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Effectiveness of Institutional Frameworks in Curbing Gender Based Violence in Selected Public Universities in Kenya

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ABSTRACT

Kenya is one of the countries which battle with Gender Based violence (GBV). This vice is more common against women and girl child. Most victims become silence with it for fear of their lives after being threatened by the perpetrators. Kenyan learning institutions are not left behind when it comes to GBV cases. It has been noted with concern by a demographic survey that most universities have not put in place proper and effective framework to curb GBV prevalence within those institutions. Health Providers do not have clear records of reported GBV cases, cleared cases, satisfactory justice provision records among the university students and staff members. Most of the concerned staff members are not fully aware of the GBV vices undertaking place in their places of work. The current study investigated the effectiveness of institutional frameworks addressing gender based violence in universities in universities in Kenya. The study design adopted was cross sectional survey. Questionnaires was used in data collection, qualitative data was be analyzed SPSS software. This was done by $\chi 2$-tests to find out the effectiveness of institutional frameworks in place at the universities. The findings were recorded and discussed appropriately.

Keywords: Institutional Framework, Gender Based Violence.

I. INTRODUCTION

In Kenya, cases of GBV have been reported to be on the rise (Chege, 2012; Itegi and Njuguna, 2013; KNBS; 2015). In July 1991, not less than 19 schoolgirls died and slightly more than 70 others were gang raped by male schoolmates in a Kenyan Catholic secondary school (Friedman et al., 1990). Chege (2012) recognized that while males in some institutions may experience gender based violence from their female counterparts more women than men suffer gender based violence and its consequences may result to shocking effects for women than men. The relatively freedom for universities in the public institutions of higher learning has cut down dating and partying restrictions which is perceived to be accompanied by more risks, which majority of female students have not taken seriously. This is what some of their male counterparts take advantage of and engages them in sexual based violence such as rape, harassment, stalking and verbalized sexual abuse (Chege, 2012).

II. METHODS AND MATERIAL

1. Background of the Study

There are series of both national and international laws and regulations protecting both women and girls against GBV (Universal Declaration of Human Rights, 1948; Vienna Declaration and Programme of Action, 1993; DEVAW; 1993; Beijing Declaration and Platform for Action (BPFA), 1995; UN Resolution on Elimination of Domestic Violence Against Women, 2004; Convention on Elimination of All Forms of Discrimination Against Women (CEDAW), 1979; African Charter on Human and People's Rights, 1981; Protocol to the African Charter on Human and peoples' Rights on the Rights of Women in Africa, 2003 and the Kenya Constitution, 2010). All these policies, frameworks, strategies and actions are put in place to protect and save women and children from sexual based violence. The policies obligate the government, state societies, human rights and nongovernmental organizations to actions towards

eliminating of all violence against women in line with their international obligations.

1.1. Policy frameworks and legal instruments

States are obligated by both national and international frameworks, policies and legal instruments to address GBV through many measures such as legislation laws. Some of the policies that commit the government to keep in check GBV issues include United Nations Declaration on Elimination of Violence against Women (1993). This declaration defines GBV as any act that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women. It also includes threats over sexual acts, private or public denial of liberty. There was a convention on the elimination of discrimination against women (CEDAW, 1979). This convention was also required to prevent and respond to GBV. This does not explicitly address violence against women instead it mentions discrimination against women in all its forms (The Rome Status, 1998). The statutes were an instrument under the international humanitarian Law. The statute classifies all sexual violence as crime against humanity.

