

The Influence of Drugs and Substance Use On Gender Based Violence Among Intimate Partners in Central and Coast Regions, Kenya

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Abstract

Gender Based Violence (GBV) is a worldwide public health problem posing challenges in human health, with a higher prevalence in developing countries. Despite the growing problem of GBV globally, regionally and within the country, evidence on attribution of drugs and substance use (DSU) is limited. The study therefore endeavored to assess the influence of DSU on GBV among intimate partners (IPs) in Kenya. The study utilized a cross-sectional design where a total of 1374 respondents were interviewed targeting Central and Coast regions. Findings on GBV experience in last the last one year showed that psychological violence was the most commonly perpetrated form of GBV among IPs with a prevalence of 33.3% followed by economic violence 16.6%, physical violence 15.1% and lastly sexual violence 7.1%. Analysis of risk factors showed that region, gender, education and monthly income were significantly associated with physical violence; age and education were associated with psychological violence;

religion was significantly associated with sexual violence; and gender, employment and education were significantly associated with economic violence among IPs. Results also showed that past month use of alcohol, tobacco, khat and cannabis were associated with physical violence; alcohol, tobacco and khat use were associated with psychological violence; alcohol, tobacco and khat use were associated with sexual violence; and alcohol and tobacco use were associated with economic violence. The study demonstrates the role of DSU towards aggravating the problem of all forms of GBV among IPs. The study therefore underscores the importance of DSU demand reduction and supply suppression interventions and programs as integral measures for the control of GBV.

Key words: *Gender based violence (GBV), intimate partners (IPs), intimate partner violence (IPV) and drugs and substance use (DSU).*

Introduction

Gender-based violence (GBV) refers to violence directed against individuals on the basis of their sex or gender identity, resulting in psychological, physical, or sexual trauma, either directly or indirectly (WHO, 2014). The key forms of GBV are sexual, physical, psychological or emotional violence (Campbell, 2002).

GBV is one of the most prevalent and under-reported human rights violations globally. GBV is a worldwide public health problem posing serious problems in human health and the burden is higher in developing countries (Pallitto et al., 2006; García-Moreno and Pallitto, 2006). GBV transcends through culture, socio-economic class or religion (USAID, IGWG, PRB, 2010; Abrahams et al., 2014). The consequences of GBV include

high rates of morbidity, mortality, depression, suicide, substance use dependence, and post-traumatic stress disorder (WHO, 2007; Campbell, 2002). It has been shown that the risk factors for GBV are strongly related to social determinants such as weak legal framework, gender inequality, poor governance, unemployment, income, cultural, social, and gender norms, and limited opportunities to access education (Palermo, Bleck and Peterman, 2014).

One-third of all women globally experience harms related to physical, sexual, mental, and social well-being as a result of violence against women (Shahpar and Kirsch, 2018). Globally, 10 percent of women who have been ever-married/ partnered over 15 years of age have also been subjected to physical and/ or sexual violence at least once in the past one year (WHO, 2021). Sexual violence is the most studied form of GBV with majority of the victims being women though anyone can be affected (CDC, 2016). In Kenya, statistics on sexual violence among intimate partners (IPs) showed that females had a lifetime prevalence of 15.2% and males had a lifetime prevalence of 7.4% (National Crime Research Centre, 2014). Another national survey showed that the prevalence of lifetime physical and sexual violence perpetrated by IPs among women aged 15 - 49 years was 33.3% and 2.6% respectively; and 39.6% and 1.4% respectively among men aged 15 - 54 years (KDHS, 2014).

Although studies to determine the relationship between DSU and GBV are limited, available evidence shows that DSU may be a risk a factor for both perpetration and victimization of IPV (WHO, 2017; WHO and LSHTM, 2010). Equally, experiencing violence may increase an individual's risk for DSU (Abramsky et al., 2011). Therefore, despite the growing problem of GBV globally,

evidence of attribution of DSU to the different forms of GBV among IPs is limited. Moreover, there are limited studies that have attempted to undertake in-depth analysis on the effect of individual substances namely; alcohol, tobacco, khat, cannabis, prescription drugs, heroin and cocaine on the different forms of GBV. Further, previous context specific studies on GBV in Kenya have laid emphasis on the prevalence of GBV with limited evidence on the underlying risk factors, especially DSU. This study therefore seeks to establish the influence of DSU on GBV among IPs in Coast and Central regions in Kenya.

