The Implications of Sexual Abuse for the Health of Women in Kisumu District, Kenya

Olivia Achieng Opere[*]

Abstract

Sexual abuse of women is a pervasive and emerging health, human rights, and development issue that transcends the boundaries of race, color or religion. There are significant consequences of sexual abuse, with the survivors often facing acute and chronic physical and mental health problems. In Kenya, despite campaigns by the government and Non-Governmental Organizations to address the issue, current interventions do not address specific health needs of the sexually abused women. This study sought to find out the implications of sexual abuse for the health of women in Kisumu District, Kenya. The focus of the study was to identify the causes and establish the consequences of sexual abuse on the health of women. It explores the post- sexual abuse care services available and identifies gaps in the legal and policy contexts that could contribute to the continued prevalence of sexual abuse.

INTRODUCTION

Background to the Study

Sexual abuse has made the headlines and formed discussion topics in many forums all over the world in recent years. Far too often, it has been discussed under the blanket cover of subjects such as Gender Based Violence (GBV), Female Genital Mutilation (FGM), and Domestic violence (DV). As a result it has escaped the attention and detail that could explain the existing prevalence in many communities worldwide. Therefore solutions focusing specifically on the vice have been too slow in coming and the victims have continued to suffer silently.

Sexual abuse is defined as the act of forcing undesired sexual behavior by one person upon another. It is also referred to as sexual molestation and it includes behavior by an adult towards a child to stimulate either the adult or child sexually so that for a victim younger than the age of consent, it becomes child sexual abuse. Because of the nature of the vice, there is a cover up and silence by both the perpetrators and the victims.

* oliviaomulo@gmail.com; oliviaomulo@yahoo.com

The arm of the law pretends to act or ignores the existence of the problem and in many cases mishandles the victims who in turn would rather develop their own coping mechanism rather than report to the police.

The United Nations General Assembly in 1993, adopted a declaration on the elimination of violence against women to ensure that governments take the necessary steps to protect women from all forms of violence, GBV, which is a major public health as well as human rights issue. In Kenya, it had been accepted as normal behavior for decades. Violence against women contravenes a number of fundamental human rights. Some of these rights include the right to security of persons, the right not to be held in slavery or subjected to inhuman treatment, the right to equal protection before the law and the right to equality in marriage.

Unfortunately, the universal standards of human rights are often denied full operation with respect to the rights of women. Indeed, during the 25th Anniversary of the Convention on the Elimination of All Forms of Discrimination Against Women, which was marked in October 2004, the committee monitoring implementation stated: "In no country in the world has women's full *de jure* and *de facto* equality being achieved". Some states still use the argument of cultural relativism to defend the outdated practices which encourage sexual abuse of women.

In the developed world, a lot of research has been carried out in the thematic areas of this subject even though gaps still exist. Hardly enough has been done in Africa and in Kenya; it is just beginning to be a topic of discussion. This study attempts to bridge this gap and make its contribution to understanding this disturbing subject that is taboo in many communities.

Statement of the Problem

Kenya has committed itself to achieving the Millennium Development Goals (MDGs). These goals place health at the heart of development and investing in the well being of women is of great significance as they are a backbone to the economy. Despite steps taken by the government and Non-Governmental Organizations (NGO's) to address social issues such as GBV, domestic violence (DV) and FGM among others, the sexually abused woman has not had adequate attention. Interventions that address her health requirements at the most crucial period are lacking.

Kisumu district covers an area of 918.5 km^2 and has a population of 535,571 people. It has four administrative divisions, namely Winam, Maseno, Kombewa and Kadibo. It is the relatively more developed of the Districts in Nyanza Province (Ochola 2011). Nyanza Province has a

prevalence rate of sexual abuse of 51.4 per cent, the highest rate of HIV infection in the country, and the worst health index in Kenya, according to the Kenya AIDS indicator Survey (2009). Research findings confirm a correlation between sexual violence and other forms of violence against women and girls and increased chances of HIV infection.

It is against this backdrop that this study seeks to investigate the compelling issue of sexual abuse in the region. The focus is on identifying the causes and nature of sexual abuse; the consequences of sexual abuse on the health of the survivors; investigating the existence, if any, of existing post- sexual abuse care services available to the women who fall victim; and identifying gaps in the legal policy reforms that would contribute to the continued prevalence of sexual abuse.

