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Healthier Lives Worldwide

Assessment of Contextual Issues,
Manifestations, and Prevalence
of Gender-Based Violence
In Siaya County, Kenya

SUMMARY REPORT

Centre for Medical Mobilisation Board
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Background

Gender-Based Violence (GBV) continues to pose a significant public health, human rights, and social development challenge in Siaya County. Nationally, 41% of ever-partnered women report experiencing intimate partner violence (KDHS 2022). Locally, Siaya ranks among Kenya's high-burden counties for HIV infection, with a prevalence of 13.2%, a situation compounded by GBV-related vulnerabilities such as sexual coercion, early sexual debut, and transactional sex among adolescents.

Over the years, CMMB program data and county-level records have highlighted a worrying rise in GBV cases - particularly among adolescents and young people aged 0 - 24 years, who account for over 92% of cases reported in Gem and Ugunja sub-counties. Despite this, limited evidence exists to contextualize how GBV manifests in Siaya's diverse socio cultural settings including rural villages, peri urban centers, and fishing communities along Lake Victoria.

This study was therefore designed to address this gap by examining the social, cultural, and economic drivers of GBV; identifying common manifestations; and documenting existing response mechanisms. The findings aim to strengthen county level programming, inform prevention efforts, and improve survivor-centered interventions.



Study Objectives

The study sought to deepen understanding of GBV in Siaya County by:

1. Establishing the prevalence of GBV within selected sub-counties.
2. Identifying socio-cultural norms and contextual factors that influence GBV occurrences.
3. Describing the types and manifestations of GBV across different community settings.
4. Documenting existing response mechanisms and proposing interventions that align with local reality

Methodology Overview

A mixed-methods cross sectional approach was employed to capture both the breadth and depth of GBV dynamics in Siaya County.

Study Sites: The assessment was conducted in four purposively selected sub-counties - Alego-Usonga, Bondo, Gem, and Ugunja - chosen for their varied population characteristics, socio economic activities, and documented GBV burden.

Sample: A total of 562 households participated in the survey. Quantitative sampling was proportionate to sub county populations, while qualitative sampling was purposive, ensuring representation across genders, ages, and community roles..

Data Collection:

Quantitative data were gathered using structured household questionnaires targeting adults aged 18 years and above.

Qualitative data were obtained from Key Informant Interviews (KIIs) with health workers, police officers, chiefs, GBV coordinators, CHPs, and BMU officials; and through Focus Group Discussions (FGDs) with youth, men, women, boda boda riders, and survivors of violence.

Analysis: Quantitative data were analyzed using SPSS (version 25), producing descriptive statistics. Qualitative transcripts were analyzed thematically, with triangulation used to validate insights across multiple data sources.

Ethical Considerations: Ethical approval was obtained from Maseno University Ethics Review Committee, and a research permit was granted by NACOSTI. All participants provided informed consent, and survivors were referred for psychosocial support where needed.



4. Key Findings

4.1 Socio Demographic Profile

The study population reflects a community with limited formal education; 61% of respondents had either no schooling or only primary level education. This factor strongly influences survivors' understanding of their rights, awareness of reporting pathways, and perceptions of GBV. A large majority (92.9%) identified as Luo and were Christian, making faith based institutions key platforms for community engagement. Most households consisted of four to six members, often including adolescent girls. Extended family living arrangements and close knit households sometimes contributed to heightened risk, especially in cases of intra household violence, defilement by relatives, or situations where privacy and supervision were inadequate.

4.2 Prevalence and Manifestations of Gender-Based Violence

Community Awareness and Household Experiences

Awareness of GBV is high - 89.3% of respondents had heard of GBV within their community. However, awareness does not consistently translate into action or reporting. About 40% of households reported having experienced at least one form of GBV, suggesting significant underreporting at community and institutional levels.

The most commonly cited forms of GBV included intimate partner battering (62.7%), verbal and emotional abuse (58%), rape (31.1%), defilement (31%), sexual harassment (16.6%), and economic forms of violence such as denial of basic needs or disinheritance.

Defilement: A High Yet Hidden Burden

Defilement emerged as one of the most prevalent yet deeply concealed forms of GBV. Many cases were unreported because families opted for private settlements, feared stigma, or lacked trust in formal reporting pathways. Key drivers included age misrepresentation by minors, unsupervised socializing, exploitative sexual relationships involving boda boda riders or older men, and family related perpetrators such as step parents or cousins. Events like disco matanga (night long funerary gatherings) were repeatedly identified as hotspots for sexual exploitation and assault.

Intimate Partner Violence (IPV)

Intimate partner violence remained widespread and normalized within household settings. Physical violence was often accompanied by emotional or verbal abuse, reflecting entrenched gender norms where men are seen as disciplinarians. Women described suffering psychological harm long before physical violence occurred. While women were the majority of IPV survivors, cases of men being abused by their partners were increasingly reported during FGDs but rarely escalated due to masculinity norms that discourage men from appearing "weak" or seeking help.

Male Survivorship

A notable but frequently overlooked finding was the extent of emotional and physical violence experienced by men. Due to cultural expectations around masculinity, many male survivors avoid reporting abuse, leading to silent suffering and in some cases

fatal escalation. Key informant interviews (KIs) and focused group discussions (FGDs) revealed accounts of suicide, retaliatory killings, and severe mental distress linked to unaddressed male victimization.

