

A QUALITATIVE STUDY OF URBAN WOMEN'S EXPERIENCE AND COPING STRATEGIES TOWARDS DOMESTIC VIOLENCE DURING COVID-19 LOCKDOWN IN KITENGELLA, KAJIADO COUNTY

BY

ASIMIRE ANGELLA ARYEIJA

A RESEARCH PROJECT SUBMITTED TO THE INSTITUTE OF ANTHROPOLOGY, GENDER AND AFRICAN STUDIES IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF ARTS IN GENDER AND DEVELOPMENT STUDIES OF THE UNIVERSITY OF NAIROBI.


SEPTEMBER 2022

DECLARATION

This research project dissertation is my original work and has not been submitted to any other university or institution of higher learning for examination.

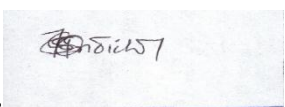
ASIIMIRE ANGELLA ARYEIJA

REG NO: N69/9820/2018

Signature  Date 02/09/2022

This thesis has been submitted for examination with my approval as the University Supervisor.

PROFESSOR TOM ONDICHO

Signature...  Date 2/9/2022

DEDICATION

This thesis is dedicated to my Lord Jesus who has granted me the strength and grace since the start of my post-graduate degree. He has been very faithful in my academic work.

I dedicate this thesis to my husband Jacob Mwirigi who has been offering amoral support, a financial pillar until the end of this work.

ACKNOWLEDGEMENT

This research project wouldn't be a reality with support from my family and a few individuals whom I would like to extend my gratitude to.

Foremost, I wish to thank my God Almighty for the life, good health, strength, and wisdom for me to finish my research. My gratitude goes to my family that has stood with me in many ways until my research has been completed. My husband Jacob Mwirigi and little son Israel Mwenda, you have been a great pillar in this journey. Am so indebted to my supervisor, Professor Tom Ondicho, because of your constant correction, guidance and timely supervision ,my research has finally been accomplished.

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ABSTRACT

Domestic violence encompasses many forms of violence, including sexual, psychological (emotional), and physical abuse an intimate partner, a relation or a friend in a domestic setting. DV is a global social and public health concern that affects women more than men. During the COVID-19 pandemic, concerns over the rising cases of domestic violence across the globe and locally as lockdowns are implemented to curb the spread of the virus. This has resulted in several changes across the country and many women are trapped at home with their perpetrators leading to increased cases of DV. This calls for an investigation into the form of violence propagated against women and their coping strategies during the pandemic. Therefore, the aim of this study was to investigate the experiences and coping strategies of urban women towards violence during the COVID-19 lockdown in Kitengela in Kajiado County. The study was qualitative in nature, to enable the researcher to explore the experiences of urban women on the forms of violence, their causes, impacts and the ways the women cope with the experiences. Purposive sampling was used to select 15 participants aged 18-60 living with a spouse or a partner, and who are victims of domestic violence in Kitengela Town, in Kajiado county in Kenya. Purposive sampling was also used to select a chief, a social worker, and a religious leader. Data was collected using interviews and focused group discussions. Analysis was done thematically. From the findings, the most common forms of violence identified by the respondents were verbal, emotional, sexual, and physical abuse. Some of the strategies identified by the respondents to deal with domestic violence include; silence to prevent the verbal abuse from escalating to physical violence. Other strategies included sharing with friends, pastors, and other social figures with the purposes of relieving some of the stress and getting advice on how best to handle it. Some of the women left their homes while others decided to report the cases to the chiefs or other administrative offices. There were constraints facing women in accessing social help from friends and relatives due to the social distancing measures as well as the financial limitations that prevented them from traveling upcountry to report the abuse to the parents or other relatives. Generally, it was established that none of the strategies they had adopted were effective. The study recommends that women should be educated on the avenues and resources available for them to deal with domestic violence such as the local help centres, the legal platforms available for women subjected to domestic abuse.

CHAPTER ONE

INTRODUCTION AND PROBLEM STATEMENT

1.1 Background to the Study

The United Nations Children’s Fund (UNICEF, 2000:9) defines domestic violence as the “various situations which take place in the home, and which are characterized by their brutality.”

The forms of brutality often vary from one culture, and as such determining the actual prevalence of domestic violence within specific cultures is difficult (Rajan, 2018). However, it generally encompasses many forms of violence, including sexual, psychological (emotional), and physical abuse by an intimate partner in a domestic setting (Izugbara *et al.* 2020). The term however is narrowly used to cover incidents of physical brutality, but is not limited to: physical attacks such as punching, kicking, hitting, choking, stabbing, clubbing, burning, and throwing boiling water or sexual violations (Itimi *et al.* 2014). Domestic violence is a global social and public health problem that disproportionately affects women more than men, or where women are targeted just because they are women. Evidence shows that it affects all women irrespective of their class, education, income, ethnicity, age, and culture (Hunnicut, 2021). As Sharma and Borah (2020) aptly observes, no society is free from such violence with variations in patterns and trends existing in countries and regions (Sharma, & Borah, 2020).

The Centre for Disease Control (CDC) reports that approximately one in every four women and nearly one in every ten men experienced intimate partner violence (IPV) in the lifetime with more than 43 million women and 38 million men experiencing physical violence, sexual violence and psychological aggression by an intimate partner in their lifetime (CDC, 2020). The UN’s estimates that globally, an estimated 736 million women or one in every three women are

subjected to intimate partner violence, non-partner sexual violence or both at least once in their lifetime (UN Women, 2021). The figures equate to 30% of women aged 15 years and older being subjected to domestic violence around the globe. Regionally, the African region and the SouthEast Asia region have a high prevalence at 33% respectively. In Western Pacific, the rates are 20%, Europe has a prevalence of 22% in the high-income countries in Europe and 25% in the Americas (WHO, 2021).

Domestic violence is a common issue in Kenya; however, the true levels of the problem are not known. The Kenyan Government reports that 45 percent of women and girls from ages 15 to 45 have experienced physical violence and fourteen percent have experience physical violence. However, these statistics may not be reflective of the true prevalence in Kenya as many cases are not reported to authorities and many women do not get justice or receive medical care.

Research has shown that in times of disaster, domestic violence rates tend to increase astronomically. Rezaeiian (2013) argues that and in the aftermath of natural disasters, mental distress among the affected population increases leading to post-traumatic stress disorders, depression, anxiety disorders and other mental distresses pre-dispose individuals to violent and unpredictable tendencies. Furthermore, disasters often mean a threat to life, loss of loved ones, loss of property, source of income, breakdown of social security systems, the collapse of social cohesion and harmony which trigger violent tendencies. This is a concern in the context of COVID-19, which is currently ravaging the world. Emerging reports from different parts of the world suggest that cases of domestic violence during COVID-19 induced lockdowns have increased significantly than those seen during previous catastrophic events. Since the pandemic, emerging reports shows that violence against women and girls have intensified. The pandemic has had a disproportionate impact on women and girl's socio-economic welfare (Bosman, 2020).

When it became apparent that Covid-19 would inevitably spread internationally, nations all around the world took action to stop it by closing borders, enforcing movement restrictions, and instituting curfews. For women and girls, these restrictions and their immediate socioeconomic effects have profound repercussions. When it became apparent that Covid-19 would inevitably spread internationally, nations all around the world took action to stop it by closing borders, enforcing movement restrictions, and instituting curfews. For women and girls, these restrictions and their immediate socioeconomic effects have profound repercussions. During the quarantine in February 2020, domestic violence reports tripled at one police station in China's Hubei Province (Wanging, 2020) During the lockdown, domestic violence reports climbed by 30% in France, whereas other nations around the

In December 2019, the first cases of Covid-19 were reported in China and the disease soon spread to other parts of the world. According to the WHO (2021) the official number of COVID19 confirmed cases in June 3rd 2021 was over 170.8 million with more than 3.55 million confirmed deaths. In response to the pandemic, several measures were rolled out to curb its spread including closure of borders to non-essential travel, county-wide lockdowns, curfews and limited social interactions including churches, schools and social places like restaurants and bars. Further, people were encouraged to work from home while more than 1.7 million people are out of jobs in Kenya (Wasike, 2020).

