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Original Research Article

Intimate partner violence among women of reproductive age during COVID-19 pandemic in Bungoma County, Kenya

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ABSTRACT

Background: Intimate partner violence includes all forms of aggression by former or current intimate partner. It accounts to 1.3 million deaths annually. Women of reproductive age, 18% globally have experienced physical and sexual forms of IPV. IPV cases ranges from 55% and 46% respectively in Africa and South Asia.COVID-19 has seen increase of IPV by 5% among WRA. IPV among WRA increases incidence of suicide, abortion and depression**.**
Methods: Descriptive cross-sectional study design was used. Stratified 2 stage random sampling and simple random sampling techniques were used. Sample size was 229 WRA. Primary data was collected using a self-administered questionnaire, KIIS and FGDS. Data analysis was carried out through both descriptive statistics and inferential analysis findings were presented in percentages and pie charts.
Results: Age category of 26 -33 years, participants who are casual workers, alcohol consumption by partner, length of relationship, level of education and culture were significantly associated with physical, psychological, sexual and economic violence.66.80%of the participants did not know about the policies on IPV and the available community level services to combat IPV was majorly reconciliation of couples by the local chiefs.
Conclusions: The health system factors that facilitates support of IPV was not in line with SDGs Goal 5: Gender equality and SDGs Goal 16: Peace, justice and strong institutions. A large number of respondents (79.5%) reported unavailability of health facilities linked to social, health and legal services to support victims of IPV.

Key words: IPV, Sustainable development goals, Women of reproductive age

INTRODUCTION

Intimate partner violence includes and is not limited to psychological aggression (including coercive tactics), sexual violence, physical violence and stalking by a former or current intimate partner (such as ongoing sexual partner , spouse, or dating partner).[1] Intimate partner violence has several definitions such as; an intimate partner's or ex -actions that injure someone physically, sexually or mentally. Those actions can be in the form of physical violence, sexual coercion, mental abuse or domineering behaviour as per the world health organisation report.[2,3] An intimate partner is someone with whom a person can have a very close personal relationship with, that is characterized by the person's sexual behaviour, emotional connection, ongoing physical contact or regular contact.[4] They usually have a close personal relationship known to be a pair and familiar with one another. They are informed about the lives of each other, the magnitude that was thus specified may not be included in the association. It's possible that these people cohabitate or not.[5]

All types of violence contribute to the deaths of more than 1.3 million people annually, or 2.5% of the world's population.[6,7] Intimate partner violence is a concern for both men and women while evidence suggests that women are more likely to become victims.[8] Intimate partner violence against women is a major public health concern as well as a violation of their legal rights. The majority of women of reproductive age had an intimate partner violence infection in 10% to 71% of cases.[9] Close relationships between women and girls of the reproductive age have experienced IPV. 18% of women and girls worldwide endure physical and sexual assault accounting to 243 million women.[10] When compared to America and Europe, the incidence of intimate partner violence is highest in the continents of South Asia and Africa. For instance, sexual and physical intimate partner violence in South Asia ranges from 46.0% to 55.5%, as from 36% in Congo and 29.6% in Uganda and Tanzania. Intimate partner violence is prevalence throughout Africa.[11,12]

COVID-19 pandemic in Kenya, has caused violence against young women and adolescent girls (AGYW) to increase. 5% of AGYW have experienced sexual violence such as defiling, sexual harassment and rape. 52% have experienced mental violence such as harassment, discrimination and verbal abuse. 43% have experienced physical violence. Women's physical and mental health and welfare are significantly impacted by intimate partner abuse. This relates to an increased risk of drug use and substance use, suicidal attempts and thoughts, sexually transmitted infections, abortion and unplanned pregnancies.[13]

Intimate partner violence has a connection to a number of risk variables that worsen violence against women. They may not be the sole causes of IPV, but a number of factors such as low income, poor academic performance, alcohol usage, depression and unemployment with food insecurity contribute to intimate partner.[14] Depending on the individual social and cultural contexts, these characteristics change. Understanding the numerous contributing factors in each of these situations might therefore help in identifying a variety of preventive measures. There is a dearth of published information on the prevalence and causes of intimate partner violence in Bungoma, County.

