenyan laws, the practitioners of FGM still believe that their daughters' chances of marrying will be reduced by foregoing FGM/C.

Another dimension is the power of the media. In practice, media's power to influence gender norms has been demonstrated in diverse ways. Scheepers (2001) contends that viewing TV programs that depict neighbours and family members rejecting domestic violence was correlated with a decreased likelihood that survey respondents defend or approve of domestic abuse. Edutainment (integration of educational messaging with popular entertainment) is a common form of social norms marketing; and it is one of the best ways of reducing GBV.

Legal methods can also be used to curb GBV in Nairobi County Kenya. GBV is a crime and a moral indignation as provided and envisioned in the Kenyan legal system (KLRC, 2011). GBV violates the penal code and is a violation of the constitutional rights of a person. The legal and policy instruments addressing GBV in Kenya are essentially the constitution of Kenya 2010, the sexual offences acts 2006, the penal code and the United

Nations committee on the Elimination of Discrimination against Women (CEDAW, 1979). Other relevant instruments include prohibition of FGM/C act 2011 and gender policy 2011(KLRC, 2011).

Chapter four of the Kenyan constitution consists of the bill of rights and has the following important provisions in regard to GBV. Section 27(1) indicates that every person is equal before the law and has the right to equal protection and benefit of law. Section 27(2) indicates that equality includes the full and equal enjoyment of all rights and fundamental freedoms. Section 28 indicates that every person has inherent dignity and the right to have that dignity respected and protected. Section 30(1) indicates that a person shall not be held in slavery or servitude and 30(2) indicate that a person shall not be required to perform forced labour.

Clearly, the sexual offence of 2006, in Kenya, is a comprehensive law that criminalizes a wide range of behaviors including rape, sexual assault, defilement, compelled and induced indecent acts with child imbeciles or adults, gang rape, child pornography, child trafficking, sex tourism, and child prostitution. It also criminalizes exploitation, incest by male or female, sexual harassment, deliberate transmission of HIV and AIDS, stupefying with sexual intent, forced sexual acts for cultural or religious reasons among others. The act also has orders for medical treatment for victims including free HIV phylaxis, emergency pregnancy pill and counselling (KLRC, 2011).

The act provides stiff penalties in which most of the crimes attract minimum of ten years imprisonment which can be enhanced to life imprisonment (Ibid). Considering the wide range of behaviour covered and the stiff penalties, the act is definitely an important tool in combating sexual offences. According to KLRC (2011) the gender policy 2011 seeks to promote interventions for the reduction of sexual and gender based violence and to promote the generation of sex disaggregated data to guide interventions. The foregoing shows the need for vigilance by all stakeholders in enforcement of laws and policies for effective management of GBV.

Faith-based organizations

There is no single generally accepted definition of a faith-based organization. Different authors have given a number of definitions. In most cases the term faith-based organization is used broadly to encompass any religious institution or organization influenced by faith. Indeed, a faith based organization can be a religious congregation (a mosque, synagogue, church or a temple) or an organization, programme or project sponsored or hosted by religious congregations. It can also be a body that is non-profit and founded by a religious congregation or

religiously motivated incorporators or has a mission statement that is religiously motivated.

According to UNAIDS' strategic framework of faith-based organizations are diverse in their forms, structures and outreach. In UNAIDS' experience, it is possible to distinguish these communities based on the way that they operate at three main levels, that is the informal social groups or local faith communities, for example: local women groups or youths, second are the formal worshiping communities with an organized hierarchy and leadership, for example major religious faith groupings (for example Sunni Islam, Theravada Buddhism or Catholic Christianity). Thirdly, the independent faith-influenced non-governmental organizations; for example: Islamic Relief and Tear Fund. These also include faith-linked networks such as the Ecumenical Advocacy Alliance, Caritas Internationalism, and World Conference of Religions for Peace and the International Network (UNAIDS, 2009).

CONCLUSION

The article began by redefining Gender-Based Violence (GBV) as the social menace that cuts across the gender divides. Without getting into the details on who between men and women is more affected by GBV, the article contended that the real issue is the consequences of failing to address it, and possibly over politicise the matter rather than taking the bull by its horns.