The United Nations Population Fund (UNPF) estimates that the Covid-19 pandemic has resulted in 15 million additional gender-based violence for every three months of lockdown (Hunnicut, 2021). In countries like, the United States and India, domestic violence helplines have experienced double calls pointing towards the compounding effects of the lockdown to facilitate violence and reduce the ability of victims to seek help (Sharma & Borah, 2020). This has been

attributed to increased exposure to perpetrators as lockdowns means more time at home (Hunnicut, 2021). Since the outbreak of the Covid-19 pandemic, measures to curb COVID-19 have forced many people to stay at home either due to directives to work from home or due to loss of employment. For the victims of domestic violence, increased practices of staying at home leaves them with little chance of escape because they cannot access some of the traditional support services.

In Sub-Saharan Africa, IPV prevalence is at 11% to 52% among women in current marriage or those in current relationships. Studies from other parts of the world also show similar trends. Reports from outpatient emergency clinics show that 14.6% of women in the U.S, 4% in the U.K, 87% in Jordan and 28% in Nigeria and 46% in Malawi were victimized in the first month of Covid19 lockdown. Victims of domestic abuse (Itimi, Dienne, & Gbeneol, 2014). In the Asia-Pacific region, the IPV cases reported between January to December 2020 stood at between twelve 4.9% to 47.6% (UNESCAP, 2021). Calls to GBV hotlines rose by 775% in March and April, according to a study by the UN Country Team in Kenya (UN Country Team 2020) This means that between March and the end of July, 3,650 more GBV cases were documented (UN OCHA 2020). However, these figures may not be reflective of the true situation as often underreporting is common due to the belief that intimate relationship or family matters are ‘private issues’ that should not be discussed in public. This may be due to the women not coming out to report the cases which is further exacerbated by the Covid-19 restrictions of movement or also due to limited research to publish the statistics (Sharma & Borah, 2020).

With people moving to urban areas in search for better opportunities in life, city dwellers are increasing and the majority of people are living in urban settlements which have a higher prevalence of violence against women (Amendah et al, 2014). Various socioeconomic factors

contribute to increased prevalence of IPV in urban dwellings including marital power inequities associated with polygyny giving men control over the women (Izugbara, Obiyan, Degfie, & Bhatti, 2020).

The Covid-19 pandemic in Kenya has made individuals anxious, which has led to worry, financial worries, job loss, and uncertainties. Conflict, tension, rage, aggression, and fights result from this manifesting itself in its own behavioral and psychological expressions. Additionally, women are required to care for and provide for the family members who are staying at home, which adds to their load (Kumar, 2020). In addition to dealing with increased stress and potential job loss, women in urban Kenya, especially those in abusive relationships, are more likely to experience violence as family members spend more time together (Wasike, 2020). Due to gender stereotypes, women and girls are more likely to experience domestic abuse since they are kept indoors without any further assistance from their male family members (Kumar, 2020). Additionally, the lockdown is limiting women's access to their loved ones and their freedom of movement. Their capacity to seek assistance outside of their houses may be severely hampered by the physical and social isolation that may have previously offered support (Bosman, 2020). The women's access to outside support services is constrained by Covid-19.

Domestic violence cases have been on the rise ever since the lock down, particularly in urban areas. According to Neetu et al. (2021), LVCT Health, a Kenyan NGO, reported that 793 adolescents and young women who visited their clinics in the 1.5 months after the Covid 19 lock down reported experiencing violence, a sharp rise from pre-covid periods (Ngunjiri et al.2020) Sexual violence doubled from 2.5 to 5 percent, while physical violence grew from 33 to 43%. The U.N. (2020) reports that the number of instances received by Kenya's domestic abuse hotline increased from 86 in February 2020 to 1,100 in June of the same year (Boongquartz, 2021). The

fact that survivors are unable to contact local support services or seek assistance because of the lockdown because of the curfew and nationwide lockdown further complicates the situation. When the wide range of consequences of domestic violence are taken into account, such as anxiety, depression, eating disorders, posttraumatic stress disorder, alcohol abuse, substance abuse, and physical illnesses, the startling rise in domestic violence cases during the Covid-19 period is concerning. The U.N. (2020) reports that the number of instances received by Kenya's domestic abuse hotline increased from 86 in February 2020 to 1,100 in June of the same year (Boongquartz, 2021). According to the report, there were four times as many calls overall as there were during the previous. It was critical to examine the techniques in place to assist women in coping with domestic violence in homes since families may endure isolation, inability to work, income loss, lack of participation in their regular activities, and reduced ability to care for their families.

The victim of domestic violence must employ cognitive and behavioral coping mechanisms to lessen, manage, or tolerate the demands that the violence places on them both internally and externally. Domestic violence is a dysfunctional behavior (Izugbara et al, 2020). The unpleasant emotional state of violence and the challenges it causes in daily life are dealt with differently by various persons in different situations. While some of the tactics might be advantageous for the individual, others might provide worse results (Itimi et al, 2014). But given that Covid-19 left the majority of women confined to their homes and rendered most services inaccessible owing to lockdowns and curfew times, it was crucial to look into how women in Kitengela, Kenya, are dealing with domestic violence. To decrease, manage, or tolerate the demands that domestic violence throws on them both internally and outwardly, the victim must use cognitive and behavioral coping mechanisms. Domestic abuse is an unhealthy practice (Izugbara et al, 2020).

Violence's unpleasant mental state and the difficulties it presents in daily life are handled differently by different people in different circumstances. While some of the strategies may benefit the person, others may produce less favorable outcomes (Itimi et al, 2014). But it was important to examine how women in Kitengela, Kenya, are dealing with domestic violence because Covid-19 kept the majority of women inside their houses and made most services inaccessible due to lockdowns and curfew restrictions.

1.2 Problem Statement

Since the COVID-19 epidemic broke out in Kenya, the government has implemented a nationwide lockdown, work from home, and stay at home policy in an effort to keep everyone safe and healthy at home. However, the government's action has had unforeseen implications for some people, particularly domestic violence victims. Understanding the mechanics of addressing domestic violence in cities has therefore become important and crucial, especially in light of the rising knowledge that the future of global women's health lies in metropolitan areas. However, the links between domestic violence and urbanization have either gone unnoticed or have received insufficient research, even though growing urbanization may make it worse for women's vulnerability to violence and bad health. This is especially true during and after the Covid-19 lockdown.

1.3 Research Questions

- i. What forms of domestic violence did urban women experience during the COVID-19 lockdown in Kenya?
- ii. What were the survival and coping strategies for urban women who experienced domestic violence during COVID-19 lockdown in Kenya?

Objectives of the Study

1.3.1 Overall objective of the study

The overall aim of this study is to conduct an investigation of the domestic violence experiences and the coping strategies that women living in urban centres have had during the Covid -19 lock down in Kitengela, Kajiado County Kenya.

1.3.2 Specific Objectives

The study sought to examine the testimonies and narratives of urban women's experiences and coping strategies towards domestic violence during COVID-19 lockdown in Kenya.

- i. Investigate the types of violence experienced by urban women during the COVID-19 lockdown in Kenya.
- ii. To find out the coping strategies of urban women who experienced domestic violence during the COVID-19 lockdown in Kenya.

1.4 Justification of the Study

Gender equality is a requirement for sustainable development, according to Tsitsi (2016). The topic of gender equality must be brought up in any discussion on gender-based violence. Gender-based violence must be eliminated in order for development initiatives to be successful.

Domestic violence has serious implications on an individual's ability to participate with their peers in social and economic activities. Often, women are blamed for bringing abuse on themselves, and men are accused of being too weak to suffer from domestic violence. Both parties have been shamed and should remain silent. Gender-based violence has resulted in some victims' deaths, while others have been physically and emotionally harmed with no chance of recovery. As a result, violence against women lowers their productive capacity because victims spend more time seeking medical care and legal recourse than engaging in economic activities.

(Tsitsi, 2016). However, violence in the homestead adversely affects the positioning of either partner in marriage especially in the current pandemic where the situation is already strained. The Ministry of Health published guidelines in May that classified the need for health treatment for GBV survivors as essential (Kenya Ministry of Health, 2020a). The Kenyan government did not, however, offer precise sector-specific guidelines that would have covered the whole array of comprehensive services and initiatives for GBV sufferers. It is evident that the Covid Pandemic and the measures taken to stop its spread are exposing gender-structural disparities and testing the already precarious social protection systems in many regions of the world (Neetu, Roy, Mwangi, & McGovern, 2021).