Objectives

Main objective was to assess the prevalence of intimate partner violence among women of reproductive age in Bungoma County, Kenya. Specific objectives were to assess the prevalence of IPV among women of reproductive age in Bungoma County, Kenya, To determine socio-demographic factors associated with intimate partner violence amongst women of reproductive age in Bungoma County, Kenya, To assess the health system factors that facilitates support of IPV victims in Bungoma County, Kenya and To determine cultural factors associated with intimate partner violence among women of reproductive age in Bungoma County, Kenya.

METHODS

Study used descriptive cross-sectional study design to describe IPV among women of reproductive age visiting health centers. Study was hospital based. Study was in Bungoma County from January, 2023 to March 2023. All health facilities in Bungoma County were represented. Bungoma consists of people with varying ages, level of education, marital status, religion and economic status. Youth make up the largest percentage of the population in Bungoma. Christianity accounts to 92.2% of the residents with the remaining percentage of Muslims, Hinduism and traditional religions. Women of reproductive age in Bungoma was the target population. WRA who had to visit the specified health facilities validated their involvement in the study. Kenya Master Health Facility List estimates that there are more than 1 WRA visiting every health facility in each month, this gave study population to be 710. The respondent were women of reproductive age who had been living in the region for at least one year.

To ensure that all health facilities in Bungoma County were adequately represented, study employed stratified 2 stage random sampling while simple random sampling allowed identification of WRA from identified health facilities, and this gave a sample of 229.The strata were the individual health centres. First we divided the WRA into groups or strata each of which shares a common trait with the others. To increase the sample representativeness and reduce the likeliness of statistical inaccuracy, the stratified sampling methods divided the population into the homogenous sub groups, or “strata”, before taking a representative sample. Fisher formula was employed in getting the sample. Fisher formula was,

$$n = N/(1 + N(e)^2)$$

Where; n=number of facilities to be sampled, N=total no of dispensaries in the area (20), e=level of precision; margin of error 20%. Therefore 11 health facilities were sampled. The sampling size determination in this research was Fishers Formula at 95% confident level.

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

Where Z=the statistic correspondent at 95% level of confidence, n=Sample size, p=proportion of the Women of Reproductive age in Bungoma experiencing IPV which is assumed at 0.2 and d=Precision at 0.04 therefore n=295. Since WRA experiencing IPV in Bungoma is less than 10,000. The sample adjustment was done by:

$$nf = \frac{n}{1 + \frac{n}{N}}$$

Where nf=the desired sample size, n= the calculated sample size, which is 295 and N=the total population, which is 710 WRA. Therefore, the sample size was 208 WRA; Factoring a 10% non-response rate, The desired sample size was therefore 229 WRA.

The study included WRA who gave informed consent to participate in the study and had been living in the region for at least one year and they also had to visit the specified health facilities thereby validating their involvement in the study. The study excluded WRA who met the inclusion criteria but were sick at the time of the study.

Data analysis

Involved descriptive statistical analysis which used percentages to describe variables under study and results represented inform of bar charts and frequency tables. Qualitative data was subjected to a theme analysis. Chi square test and logistic regression analyses were used for inferential statistics. Statistical package for social sciences (SPSS 26) was used to conduct descriptive as well as inferential statistics. Chi-square and logistic regression were used to achieve objectives. The National commission for science, technology and innovation, Kenya provided the research permit to conduct the study in Bungoma County and Bungoma County Health Service provided an authorization letter and a written informed consent was obtained from each participants before conducting the interview.

RESULTS

Socio-demographic factors associated with physical violence

Consumption of alcohol by partner was found to be significantly associated with physical violence (OR=7.699, 95C.I 3.054-19.257). Consumption of alcohol by partner is 7.669 times more likely to result in physical violence.