The study is expected to facilitate that more people are sensitized about the psycho-social implications of sexual abuse on women and as a result, increased intervention efforts from the government, organizations, social and health workers as well as the public. Since women play a very important role in ensuring that the society develops socially, economically and physically, it is essential to protect them against any kind of abuse within the society.

Objectives of the Study

The main objective of the study was to find out the implication of sexual abuse for the health of women in Kisumu District.

The specific objectives of the study were:

a. To examine the causes and nature of sexual abuse of women in Kisumu District;

b. To investigate the consequences of sexual abuse on the health of the survivors;

c. To explore the post-sexual abuse health care services available to the women who became victims of sexual abuse;

d. To analyze gaps in the legal/ policy reforms that might be contributing to the continued prevalence of sexual abuse.

METHODOLOGY

In order to achieve the above objectives, a qualitative study design using Focus Group Discussions (FGDs) and In-depth Interview (IDIs) was used. The decision against quantitative research was based on its view of social truths as verifiable and objective and hence the belief that the use of precise standardized instruments was sufficient to generate social knowledge. A case study design was employed to enable an in-depth investigation to be carried out in a few selected institutions that deal with the sexually abused women.

Documentary analysis was used to obtain secondary data. Relevant documents on sexual abuse of women were obtained from the relevant government ministries and the NGOs that offer services to these women; secondary data from libraries and the internet were studied.

The selection of the Nyanza Provincial Hospital located in Kisumu District was based on the fact that this hospital, being the largest in Nyanza Province, is likely to cater for cases of the sexually abused women. In addition, one other major hospital was purposefully selected for the study. These two hospitals were visited to investigate the post sexual abuse care services that are offered to the victims of sexual abuse and to hold in-depth interviews with survivors of sexual abuse. It was necessary to visit the main police station in each one of the four administrative divisions with a view to finding out what role these institutions play in either curbing or encouraging the prevalence of sexual abuse in this district.

The selection of informants was critical to this study as they provided most of the information from which the study drew most of its conclusions. For this study Focus Group Discussions (FGDs) were used to get group reflections from the sexually abused women and to seek their explanations of the unexpected findings, clarifying details while interacting with them. One FGD comprising of 10 discussants was conducted at the main hospital and at the selected institutions in each Division. A total of five FGD sessions were held, giving a total of 60 female participants for the FGDs.

The In-depth Interviews (IDIs) were held with the selected informants to capture their personal experiences. With the assistance of the area chief to whom some of the cases of sexual abuse are reported, two survivors in every division were interviewed. In addition, two hospitalized survivor at each of the two hospitals were identified with the assistant of the social workers attached to the guidance and counseling units at the hospitals. At the various divisions, the chief who is in charge of the administrative issues in the division was interviewed.

Other Interview schedules were held with two medical personnel, four social workers, four area chiefs and four police officers. The views of the social workers, the medical personnel, the police officers and the area chiefs were critical in gaining more insight into why sexual abuse continues to be a widespread phenomenon among women in Kisumu District Kenya. The unstructured interviews were quite useful in getting information from the informants because they are flexible, conversational and this allowed the informants to incorporate their own experiences instead of just being limited to what the researcher thought as important.

During the interview sessions with the victims of sexual abuse, data was recorded using codes rather than names of respondents to ensure confidentiality of personal experiences that was likely to emerge during the interviews or the discussions. A 30-minute interview session was held at various interaction environments. Note taking and audio recording using a question guideline was used to capture the relevant information.

Theoretical Framework and Literature Review

Several theories and frameworks have been proposed by various authors to explain the phenomenon of violence against women. No one single theory would fully explain violence against women since it is multifaceted. In formulation of a theoretical framework for this study the feminist theory was used. According to the feminist theory, patriarchy is a social system in which the role of the male as the primary authority figure is central to social organization, and where fathers hold authority over women, children, and property. It implies the institutions of male rule and privilege, and is dependent on female subordination. Most forms of feminism characterize patriarchy as an unjust social system that is oppressive to women. The concept of patriarchy often includes all the social mechanisms that reproduce and exert male dominance over women. Feminist theorists typically characterize patriarchy as a social construction which can be overcome by revealing and critically analyzing its manifestations. Others have proposed that because patriarchy is too deeply rooted in society, separatism is the only viable solution. There are those who have criticized these radical feminist views as being anti-men,

As applied in the feminist theory, social phenomena are determined by the patriarchal structure of most societies. Sexual abuse therefore is one of the outcomes of a structure that allows prostitution and other sexist restrictions to keep women in servile positions, and until women are seen as other than subservient, compliant victims, little will change.

