

## Gender-based violence during COVID-19: Experiences of adolescent girls and young women from Nairobi's urban informal settlements and rural Migori County, Kenya

### Background

- Women and adolescent girls bear the greater burden of gender-based violence (GBV) due to gender inequalities and power imbalances between men and women<sup>1</sup>. However, during a humanitarian crisis, such as the coronavirus disease outbreak (COVID-19), the already present gender inequalities and risk factors are intensified. These exacerbated risk factors have hurt communities' functioning and psychophysical health, widening the gender inequity gap.
- As the COVID-19 pandemic spread globally, so did its devastating socio-economic impact on families and communities. It has increased the likelihood of violence against women and girls at home and in communities. Survey reports from the pandemic indicate there was a staggering increase in cases of Intimate Partner Violence (IPV)<sup>2</sup> and violence against children (VAC)<sup>3</sup> globally. The consequences of the violence have been devastating, causing adverse outcomes associated with physical and mental health, social mobility, and success in the lives of women, girls, families, and communities.
- There is a vast amount of information on the direct impact of COVID-19 (number of persons infected, hospitalized, and fatalities). On the other hand, systematic gender analysis of the secondary effects of the COVID-19 pandemic on vulnerable populations in inadequate in low- and middle-income countries (LMICs). Therefore, there is an urgent need to collect this, analyze and understand the vulnerabilities caused by pandemics and associated preventive measures, which can unintentionally increase gender inequality.

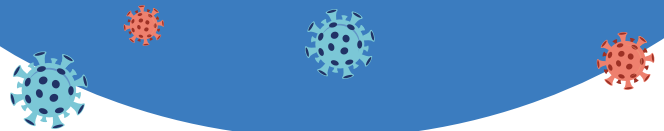
The President announced COVID-19 in Kenya in March 2020. Soon after, a 'comprehensive and multi-faceted response plan' led by the Ministry of Health was published. The response plan contained policy measures and behavioral protocols geared towards limiting the spread of the virus<sup>4</sup>. These measures included school, business, entertainment, leisure centre closures, social distancing, mandatory mask-wearing, lockdowns, curfew, restricted movement. Albeit their institutionalisation to curb the pandemic spread, these

measures had a tremendous social impact on the lives of vulnerable women and girls. Reports indicated that these preventive measures contributed to broader gender inequality and increased vulnerabilities, amplifying the risk of violence in homes and communities. For example, in Kenya, data from the national GBV hotline 1195 showed a staggering 301% increase in calls reporting domestic violence in the first two weeks of the lockdown in March and April 2020<sup>5</sup>.

This brief highlights evidence of the secondary impact of the COVID-19 pandemic on the social-emotional well-being of women and girls in Kenya, especially their experience of violence. It draws upon the voices of marginalized women and girls on their experiences during the COVID-19 pandemic. The brief provides additional information beyond the survey responses to understand better the risks women, girls, and children faced in the COVID-19 response phase. Finally, the brief provides practical solutions and or recommendations to be considered by governments and civil society organizations to prevent and respond to the adverse events adolescent girls, women, and children experience in emergencies such as the pandemic.

### Methods

LVCT Health implemented the Gender and COVID-19 Project study in Kenya that adopted an exploratory qualitative research design to understand the vulnerabilities experienced by adolescent girls and young women residing in informal settlements in Nairobi and Migori Counties. In-depth interviews were conducted, allowing the target populations to describe their perceptions and experiences, providing illustrative examples of how their socio-emotional well-being was affected by COVID-19 and its related response plan in Kenya. We interviewed 197 participants. The study applied qualitative framework content analysis to provide context-specific findings. Data saturation was achieved by analyzing narrative reports of the study population using the inductive thematic saturation method.



## Intimate partner violence (IPV)

As the government rolled out COVID-19 pandemic preventive measures, socio-emotional stress levels rose in households. Business closures led to job losses and livelihoods lost/ reduced household income. For example men, who were ordinarily the breadwinners, lost their jobs and were at home more. Female spouses' experiences showed that men felt frustrated as they could not fulfil socially constructed gender norms and provide financial security for the family. The job loss and reduced income in households led to higher tension levels between spouses. This was mentioned, as a contributor to increased tension at the household level and intimate partner violence events.

In addition, restricted movements, curfews, lockdowns, and social distancing meant vulnerable populations could not fall back on their social networks, their usual forms of social support. Some women felt isolated with their controlling partners at home. Couples also experienced disruption of their social networks, and they felt denied access to this as a coping strategy. In some instances, negative coping strategies, such as alcohol use, were adopted by some. Women attributed this socio-emotional and economic stress to IPV events at home and creation of dysfunctional family units.