An issue that affects both men and women, in the Kenyan context and globally, cannot be seen as an ordinary happening when men unleash various forms of violence to women and vice versa. Clearly, an Elephant in a widows hut cannot be ignored as a normal happening; hence our resolve to be problem solvers rather than whiners. In the analysis, the article has theorized on the possible ways of combating the vice. This includes: encouraging Faith Based Organizations, appealing to legal aid, educating the masses of people who are walking through the valley of violence and destruction, and appealing to the works of international bodies such as UNAIDS, WHO, UNICEF, and others, among other considerations given. As we conclude, we also realise the value of African cultural concepts of communality (*Ujamaa*). Can they be exploited so as to deliver the promise? Can the African concepts of care, love, hospitality, and humanness (*ubuntu*) be the panacea through which GBV will be conquered and vanquished completely?

REFERENCES

Ahmadu F (2000). *Rites and Wrongs: An Insider/Outsider Reflects on Power and Excision,* In Shell-Duncan, B. and Hernlund, Y. eds.

Female' Circumcision' in Africa: Culture, Controversy, and Change. Boulder, Colorado: Lynne Rienner.

Baker L (2007). Gender Based Violence case Definitions: Towards Clarity in incident classification intl. Res. Committee. Circulated paper.

Black BM, Weisz AN (2008). Effective Interventions with Dating Violence and Domestic Violence in C, Franklin, harris, MB, Allen, M, 2008. The school practioners concise Companion to preventing Violence and conflict. New York, Oxford University press.

CREA W (2009). Baseline Survey Report on Sexual and Gender Based Violence in Kibera Slums. Kenya. Nairobi.

Fawole O, Ajuwon AJ, Osungbade KO, Faweya CO (2003). Prevalence and nature of violence to young female hawkers in motor parks in south-western Nigeria. Health Education. Vol. 102 No.5. pp.230-8.

IASC (2005). Guidelines for Gender based Violence Interventions in Humanitarian settings. United Nations, New York.

Kenya Law Reform Commission 2011. The Prohibition of Female Genital Mutilation Act 2011. Nairobi National Council for Law Reporting

Krug EG (2003). The Way Forward: Recommendations for Action. In: Krug E .Dahlberg. L.. Mercy. JA. Zwi: A.B. and Lozano. R. World Report of Violence and Health. Geneva. Switzerland: The World Health Organization, pp. 241-254.

Leach F (2003). The Abuse of Girls in African Schools. Edu. Res. Report No. 54. London: DFID.

Machera M (2004). "Opening a Can of Worms: A Debate of Female Sexuality." In Rethinking Sexualities in Africa. ed. Signe Arnfred. Nordic Africa Institute.

Mezieobi KA (2004). Contemporary issues in social studies education in: Social studies in Schools. 3rd edition. (eds) Ioof G.W. and Amadi, H.C. Onitsha: Outrite Publishers.

Morrison A, Ellsberg M, Bou S (2004). Addressing Gender-Based Violence in Latin America and the Caribbean. A Critical Review of Interventions. Washington. D.C.: World Bank.

Mutua M (2009). The Epidemic of Gender-Based Violence. Sunday Nation. 29 August 2009 p 17: Nation Media Group. Nairobi.

Njenga F (2001). If your Husband is Abusive. Leave Him! In: Conveying Concerns: Women Report on Gender-based Violence. Washington. Population Reference Bureau.

Phillips-Barrasso K (2009) Bringing an End to Gender-Based Violence. available at http://www.care.org/getinvolvediadvocacy/pdfs/policybrie Cgenderbasedviolence.pdf (accessed 5 May 2017).

Scheepers E (2001). Impact Evaluation: Violence against Women. Soul city 4 vol.1.

UNDP (2010) Gender-Based Violence is an Obstacle to Development, Available from http://wVl.W.undp.org/rblac/gender/internationalday.htm (accessed 5 May 2017).

UN-GA 1993. Declaration on the Elimination of Violence against Women. Available from http://www.unicef-irc.org/publications/pdf/digest6e.pdf (accessed 3 May 2017).

UNICEP (2009). 'Domestic Violence Against Women and Girls'. Available from http://www.unicef- ire.org/publications/pdf/digest6e.pdf (accessed 3 May 2017).

UNFPA (2003). Global Campaign for the Elimination of Gender-based Violence in South Asia Region; A Life Free of Violence Is Our Right. New York: UNIFEM.

UNHCR (2000). Gender-Based Violence is an Obstacle to Development, Available from http://WVI.W.unhct.org/rblac/gender/internationalday.htm (accessed 3 May 2017).

WHO (2015). http://www.who.int/en/ (accessed 3 May 2017).