There was, therefore, a need to carry out research to analyse and document the experiences of urban women who have experienced domestic violence. Government strategies to combat COVID-19 have, unfortunately, tended to overlook its impact on women generally and urban women specially regarding domestic violence. The study generated new empirical data to fill the existing gaps in the literature and in our understanding of the experiences of urban women with domestic violence during COVID-19 lockdown. The study may contribute to knowledge and increase awareness of the prevalence of domestic violence. It may help the private and public sector to formulate, implement, monitor and evaluate policies during the Covid-19 pandemic to eliminate domestic violence.

The data collected has the potential to be used to raise awareness about the impact of COVID-19 on domestic violence in Kenya and to provide information to use in the formulation of appropriate prevention plans. In so doing, the results might provide organisations with information that could potentially be used to formulate policies to address the problem of domestic violence during disasters. Specifically, the research was of interest to the policy makers

who might identify the appropriate intervention strategies to help curb the prevalence of domestic violence during lockdowns. The findings might also help NGOs and other women welfare groups to identify the challenges women in urban setting face and guide them to develop appropriate and relevant strategies to help the survivors and victims of domestic violence cope better.

1.5 Operational definition of terms

Domestic Violence: These refers to any forms of violence including physical such as battering, slapping,kicking, emotional and verbal abuse such as name calling,financial control and limiting movement in a domestic setting.

Coping Strategies: The measures or actions taken by women to deal with or to minimize the domestic violence incidences.

Urban Centres: These are the small centres and towns situated in the outskirts of the major cities.

1.6 Conclusion

In this chapter, a background of the study is provided which covers the introduction to the domestic violence experiences and incidences during the time of disasters. The background of the study places the study into context by drawing evidence on the existence of a problem in relation to Covid-19 lockdown for women in urban settings. The chapter then states the problem under study, the study objectives and research questions and the study's justifications. The study comes to a close by defining the terms used in the study.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This section contains background and detailed forms of domestic violence, how its reproduced by analysing the theory the social learning theory. It's through this section that we get to know that domestic violence is learned through day-to-day practices in our homes. The chapter is guided by the two research objectives of the study.

2.1. Types of Domestic Violence

Domestic violence is a serious social challenge that can take various forms such as physical, emotional, sexual and economic (Slabbert, & Green, 2017). Pence and Paymar (1993) argue that males can control their partners an indulge his inner needs of exercising control in different forms of actions. Pence and Paymar identify three main types of ways through which control is exerted; violence, physical and sexual control. There are different ways in which each of these types of domestic violence are executed and these are described in detail in the following sections.

2.1.2 Physical Violence

Physical abuse can be impulsive or control and is characterized by physical assaults. The assaults may result in bruising, burden, stabbing or scalding. Persistent blows to the head may result in serious injuries either undetected or untreated. Others will target parts of the body which are not

visible. Other forms of violence include locking up, ice-cold bath, forcing heads into the toilet, physical neglect, kicking, slapping, hitting, pushing, shoving, choking, strangling or grabbing among others. Sirika and Urassa (2015) found that in Serengeti Tanzania, socioeconomic factors tend to exacerbate violence against women. They found that wife battering is a common form of domestic violence against women which the respondent indicated led to injuries and permanent disabilities. Wife battery was associated with the need for men to prove that they are ‘real men Sirika and Urassa (2015).’ In some African Societies, men are respected if they exercise their power over women even if it is achieved through beating. Slakoff, Abujla and PenzeyMoog (2020) argue that Covid-19 pandemic has increased women’s risk of being victims of coercive control who are distressed by their male partners. Porter, Favara, Sanchez and Scott (2021) quantified the increase in physical domestic violence by family or intimate partner experienced by people aged 18-36 during the Covid-19 lockdowns in Peru. The researchers found that people who had experienced physical violence pre-Covid-19 lockdown were more likely to experience domestic violence with 23.6% indicating a increase in physical violence.

2.1.2 Emotional Abuse

Emotional abuse is used by those who seek to make their partners feel crazy, worthless, scared or responsible for the abuse. Emotional abuse aims at giving the abuser control over the victim. Forms of emotional abuse include making jokes about the victims, criticizing the competence of the victim, ignoring their feelings, withholding affection as a form of punishment, ignoring the victims feelings, yelling at the victim, accusing the victim of being abusive, threatening with physical violence, threatening suicide, threatening to take away the children and humiliating the victim in front of others. Fawole, Okedate and Reed (2021) indicate the in emergency situations, increased incidences of violence against women and identified that there was an increase in the severity or new types of violence being suffered by the victims in Nigeria. Individuals reported

many forms of domestic violence such as physical, sexual, psychological or economic or all subsequently (Fawole, Okedate & Reed, 2021). Women also reported being threatened being thrown out of their homes by the abuser threatening the ability of the women to protect themselves from Covid-19 exposure. Issues of custody of children, disruption of the women's income generation were some main stressors for the women. They also reported that the lockdown hindered women's access to formal and informal sources of help (Fawole, Okedate & Reed, 2021).

2.1.3 Sexual Abuse

Sexual abuse is a common form of domestic violence which may include treatment of women as sexual objects, criticizing the victim's sexuality, using sexual jealousy to control the victim, rape, sex after beating, flaunting affairs, demanding sex, forcing the victim to witness or participate in sexual activity with others, sexual torture, sexually assaulting the victim in front of children, withholding sex as punishment and uncomfortable or unwanted touch. Neetu et al (2020) found that there are numerous pregnancies that could have been avoided due to delayed responses in the access to healthcare services among victims of sexual abuse. In a local study, Flowe, Rockowitz, Rockey and Kanja (2021) found that the major forms of violence identified during the Covid-19 period include sexual violence where the incidents occurred in private residents or in the survivors' home. Most of the sexual violence were committed by strangers followed by husband/boyfriend, family members and neighbours or others.

2.1.4 Social Abuse

Social abuse is used to isolate the victim of domestic violence from others in the community by disconnecting the victim from loved one or social support networks to gain control over the victim.

Such forms of control include insisting that the abuser and victim spend time together, discouraging the victim from seeing or spending time with family and friends, monitoring the victims calls and messages, restricting access to forms of transport and forbid the victim from seeing their friends or family. Slakoff, Abujla and PenzeyMoog (2020) found that victims often have to establish code words or signals of distress when in abusive relationships in Canada because their abusers tend to cut off their access to the outside world. It was noted that isolation can be particularly challenging during the current Covid-19 pandemic because if the abuser controls the victim's telephone and smartphones, then their contact with social support may not be available.

2.1.5 Financial Abuse

Victims of domestic violence can be controlled financially. Victims who depend on the abuser for money have few options for escape. Major methods of financial control include maintaining financial secrecy, regulating access to cash, keeping tabs on the victims' spending, forbidding the victim from working, requiring the victim to turn over their income, and making all financial choices. According to Mittal and Singh (2020), pandemics frequently result in the collapse of social infrastructure, exacerbating the flaws and tensions in the institutions. Girls and women are subjected to sexual assault and harassment as a result. During the Ebola pandemic in West Africa, there were cases of rape and victims who were unable to flee their abusers (Yasmin, 2016). Neetu, Roy, Mwangi, Raval, and McGovern (2021) make the case that pandemics and governmental measures like school closures, quarantines, and lockdowns worsen gender-based disparities and increase the exposure of women and girls to domestic abuse in Kenya. The routine activity framework is used by Krishnakumar and Verma (2021) to determine the causes of the rise in domestic violence cases in India during the Covid-19 pandemic. Their research

showed that lockdowns increased women's financial dependence on men, which in turn increased the use of financial abuse and control against women.

2.2 Responses to Domestic Violence

By evaluating the trends in the increase of gender violence as well as the social and psychological difficulties, Mittal and Singh (2020) looked into gender-based violence in the Covid-19 shutdown. The paper also looked at efforts to raise awareness by calling for a shift in how people treat victims of gender-based violence. The results showed that lockdowns had a number of detrimental effects on locked down women. Governmental legislative actions and the provision of necessary services to the victims by non-governmental organizations are among the steps taken to stop it.

Women who experience domestic abuse exhibit low levels of extraversion, openness, and conscientiousness, according to research by Camelia and Ioana (2015). Additionally, they are more likely to utilize coping mechanisms that are mostly problem-focused. Active coping, inhibiting conflicting activities, using social support strategically, and constraint are a few examples. They were discovered to also need emotional venting and emotionally driven approach. The results also indicated that the women are very prone to employ religious coping mechanisms.