***"I can say that right now there are girls who are at home, maybe there are parents who are poor. In the rural areas there are maybe girls who are on their menses and sometimes it is difficult for a child to get sanitary towels. She will find a boy who will cheat her that he will but for her these things and then go away with her or ruin her life. So, if the government can help the girls with the sanitary towels, then it can help."***

**Adolescent girl, Nairobi**

***"It will have affected me greatly in my life because it is breaking my home. When I sit with my husband in the house during this COVID-19 period, and there is no money when I try and ask him for food or something, it becomes a fight, then he leaves and doesn't come back, it is only him who knows where he goes."***

**Community Health Volunteer, Nairobi**

Notably, adolescent girls mentioned the rise in teenage pregnancies was a result of defilement cases and sexual violence amongst their cohort. School going adolescent girls reported that as they remained at home due to school closure, they faced heightened risk of defilement by their caregivers and peers. The school closures, rise in reported cases of sexual violence against adolescent girls all coincided with an increase in reported teenage pregnancy in Kenya<sup>8</sup>.

## Violence against girls in the communities

Participants reported that adolescent girls faced a heightened risk of violence at home and/or in the community as they remained at home due to school closures. Schools are protective spaces for adolescent girls. In these spaces, they receive food, sexual and reproductive health services and are offered a safe learning environments. However, with school closures, adolescent girls could not access these products and services, which were otherwise unaffordable to them. This, coupled with the reduced household income pushed them to adopt risky behaviours such as transactional sex where they engaged sex in exchange for money to purchase these products and gain access to essential needs.





***“They [sexual violence cases] were there because, when corona was not present everyone was going to school, but now people are not going to school they are just walking about that is where someone would meet another person and rape them, but if we were going to school like we used to there was no time for someone to rape you because those people also go to school.”***

*Adolescent girl, Migori*

***“Another thing that COVID-19 has brought is gender-based violence. Because we are home with our parents, the father is a drunk and mother is a housewife and has no income. So when the father comes home from drinking, he starts to harass and abuse you, so that is how COVID-19 has also brought gender-based violence.”***

*Adolescent girl, Nairobi*

***“These young boys who are smoking bang or alcohol have raped young girls and messed them up and this has led to a lot of teen pregnancies.”***

*Adolescent girl, Migori*

***“And also women, maybe a woman left to go and visit her mother at home and she has left her at home because there is lot of Corona and people are not going to school, you find that fathers have messed up with their daughter.”***

*Adolescent girl, Nairobi*



## Violence against children at home

Adolescent girls reported cases of witnessing IPV between their parents. A high-stress home environment is often a significant predictor of physical abuse and neglect of children. They become isolated from their support networks and resources that could help them. This is aligned to global research that showed adolescents exposed to IPV/domestic violence is a form of violence against children as it impacts their mental well-being<sup>9,10</sup>. Children witnessing violence at home reinforces the phenomenon of the intergenerational cycle of violence – children normalise violence, increasing their likelihood of perpetrating violence in their adulthood.

***“When your parents are both at home I mean when mom and dad are home you witness them disagree all the time because dad every time sees that things are not done the way he wants them done and therefore keep complaining unlike when he is at work.”***

*Adolescent girl, Nairobi*

***“Now you see when this COVID-19 came a lot of parents lost their jobs. And these does not only affect us only physically but also psychologically... Because a lot of people are suffering from depression...During this period that is when you will see your parents fighting...”***

*Adolescent girl, Nairobi*

The violence meted towards the children forced some to run away from home increasing their vulnerability.

***“...if you are beaten obviously you will not stay there, you will try and run away and protect yourself because if you continue to stay there you don't know how far his anger will go.”***

*Adolescent girl, Migori*

## Gender mainstreaming in policy formulation and implementation

Evidence shows that policies and public health efforts did not account for how the pandemic and its response plans affected the most vulnerable in society, particularly women, children and service providers. There was a failure in consideration of the increased vulnerabilities amongst populations in informal settlements and voices of the vulnerable communities in the response measures planning.