Socio-demographic factors associated with psychological violence

Age category of 26 -33 years is 42.961times more likely to result in psychological violence. Participants who are casual workers are 45.632 times more likely to engage in this form of violence. Salaried participants are 41.639 times more likely to engage in psychological violence. Participant consumption of alcohol is 15.175 times more like to result in violence. Alcohol consumption by partner is 13.895 times more likely to result in psychological violence.

Socio-demographic factors associated with sexual violence

Length of current relationship, level of education and consumption of alcohol by partner was found to be significantly associated with sexual violence ($p<0.05$). Current relationship of 6-10 years, 11-15 years, 16-20 years and over 20 years is 13.662, 5.962, 12.284 and 4.237 times more likely to result in sexual violence respectively.

Socio-demographic factors associated with economic violence

Polygamy was found to be significantly associated with economic violence ($p<0.05$). Polygamy is 2.861 times more likely to result in economic violence.

Awareness of policies addressing IPV

According to the findings about 66.80%of the participants did not know about the policies on IPV hence propagating IPV among women of reproductive age.

Community level services to combat IPV

A substantive number of women who faced IPV were reconciled by the local administrations (60.4%). A descent number of women who faced IPV took legal action by informing the police (27.7%) and the lowest number 11.9% of women who faced IPV reported the cases to community support services who raised their cases during community discussions.

Availability of health facilities linked to social, health and legal services to support the victims of IPV

Total 38.8% of respondents reported availability of gender-based violence recovery centres, 32.7% reported availability of social counselling support centres while 28.6% reported availability of legal support centre.

Sociocultural factors associated with IPV

Having cultures that could be contributing to violence was found to be significantly associated with IPV (OR=9.268, 95% CI=3.701-23.212). Culture is 9.268 times likely to result in violence.

DISCUSSION

Age and consumption of alcohol by partner was found to be significantly associated with IPV. Consistently, highlighted an array of factors which consisted of; a past account of maltreatment during childhood, personality or psychological confusion, aggressive behaviour, alcohol/substance abuse, physical, psychological, or logical disability, old age and youth, indigenous status, limited education, medical illness, recent immigration,

low income and sexual or visible minority which were found to be linked to IPV.

Table 1: Socio-demographic factors associated with physical violence.

Independent variables	Category	P value	OR	95% CI OR	
				Lower	Upper
Age (years)	<18	-	-	-	-
	18-25	0.944	0.858	0.012	62.880
	26-33	0.358	3.597	0.235	55.164
	34-41	0.540	2.022	0.213	19.170
	42-49	0.480	2.134	0.260	17.511
	>49	0.349	0.401	0.059	2.714
Marital status	Never married	-	-	-	-
	Married	0.999	86.553	0.000	-
	Divorced	0.376	1.688	0.529	5.382
	Widowed	0.660	1.937	0.102	36.791
	Living with a man (cohabiting)	0.989	29.485	0.000	-
Length of current relationship (years)	<5	-	-	-	-
	6-10	0.493	0.403	0.030	5.417
	11-15	0.895	0.851	0.077	9.381
	16-20	0.790	1.463	0.089	24.136
	>20	0.572	0.460	0.031	6.815
Level of education	Primary	-	-	-	-
	Secondary	0.833	0.768	0.066	8.904
	College	0.996	0.994	0.110	9.016
	University	0.722	1.416	0.209	9.608
Level of education of partner	Primary	-	-	-	-
	Secondary	0.831	0.774	0.074	8.142
	College	0.788	0.754	0.096	5.931
	University	0.760	0.782	0.162	3.782
Occupation	Housewife/unemployed	-	-	-	-
	Casual work/temporally	0.735	0.957	1.040	0.246
	Salaried worker/employed	0.775	0.410	1.894	0.415
Occupation of partner	Unemployed	-	-	-	-
	Casual work/temporally	0.301	4.851	0.243	96.790
	Salaried worker/employed	0.251	4.152	0.365	47.202
	Others	0.431	2.789	0.218	35.749
Polygamy; is your partner married to other wives formally?	Yes	-	-	-	-
	No	0.089	2.883	0.850	9.785
Do you currently take alcohol?	Yes	-	-	-	-
	No	0.481	1.696	0.390	7.375
Does your partner currently take alcohol?	Yes	0.000	7.669	3.054	19.257
	No	-	-	-	-
Religion	Christian	0.999	0	0	0
	Muslim	-	-	-	-
	Others	-	-	-	-