Perez-Tarres, Cantera and Pereira (2017) identified the women's coping strategies such as cognitive avoidance, acceptance/resignation, and search for gratifying alternatives. They established that cognitive avoidance as most frequently used by the women and involves avoiding thinking about the problem. The women try to keep their minds busy, spending time out of the home, focusing on childcare or keeping strict routines. In regards to acceptance or resignation, the women attempted to accept the problem by giving up or taking actions to

promote the well-being of the family with no regard to things that may result in conflicts. The search for gratifying alternatives involves seeking alternative sources of satisfaction such as staying with family, writing, reading, talking walks or keeping the mind occupied.

Mahapatro and Singh (2019) reported that the differential impact of domestic violence, influences the coping strategies identified by the victims or survivors. They found that women who have an informal support system tend to cope better while women receiving formal intervention improve their coping strategies and reduce the psychological distress arising from the abuse.

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Carvahlo, de Oliveira, Gomes, Campos, Almeida and Santos (2019) identify five coping strategies. The first is accountability for domestic violence where the victims accept responsibility for the perpetrator's behaviour where they recognize themselves as the cause of the behaviour and bears the guilt over it. Women blame themselves for the domestic violence attributing it to their inappropriate behaviour. Second, some women resort to drug use as a self-control strategy because it provides an escape from reality. Third is the use of confrontation

mainly characterized by aggressiveness. The other coping strategy identified was the use of dialogue to reduce or eliminate the stressful situation. The last strategy is the use of social support which include information based support from families or institutional-based ones.

Swart (2013) examined the strategies for coping with gender-based violence among young women in Kibera, Kenya. The research targeted women between aged 18-30 and quantitative data was collected from a survey to 200 women in Kibera. The results revealed that endurance and faith in

God were the most frequently used strategy among effective strategy keeping the women safe. Aside from this, the women also reported talking to family and friends, seeking professional counselling or becoming better partners. In another local study, Odero, Hatcher, Bryant, Onono, Romito, Bukusi & Turan (2014) identified that women use either informal resources such as pastors, local leaders or family and health facilities as coping strategies for intimate partner violence. In some cases, women also escalated their responses to formal services including the police and the judiciary.

2.3 Theoretical Framework

The social learning theory was developed by Albert Bandura (1977) which posits that individuals learned behaviour through observation. The social learning theory was used to explore the coping strategies and adopted by women experiencing domestic violence during the Covid-19 lockdown.

The social learning theory has four mediational processes which explain how behaviour is acquired. First is attention which is defined as the extent to which individuals notice behaviour.

Bandura (1977) posits that a behaviour must first grab an individual's attention before it can be imitated. This tenet of the theory is important for this study is women identifying that there is abuse in the relationship and come up with ways of dealing with the situation.

Second is retention which is defined as how well individuals remember behaviour. People cannot perform behaviour if the behaviour is not remembered. Therefore, while individuals do notice behaviour, a memory should be formed to perform it. In this study, this tenet was significant because it was used to determine whether the women, once they notice the abuse, form memories about it.

The third step is reproduction defined as the ability to perform the behaviour. The ability to reproduce a behaviour is critical in determining individuals' decisions on whether to attempt performing the behaviour even when limited by physical abilities. Here, the coping strategies identified and memorised would be put to test. Whether the strategies would be repeated despite their effectiveness or not in addressing violence. The fourth is motivation which refers to the will to emulate behaviour. This is the mediational process or the vicarious reinforcement. It involved learning through observation of consequences of actions through direct exposure.

A primary strength of the social learning theory is its flexibility in explaining the differences in individual's learning or behaviour. For instance, in this study, this strength was used to examine how the changes brought by Covid-19 such as increased exposure to violence and limited access to traditional channels will result in different coping strategies adopted by different individuals. The social learning theory also allows for different ways of learning either through observation and learning.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

The section provides a description of the research study, the research design, research site, selection of the participants, methods of data collection, data analysis, ethical considerations, and study limitations.

3.1 Study Design

The precise strategy for examining a research problem is known as the study design. A qualitative study design was chosen for this investigation. A researcher might ask respondents detailed, probing questions based on their responses when using a qualitative research design. Unlike quantitative research designs, which gather numerical responses, a qualitative research design focuses on understanding the respondents by asking why and how questions about the topic in issue (Saunders et al., 2019). To gain a thorough grasp of a certain problem, subject, or meaning based on personal experiences is the fundamental goal of qualitative research. This is

attained by having a relatively small, but also focused sample base because qualitative data is time consuming. Therefore, qualitative research is concerned with the depth and not the quantitative (Creswell, 2014). So, for this study, a qualitative study enabled the researcher to explore the experiences of urban women on the forms of violence, their causes, impacts and the ways the women cope with the experiences. Therefore, collecting in-depth data is critical in ensuring that the findings are reflective of the experiences of domestic violence victims and survivors.

3.2 Site Description

The study was conducted in Kitengela town. Kitengela is a plain in Kenya located south of Nairobi. Kitengela began as a ranch made up of 18,292 ha in 1988 with 214 registered members.

The ranch was part of the government's effort to intensify commercialization and private ownership of land in pastoral systems. Since the fragmentation of the group ranch, land sales have continued. Kitengela Town is in Kajiado County and is 19 miles south of Nairobi. It is part of the Nairobi Metropolitan Area and is one of the fastest growing urban areas as per the 2019 census. Its population is 154,436 people. The town is close to Athi River town in Machakos County. The town is growing fast and is attracting an influx of middle class Nairobians who are constructing gated communities, rental properties and commercial properties.

There are specific trigger factors and circumstances in cities that can affect incidences of gender-based violence; hence, the need to study the urban women's experiences and their coping strategies towards domestic violence during Covid 19 in Kitengela.

Kitengela Town in Kajiado County was selected for the study because of the surge in the number of Gender-based violence in Kajiado County where there were 59% cases of domestic violence

was reported by those living in urban areas in Kajiado county while the national average of domestic violence cases in urban centres was 54% implying that since the Covid-19 outbreak, cases of gender-based violence in the county have been on the rise warranting this study targeting Kitengela as an urban centre in Kajiado (UN Kenya, 2020). Moreover, the focus of the study was on understanding how the urban settings predisposed the women to domestic violence and how the setting also affected how they coped with incidences of domestic violence. Therefore, Kitengela was chosen because it is an urban location that is home to many middle- and lower-class urban residents.

3.3 Sampling Technique

The study adopted a purposive sampling technique also known as judgemental or subjective sampling, a form of non-probability sampling where the researcher relied on her own judgement when selecting the members of the population to take part in the data collection (Bryman, 2012). Purposive sampling was adopted because it is congruent with a qualitative research study where the researcher aims to gather qualitative responses that provides insights and more precise research results. Because it can be difficult to identify women who are victims of domestic violence, the researcher also adopted snowballing sampling once a few of the initial respondents had been identified. Snow-balling refers to the initial respondents providing other potential data sources who may be able to participate in the study through a referral system. However, the sampling techniques adopted posed their limitations as participants in the purposive sampling can manipulate data causing invalid research outcomes. Moreover, purposive sampling also meant that the researcher could not collect data from a large population. The sampling technique is also subject to sampling and researcher bias. As a result, there was a risk to the validity of the responses. However, ensure validity of the responses, the researcher ensured that the questions

asked were relevant and that collection of data was done to the point of saturation to ensure reliability of the findings (Bryman, 2012).

3.3 Participant Selection

3.3.1 Inclusion Criteria

The participants in the study were adult females of various marital status such as married, single, separated or divorced between ages 18-60 years. These women were purposefully targeted because the study is about violence against women and the women in these age groups were included in the study. They are not only within the legal age to provide their consent to participate in the study, but they were also at a legal age to be in legally married or come-we-stay relationships. Therefore, including them in the study is critical to the study. In addition to purposive sampling, snowballing was used to identify some of the hard-to reach respondents. The women targeted in the study helped to reveal the violations and abuse they undergo and what they have done to cope with it. Aside from the women, social workers, an administrative representative such as the chief or assistant chief and religious leaders were targeted for the study. Purposive sampling was used to select the chief, the religious leader, and a social worker.

To identify the women, social workers, chiefs and religious leaders were involved in identifying the victims of domestic violence who could participate in the study. The women, once identified, were approached and asked whether they were willing to participate in the study. In total, the study targeted 15 women using saturation method (Saunders et al, 2019).