To finding out if sexual abuse is a deeply embedded social problem that has to be addressed by social change, the research findings revealed that there are sets of cultural rules and values that guide the behaviors of members of the society and that some role expectations within a culture may also support sexual abuse. Males are expected to be "masculine", characterized by machismo, bravery and courageousness. Females are expected to be "feminine", characterized by fragility, timidity, and submission. Such attitude makes it very difficult for a woman to end a violent relationship. Women tended to believe that they were committing a sin by dissolving an abusive marriage.

By examining the literature on the dynamics of violence against women it appears that factors like ideology of patriarchy, culture and society, religion, and individual characteristics come together to explain sexual violence against women. Biological and personal factors influence individual behavior. This includes personal characteristics like age, education, income, personality, and acceptance of interpersonal violence. The research findings revealed that in Kenya, sexual abuse has been acceptable partly as a result of cultural socialization of the men folk. The male consciousness in Kenya conforms to the general concept of masculinity and this is aptly demonstrated in the Kenyan cultural norms.

In summary, it is through the interplay of the identified determinants that violence against women may be analyzed. If the decision and policymakers are made to recognize these factors, appropriate interventions may be initiated.

The World Health Organization (WHO 2005) has identified the following factors as the main causes of sexual and gender-based violence:

- Traditional gender norms that support male superiority and entitlement;
- Social norms that tolerate or justify violence against women;
- Weak community sanctions against perpetrators;
- Poverty; and
- High levels of crime and conflict in society.

The WHO report (2005) further observes that younger women, especially those aged between 15 and 19 years, were at a higher risk of being sexually abused and that women who are separated or divorced reported a higher lifetime prevalence of all forms of violence. It is held that alcohol or drug

consumption as well as previous experience of sexual abuse have a correlation with sexual violence in adulthood.

The world report on violence and health in South Africa and Zimbabwe shows a correlation between higher levels of female education and increased vulnerability to sexual violence (Jewkes 2002). This study suggests that female empowerment confers greater risk of physical violence only up to a certain level, after which it confers even greater protection. The empirical evidence indicates that the protective effect of education for women starts beyond the secondary education (WHO 2005a). Indeed, in most cases, the victims never speak out when the abuse is happening but only speak out when they become adults and learn that they are not the only ones that this has happened to (Finkelhor 1986). This makes it very difficult to establish the motive behind the sexual abuse and especially when the victims do not seek medical solutions to their problems.

A study entitled "Glass Ceiling: Women and men in Southern Africa media 2009" reveals that sexual harassment is a serious concern in the media. 'Media women' across the region complained about being treated as sexual objects and that men showed little appreciation and understanding of what is meant by sexual harassment. Only 28 per cent of media houses, who took part in the study, had sexual harassment policies (*Daily Nation*, 6 April 2010).

In Kenya, GBV has for decades been accepted as a normal behavior partly as a result of cultural socialization of the men folk. The male consciousness in Kenya conforms to the general concept of masculinity and is aptly demonstrated in Kenyan cultural norms. For example, a quick comparison of the vocabularies on gender in the Kikuyu language reveals that the word for a man '*mundu Murume*' comes from the word '*urume'*, which means extremely courageous. In contrast, the word '*mutumia'* (woman) comes from the word '*tumia'*, which means to use. Thus men from the Kikuyu ethnic community not only define themselves as the dominant sex, but also in terms of the norm of seeing women as merely existing for their use. In the voice of a Kenyan woman who recounts the advice she got from her mother prior to the marriage, "Respect him (her husband) and do what he wants lest he demands back the "*ruracio*" (bride-price) that had been paid". There is thus every reason to believe that the Kenyan society has socialized the male to think of females not only as subordinates, but also as instruments to be subjected to abuse.

Research findings indicate that males prove maleness, virility, through their sexuality. This becomes the core, the very essence around which he

consciously and unconsciously forms the idea about himself as a man. Masculine ideas are associated with violence, virility and power and hence it is easy to see how male sexual behavior might emerge as predatory and aggressive. So when masculinity is associated with aggression and sexual conquest, domineering sexual behavior and abuse become the means of structuring power relations among men (Heise 1998).