Level of education had significant association with sexual violence. This is similar to the findings of studies by who found a history of abuse to be the strongest risk factor of IPV in pregnancy with having tertiary education and both partners being employed being protective factors and who found that limited education is linked to sexual violence.[5-14] The research showed short comings on quality of care in Bungoma County similar to WHO clinical and policy guideline that elicits the challenges and actions towards combatting IPV amongst women of reproductive age. Results indicated that less than 45% of health workers had received training on dealing with IPV which was comparable to the United States study which showed most health workers had insufficient training on IPV and knowledge on community resources. Study revealed the availability of policies and procedures but were not within reach similar to the study in Finland that revealed lack of awareness in the existence of guidelines for domestic violence. Results showed that routine screening of IPV was not conducted, staff shortage and inadequate skills and knowledge as the barriers to IPV similar to Zimbabwe where health workers stated that their facilities were not conducting any form of screening for IPV.

Table 2: Socio-demographic factors associated with psychological violence.

Variables	Category	P value	OR	95% CI OR	
				Lower	Upper
Age (years)	<18	-	-	-	-
	18-25	0.628	2.891	0.040	211.255
	26-33	0.020	42.961	1.799	1025.706
	34-41	0.095	8.208	0.696	96.856
	42-49	0.136	5.525	0.583	52.411
	>49	0.735	1.399	0.200	9.807
Marital status	Never married	-	-	-	-
	Married	0.999	14.281	0.000	0.000
	Divorced	0.047	4.079	1.018	16.345
	Widowed	0.351	4.582	0.186	112.571
	Living with a man (cohabiting)	0.987	0.000	0.000	.000
Length of current relationship (years)	<5	-	-	-	-
	6-10	0.135	0.088	0.004	2.137
	11-15	0.515	0.408	0.027	6.051
	16-20	0.527	0.393	0.022	7.137
	>20	0.868	0.771	0.036	16.486
Level of education	Primary	-	-	-	-
	Secondary	0.807	0.660	0.024	18.422
	College	0.471	0.332	0.017	6.632
	University	0.694	1.707	0.119	24.437
Level of education of partner	Primary	-	-	-	-
	Secondary	0.035	0.091	0.010	0.849
	College	0.014	0.033	0.002	0.506
	University	0.016	0.022	0.001	0.490
Occupation	Housewife/unemployed	-	-	-	-
	Casual work/temporally	0.007	45.632	2.078	103.026
	Salaried worker/employed	0.001	41.639	4.195	413.314
Occupation of partner	Unemployed	-	-	-	-
	Casual work/temporally	0.989	0.440	0.000	.
	Salaried worker/employed	0.999	0.000	0.000	.
	Others	0.999	0.000	0.000	.
Polygamy; is your partner married to other wives formally?	Yes	-	-	-	-
	No	0.108	2.933	0.789	10.903
Do you currently take alcohol?	Yes	-	-	-	-
	No	0.031	15.175	1.291	178.305
Does your partner currently take alcohol?	Yes	-	-	-	-
	No	0.000	13.895	4.502	42.892
Religion	Christian	-	-	-	-
	Muslim	0.190	9.707	0.323	291.408
	Others	0.342	3.700	0.249	54.966

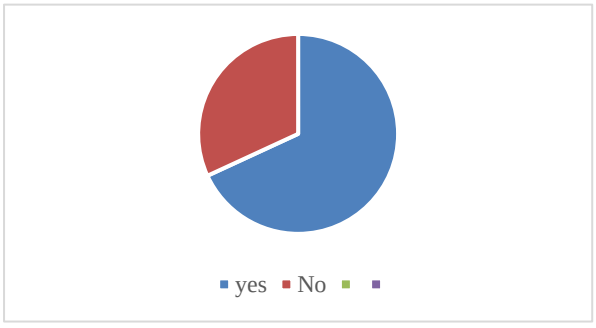

Figure 1: Awareness of policies addressing IPV.

