

Sexual based violence (SBV) is a serious public health problem with profound impact on physical, social and mental health, both immediately and many years after the assault. The global statistics on sexual assault against women indicates that, at least one in every three (34%) has been beaten and/or coerced into sex. A World Health Organisation (WHO) multi-country study reports that, between 16 and 59% of women from Africa had experienced sexual violence. In Kenya, about 24% of women have been raped at least once. Nairobi Women Hospital alone receives an average of 230 survivors per month, with approximately 45% being children, 49% women and 6% men, The main aim of this study was to investigate the gender disparities in health implications of SBV among survivors in three health facilities in Kenya. This was a cross-sectional study involving 236 (84.3%) female and 44 (15.7%) male survivors enrolled in the study. The study established that sexual based violence resulted into health consequences (76.8%) including psychological trauma 143 (51%), physical injuries 75 (27%), STIs 38 (14%), gynaecological disorders 35 (12%), Human Immunodeficiency Virus (HIV) 32 (11%), gastrointestinal disorders 21 (7%) and unwanted pregnancies 17 (6%). The results showed that females and males who developed health complications were not significantly different ($I=0.223$; $df=1$; $p= 0.637$). Males were more likely to suffer from psychological trauma, physical injuries and gastrointestinal injuries compared to females (OR= 1.2, CI= 0.6- 2.2; OR= 0.2, CI= 0.1- 5.0; and OR= 0.7, CI= 0.4- 1.5). On the hand, the study established that females were more likely to suffer from sexually transmitted infection (STIs) (OR= 1.4, CI: 0.3- 6.0), gynaecological disorders (OR= 1.5, CI=0.5- 4.5), HIV (OR= 1.9, CI= 0.6- 6.6), and unwanted pregnancies (OR= 2.3, CI= 0.7- 8.1) compared to males. Life skills training is needed for both gender and mechanisms for coping with sexual violence need to be develop to minimise further suffering. Formation of male and female action groups; mass/community sensitization on sexual violence including using vernacular FM radio stations and enhancing the capacity of anti-sexual violence advocates; education and communication strategy; strengthening of the existing institutions handling sexual violence; coordination of sexual violence related interventions by different stakeholders and strengthening networking. Gender equity is essential in mitigating health consequences of sexual based violence; legal aid services should be provided to those who are unable to meet them.