Methodology

Study design

The study utilized a cross-section design targeting the population aged 15-64 years. The study was conducted in August 2021.

Sampling procedure

A total of 1374 respondents were interviewed translating to a response rate of 89.6%. The sample size was informed by Kothari (2003). The study sampled and interviewed respondents from Coast and Central regions. Coast region was purposively sampled being the most affected by narcotic drugs. Central region was purposively sampled due to the challenges related to alcohol use (NACADA, 2017). In the Coast region, the counties were stratified based on urban - rural dichotomy and proximity to the coastal strip where Mombasa, Kwale, Kilifi, Taita Taveta and Tana River were selected. In the Central region, stratification was based on the urban - rural dichotomy where Kiambu, Nyeri, Murang'a and Nyandarua counties were selected. From each selected county, three sub-counties were randomly sampled. From each sub-county, 2 locations and 2 sub-locations were also randomly sampled. The

sub-locations were considered as the primary unit for data collection.

At the sub-location level, a landmark was identified as the initial sampling point for the first household using the date score. The second level of stratification occurred at the household where respondents who met the inclusion criteria were categorized based on age (15-24 years, 25-35 years and 36-64 years) and gender. The Kish Grid was then used to randomly identify the respondent to be interviewed. After concluding the first interview, systematic random sampling was applied where every 2nd household was selected to participate in the GBV study. Only one (1) respondent participated in the interview from each sampled household.

Data collection

A structured questionnaire was used to generate quantitative data to inform on the prevalence of the different forms of GBV and risk factors associated with GBV. The types of GBV assessed were physical, psychological, sexual and economic. These forms of GBV were defined as follows:

Physical violence

This referred to at least one of the following experiences perpetrated by an IP in the last one year: pushed you or shoved you; slapped you or threw something at you that could hurt you; hit you with his fist or something that hurt or could hurt you; kicked you, drugged you or beat you up; strangled you or burnt you on purpose; and threatened to use or actually used a gun, knife or other weapon against you; (WHO, 2005).

Psychological violence

This referred to at least one of the following experiences perpetrated by an IP in the last one year: forced you or your children to leave the place you were living; insulted you or made you feel bad about yourself; belittled or humiliated you in front of other people;

tried to prevent you from seeing family or friends; tried to prevent you from speaking with other men or women; boasted about or brought home girl or boy friends; done things to scare or intimidate you on purpose, for example, by the way he looked at you, yelling at you or smashing things; and threatened to hurt you; (WHO, 2005).

Sexual violence

This referred to at least one of the following experiences perpetrated by an IP in the last one year: forced you to have sex when you didn't want to; had sex when you did not want to because you were afraid of what he might do; and forced to do something sexual that you found degrading or humiliating; (WHO, 2005).

Economic violence

This referred to at least one of the following experiences perpetrated by an IP in the last one year: failed to provide money to run the house or look after the children but had money for other things; taken your earnings or pay from you; and tried to prevent you from going to work, selling or making money in any other way; (WHO, 2005).

Field work

Acknowledging the sensitivity of the study, research assistants were trained in a five-day seminar to familiarise themselves with the questionnaire, GBV issues, objectives of the study and other principals of undertaking a research. The research assistants were also trained counsellors. Data was collected over a period of 30 days. There were two data collection teams with each team comprising of 8 research assistants and supervisor. One team was allocated the Coast region while the second team was allocated the Central region.

Data analysis

Data that was quantitative in nature was first coded, sorted, entered and analysed using SPSS software. Descriptive statistics particularly were used to describe, organize and summarize fieldwork data. Cross tabulation was used to assess the association between two variables. Chi-square statistics were used to assess the significance of the association between GBV and background characteristics and DSU. A value of $p < 0.05$ was considered significant.

Ethical concerns

Informed consent was sought from the study participants and participation was strictly voluntary. Anonymity of the respondents was guaranteed and confidentiality of the

study participants was equally safeguarded. For respondents below the age of 18 years, informed consent was sought from a parent or guardian.