In Kenya, some metaphors tend to justify sexual abuse of women. For example, 'the sharpened spear' was used specifically for the circumcised penis carrying with it the idea that a penis was forged and fashioned not only against men in battle-field but against women in sexual combat The extent to which the sexual act is rendered culturally an act of aggression differs from society to society.

The Kenya's coalition on violence against women estimates that only 8 per cent of women who are raped report the attack to health officials or the police. Yet the actual number of rape cases per year stands at approximately 16,500. On the other hand, Kenyan Demographic Household Survey (KDHS) (2003) points out that between 40 and 50 per cent of Kenyan women and girls experience different forms of violence, physical, sexual, verbal or emotional, from childhood to adulthood and that sexual abuse has been on the increase. In line with the traditional norm that supports male superiority and entitlement, the KDHS (2003) indicates that two-thirds of women who are sexually abused report their abusers to their husbands or relatives, since many cultures in Kenya consider marriage as a blanket consent to intercourse.

Indeed forced marriages also constitute a form of physical violence, rape abduction, torture, false imprisonment and enslavement, sexual abuse, mental and emotional abuse.

The results of the Kenya demographic survey for the period 2008-2009 showed that domestic violence against women is still prevalent in Kenya. The report states that a large number of married women, separated or divorced women, reported that they had been physically or sexually violated by their husbands and partners. The study further indicates that 39 per cent of the women aged between 15 and 49 years age, confirmed that they had either been physically molested or sexually violated by their male partners. The survey showed that older women were more likely to report cases of sexual and physical abuse than younger women. The survey further states that rural women are more likely to be victims of physical or sexual violence in marriage than urban women. In Nyanza, 54 per cent of the women said they had been physically or sexually abused, while 45 per

cent reported experiencing harassment over the past year (*Daily Nation*, 15 November 2009).

Sexual abuse affects the body, and the dignity of every woman who happens to fall a victim. The consequences of sexual abuse may be fatal or non-fatal. The former include femicide, suicide, AIDS related mortality and maternal mortality. The latter usually comes in the form of physical injuries and chronic conditions such as fractures, abdominal/thoracic injuries, chronic pain syndrome, fibromyalgia, permanent disability, gastrointestinal disorders, irritable bowel syndrome, lacerations and abrasions; sexual and reproductive consequences which include, gynecological disorders, pelvic inflammatory disease, unsafe abortion, unwanted pregnancy, pregnancy complications, sexual dysfunctions, miscarriage/low birth weight, sexually transmitted infections including HIV infections as the perpetrators are less likely to use condoms and contraceptives.

The psychological and behavioral outcomes include depression and anxiety, eating and sleeping disorders, drug and alcohol abuse, phobia, poor self-esteem, post- traumatic stress disorder, psychosomatic disorders, self-harm, unsafe sexual behavior (Ellsberg 2006). Emotional consequences expressed in the 'rape trauma syndrome' are often longer lasting and more difficult to diagnose and deal with than physical symptoms. They include behaviour changes and personality changes that are manifested in a wide range of ways (Hanson 1992).

The risk of sero-conversion following rape is likely to be higher following consensual sex, given the increased physical trauma, especially in children forced anal penetration is thought to carry a commensurably higher risk of HIV transmission. This can result in both microscopic and mucosal tears. The increased risk of infection is especially the case in the high HIV-prevalence settings of sub-Saharan Africa (Ellis, Ahmad, and Molynuex 2005).

Sexual abuse before and during pregnancy can have serious health consequences. Pregnant women who have experienced violence are more likely to delay seeking prenatal care and to gain insufficient weight. They are also more likely to have unwanted or mistimed pregnancies, vaginal and cervical infections, kidney infections and bleeding during pregnancy.

The absence of law to deter domestic violence leaves the abused wives and other victims without any viable means of recourse. Female survivors of sexual violence not only sustain physical injuries, but are also more likely than other women to have unintended pregnancies, report symptoms of

reproductive tract infections as the perpetrators are less likely to use condoms and other contraceptives (Campbell 2001).

The United Nations declaration of 1993 states that the increasing abuse of women and girls stems in part from women's and girls' subordinate status in society and that refugees and displaced persons, of which the majority are women, are at an increased risk of vulnerability to sexual abuse. Sexual abuse indeed remains a big problem even in developed countries. Research in San Francisco in the U.S.A. found that 38 per cent of all women are sexually abused by an adult male before they are 18 years old. Statistics from Great Britain state that one child in ten is sexually assaulted by someone they know and trust (Langgerin *et al.* 1983).