3.3.2 Exclusion Criteria

Women above 60 years of age and girls below 18 years were not included in the study. Girls below 18, may experience domestic violence, but as most are minors and being in marriages or partnership is against the law, they were excluded from the study. Moreover, the girls, being

under-age would require consent from parents to par-take in the study. The police were also not included in the study to enable the victims to communicate openly during the data collection process.

3.4 Methods of Data Collection

Data collection was done using interviews and focus group discussions.

3.4.1 In-depth-interviews

Interview guide was used to conduct in-depth interviews with women who have experienced domestic violence during Covid-19 lockdowns together with the religious leader, social worker, and chief. The key informants were selected because they are likely to receive cases of violence against the women in the course of their duties. The interviews lasted between thirty to forty-five minutes. Recording was done using an audio recorder for later transcription. Interview is the most appropriate because it allowed the researcher to explore the forms of domestic violence experienced and guarantee a higher and more in-depth response rate as compared to questionnaires.

Interviews were also used to collect data from the women chosen for the study. Interviews are most propose for the women because they were done privately where the women could freely interact with the researcher and recount their experiences and strategies for coping with the abuse.

3.4.2 Focused Group Discussion

Focused group discussions are a special type of interview where a small group of people freely and spontaneously discusses a subject with the guidance of a facilitator. In this study, four focused group discussions were done with the group members to gain some insights into the

experiences of women with domestic violence during the period and how they are coping with the abuse. The women were grouped depending on their availability and their consent to partake in the specific group where they felt comfortable to share and speak out. The researcher took short notes while an audio recorder was used to record the sessions for later transcription. The focus group participants were those who agreed to get together with three or four other members to openly discuss their experiences. The FGD also include the social worker who helped to spearhead the discussion to encourage the women to open up about their experiences.

3.5 Data Analysis

Data analysis was done using inductive analysis. Specifically, a constant comparative method was used which commenced immediately when the data collection began. The study used verbatim transcription and translation. Analysis was done at the end of each done across the data sources to identify any emerging themes and issues in order to inform the collection of data the following day. Once the transcription was done, the next step was to read through the responses to identify the initial major themes and patterns in the responses as outlined by Yin (2009) the process entailed reading through the responses and then identifying the major categories of themes. These were assigned initial codes and once they were identified, sub-themes were established and the supporting evidence in terms of the responses were created. These themes and codes were re-done several times until clear themes and the supporting evidence were identified.

Triangulation was done by comparing the data from the FGD with the interview to check for reliability and validity. The study participants and the KIIS, supervisor and the research assistants were used to check for reliability and validity. Reporting of data was done thematically.

3.6 Ethical Considerations

To make sure that reliable and valid data is collected, the researcher first obtained an informed consent from the respondents. The researcher provided them with information on the purpose of the study, assuring them that their information was kept confidential and that their identity would not be revealed. Participation was voluntary, and the interviews were done in a neutral place once the respondents signed the informed consent to show their willingness to be part of the study. Pseudo-names were used to ensure confidentiality. As the respondents were likely to recount some details of abuse that could bring them discomfort, the researcher ensured their mental and emotional well-being by recruiting a research assistant with guidance and counselling background and also relied on the social workers to help calm the participants down.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION

4.1 Introduction

The current chapter presents the findings from the data collection process outlined in chapter three. The study was qualitative and so, the presentation of data is based on the thematic analysis of the findings and are in prose form and verbal quotes. The findings are incorporated into the

major themes from the three interviews with the social worker, the domestic violence survivors as well as the FGD with the domestic violence survivors.

4.2 Demographic characteristics of the Respondents

The researcher's target population were women aged between the ages 18-60 and the researcher was able to interview all the fifteen women who were sampled for the study. The researcher asked the women to indicate their age and table 4.1 shows their ages and their employment status.

Table 4.1: Demographic Characteristics of the Respondents

Demographic characteristics	N=15	F	%
Age	18-30	6	40
	30-40	7	46.7

	40-50	2	13.3
Employment Status	Part-time	2	13.3
	Self-employed	3	20
	Housewife	10	66.6
Marital Status	Live with boyfriend	2	13.3
	Come-we-stay	6	40
	Married	7	46.7

In regards to the employment status, only 2(13.3%) of the women indicated that they were employed part-time while 3(20%) indicated that they were self-employed since the lockdown as the majority were businesswomen whose work was affected following the lockdown. The majority, however, were housewives (66.6%).

The women were also asked to indicate their marital status and all the majority of the women indicated that they were living with their boyfriends (13.3%) while 40% were in come we stay relationship while the majority 46.7% were married.

4.4 The types of violence experienced by urban women during the COVID-19 lockdown

The first objective of the study was to investigate and analyse the types of violence experienced by urban women during the COVID-19 lockdown in Kenya. It aimed to identify the types of violence experienced in terms of its intensity, frequency and also the form of violence the urban women were suffering from since the onset of Covid-19. However, first, the researcher aimed to understand the changes that the families had undergone during the covid-19 lockdowns as the reviewed literature showed that changes brought about by disasters may create circumstances in families that exacerbate domestic violence incidences.

First, interviews with the survivors of domestic violence were asked to identify some of the key changes in the family since lockdown was initiated. The questions raised some key points from the women with some indicating that some of the changes have been positive while others indicated that the changes have been positive.

Those who reported positive changes argued that the lockdown has forced their husbands to return home early and this has led them to spend more time with their children. One of them argued;

'I am happy that since the lockdown, my husband has been spending time with my children. He is forced to be home earlier than he would otherwise be and this led him to spend more time at home.' Another argued that;

'My husband arrives home early nowadays, unlike before when he used to come back very late...I can say that the curfew has been positive on that note. He is spending more time with his family.'

However, even as these women applauded the curfew for making their husband arrive home early, this positive aspect was only pointed out by two of the fifteen women. Moreover, the husband spending more time at home was viewed to only be a good thing for the children, but not for their relationship as husband and wife.

4.4.1 Financial challenges and domestic violence

Generally, the majority of the women who were interviewed argued that some of the key challenges facing their family due to lockdown were mainly stemming from the financial constraints resulting from the closure of businesses or loss of employment which had led their partners to either escalate their abuse or to start abusing them.

During the interview, it was found that financial abuse was common since the lockdown begun. For instance, one of the women argued;

'The lockdown has significantly affected my family financially. Before, I could contribute to the daily needs of my family while my husband dealt with the monthly bills such as rent and school fees, but now the burden is really on him, as I had to close my business due to lack of profit... the problem is that now, he even refuses to give me money for lunch with the children. He is quick to argue and state that I am useless because I do not have any money to meet our needs'

Another woman argued;

'The lockdown has forced couples to spend more time together, and as previously people were not used to spending time together, it is causing a lot of strain yet there is no money to meet the financial demands of the family. In my case, I am being humiliated by my husband every day because he says that I am useless and not I should not ask him for any money. After all I am lazy and do not bring anything to the table. He refuses to give me money even to do my hair and if I try asking, he will rant and even throw things around just to shit me up.'

These arguments were also brought up by the Chief who argued;

'Women are staying with their husbands at home on a daily basis in the face of the hard times where the husband cannot fulfil his roles as the provider. Most men then use their financial strain to turn against the women. They insult them and refuse to give them money as a way of keeping tight control over them and women have no choice as everything is under lockdown.'

During the FGD discussion, the women argued that Covid-19 has really challenged them. There have been significant changes in the homes especially in regards to food. One woman argued;

'We are having challenges feeding ourselves the way we used to... I don't have any money and so do my husband... it is so hard for us to go to bed on a hungry stomach and then engage in sexual activity. An empty stomach cannot permit one to even think of or enjoy sex.'

Other women argued;

'We have been forced to eat one meal a day because we really cannot afford to eat three meals a day, and this is really causing stress and health issues for us... more stressing is that now that I do not have my own money, my husband has become very controlling, whenever I ask for money to go out and do things such as shopping, see friends or even go to church, he refuses and starts telling me to be serious with life'

The interview with the social worker also revealed that there are many challenges and changes brought by Covid-19. The social worker argued;

“Cases of domestic violence due to the increased contact and interaction between the perpetrators and their victims. The financial stress and not being able to work, working from home and other social limitations impact cases of domestic violence...Furthermore, gender-based violence is rooted in power, and where there is increased exposure, the perpetrators will likely exert power over their victims.

