

FACTORS ASSOCIATED WITH INTIMATE PARTNER VIOLENCE AGAINST WOMEN IN KENYA: COMPARATIVE ANALYSIS OF HIGH AND LOW PREVALENCE COUNTIES USING 2022 KDHS.

Background

World Health Organization (WHO) defines intimate partner violence (IPV) as the behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. IPV is a severe public health concern and one of the most common forms of violence against women and exists in the context of marriage, cohabitation or any other form of union, and women are more frequently affected than men. Among pregnant women, IPV is a significant problem of public health importance.

In Kenya, 2022 Kenya Demographic and Health Survey shows that 28 percent of women who have ever had one or more husbands/intimate partners experienced physical, sexual, or psychological/emotional violence. Some of the factors that studies have established association with IPV include marital status, working status, education, parity, sex of household headed, wealth index, community poverty, residence, infidelity, use of alcohol, substance and drug abuse, history of domestic violence in childhood, years in marriage, polygamy marriage and household size

Consequences of Intimate Partner Violence

The effects of intimate partner violence (physical, sexual and psychological/emotional) on women wellbeing have been documented in a number of studies. IPV cause serious short- and long-term physical, mental, sexual and reproductive health problems for women. They also affect their children's health and wellbeing. This violence leads to high social and economic costs for women, their families and societies

Materials and Methods

The study involves further analysis of the 2022 Kenya Demographic and Health Survey data focusing on women age 15-49 who have had an intimate partner. The counties of focus are top five (Tana River, Embu, Muranga, Bungoma and Migori) and bottom five (Taita/Taveta, Wajir, Mandera, Kitui and Nyandarua). Descriptive, bivariate and multivariate analyses were done to establish prevalences of different forms of intimate partner violence and association of the selected factors (women's age, wealth, education, religion, number living children, use of alcohol, place of residence, husband/partner working, decision making on FP, husband/partner education, husband/partner drinks alcohol). A total of 2,180 women aged 15-49 reported having had a husband or partner in the 10 counties selected for this study. These women were asked if they had experienced any of three forms of violence from their husband/partner in the last 12 months prior to the 2022 KDHS survey.

Results

Profile of study population

Table 1 presents the general characteristics of the respondents in low and high prevalence counties. Generally, most women in both counties can be described as aged 34-49 years, poor, with secondary and above level of education, protestants, have more than three children, do not drink alcohol and reside in rural areas.

Prevalence of forms of intimate partner violence

The findings show that intimate partner violence is low in the counties of Taita/Taveta, Wajir, Mandera, Kitui and Nyandarua while high in counties of Tana River, Embu, Muranga, Bungoma and Migori. Generally, physical and emotional violence are more prevalent compared to sexual violence in all the counties.

Bivariate analysis

The findings suggest that there is no association between any form of intimate partner violence and women's age, wealth, use of alcohol and place of residence. Education of women and husband working status are associated with all forms of intimate partner violence except sexual. Religion on the other hand is only associated with physical violence while number of living children is only associated with emotional violence. Husband/partner education and use of alcohol are associated with emotional and or any other form of intimate partner violence. All these associations are positive and significant ($p=0.05$).

Multivariate analysis

The multivariate analysis was done to establish how these factors contribute to likelihood of experiencing forms of intimate partner violence. The findings are presented in. It is observed that age does not contribute to physical violence in both low and high prevalence counties. However, it somehow does to sexual and emotional violence only in high prevalence counties. Women 25-34 years are 4.7 times and 3.1 times more likely to experience sexual and emotional violence respectively than women 15-24 years ($p=0.01$). Women 35-49 years are also 3.3 times more likely to experience emotional violence from intimate partner than women 15-24 years ($p=0.05$). Women's wealth status, education and use of alcohol have no significant contribution to on any form of intimate partner violence both in low and high prevalence counties with the exception of physical violence in high prevalence counties where women from rich households are less than half time likely than poor women ($p=0.01$).

In terms of religion, Protestant women are about 50 percent less likely to experience physical violence than Catholic women in high prevalence counties ($p=0.05$). Islamic women and women from other religions are more than 4 times and 46 times likely to experience emotional violence than Catholic women in high prevalence counties respectively ($p=0.05$).

Number of living children contribute significantly to virtually all forms intimate partner violence in both low and high prevalence counties with the exception of sexual violence in low prevalence counties ($p=0.01$). Women with one or more children are many times more likely to experience physical, sexual and emotional violence from intimate partner than women with no child. For example, women with more than three children are 637 times more likely to experience physical violence than women with no child in low prevalence county. In addition, women with three children are 33 times more likely to experience physical violence than women with no child in high prevalence county ($p=0.1$).

Women in rural areas are about 50 percent less likely to experience physical violence and five times more likely to experience emotional violence from intimate partner than women in urban areas in high and low prevalence counties respectively ($p=0.05$). However, use of alcohol by partner/husband only contributes to physical violence in high prevalence counties where women whose husband/partner uses alcohol are 1.7 times likely to experience it than women whose husband/partner do not use alcohol ($p=0.05$).

Conclusion

This study establishes that there is some association between intimate partner violence (physical, sexual, emotional) and women's educational status, religion, number of living children, husband/partner working status, husband/partner educational level and husband/partner consumption of alcohol. However, the study also finds no significant association between intimate partner violence and women's age, wealth status, use of alcohol and place of residence. It is evident from the analysis that majorly age and number of living children have significant contribution to the likelihood of women experiencing intimate partner violence.

To address gender-based violence including intimate partner violence, there is need to implement the *RESPECT* framework developed by World Health Organization and other stakeholders outlining high impact strategies.