In conflict situations across the world, gender-based violence is seldom accorded priority in protection procedures. There are no standard reporting mechanisms and women and girls lack awareness of existing medical assistance or how to access such facilities. Kenya is no exception.

A high level meeting on sexual and gender-based violence held in Nairobi after the post-election violence heard that more than 40,000 women and girls fall victim to sexual and gender-based abuse (*Daily Nation*, 13th August 2008). The facts on the ground point to collective failure in preventing sexual violence and protecting women and girls from the horrors of gender-based violence and heinous violations of the international human rights, criminal and humanitarian law as experienced during post-election violence. During this period, the perpetrators of sexual and gender-based violence intended to use it as an instrument to 'kill' their victims psychologically. An unprecedented number of women were subjected to sexual abuse by civilians and state security agents, who also perpetrated sexual violence. In the informal settlements in Nairobi, there were reports of ethnic-based sexual abuse. There appears to have been a lot more cases of individuals taking advantage of the general insecurity to perpetrate acts of sexual violence. In Nairobi, the Waki commission witness number 15, a survivor of gang rape and genital mutilation by the rapists, narrated to the commission how those who raped her and later circumcised her, four of whom she knew, were her neighbours of over 20 years.

Evidence from the Nairobi women's hospital (NWH) as presented by the CEO, Dr. Sam Thenya, to the Waki commission indicates that survivors of sexual and gender-based violence arising from the 2007 elections started streaming into the hospital on the Election Day, 27th December 2007. The reported incidences included sexual abuse (rape and defilement), domestic violence and physical violence. The number of victims increased with time

and survivors of violence continued to seek help at the hospital, many of them having been referred to the hospital from other parts of the country. Out of the total of 653 cases of violence received at the hospital during that period, 80 per cent or 524 were cases of rape or defilement. 275 or 95 per cent of the adult victims of sexual abuse were women while at 84 per cent or 190 of the victims were girls. 17 per cent of the victims were children below 9 years. While the NWH received 653 cases and the partner hospital another 286 cases, making a total of about 900 cases of sexual abuse, Dr. Thenya conceded that the cases of rape that are actually reported represent the tip of the iceberg.

Life-threatening injuries take precedence over other components of medical management. However, health care providers are advised to ensure that they do not take actions that will jeopardise forensic evidence. In many instances, health providers need to collect and conserve evidence for forensic analysis. The components of the clinical evaluation – forensic examination, specimen collection, analysis and documentation – act as a vital link between health care and the judicial system. The examination includes establishing the background of the survivor, taking the history of the occurrence, a medical history and a full body physical examination that is efficiently documented (Kilonzo and Taegtmeyer 2005).

There is need for respect and compassion throughout the medical examination and subsequent treatment. Appropriate and sensitive language and demeanour will reassure the patient, while conversely, insensitive language can contribute towards the re-victimization of the patient. The behaviour and attitudes of health providers are a significant influence on the counselling process and outcome. Studies conducted among health providers have indicated that their perceptions towards gender roles and sexual violence can influence the quality of service delivery (Christofides *et al.* 2005).

In regard to legal issues, research shows that female survivors express more interest in legal tools that will increase their personal and household security, such as divorce, division of marital property, child custody and child support, than in pursuing justice (Guedes *et al.* 2002). Both female and male survivors need improved access to legal advice and resources, and require counseling and support along the medical and legal continuum. This involves building the capacity of local para-legal and community organizations, improving the range and quality of referrals, and taking steps to ensure sufficient and consistent funding and monitoring.

Research on violence against women is a key component of any programme designed to end the problem. Given the nature of the phenomenon, the standardization of concepts related to it is necessary in order not only to reach a consensus on what to consider as violence against women, but also to reduce the heterogeneity in the methods to measure the problem and the associated factors. Although in the past decade the research literature on violence against women has greatly increased, it has shown the existence of relevant research bias that could be determining our knowledge of the problem and, therefore, limiting the development of efficient interventions to end it.

This study has made an attempt to help men, women, public health professionals and policy and decision makers to understand the issues regarding sexual abuse. In this regard suggestions on cultural change may be initiated to bring forth improvements in women's lives. In Kenya particularly, no such study on the implication of sexual abuse for the health of women has been carried out in Kisumu district. This study will fill this gap by providing additional information or data that could be used in the formulation of policies that would help in strengthening the implementation of national acts on sexual abuse and gender based violence.