Cases of domestic violence have significantly increased since the onset of covid-19. Borrowing from other practitioners dealing with covid-19, I can say that when people started working from home or where they have been stopped or fired from their work, they get more control over the perpetrators, and this limits the ability of the survivors to seek help. However, there are some who have come to seek for assistance”

The interview with the chief also showed that Covid-19 has brought about many challenges for families. He argued;

‘Well, there have been increased cases of domestic violence, shortage of jobs have led to financial strains which are compounded by the poor communications as men and women adopt different defense mechanisms to prevent their partner from asking for money to care for the family. Other changes include rural to urban migrations which have impacted the livelihood of the people. In addition, the families are facing a lot of stress due to the loss of jobs which have led to increased violence from the husbands...men have lost their jobs and their positions as the providers is being challenged which is increasing mood swings.’

One of the women had argued that she is now bearing a lot of the burden of providing for her family. She claimed that she is now forced to put in longer hours and work in very stressful situations just to fill the gap that her husband’s financial challenges are bringing to the family.

These sentiments were reflected in the interview with the chief who argued;

‘Covid-19 has led to an increase in the gender roles mostly for the women as men have left their homes while some are neglecting their duties leaving all the burden to their wives.’

Generally, it can be deduced that the major challenges facing families since the Covid-19 lockdown stem from financial constraints due to the loss of employment and a high reduction in the income from the women who were relying on self-employment and small businesses.

From the above examples, it can be seen that one of the forms of abuse that escalated during the pandemic was financial constraints which in turn led to increased financial control by the husband. The inability of the husbands to provide for their families and the wives' lack of adequate financial means led to abuses by the husband. The men, due to their frustrations, anxiety and likely depression turned to insulting women about their inability to contribute to the financial needs of the family while others used the women's lack of financial independence to control their actions. These findings are in line with those by Krishnakumar and Verma (2021) who established that lockdowns increase women's financial dependence on men and this increases perpetration of financial control and abuse.

4.4.2 Social Abuse

Aside from the financial challenges, the women also identified social challenges arising from the covid-19 lockdowns; one argued that previously, if she had a problem, even financial ones, she would rush to her friends and relatives and ask for help. However, most of their friends and relatives had relocated to the villages during the lockdown which in turn cut off some of their social circles and their husbands or partners are using this to make their lives miserable.

The women were also asked to indicate how the changes since the lockdown have affected their family. The women responded that changes have generally been negative. One of the argued;

'The major changes are related to my husband coming back home late. Again, my husband's drinking has also increased, so I can say that corona has negatively affected our relationship. and even sad is that I do not have any friends or relatives to talk to. He goes out a lot but if he comes back and hears that I was out, he starts complaining that I

am wasting time with people who are not important. When he beats me, I do not have anyone I trust that can talk to'

The woman's claims imply that the man, despite spending a lot of time out drinking and socializing, is minimizing the wives' contact with other people, therefore, socially isolating her from any social support that could help her deal with the verbal and sometimes physical abuse he puts her through.

Another woman argued;

'I would say that our relationship is somewhat strained as he sometimes comes late, he shouts and his temper is really short. So, I can say that our relationship has change in terms of how we relate to each other... his tempers are even shorter is I try to invite any friends or relatives over. He claims that people should keep to themselves. I feel sad because these are the people I rely on for advice and support especially now that he is always shouting at me.'

Another woman argued that she is feeling trapped in the marriage. She said;

'My relationship with my husband has changed. There is no love between us...I feel trapped and I feel that we are both together 'tuvumiliane' because I cannot leave and he also cannot leave. For instance, my husband feels that he is overburdened because I am not providing anything. He is always blaming me always saying that I am the one preventing him from doing many things. He has gone to the extent of selling things from the house...He is also extending his anger to the children whenever they ask for anything he is always shouting at them as he feels he is overburdened because he is the only one providing financially for us.'

Overall, it can be argued that the covid-19 lockdown measures which led to the closure of the economy has negatively affected the relationships of women interviewed in this paper. There are some key challenges that may have been there, but have generally been magnified by the lockdown measures. These include the time husbands being at home with high levels of stress stemming from the financial challenges facing them. The situation is made worse by most friends and relatives being also under lockdown. This severely limits their social support networks. The abuses are taking advantage of this to exert control over their partners. As Slakoff,

Abujla and PenzeyMoog (2020) found that victims often have to establish code words or signals of distress when in abusive relationships in Canada because their abusers tend to cut off their access to the outside world. It was noted that isolation can be particularly challenging during the current Covid-19 pandemic because if the abuser controls the victim's telephone and smartphones, then their contact with social support may not be available.

4.4.3 Verbal Abuse

The researcher, during the analysis also identified verbal or emotional abuse as a type of abuse women suffered during the pandemic lockdown. The interviews revealed that the women were being called names, made accusations against and verbally teased down. The majority of the women indicated that the frequency and intensity of the violence in their homes had increased. It should be noted that the researcher and the research assistants had to inform the women of the different forms of violence.

One of the women for instance argued;

'Since the lockdown, my husband has become very verbally abusive. He keeps accusing my friends of negatively influencing me. He is always shouting and verbally abusing me even in front of the children.'

Another woman argued that;

'He verbally abuses me; he is emotionally distant and he uses physical distance to keep me in line.... if I start asking him about money for food and other expenditures, he claims that I am very nagging and that our home is not conducive for a man. So, he leaves the house and stays away at night.'

These findings show that verbal and emotional abuse have been on the rise since the onset of Covid-19. The women indicated that their husbands threaten them, call them names and belittle them. These reflects the claims by Fawole, Okedate and Reed (2021) who indicated that in emergency situations, increased incidences of violence against women and identified that there

was an increase in the severity or new types of violence being suffered by the victims in Nigeria. Individuals reported many forms of domestic violence such as physical, sexual, psychological or economic or all subsequently (Fawole, Okedate & Reed, 2021). Women also reported being threatened being thrown out of their homes by the abuser threatening the ability of the women to protect themselves from Covid-19 exposure.

4.4.4 Sexual Violence

According to the social worker;

'Cases of rape have also become more rampant. We have been receiving victims of brutal sexual violence, especially those who fail to meet the curfew hours. Their health seeking behaviors are complex because most people fear approaching health facilities following incidences or rape. So, the cases we have received have increased, but I feel that the cases are way higher than ones we know of. So, I feel that the actual impact of the Covid-19 lockdown and curfew containment measures.'

Cases of defilement were also identified as some of the instances of domestic violence by the chief and the social worker. The social worker argued;

'Cases of defilement have significantly risen during the Covid-period. Most of these cases involve teenagers whom following closure of schools, led many teenagers to be at home and idle. Most young girls engaged in sexual violence and cases of truancy also left home to live with their boyfriends. these men sometimes hold the gurls hostages, which we refer to as defilement. So, closure of schools led to increases cases of defilement of young girls who left to live with men. Parties also contributed to the increased cases of defilement.'

According to the chief'

'The young girls since the schools were closed have ended up engaging in premature sexual activity with boys who abuse drugs and substances such as marijuana, miraa and alcohol who also abuse the girls and some are raped by their boyfriends and in some cases older men whom these girls go to live with.... sadly, the mothers are the ones who are blamed by their husbands for the girl's wayward behaviors. She is blamed for the moral decay portrayed by the children'

These findings reflect the incidences of sexual violence in the homes majorly involving young girls. These findings reflect those in Kenya by Neetu et al (2020) found that there are numerous pregnancies that could have been avoided due to delayed responses in the access to healthcare services among victims of sexual abuse. Similarly, Flowe, Rockowitz, Rockey and Kanja (2021) found that the major forms of violence identified during the Covid-19 period include sexual violence where the incidents occurred in private residents or in the survivors' home. Most of the sexual violence were committed by strangers followed by husband/boyfriend, family members and neighbours or others.

4.4.5 Physical Violence

The chief and the social workers, interestingly, were the ones who reported incidents of physical violence among the women, aside from only a few women. One of the women acknowledged that the verbal abuse can easily escalate to physical violence if she does not keep quiet and become submissive in the face of the emotional and verbal abuse. The chief and the social workers indicated that the women were subjected to physical violence.

One of the women also claimed that she had undergone physical violence. She argued;

'Wife battering has really increased since the lockdown. I have a number of friends who have come to me and shared that they are being physically assaulted by their husbands and I have also experienced physical violence from my husband who has shoved and slapped me due to disagreements regarding the rent I gave him and he did not pay it. When I questioned him about it he became physically violent.'