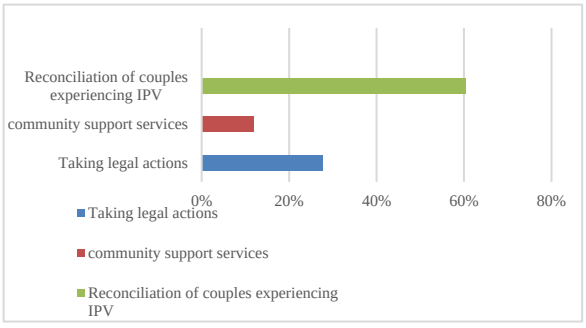

Figure 2: Community level services to combat IPV.

Table 3: Socio-demographic factors associated with sexual violence.

Variables	Category	P value	OR	95% CI OR	
				Lower	Upper
Age (years)	<18	-	-	-	-
	18-25	0.797	10.654	0.036	75.815
	26-33	0.309	20.891	0.374	22.370
	34-41	0.687	0.725	0.152	3.466
	42-49	0.677	0.724	0.158	3.310
	>49	0.960	0.963	0.219	4.234
Marital status	Never married	-	-	-	-
	Married	0.999	155.256	0.000	-
	Divorced	0.268	1.785	0.640	4.977
	Widowed	0.575	1.819	0.225	14.728
	Living with man-cohabiting	0.999	0.000	0.000	-
Length of current relationship (years)	<5	-	-	-	-
	6-10	0.032	13.662	1.247	149.685
	11-15	0.016	5.962	0.645	55.097
	16-20	0.037	12.284	1.159	130.238
	>20	0.017	4.237	0.348	51.543
Level of education	Primary	-	-	-	-
	Secondary	0.041	8.383	0.906	77.590
	College	0.006	18.503	2.285	149.795
	University	0.014	1.601	0.297	8.635
Level of education of partner	Primary	-	-	-	-
	Secondary	0.022	0.174	0.008	0.683
	College	0.005	0.157	0.008	0.422
	University	0.015	0.535	0.134	2.131
Occupation	Housewife/unemployed	-	-	-	-
	Casual work/temporally	0.609	0.734	0.225	2.395
	Salaried worker/employed	0.116	0.362	0.102	1.285
Occupation of partner	Unemployed	-	-	-	-
	Casual work/temporally	0.566	2.037	0.179	-
	Salaried worker/ employed	0.920	0.903	0.125	-
	Others	0.174	0.218	0.024	-
Polygamy; is your partner married to other wives formally?	Yes	-	-	-	-
	No	0.923	0.961	0.428	2.156
Do you currently take alcohol?	Yes	-	-	-	-
	No	0.704	0.806	0.265	2.450
Does your partner currently take alcohol?	Yes	-	-	-	-
	No	0.000	5.227	2.274	12.013
Religion	Christian	-	-	-	-
	Muslim	0.424	2.679	0.239	30.059
	Others	0.309	4.036	0.275	59.193

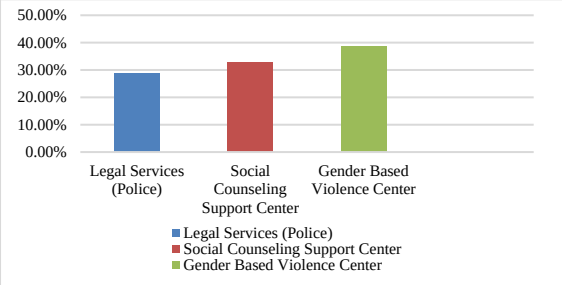

Figure 3: Availability of health facilities linked to social, health and legal services to support the victims of IPV.