A general instrument on the child's right was a convention created in 1990 that was used to compel the relevant state parties to take all appropriate legislative, social, administrative, economical and educational tasks to protect women and children against GBV related injuries, abuse, treatment neglect and exploitations. Others are Vienna Conference on Human Rights (1993); Beijing Platform for Action (1995); Programme for Action on ICPD, Cairo 1994; and the Special Rapporteur on Violence against Women. Prevention and response to GBV cases has been a big problem. It is an obligation put in place by African Union (AU) and International Conference on Great Lakes Region (ICGLR) and Inter-Governmental Authority on Development (IGAD). The African Charter on Human and Peoples' Rights (1981); the Common Market for Eastern and Southern Africa Gender Policy (2000); The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol, 2003); The Solemn Declaration on Gender Equality in Africa (2004); The Intergovernmental Authority on Development Gender Policy and Strategy (2004); The Protocol on the Prevention and Suppression of Sexual Violence Against Women and Children – International Conference on the Great Lakes Region (2006); The African Charter on the Rights and Welfare of the Child (ACRWC) 2009; The African Union Gender Policy (2009. Kenya being a signatory of legal instruments used to prevent actions of GBV, it has to show national commitment on the fight against GBV, it has to protect human rights and uphold them. Kenya has developed stan policies and legal instruments which directs more efforts in monitoring the occurrence of GBV and mitigating consequences. There was National Gender and Development Policy (GoK, 2000) which made vital recommendations on violence against women and children which include. Other change to protect people from GBV in Kenya include, amending the Penal Code to illegalize wife beating and other gender based related crimes a criminal offences among people, Ensuring that sexual offence victims have the right to have their cases heard both in private and public. Sensitizing legal authority in the handling of cases of violence; Training all law enforcement officers' agents to be able to assist women victims of crime, and in particular women victims of violence. Setting up safe measures to help the victims. Educating people about GBV, provision of safety for the women with disabilities, Organizing, supporting and funding regional education and training campaigns against GBV.

There is Kenya Adolescent Reproductive Health Policy (KWCWC., 2012) which recognizes that both boys and girls can be victims of GBV but more so to the girls. Others include Education Gender Policy (Jennings & McLean, 2005) that recommended mainstreaming of policies addressing GBV at all education levels. The 2005 Policy Framework for the Implementation of Post-Rape Care Services ensures the inclusion of sexual violence as a key issue within the Reproductive Health Strategy and sets the development of standards for post rape care service delivery. There was Multispectral Standard Operating Procedures (SOPs) which was established in Kenya to help in quick response to GBV and its victims (KNBS, 2015). Task Force on the Implementation of the Sexual Offences Act (TFSOA), provide which was to provide care to the victims of GBV. The Vision 2030 Second Medium Term Plan (2013). To measure effectiveness in implementation of the implementation of frameworks that address SGBV a number of effect indicators highlighting reduction in the

prevalence and types of GBV in a particular setting. The use of Output and Effect Indicators has proven most useful in measuring effectiveness of programs aimed at preventing the manifestation of SGBV in refugee camps and would be most appropriate for settings such as universities. Different organs within the university institutions are charged with the prevention and response are the management of the university. These include the health sector management of health facilities where victims of GBV are given medical attention, forming a disciplinary committees within the university. Some assessment tools were constructed by (UNFPA). Based on these, the study sought and determined effectiveness of institutional frameworks in curbing gender based violence in selected public universities in Kenya.

2. Statement of the Problem

Despite the existence of institutional frameworks addressing GBV in higher educational institutions in Kenya, reports indicate that GBV is on the rise (GoK, 2007). This could be attributed to laxity in the implementation of prevention programs aimed at curbing GBV at educational institutions. Such a trend is not in the spirit of woman and girl child empowerment and does not hold the principles of national and international values that Kenya as a Government is committed to. Gender Based Violence is rampant in Kenyan universities. For instance, an article reported by I Choose Life Africa –Masinde Muliro "girl to girl" group 2011, which highlighted a rise in GBV cases. The rise in GBV cases is a testimony that effectiveness of university frameworks in addressing GBV cases is worrying. Even though there is evidence on the existence of GBV in Kenyan universities, no study in Kenya has ever investigated the effectiveness of institutional frameworks in addressing GBV in Kenyan universities. The current study chose to investigate effectiveness of frameworks in Kenyan Faith Based Universities since they serve as societal role model that impart moral and Christian values to the society. As such public and other private universities would not hesitate in adopting frameworks used by Faith Based Universities in addressing GBV.