Results

Background characteristics

Data showed that 44.8% of respondents were from Coast region and 55.2% Central region. In terms of gender, 44.5% were male while 55.5% were female. Majority of the respondents were aged 36 - 64 years (40.2%); self-employed (48.4%); Protestants (57.7%); and with an average income below Ksh 29,999 (Table 1).

Table 1: Background characteristics of respondents

Characteristic	Category	Percentage (%)
Region	Coast	44.8
	Central	55.2
Gender	Male	44.5
	Female	55.5
Age	15 - 24 years	23.1
	25 - 35 years	36.7
	36 - 64 years	40.2
Education level	No formal education	6.6
	Primary level	39.0
	Secondary level	38.2
	Post-secondary level	16.2
Employment status	Employed	12.8
	Self-employed	48.4
	Unemployed	32.0
	Student	6.8
Religious background	Protestant	57.7
	Catholic	17.9
	Muslim	21.6
	Non-affiliated	2.8

Household income	50,000 +	3.5
	30,000 - 49,999	9.2
	10,000 - 29,999	43.3
	< 9,999	44.0

Prevalence of past month DSU

Analysis showed that alcohol was the mostly widely used substance in Coast and Central regions where 18.7% of the respondents had used alcohol in the past one month. This was followed by past month use of tobacco (14.2%), khat (10.0%), cannabis (4.1%), prescription drugs (0.2%), heroin (0.2%) and lastly cocaine (0.1%).

Prevalence of past year GBV experience by IP

Findings on GBV experience in last the last one year showed that psychological violence was the most commonly perpetrated form of GBV among IPs with a prevalence of 33.3% followed by economic violence 16.6%, physical violence 15.1% and lastly sexual violence 7.1%.

Factors influencing GBV

The study also endeavored to examine the factors influencing the physical, psychological, sexual and economic violence by background characteristics and DSU.

Relationship between past year physical and psychological violence and background characteristics among IPs

Analysis showed that region ($p=0.009$), gender ($p=0.011$), education ($p=0.013$) and monthly income ($p=0.006$) were associated with physical violence among IPs.

The study showed that respondents residing in Central region; female gender; those with no formal education or primary level education; and those with lower monthly income had a higher prevalence of experiencing physical violence.

Results also showed that age ($p=0.022$) and education ($p=0.006$) were associated with psychological violence among IPs. Findings revealed that respondents aged 15 - 35 years; and those with no formal education had a higher prevalence of experiencing psychological violence (Table 2).

Table 2: Relationship between past year physical and psychological violence and background characteristics among IPs

Characteristic		Prevalence			
		p-value	Psychological	p-value	
Physical	Central	17.3	0.009	33.6	0.769
	Coast	12.2		32.8	
Gender	Male	12.3	0.011	33.5	0.868
	Female	17.2		33.1	

Age	15 - 24	14.8	0.372	36.2	0.022
	25 - 35	16.7		36.1	
	36 - 64	13.6		29.0	
Religion	Catholic	15.9	0.862	36.6	0.410
	Muslim	13.5		34.0	
	Protestant	15.3		31.7	
	Non-affiliated	15.8		39.5	
Employment	Employed	14.2	0.505	35.2	0.072
	Self-employed	14.1		30.2	
	Unemployed	17.1		37.6	
	Student	12.8		30.9	
Education	No formal education	22.2	0.013	43.3	0.006
	Primary	17.5		36.6	
	Secondary	12.6		31.0	
	Post-secondary	11.7		26.5	
Monthly income	50,000 +	9.1	0.006	18.2	0.078
	30,000 - 49,999	6.9		27.6	
	10,000 - 29,999	13.8		32.9	
	0 - 9,999	18.3		34.9	
Prevalence		15.1		33.3	

Relationship between past year sexual and economic violence and background characteristics among IPs

Table 3 showed that religion ($p=0.002$) was associated with sexual violence among IPs. Results showed that those who were not affiliated to any religion had a higher prevalence of experiencing sexual violence.