*“Basically yes because you see the interventions that were put in place were not only put in place by the Gender Department, interventions were put in place by government including stimulus packages for those vulnerable families including tax reliefs and many, many interventions were put in place to be able to cushion families from the pandemic but most of them, if I may say, the responses might not have been gender response nature because when we talk about curfews that were put in place, they did not consider, yes it was a containment measure for the sake of reducing the spread of COVID-19 but the curfew especially for the expectant mothers that needed maybe services to attend to their maternal health needs and issues to deal with violence, most of the people could not be able to report because of the curfews and because of the hostility of the police so most of those domestic violence cases that weren’t reported meant that those who were being violated and to keep staying in their abusive families and perhaps they weren’t able to get help because of those containment measures so basically all the responses did not put a gender angle but not all of them really because there were also some services that were available for women and girls but again, generally, most of the responses were gender neutral.”*

*Policy maker*

This limited the production and incorporation of knowledge most relevant for gender-responsive response plans.



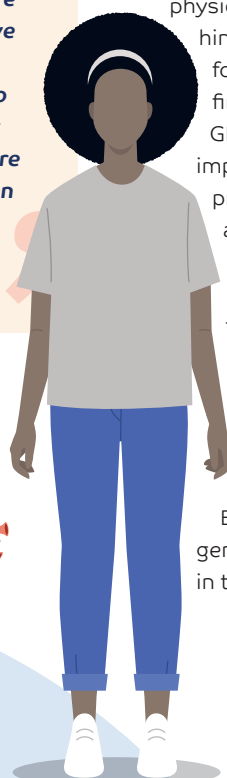
## Conclusion

Based on the extensive literature on the gendered effects of pandemics like the Zika Virus and Ebola on women and girls<sup>6,7</sup>, there is an urgent need to understand the experiences of women infected or affected by the COVID-19 across various settings. Analyzing data to understand how women and girls are differently affected due to their vulnerabilities can improve understanding of the social and gender dynamics of transmission and exposure and the social impact.

Beyond the primary impact of COVID-19, the stories shared by the women and girls provide contextual information to better understand the risks they face during the COVID-19 pandemic. COVID-19 and its response measures led to negative mental, physical and social well-being and, in some instances, hindered access to vital resources such as health care for already marginalised women and girls. These findings imply that even with reports of increased GBV during the pandemic, the authorities failed to implement preventative strategies that effectively protect women and girls in informal settlements and from rural households.

Understanding the vulnerabilities experienced by this population would lead to effective policy and programming decisions as decision makers have better insights on the dynamics driving violence against women, girls and children and how the current environment exacerbates these risks.

Below are some recommendations for addressing gender based violence and violence against children in the context of COVID-19.







## At governance and policy/decision making level:

1. Beyond collecting the number of new cases of COVID-19 and mortalities, it is vital to document the voices of the vulnerable and marginalised communities during response plan formulation. This is key in developing gender-responsive plans that address intensified vulnerabilities amongst the marginalised population. There is a great need for concerted efforts among government and civil society in formulating gender-responsive plans that prioritise these vulnerabilities, ensuring no one is left behind in the recovery phase.
2. Actors should advocate for government to designate child protection and GBV responders (and their organizations and government agencies) as essential and operational during lockdowns. This also includes child helplines and other remote services.

## At community level:

3. To reduce GBV, communities need to challenge gender norms, practices, and attitudes that are harmful and discriminatory, particularly those heightened during pandemics. Gender transformative approaches should be implemented, such as targeted messages for men on healthy relationships amid crisis, community mobilisation and awareness creation on the negative impact of violence against women, girls and children, and the need for the harmful practices to be eradicated.
4. Communities should identify their own Resource Persons such as members of 'Nyumba Kumi' Initiative (a strategy of anchoring community policing at the household level), or any other trusted community member who would act as a referral point for any cases reported at community level. The persons will be trained on provision of psychosocial support and appropriate, ethical referral of survivors to formal service providers (hospital, social welfare or security sector) within the locality.

5. Localised Referral Directories should be developed, listing all the formal and informal service providers within each ward, sub-county and county. This can be used by community leaders and service providers in referring survivors to facilities and within community

## At service delivery level:

6. Emergency response plans should not disrupt the provision of post-violence care. Allowances ought to be made for survivors to access health facilities or support services, even within lockdown or curfew periods. Health facilities should be prepared for surges in GBV and violence against children cases by ensuring they have sufficient number of trauma counsellors, PRC kits, commodities and referral forms prior to, and during emergency period.
7. Working with local governments, community partners, local organizations, and other donors to continuously update lists/directories (e.g. contact information, opening hours) of all local GBV/child protection response services and national hotlines that are functional, including both clinical and non-clinical supportive services.
8. Provision of sanitary products for children and youth out of school should be considered to avoid additional transactional sex risks for adolescent girls from low-income households.

## Key resources

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