3. Objective of the Study

The objective of the study was to establish the effectiveness of institutional frameworks in curbing GBV in selected Public Universities in Kenya.

4. Study Design

A descriptive survey design was used, it was identified to be suitable in gathering more detailed information within the specific context. It also allows the researcher to collect data from a large sample within a shorter time. In addition it also involves explaining, carrying out footage, examining and clarifying the conditions in place (Mugenda & Mugenda 2003).

5. Population, Sampling and Sample Size

To attain the study population for both students and staff members from the Kenyan Public Universities, 30% of the institutions were used in the study. Stratified random sampling was done to pick five public universities from eight regions formally known as provinces. The selection was also done based on the university years of existence where the older universities were given first priorities. Key informants from the staff's side involved the dean of students, the director gender issues, the registrars academic affairs and officers in charge of health provisions at the universities. These were selected by purposive sampling method.

The study used Yamane (1967) sample formula to calculate the sample size of students per university, which is used in determining a sample size from an accessible population. The formula of n = N/1+N(e2) was used to determine the number of staff and students to participate in the study. Where n = the sample size, N= total population of students and staff in the selected departments within schools at the universities, e = level of precision or error margin (0.05). The sample size was therefore 859 having 439 students and 419 staff members.

6. Methodology

In this study face to face interview was done to the registrars academic affairs, deans of students, student leaders, directors gender issues and health officers from each universities. The interviewed had structured question items. Questionnaires were then given to students and other junior staff members from the offices of the registrars academic affairs, deans of students, directors gender issues, students governing council and health provider officers from all the sampled universities. The information obtained was recorded, cleaned, coded and used for analysis.

III. RESULTS AND DISCUSSION

Gender based violence has posed tremendous challenges to many people particularly women both at workplace and educational settings, and this has negatively impacted their self esteem, academic, social and mental development. Gender based valence is a serious life threatening issue, particularly the female students in colleges and higher learning institutions. It involves physical, sexual or psychological harm that is committed against a person as a result of power inequities that are based on gender roles (Sendo & Meleku, 2015). Some of the main causes of GBV are attitudes of the society towards practices of gender discrimination which put the more so the female students in a subordinate positions in relation to their counterpart male students (FIDA, 2011). Irrespective of all these, there has been no or ineffective and inappropriate systems to curb the problem. Apart from that poor socialization process and inadequate required resources have prevented most of students from opening up to share the menace with the relevant authority at the learning institutions. That is why this study sought to investigate the effectiveness of institutional frameworks in curbing GBV in selected public universities.

According to table 1., the protocols and policies to address GBV issues exists in the sampled public universities according to 115 (27.4%) of the staff members, 304 (72.6%) of them did not agree with that existence of such policies. Even if the policies exist 348 (83.1%) of the staff members reported that the policies were not accessible to all staff and students. This left 71 (16.9%) of the staff accepting that the policies could be accessible to both students and staff members. There were processes in place for monitoring and evaluating the policies addressing GBV issues. This was according to 80 (19.1%) of the staff members, those who said that such processes were not existing were 339 (80.9%).

Results

Table 1. Effectiveness of institutional frameworks in curbing GBV

	Yes		No		Somewhat		Total	
	N	%	N	%	N	%	N	%
Are there Policy/Protocol to address GBV	115	27.4	304	72.6	0.0	0.0	419	100
Are the policies Accessible to all students and Staff	71	16.9	348	83.1	0.0	0.0	419	100
Is there a process in place for monitoring and evaluation of these policies.	80	19.1	339	80.9	0.0	0.0	419	100
Has the university distributed written information about legal issue to all students and staff members	101	24.1	317	75.7	0.0	0.0	419	100
Does the university have GBV office where cases of GBV can be reported?	194	46.3	225	53.7	0.0	0.0	419	100
Is there a toll phone number that victims/survivors of GBV can call	65	15.5	354	84.5	0.0	0.0	419	100