Data also showed that gender ($p=0.0001$), employment ($p=0.009$) and education ($p=0.003$) were significantly associated with economic violence among IPs. Analysis revealed that the female gender; those who were unemployed or self-employed; and those with no formal education had a higher prevalence of experiencing economic violence.

Table 3: Relationship between past year sexual and economic violence and background characteristics among IPs

Characteristic		Prevalence			
		p-value	Economic	p-value	
Sexual	Central	7.5	0.546	16.7	0.878
	Coast	6.7		16.4	
Gender	Male	7.5	0.620	12.4	0.0001
	Female	6.8		19.9	
Age	15 - 24	7.9	0.741	12.9	0.116
	25 - 35	7.3		18.3	
	36 - 64	6.5		17.2	
Religion	Catholic	10.6	0.002	15.9	0.976
	Muslim	7.4		16.5	
	Protestant	5.4		16.8	
	Non-affiliated	18.4		18.4	
Employment	Employed	7.4	0.259	13.6	0.009
	Self-employed	6.6		17.6	
	Unemployed	8.7		18.7	
	Student	3.2		5.3	
Education	No formal education	13.3	0.097	27.8	0.003
	Primary	7.1		18.5	
	Secondary	6.9		14.5	
	Post-secondary	5.4		12.6	
Monthly income	50,000 +	2.3	0.236	18.2	0.057
	30,000 - 49,999	4.3		11.2	
	10,000 - 29,999	6.8		15.1	
	0 - 9,999	8.3		19.9	
Prevalence		7.1		16.6	

Relationship between past year physical and psychological violence and past month DSU among IPs.

Table 4 showed that past month use of alcohol ($p=0.0001$), tobacco ($p=0.001$), khat ($p=0.017$) and cannabis ($p=0.012$) were associated with physical violence among IPs.

Results also showed that past month use of alcohol ($p=0.0001$), tobacco ($p=0.001$) and khat ($p=0.010$) were associated with psychological violence among IPs.

Table 4: Relationship between past year physical and psychological violence and past month DSU among IPs

Characteristic		Prevalence			
		p-value	Psychological	p-value	
Alcohol	Past month user	24.1	0.0001	45.5	0.0001
	Non-user	12.9		30.4	
Tobacco	Past month user	22.6	0.001	43.6	0.001
	Non-user	13.7		31.6	
Khat	Past month user	21.9	0.017	43.1	0.010
	Non-user	14.2		32.2	
Cannabis	Past month user	26.8	0.012	33.9	0.914
	Non-user	14.5		33.2	
Prescription drugs	Past month user	-	0.466	66.7	0.219
	Non-user	15.0		33.2	
Heroin	Past month user	-	0.466		0.221
	Non-user	15.0		33.3	
Cocaine	Past month user	-	0.552	50.0	0.615
	Non-user	15.0		33.2	
Prevalence		15.1		33.3	

Relationship between past year sexual and economic violence and past month DSU among IPs.

Table 5 showed that past month use of alcohol ($p=0.0001$), tobacco ($p=0.002$) and khat ($p=0.029$) were associated with sexual violence among IPs.

Additionally, past month use of alcohol ($p=0.001$) and tobacco ($p=0.001$) were associated with economic violence among IPs.

Table 5: Relationship between past year sexual and economic violence and DSU among IPs

Characteristic Sexual		Prevalence			
		p-value	Economic	p-value	
Alcohol	Current user	14.4	0.0001	23.7	0.001
	Past month user	5.5		15.0	
Tobacco	Past month user	12.3	0.002	23.1	0.009
	Non-user	6.3		15.5	
Khat	Past month user	11.7	0.029	19.0	0.429
	Non-user	6.6		16.3	
Cannabis	Past month user	10.7	0.288	12.5	0.400
	Non-user	7.0		16.8	
Prescription drugs	Past month user	-	0.631		0.439
	Non-user	7.1		16.6	
Heroin	Past month user	-	0.631		0.439
	Non-user	7.1		16.6	
Cocaine	Past month user	-	0.695		0.528
	Non-user	7.1		16.6	
Prevalence		7.1		16.6	

Discussion

Generally, the study showed that alcohol was the most widely used substance followed by tobacco, khat and cannabis. However, the use of prescription drugs, heroin and cocaine was generally low. This finding is consistent with the trend at the national level where the prevalence of “legal highs” namely alcohol, tobacco and khat are the most widely used substances followed by cannabis, prescription drugs, heroin and cocaine (Kamenderi et al, 2019).