Having cultures that could be contributing to violence was found to be significantly associated with intimate partner violence consistent with the findings of a study who highlighted that some communities perceive it to be normal for wife beating, it is taken as a norm and no one has to question that, meaning it is allowed by the community increasing IPV cases.

Male dominance is also one of the community norms that make men to appear superior in their homes in matters of decision-making creating gender inequities and inequalities and therefore accelerating IPV cases.[7-12]

Table 4: Socio-demographic factors associated with economic violence.

Variables	Category	P value	OR	95% CI OR	
				Lower	Upper
Age (years)	<18	-	-	-	-
	18-25	0.814	0.670	0.024	18.683
	26-33	0.190	3.881	0.510	29.520
	34-41	0.993	0.993	0.196	5.022
	42-49	0.804	1.211	0.267	5.499
	>49	0.933	0.936	0.201	4.363
Marital status	Never married	-	-	-	-
	Married	0.910	1.164	0.084	16.143
	Divorced	0.470	1.450	0.529	3.976
	Widowed	0.429	2.820	0.215	36.910
	Living with a man (cohabiting)	1.000	5719.571	0.000	-
Length of current relationship (years)	<5	-	-	-	-
	6-10	0.935	1.081	0.168	6.975
	11-15	0.922	1.095	0.178	6.732
	16-20	0.686	0.661	0.089	4.903
	>20	0.207	0.243	0.027	2.186
Level of education	Primary	-	-	-	-
	Secondary	0.778	3.034	0.370	24.915
	College	0.883	2.606	0.389	17.445
	University	0.177	3.104	0.576	16.737
Level of education of partner	Primary	-	-	-	-
	Secondary	0.778			
	College	0.883			
	University	0.177			
Occupation	Housewife/unemployed	-	-	-	-
	Casual work/temporally	0.087	0.333	0.095	1.175
	Salaried worker/employed	0.241	0.462	0.127	1.682
Occupation of partner	Unemployed	-	-	-	-
	Casual work/temporally	0.661	0.661	0.539	0.034
	Salaried worker/employed	0.479	0.479	0.420	0.038
	Others	0.186	0.186	0.181	0.014
Polygamy; is your partner married to other wives formally?	Yes	-	-	-	-
	No	0.023	0.023	2.861	1.157
Do you currently take alcohol?	Yes	-	-	-	-
	No	0.171	0.171	0.485	0.172
Does your partner currently take alcohol?	Yes	-	-	-	-
	No	0.147	0.147	1.807	0.812
Religion	Christian	-	-	-	-
	Muslim	0.142	0.142	6.274	0.541
	Others	0.268	0.268	4.652	0.307

This also show consistency with studies by who mentioned cultural acceptance of IPV, gender inequality, patriarchal laws, property rights, inheritance, depreciation of women, normalizing of IPV, lack of lawful and guidelines safeguards on IPV that are imposed, rapid social changes, religious condoning of IPV among others to be linked to IPV.

Limitations

Few limitations were experienced during this study, the notable one was that it has been done in health facilities. So, recall bias cannot be ruled out. To generalize the study findings to a target population there was a need to include a representative cross-section of the women. This was constrained by its cross sectional, descriptive nature and was overcome by restricting data collection in Bungoma to health facilities.

Table 5: Socio-cultural factors associated with IPV.

Independent variables	Category	P value	OR	95% CI OR	
				Lower	Upper
Do you have cultures that could be contributing to violence?	Yes No	0.000	9.268	3.701	23.212

CONCLUSION

Prevalence of IPV was 61.8%, Physical violence 62.3%, psychosocial violence 65.5%, Sexual violence 40% and economic violence was 47.7%. Factors associated with IPV were age 26-33 years, culture, alcohol consumption and Level of education. The health system factors that facilitates support of IPV were not in line with SDGs Goal 5: Gender equality and SDGs Goal 16: Peace, justice and strong institutions. A large number of respondents (79.5%) reported unavailability of health facilities linked to social, health and legal services to support victims of IPV.

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