for help?								
If the phone number exist, is it free of charge	14	21.5	51	78.5	0.0	0.0	65	100
Does the phone number operate 24/7?	17	26.2	48	73.8	0.0	0.0	65	100
Are there a corrective interventions were taken against the perpetrators of GBV	229	54.7	190	45.3	0.0	0.0	419	100
Are there perpetrators on a voluntary basis?	76	18.1	343	81.9	0.0	0.0	419	100
Has the health facilities adopted national policies on GBV	127	30.3	292	69.7	0.0	0.0	419	100
Are there policies/plans/programs implemented	21	16.2	67	52.7	39	31.0	127	100
Are health service providers required to report cases of GBV to the police	376	89.7	43	10.3	0.0	0.0	419	100
Do medical staff establish safety planning with the survivors of GBV	140	33.4	279	66.6	0.0	0.0	419	100
Is your medical staff aware of the protection measures available under the county's legislation	117	27.9	302	72.1	0.0	0.0	419	100
Does the facility have enough space to ensure private consultations?	111	26.5	308	73.5	0.0	0.0	419	100
Can the patient be heard or seen from outside of the consultation room	98	23.4	323	77.1	0.0	0.0	419	100
Are the medical records stored in a secure place.	355	84.7	64	15.3	0.0	0.0	419	100
Are there any written documents displayed in the writing rooms to inform patients about GBV, such as pamphlets	132	31.5	287	68.5	0.0	0.0	419	100
Do medical staff at your facility have a list of organizations to refer survivors of GBV to?	75	17.9	344	82.1	0.0	0.0	419	100
Do medical staff refer survivors of GBV to any other organizations?	109	26.0	310	74.0	0.0	0.0	419	100

Written information had not been distributed by majority of the sampled universities because 317 (75.7%) of the staff members confirmed the fact which was contrary to the views of only 101 (24.1%) of the staff members who disagreed with their colleges. Existences of offices where the GBV cases could be reported and handled does not appear real to majority of the staff members, this was 225 (53.7%) of them while 194 (46.3%) did not agree that there were GBV offices at the universities. The survivors could not get a phone number which the GBV victims could make calls for help according to 354 (84.5%) of the staff members. Fewer respondents could identify the phone numbers in their universities these were 65 (15.5%) of them. Among the exiting phone numbers, few of them could operate 24/7 according to 17 (26.2%) of the staff members while most of the respondents; 48 (73.8%) said the existing phone numbers do not operate 24/7. The phone which exist in the universities are not free of charge based on 51 (78.5%) of the respondents who accepted that these phones exist in the universities where they work. The respondents who work at the universities where the phones are free were 14 (21.5%) of the respondents.

There were 229 (54.7%) of the staff members who agreed that there were corrective intervention measures that are taken against the perpetrators of GBV while 190 (45.3%) of them disagreed with that. On voluntary basis there were no perpetrator who could come out, this was

according to 343 (81.9%). This was a larger number compared to those who accepted that perpetrator normally come out on voluntary bases, these were 76 (18.1%). National policies on GBV have been adopted by health facilities in fewer universities according to 127 (30.3%) while 292 (69.7%) of the respondents disapproved such adoption in their working places. Among the respondents who confirmed the adoption of national policies, only 21 (16.2%) of the respondents verified implementations of the policies while 67 (52.7%) were not aware whether these policies were being implemented in their universities or not. Somehow these policies were being implemented in fewer universities according to 39 (31.1%). To report cases of GBV ,a victim to police health service providers require evidence. Reporting these cases is the role of the university health service providers. This was confirmed by 376 (89.7%) of the respondents while 43 (10.3%) did not confirm the same. Establishment of safety plans with GBV survivors had not been done in many universities compared to those who had established the same plans; there were 140 (33.4%) who said yes while 279 (66.6%) of them said no. Being aware of the of the protective measures available under the country's legislation was familiar to only 177 (27.9%) of the staff while 302 (72.1%) of them were not sure whether the medical staff in their universities were aware of the protection measures mentioned above.