One of the women argued that

'I am not working.... Before the lockdown , I was a business woman, but when the curfew hours were implemented, the working hours were limited and I had to often rush home to beat the curfew ... The challenge extended also to my husband who was fired, reinstated then

also fired. and now because we lack enough money to sustain ourselves, my husband has been slapping and hitting me at random times because he is always frustrated.'

Incidences of domestic violence had been identified by Sirika and Urassa (2015) who had reported that wife battering is a common form of domestic violence against women which the respondent indicated led to injuries and permanent disabilities. Wife battery was associated with the need for men to prove that they are 'real men. Moreover, as Slakoff, Abujla and PenzeyMoog (2020) argue,

Covid-19 pandemic has increased women's risk of being victims of coercive control who are distressed by their male partners.

4.5 Survival and coping strategies of urban women who experienced domestic violence during the COVID-19 lockdown

The second objective of this study was to find out the survival and coping strategies of urban women who experienced domestic violence during the COVID-19 lockdown in Kenya. As in the previous objective, the researcher interviewed the domestic violence survivors, the social workers, the chief and conducted focused discussion groups in order to identify the survival and coping strategies that the urban women have adopted during the Covid-19 period. Their responses are provided based on the themes identified.

4.5.1 Coping strategies

In regards to the coping strategies, the researcher asked the respondents to indicate what they do to cope with the violence you experience. Several strategies were identified, but the majority of the women had chosen to be silent in the face of the abuse in order to prevent the argument from escalating. One of the women in the interview said;

As I said before, my husband has become very verbally abusive. So, I always keep quiet whenever I see he is in a bad mood. I refrain from asking him anything regarding money in order to avoid the verbal arguments escalating to physical violence. So, to cope, I have had to become submissive

Another woman argued;

'Generally, when I keep quiet and avoid fueling his anger, I have seen that he tends to come down. If I don't keep quiet, he even leaves and sleeps out in his friends' place. So, I have learnt to keep quiet in order to keep him home...'

These findings show that women tend to bottle down their emotions and just keep silent in order to deflect the abuse meted down on them by their partners. These are in line with the claims by Camelia and Ioana (2015) who found that women that are victims of domestic abuse have low levels of extraversion, openness and conscientiousness. They are also prone to predominant coping strategies which are focused on the problem. These include active coping, suppressing competing activities, use of instrumental social support and restraint. They were found to also require emotional focused strategy and venting of emotions. The findings also showed that the women are also highly likely to use religious coping strategies.

Aside from keeping silent, the other strategy that came out during the interviews was on the women trying to justify their behaviors by trying to understand that it is the strain that comes with lack of finances that is making their husbands become more abusive. One of the women indicated;

'I have also been trying to understand the stress he is going through right now because of the financial burden he is bearing right now due to Covid-19.... He was not always like that so I am trying to become supportive and understanding of the issues facing him right now'

These points towards the women's tendencies to take responsibility for the abuse or to try to understand and rationalize why they are being abused. As Carvahlo, de Oliveira, Gomes, Campos, Almeida and Santos (2019) argued, women sometimes take accountability for domestic

violence where the victims accept responsibility for the perpetrator's behaviour where they recognize themselves as the cause of the behaviour and bear the guilt over it. Women blame themselves for the domestic violence attributing it to their inappropriate behaviour.

During the FGD, the women raised the issue of sharing with other women. One of the women argued;

'Sometimes, it is good to share with your fellow women. It may be that they are not going through what you are going through, but she may have faced similar challenges in the past. Talking to her will help you offload some of the stress he feels and also get advice on how you can handle the situation.... So, for me, I share with the women that I trust, especially now that reaching family members who can talk to him is difficult.' However, sharing was not a coping strategy for the women, especially the younger ones, who argued that they have a hard time sharing their marital problems with others. One of the argued that;

'I prefer to take walks wherever my husband starts shouting at me. I leave the house for a while to cool down and later on talk to him when he is calm enough. Unlike me however, my husband turns to his friends whenever he has any stress. He says that he feels relieved when she shares with his friend, but I really can't bring myself to do the same.'

Another woman argued that she is forced to always leave the house very early and come back as late as possible to minimize her interactions with her husband who is spend many hours at home since he lost his job. She explained;

'If I stay at home with my husband, he will always find the slightest thing to argue over. He will go on for hours and hours complaining, insulting me and shouting. So, I have learnt to always leave the house to keep busy and to avoid interacting with him. I am tired of his verbal and emotional abuse. You find that I rarely if at all take breakfast at home as I prefer to be out of the house as soon as I can. It is very stressful for me when it is time to go home because I know he will find something to shout and abuse me over despite the fact that I am the sole breadwinner of the family right now.'

These strategies show women's preference for avoidance of any confrontations where they leave the violent environment for a while. These are in line with the arguments presented by PerezTarres, Cantera and Pereira (2017) who argue that women use different coping strategies such as cognitive avoidance, acceptance/resignation, and search for gratifying alternatives. They established that cognitive avoidance was most frequently used by the women and involved

avoiding thinking about the problem. The women try to keep their minds busy, spending time out of the home, focusing on childcare or keeping strict routines. In regards to acceptance or resignation, the women attempted to accept the problem by giving up or taking actions to promote the well-being of the family with no regard to things that may result in conflicts. The search for gratifying alternatives involve seeking alternative sources of satisfaction such as staying with family, writing, reading, talking walks or keeping the mind occupied.

However, the chief argued that;

'Most of the violence occurs at night and these are hours that restrictions are in place and when the physical violence occurs, the women cannot seek refuge anywhere as they are stuck at home with the abusers... sadly, despite these abuses, women are choosing to keep quite leading to many unreported cases of domestic violence for the women.'

The social worker best explained this as the control and power that the curfew hours has given to the perpetrators of domestic violence. He stated;

'The victims during curfew or lockdowns have been restricted from seeking help from the relatives, friends, family or even police officers or chiefs...So, back to domestic violence, perpetrators are gaining more control over their victims and also limiting their access to help.'

The chief and the social workers argued that in some instances, some of the victims of domestic violence have reported the abuse to the relevant authorities. However, it is interesting to note that only in cases of physical abuse do the women actually take measures to report the perpetrator.

The FGD discussions also raised other coping strategies where the women indicated that some of the women, and even husbands opt to leave their homes when things get too tough. However, these are the women who have some source of income . Those who have no money are forced to stay in the abuse relationship as the majority of their friends and relatives were not willing

to bear additional costs of caring for other people due to the financial constraints brought about by Covid-19.

The FGD also revealed that women also rely on the bible and their pastors and church to cope with domestic violence. A number of the women reported that when the stress of the violence becomes too much, they read the bible to draw strength from the verses. These strategies were also identified by Odero, Hatcher, Bryant, Onono, Romito, Bukusi & Turan (2014) who found that women use either informal resources such as pastors, local leaders or family and health facilities as coping strategies for intimate partner violence. In some cases, women also escalated their responses to formal services including the police and the judiciary.

4.5.1 Effectiveness of the coping strategies

The researcher also asked the women how the use of their various coping strategies affect the level of violence. One of the women who had indicated that she takes walks whenever her husband verbally abuses or emotionally abuses her indicated;

‘When I talk to my husband when he is calm, he understands that the verbal abuse or emotional distance he puts between us is really hurting me and I can say that having a heart-to-heart talk has been effective in helping reduce the instance and frequency of the verbal abuse. He is more in tune with my emotional needs. So, I can say that talking has been very effective for me.

The women who use avoidance strategies argued that it resolves the violence for only that time, but on a later date, then the abuse will still be repeated. For those who rely on social circles and their pastors, they argued that it just gave them the strength to go on in the face of domestic abuse, but did not resolve the domestic violence in their homes. So, the majority felt that the coping strategies just enabled them to diffuse the situation at that time, but not in the long term.

Moreover, the majority of the women associated the violence with the men's financial stress which they felt was really pushing them to become insensitive and take out their stress on their wives and children.

The interview with the social workers showed that he strongly believed that economic empowerment of women is one of the most effective strategies to help address the surging cases of domestic violence during this Covid-19 period. He argued that the women are suffering because their husbands are not able to provide financially and they are also in no position to provide too. So, economically empowering the women can go a long way in helping women cope and even get away from the violence. The same sentiments were expressed by the chief who argued;

'The strategies women have adopted, especially keeping quiet, are not effective because the main causes of violence in the homes during the corona period are financial constraints so keeping quiet is not the solution.'

The social worker also argued that sensitizing the women using the information on the ground can help women know what entails domestic violence and also equip them with effective strategies such as seeking counselling services and reporting the perpetrators. The social worker also argued that referral phones and social awareness on the human rights of women and children.

