

Policy Brief on Drugs and Substance Use as a Risk Factor for Gender Based Violence among Intimate and Non-Intimate Partners.

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1.0 Introduction

Gender based violence (GBV) is a global public health problem that poses challenges in human health, with a higher prevalence in developing countries. GBV is an abuse of human rights that occurs internationally, in both developing and developed countries, regardless of culture, socio-economic class or religion. GBV is caused by systemic gender inequalities and encompasses all acts of physical, emotional, sexual and psychological violence perpetuated against a person due to their gender.

Use of illicit drugs and alcohol have been identified as risk factors for both perpetration and victimization of intimate partner violence (WHO, 2017; WHO and LSHTM, 2010). Intimate partner violence occurs as a result of one or both partners

using substances leading to intoxication, withdrawal or arguments about substance use (Harm Reduction International, 2013; Radcliffe et al., 2019). It has also been noted that experiencing violence can also increase an individual's risk for drug use (Abramsky et al., 2011). It has also been shown that mental health problems, lower levels of education, low socio-economic status and family conflict are all shared risk factors for drug use and GBV (Abramsky et al., 2011; Capaldi et al., 2012; WHO, 2012).

In Kenya, statistics on sexual violence among intimate partners showed that females had a lifetime prevalence of 15.2% and males had a lifetime prevalence of 7.4% (National Crime Research Centre, 2014). Statistics from KDHS showed that the lifetime prevalence of physical and sexual violence perpetrated by intimate partners 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).

Despite the growing problem of GBV globally, regionally and within the country, evidence on the attribution of drugs and substances of abuse is limited. Even though drugs and substance use has been mentioned as a possible risk factor for GBV, there are limited studies that have attempted to undertake in-depth analysis on the effect of individual substances on the different forms of GBV. Further, in Kenya particularly, previous studies on GBV have laid emphasis on the prevalence of GBV with limited evidence on the underlying factors, especially drugs and substance use. This study therefore endeavours to provide the much-needed evidence to inform appropriate targeted interventions to address the problem of GBV especially in the context of the growing

problem of drugs and substance use in Kenya. The General objective of the study was to determine the influence of drugs and substance use on gender-based violence in central and coast regions in Kenya

2.0 Methodology

The study adopted a cross-sectional survey design where both quantitative and qualitative data was collected. In addition, the study targeted Coast and Central regions of Kenya. These two regions are known hotspots for alcohol and narcotic drug use. In Coast region, data was collected in Mombasa, Kilifi, Tana River and Taita Taveta counties while in the Central region, data was collected in Kiambu, Murang'a, Nyeri and Nyandarua counties.

3.0 Findings

The data showed that 44.8% of respondents interviewed were from Coast region and 55.2% Central region. In terms of gender, 44.5% were male while 55.5% were female. Findings 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 last 30 days (current use). The second most widely used substance was tobacco with a current prevalence of 14.2% followed by khat 10.0%, cannabis 4.1%, prescription drugs 0.2%, heroin 0.2% and cocaine 0.1%.

The study also established GBV experience in the last one year among the respondents interviewed. According to the findings, psychological violence was the most commonly perpetrated form of GBV among intimate partners with a prevalence of 33.3% followed by economic violence 16.6%, physical violence 15.1% and lastly sexual violence 7.1%. Further analysis of GBV experience by non-intimate partners in the last one-year, psychological violence was the most commonly perpetrated

form of GBV with a prevalence of 31.4% followed by physical violence 18.6%, economic violence 13.1% and sexual violence 4.6%. The most commonly reported perpetrators of GBV among non-intimate partners were friends, strangers, members of immediate family, members of extended families and neighbours.

Results on one-year prevalence of GBV revealed that generally psychological violence was the most widely experienced form of GBV followed by physical violence, economic violence and lastly sexual violence. This observation was applicable to both intimate and non-intimate partner experiences. Further analysis showed interesting findings where psychological violence, economic violence and sexual violence were more prevalent among intimate partners while physical violence was more prevalent among non-intimate partners though the differences were marginal.

Findings also showed that Central region reported higher prevalence of physical violence. However, for non-intimate partners, Central region reported higher prevalence of physical, psychological, sexual and economic violence. In terms of gender, evidence showed that females were the major victims of GBV among intimate partners while males were the main victims among non-intimate partners. Results across age, employment, education and monthly income generally showed a common trend where rates of the different forms of GBV among intimate and non-intimate partners were higher among those aged 15 - 35 years, unemployed, with no formal education, non-affiliated to any religion and those earning the lowest average monthly income.

The primary aim of this study was to assess how substance use influences the different forms of GBV among intimate and non-intimate partners. Results among intimate

partners showed that alcohol, tobacco, khat and cannabis use were associated with higher prevalence rates of physical violence; alcohol, tobacco and khat use were associated with higher prevalence rates of psychological violence; alcohol, tobacco and khat use were associated with higher prevalence rates of sexual violence; and alcohol and tobacco use were associated with higher prevalence rates of economic violence. Results among non-intimate partners showed that alcohol, tobacco, khat, cannabis and heroin use were associated with higher prevalence rates of physical violence; alcohol, tobacco and khat were associated with higher prevalence rates of psychological violence; alcohol use was associated with higher prevalence rates of sexual violence; and alcohol, tobacco, khat and prescription drugs were associated with higher prevalence rates of economic violence. The findings revealed that all forms of GBV among intimate and non-intimate partners were attributed to alcohol use. Self-reported involvement of substance use on GBV also showed that at least 50 percent of the different forms of GBV experiences among intimate partners and nearly 70 percent among non-intimate partners were as a result of drugs and substance use. The study

therefore provides undeniable evidence on the role of drugs and substance use towards aggravating the rising problem of GBV in the country.

4.0 Conclusions

- i. Drugs and substance use was identified as a risk factor for GBV among intimate and non-intimate partners;
- ii. Minimizing the risks posed by the perpetrators of GBV may be a key strategy towards GBV prevention.

4.0 Policy Recommendations

- i. Based on the findings of this study, the following policy recommendations are proposed:
- ii. There's need for integration of drugs and substance use prevention programs in GBV control and management interventions;
- iii. There's need for positive parenting programs to provide the much-needed information and skills to mitigate risks of GBV among intimate and non-intimate partners.