Having enough space to ensure private consultations by the GBV victims was found not to be common in majority of the sampled universities. This was noted by 308 (73.5%) of the respondents while 111 (26.5%) could identify enough spaces for such consultations in their universities. seeing and hearing the GBV victims outside the consultation rooms is a practice that had been found to be happening in few universities according to 98 (23.4%) of the respondents. The rest of the respondents disowned that idea, these were 323 (77.1%). Storage of health record in secured palaces within the universities was confirmed by 355 (84.7%) of the respondents while 64 (15.3%) of them said that the record were not being kept in secured places. Written records of GBV was not popular with many universities, this was approved by 287 (68.5%) while fewer respondents adding up to 132 (31.5%) of the worker said that there were written and displayed. Most of the university medical staff did not have list of referral organizations where GBV victims who required special medical attention could be referred to. Thos was based on 344 (82.1%) of the workers while 75 (17.9%) confirmed the availability of such list. Referring the GBV victims to other official was also rare in most universities. This was approved by 310 (74.0%) of the respondents while 109 (36.0%) of the respondents maintained that those kind of referral were common in the universities where they normally work. A chi-square test was carries out to investigate the effectiveness of the institutional frameworks in curbing GBV in selected public universities; the results obtained were recorded in the table 2.

Table 2: Chi-square results on effectiveness of the institutional frameworks in curbing GBV

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.516	1	.061		
Continuity Correction	2.872	1	.090		
Likelihood Ratio	3.296	1	.069		
Fisher's Exact Test				.071	.048
Linear-by-Linear Association	3.508	1	.061		
N of Valid Cases	419				

Significant level =.05

Based on chi-square table 4.12, the study realized statistical significant result between the institutional frameworks in place at the sampled public universities and existence of various forms of GBV[(1) = 3.516, p < .05].

Discussion

Based on table 1.1, the study found out that more public universities have not put in place policies/protocols to address GBV; this is because over 70% of the respondents confirmed that policies do not exist. More than 80% of the respondents could not agree with the fact that there were processes in place for monitoring and evaluating these policies. A similar percentage also confirmed that the policies were not accessible to all students and staff members. There were fewer positive responses on availability of written information about legal issues to all students and university staff members. This was supported by only 24.1% of the total sample population of 419. The scarcity of well equipped offices where cases of GBV can be addressed was found to be true in most public universities as was said by more than 53% of the respondents. The phone number which the victims can use to urgently report cases to the relevant authorities was found not exist in majority of the universities and even those that exist do not operate 24 hours a day yet some of GBV occurrences are witnessed over the weekends and odd hours in the night. The phone numbers were also identified not to be free of charge which could be an obstacle in the process of reporting the cases.

Inaccurate interventions taken against the perpetrators of GBV were reported by 45.3% of the respondents and this can give a lee way to the perpetrators to continue with the vice. After all the occurrences of the GBV vices the staff member noted that there have been very few voluntary perpetrators reporting the cases to the relevant authority. To report these cases to police proper reports are required from the health service providers. This means there should be clear evidence to prove the GBV forms yet some of them are oral occurrences. In some public universities neither the establishment of safety plans with the survivors of GBV nor staff awareness of the protection measures were not in the memories of the respondents. This was true according to over 66% of the respondents in each case. Seeing the GBV victims outside the consultation rooms which were found to be inadequate was not a common practice in many of these universities as was approved by over 77% of the respondents. It was only the safeties of medical records that were approved by 84.7% of the respondents. Most of the medical staff members could not remember themselves having list of referral medical facilities and even those who had could relay recommend for referral of the victim to such facilities.

IV. CONCLUSION

According to the study findings, there were few or no functioning institutional framework put in place to deal with GBV issues in selected Public Universities in Kenya. Some of these frameworks which were available could not be mentioned by majority of both students and staff members. Therefore the study found out that there were ineffective institutional frameworks in curbing GBV that is why many of the forms of GBVs were openly and quickly noted in most of these sampled public universities. Most of these universities which had weak institutional frameworks registered highest number of GBV forms. The chi-square result further confirmed this by revealing statistical significant results showing that there were influences of institutional frameworks on the existence of GBV forms within our public universities.

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