Fishing Communities: A High-Risk Ecosystem

Fishing communities in Bondo and parts of Alego-Usonga displayed distinct vulnerabilities. High mobility, competition for fishing resources, and gender power imbalances created conditions that normalize transactional sex, IPV, and sexual exploitation. Local dispute mechanisms governed by beach management units (BMU) by laws often allowed serious offenses to be settled privately, denying survivors access to justice and medical support.

4.3 Barriers to Reporting and Accessing Services

Barriers to reporting remain profound and multifaceted. Only one third (33.3%) of GBV survivors reported their experiences to the police, while more than 60% did not seek any medical care, even in cases of rape or physical injury.

Key challenges included:

- Fear of spousal arrest and the disruption it causes to family welfare.
- Cultural expectations discouraging women from reporting husbands.
- Shame and stigma - more prevalent among male survivors.
- Limited knowledge of what constitutes GBV and how to report.
- Perceived and actual corruption among various duty bearers especially the chiefs and police.
- Lack of privacy at reporting sites such as chiefs' offices.
- Poverty, which restricts survivors' ability to seek medical or legal redress.

The preference for traditional dispute resolution mechanisms, including elders or BMU committees, even for criminal offenses like defilement.

4.4 Socio Cultural Drivers of GBV

The study identified several deeply rooted socio cultural drivers of GBV:

- Alcohol and drug abuse, identified as the leading contributor to violence within households and public spaces.
- Poverty, which fuels conflict over financial responsibilities, dependence, and vulnerability to exploitation.
- Harmful gender norms and masculinities, framing men as household authorities and discouraging open communication or reporting of abuse.
- Low educational attainment, which reduces awareness of rights, services, and protective laws.
- Weak parental supervision, particularly in homesteads where adults migrate for work or where older siblings care for younger children.
- Social media and mobile phones, which have fueled suspicions of infidelity and triggered violence among couples.
- Community events, especially disco matanga, which expose adolescents to risky environments, contributing to early sexual debut, defilement, and sexual assault.

4.5 Existing Response Mechanisms

The county relies on a multi channel response approach involving police stations, chiefs' offices, community elders, BMUs, health facilities, CHPs, and faith institutions. However, the effectiveness of these mechanisms is hampered by low community awareness, inconsistent action by authorities, and limited survivor centered structures.

Emerging community suggested solutions included establishing safe centers, strengthening community policing, expanding confidential reporting channels, and formalizing referral pathways at the local level.

5. Conclusions

The findings reveal that GBV in Siaya County is pervasive, culturally embedded, and often underreported. Defilement, emotional violence, and IPV are widespread, with many cases hidden due to stigma, family interests, and systemic gaps in reporting and response.

Alcohol abuse, poverty, and entrenched gender norms remain key contributors to violence. Fishing communities face unique risks, while male survivors are burdened by stigma that further impedes detection and support. Despite the existence of multiple reporting pathways, weak enforcement, low awareness, corruption concerns, and inadequate privacy have undermined effective response.

At the same time, local structures - faith leaders, elders, CHPs, BMUs, and women's groups - provide untapped entry points for community - driven interventions.

6. Recommendations

a) Strengthen prevention and awareness:

Sustained, standalone sensitization campaigns should be implemented to build long term awareness rather than short term, activity based messaging. Churches, BMUs, and local radio platforms offer influential channels for disseminating information. Information, education and communication materials should be context sensitive, simple, and available in local languages. Families and schools should be sensitized on defilement risks and early warning signs.

b) Enhance early detection and reporting:

Community level actors - including CHPs, elders, and faith leaders - should be empowered as early detectors of GBV. Confidential reporting points and

helplines must be established to protect survivors' privacy. Strengthening enforcement mechanisms and accountability within the police and administrative structures is critical.

c) Improve survivor support:

Expanding safe houses, psychosocial support centers, and legal aid services will help ensure survivors receive holistic care. Strengthened referral systems between health, justice, and social services can improve case management. Survivors should have timely access to medical care, especially within the 72 hour window in cases of sexual assault.

d) Address structural drivers:

County policies should prioritize alcohol and substance abuse control, complemented by community based rehabilitation programs. Economic empowerment initiatives should target adolescents, women, and men to reduce dependency driven violence. Regulation of events like disco matanga is necessary to reduce exposure of minors to harm.

e) Target high risk groups:

Interventions must tailor specifically to fishing communities through mobile outreach, night patrols, targeted health education, and capacity building of BMU leaders. Police and chiefs should receive training on survivor centered handling of GBV cases, including sexual violence linked to HIV.

f) Strengthen coordination:

Effective GBV response requires strong multi sectoral coordination. Establishing GBV committees at sub county and community levels can improve surveillance, prevention, and case management. Regular data sharing and joint planning across sectors will enhance response quality and accountability.



This study provides compelling evidence that the GBV burden in Siaya County is substantial yet preventable. Implementing the recommendations – particularly those focused on prevention, community engagement, and survivor-centered response – will contribute significantly to reducing new HIV infections, addressing teenage pregnancy, strengthening family wellbeing, and safeguarding the rights of women, girls, men, and boys. Through collaborative action and targeted investments, Siaya County can build a safer, more equitable future for all.



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