CHAPTER FIVE SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This is the concluding chapter of this research. So, it will provide a recap of the study by providing a summary of the findings, draw conclusions and also make recommendations.

5.2 Summary of the findings

The purpose of this study was to investigate experiences of urban women with domestic violence during COVID-19, their responses and coping strategies during Covid -19 lock down in Kitengela,

Kenya. Specifically, the study sought to examine the testimonies and narratives of urban women's experiences and coping strategies towards domestic violence during COVID-19 lockdown in

Kenya. As guided by the two specific objectives below

- i. Investigate and analyse the types of violence experienced by urban women during the COVID-19 lockdown in Kenya.
- ii. To find out the survival and coping strategies of urban women who experienced domestic violence during the COVID-19 lockdown in Kenya.

In regards to the first objective, the research established that Covid-19 has brought about many changes in the families residing in urban areas. The positive changes of Covid-19 was the increased time husbands were spending at home with their children, though this was only limited to a few cases. The majority of the women; hence, were adamant that the increased time spent by the men at home was straining their relationship especially since both the women and men were stressed by the financial challenges facing

them. They argued that the stress caused by limited finances by men led to increased incidences and intensity of domestic violence against them. The most common forms of violence identified were verbal, emotional, sexual and physical abuse were also identified by the respondents. Verbal abuse was reported by the women as being the most common form of abuse in the homes. They argued that their husbands were really quick to anger and sometimes initiated the arguments that led to the verbal abuse. Other forms of violence include sexual defilement of young girls who were out of school. They engaged in sexual activities with fellow young boys or with adult men who kept them hostages in their homes. The second objective of the study aimed to determine the coping strategies that the women experiencing domestic violence used. Some of the strategies identified include silence to prevent the verbal abuse from escalating to physical violence. Other strategies included sharing with friends, pastors and other social figures the violence going on in homes with the purposes of relieving some of the stress and also getting advice on how best to handle it. The FGD discussion also showed that some of the women left their homes while others decided to report the cases to the chiefs or other administrative figures. Some women decide to either leave the abusive environment for short periods by taking walks or staying away from the house as much as possible to limit the confrontations with their husbands. There were constraints facing women in accessing social help from friends and relatives due to the social distancing measures as well as the financial limitations that prevented them from traveling upcountry to report the abuse to the parents or other relatives.

The respondents were also asked to indicate whether the strategies they had adopted were effective. Generally, it was established that none of the strategies they had adopted were effective. The abuse continued even for those who chose to keep quiet or to share with friends.

The limited effectiveness of these strategies were linked to the root cause of the abuse which was reported as being financial in nature. The women and even the chiefs and social workers claimed that the financial stress facing the men and women due to loss of jobs and businesses were contributing to mood swings that were making men more prone to abusing their wives and children.

5.3 Conclusion

The study concludes that Covid-19 has had serious effects of the families especially following the lockdown and curfew initiation. The effects of Covid containment measures have been largely negative, exposing women and children to increased risk of domestic violence. The most common forms of violence during the covid-19 period are verbal, physical, sexual and emotional abuse. These forms of violence are prevalent in the homes sometimes individually and sometimes a combination of both. However, the main cause according to the study findings was the financial constraints that led to strain the familial relationships.

The study also concludes that women in abusive relationships have come up with different strategies to deal with domestic abuse. These include keeping quiet or becoming submissive to prevent the abuse from escalating, leaving the marriage, seeking advice from friends, relatives, social workers and pastors, reporting the incidents to the chief or taking walks and leaving the home for extended periods. However, none of these strategies were found to be effective in addressing the perceived root-cause of domestic violence.

5.4 Recommendations

Based on the study findings, this study makes the following recommendations;

- a. During the study, it was found that most women do not identify some actions as forms of abuse, therefore, public education and sensitization on domestic violence and its effects on women, children and the community as a whole should be done. Sensitization can help the women become aware of the different forms of violence and also equip them with the strategies that can help them cope with domestic violence.
- b. The study also recommends increased community participation including working closely with local groups and the churches and other religious organizations to help give advice and a safe place for women to run to if the abuse becomes too much. This is more so for the children who might find themselves victims of sexual violence.

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APPENDICES

APPENDIX : I INTRODUCTION LETTER

Asimire Angella Aryeija

mpolyangel21@gmail.com

Kitengela Town .

Dear sir / Madam

RE :REQUEST FOR YOUR INVOLVEMENT IN THE A RESEARCH PROJECT

I humbly tender my request to be assisted on how to collect data for my research entitled “ A qualitative study of Urban women’s experience and coping strategies towards domestic violence during covid – 19 Lockdown .”

I am a master’s student pursuing **Masters in gender and development** at the **University of Nairobi** .

I kindly request for your involvement in the focused group discussion or in- depth interviews .Confidentiality is highly assured and the main of the information provided is for academic purposes .

Yours faithfully ,

ASIIMIRE ANGELLA ARYEIJA

N69/9820/2018

Appendix II: Interview Schedule (Social Worker/ chief/religious leader)

1. Can you please explain whether or not the cases of domestic violence have increased since Covid-19 lockdown in Kenya? Why or why not?
2. How has the lockdown impacted domestic violence cases i.e limited women's access to help,
3. What are some of the main types of violence that the women experience, especially now during the lockdown?
4. How are women coping with domestic violence?
5. Do you think that these strategies are effective in helping women cope with domestic violence? Why or why not?
6. How has covid-19 impacted how urban women cope with domestic violence as opposed to before the pandemic?
7. What do you think should be done to help women cope better with domestic violence?

“Thank you for your time and participation in interviews.”

Appendix III: Interview Schedule (Women)

- a. What are some of the key changes in your family since lockdown was initiated? Are you still working and from where? What about your partner? How is your family in terms of finances, social, health issues?
- b. Have the changes in your family since the lockdown affected your family positively or negatively? Please give examples
- c. How has your relationship with your spouse/partner fared since then? Have the changes been positive or negative? Please provide some examples
- d. What can you say about the violence in your home? Has it increased in frequency and intensity or not? Please describe
- e. What are some of the most common ways your partner perpetrates violence against you? Please provide some examples.
- f. What do you do to cope with the violence you experience? Please describe
- g. What are the ways you resist the violence?
- h. Have these strategies been helpful in managing/reducing the frequency and intensity of the violence? Why or why not.

“Thank you for your time and participation in interviews.”

Appendix IV: Focused Group Discussion (Victims of domestic violence)

- a. How has life been since the first case of Covid-19 was first announced in Kenya? What are some of the key changes in your household? (financial, social, health)

- b. How has your relationship with your spouse/partner fared since then? Have the changes been positive or negative? Please provide some examples
- c. What can you say about the violence in your home? Has it increased in frequency and intensity or not? Please describe
- d. Describe the type of violence you experienced from your partner
- e. How do you cope with the violence you have experienced?
- f. What are the ways you resist the violence?
- g. Have these strategies been helpful in managing/reducing the frequency and intensity of the violence? Why or why not.

“Thank you for your time and participation in interviews.”

Appendix V : Time Frame

	2021	2022
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	Feb- March	April- June	July- September	October- November	November- December	Jan- February	March- May
Conducting initial							

research and topic identification							
Write-up of the first draft, submission and subsequent correction							
Final proposal and defense							

Correction of defended proposal and 2 nd defence							
Data collection							
Data analysis and reporting of findings							
Defense of research thesis							
Doing corrections post-defense							
Handing in final thesis							

Appendix V: Budget

	RATE (KSHS)	AMOUNT
ELEMENT 1. Stationery		
13 Reams of photocopy paper	Each at 500	6,500
Pens and pencils		300
Printing ink		4,000
Audio recorder		1,500
Flash disk		1,200
Sub total		14,500
2. Clerical Facilities		
Printing of the draft proposal		6000
Editing and Printing of the final proposal		6000
Printing and photocopying the interviews and FGDs		7000
Conducting the study pilot		5000
Costs of travelling		2000
Proposal Binding services		2,000
Sub total		25000
3. Field research expenses		
Payment for the research assistants (3)	2000	6000
Cost for transportation of the assistants (3)		2,000
Sub total		8000
Internet		3000
Assembling the final report		5000
Printing & Photocopying final report		8000
Binding final thesis	@ 5000	5000
Sub total		21000
Contingency		10,000
GRAND TOTAL		68,000