Findings on GBV experience in last the last one year showed that psychological violence was the most commonly perpetrated form of GBV among IPs with a prevalence of 33.3% followed by economic violence 16.6%, physical violence 15.1% and lastly sexual violence 7.1%. The findings are consistent with previous studies where emotional and physical violence were the most commonly perpetrated forms of GBV (Brooks et al, 2019; Emenike, Lawoko and Dalal, 2018). Analysis on the association between background characteristics and GBV showed that region, gender, education and monthly income were associated with physical violence; age and education were significantly associated with psychological violence; religion was associated with sexual violence; and gender, employment and education were associated with economic violence among IPs. From the findings, even though overwhelming evidence shows the vulnerability of women to experience sexual violence (CDC, 2016; National Crimes Research, 2014; KDHS, 2014), this study established that there was no significant difference between gender and the prevalence of sexual violence among IPs. This finding may be indicative of the changing gender power dynamics where women are becoming increasingly empowered to perform roles that were previously the preserve of men.

The study also showed that lack of formal education or having primary level education; lower monthly income; and unemployment were risk factors for the different forms of IPV. Similar deductions show that lower education levels and low socio-economic status are risk factors for GBV (Abramsky et al, 2019; Abramsky et al., 2011; Capaldi et al., 2012; WHO, 2012). It has also been shown that all forms of GBV are strongly linked to social determinants such unemployment, income, and limited opportunities to access education (Palermo, Bleck and Peterman, 2014). Data also showed that non-affiliation to religion was a risk factor for GBV especially IP sexual violence. Evidence has shown that engagement and involvement in religion is protective against lowering the risk of GBV (Ellison et al, 2007; Ellison and Anderson, 2001). Age was another risk factor for GBV where the study indicated that 15 – 35 years was the vulnerable period for GBV especially psychological violence. This category mirrors the age most affected by DSU in Kenya (NACADA, 2017) and is equally confronted by high rates of unemployment.

Overwhelming evidence from the study revealed that DSU was a risk factor for all forms of GBV. Results showed that past month use of alcohol, tobacco, khat and cannabis were associated with physical violence; alcohol, tobacco and khat use were associated with psychological violence; alcohol, tobacco and khat use were associated with sexual violence; and alcohol and tobacco use were associated with economic violence. Comparatively, available evidence shows that DSU may be a risk a factor for both perpetration and victimization of IPV (Cadri et al, 2023; WHO, 2017; WHO and LSHTM, 2010). Even though studies investigating the association between DSU and GBV are limited, the focus has largely centered on alcohol use. Thus, this study reveals emerging

evidence where the use of other substances especially khat and cannabis were risk factors for the different forms of GBV among IPs. Further, it is important to highlight that although tobacco was positively associated with the different forms of GBV, this may be the effect of polydrug use among people using alcohol and khat.

Conclusions

The study reveals worrying rates of emotional, physical, psychological and sexual violence in the general population among IPs despite the robust interventions to eradicate GBV including continued public education and awareness programs. This is indicative of a missing link in the programming and implementation of interventions designed to address the chronic problem of IPV. An in-depth analysis provided evidence on the role of DSU towards aggravating the problem of all forms of GBV among IPs. The study also showed that beyond exposure to alcohol, other substances especially khat and cannabis were potential risk factors for GBV. These results may therefore explain the shortcomings facing GBV intervention programs leading to sustained high prevalence rates of GBV.

Unusual findings also revealed that sexual violence among IPs was no longer a female dominated problem with equally more men emerging as victims of this form of GBV. DSU is a growing problem in Kenya affecting more men than women. It is therefore plausible to conclude that the gender power dynamics are equally likely to change as a result of DSU, consequently negating the traditionally appreciated gender norms especially in DSU prone settings. The study therefore underscores the importance of DSU demand reduction and supply suppression interventions and programs as integral measures for the control of GBV.

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