ANALYSIS OF THE EMPIRICAL RESULTS

This section presents the analysis and interprets the data gathered in this study. The following research questions were addressed:

a. What are the causes and nature of sexual abuse experienced?

b. What are the physical, psychological, social and economic effects of sexual abuse on the health of women?

c. Is there a comprehensive post-sexual abuse health care for women who fall victims of sexual abuse?

d. Is there an effective mechanism for the implementation of the legal/ policy framework that caters for the elimination of sexual abuse?

The organization and interpretation of data in this study was an on-going process starting from the beginning of the research. Preliminary data was interpreted to generate more questions for the next set of data and so on. Field notes based on the interviews and discussion were organized categorically and chronologically reviewed and coded on a daily basis. The field notes and audiotapes diary entries were transcribed verbatim to capture the "voices" of the informants. Subsequently, all the data was

thematically synchronized along the study's objectives and then interpreted, reported and a conclusion drawn along the categories developed.

Research on violence against women is considered as an important objective of any programme designed to eradicate this problem. In the Fourth World Conference on Women, held in Beijing in 1995, one of the strategic objectives established was to study the causes and consequences of violence against women and the efficacy of preventive measures, encouraging governments and organizations to promote research in this area.

Despite a growing social and political interest in the subject, there are still a few research studies on certain aspects related to the efficacy of measures implemented in the field of sexual violence against women. Furthermore, there are no epidemiological surveillance systems that employ homogeneous criteria in order to measure this problem, thus permitting reliable data to be obtained on its prevalence and incidence.

Why Sexual Abuse Takes Place

Sexual abuse has been recognized as a cause of ill health. A woman who becomes a victim of sexual abuse will not enjoy good health and vigor of body and mind and as a result cannot actively contribute to the economic growth of a society. Rape, for instance, is much more than forced vaginal penetration; it is violence expressed in its maximum form and it carries serious psychological and physical consequences. In this regard, participants of an FGD in the study were in agreement that the act of sexual abuse involves the following:

a. Having parts of your body touched in a sexual way;
b. Being kissed without consent;
c. Being forced to touch parts of one's body unwillingly;
d. Being watched whilst bathing;
e. Putting any objects (including his penis and fingers) in the vagina, anus or mouth; and
f. Verbalizing sexual comments and suggestions to you.

The study identified several reasons why women are sexually abused as explained below.

Cultural practice

Some cultural practices may be manipulated to increase women's vulnerability to violence and its negative consequences such as sexual abuse. Wife inheritance is a cultural practice among the Luo where Kisumu District is situated. The practice involves a woman being inherited by her brother-in-law or an acceptable agnatic kinsman in the event that her husband dies. This was done to ensure continuity of the family of the deceased within the clan. Angelina Ondenje narrated her experience as follows.

> One evening, a man was brought to my house by my brother-in-law. I was expected to sleep in the same house with him as a sign that I had been inherited. When I resisted, I was beaten up and stripped naked by my brother-in-law who accused me of inviting curses into the home.

Angelina's experience reveals how traditional practices can reinforce sexual abuse and how challenging the patriarchal hierarchy provokes men to react with violence against women. The tradition of bride price may also contribute to norms that excuse sexual abuse of women. Husbands may feel entitled to enforce conjugal rights at will. In this regard, Anyango had this to say:

> When I got married to Baba Awilo, I was told to always be obedient to him especially where conjugal rights were involved. Otherwise my man will go and marry another woman. I would not wish that to happen and therefore I have to make him happy even when I do not feel like sleeping with him. On many occasions, I am not in the mood of sleeping with him but he will force me to.

The study revealed that during burial ceremonies young people have a tendency of staying out late at night in the homes where the funeral is taking place. A lot of rape cases are reported during such occasions. One of the area Chiefs had this to say:

> The Luo tradition here is such that when a person dies, people keep vigil at night and the body is kept in the home for burial the following day. During the night several activities take place, such as song and dance. In the modern day, this has evolved into a "funeral disco" enjoyed by the young people. The youth attend these discos. "You will find a lot of rape cases here. … young women who may be walking during the night on their way to or from the discos at the funerals are sometimes accosted by young men and forced into sexual encounters.

Poverty causing dependency on the perpetrators

Sexual abuse occurs between strangers, acquaintances, family members and spouses. Women are often emotionally involved with and financially dependent on those who abuse them. The major economic activity in Kisumu District is fishing and subsistence farming. Due to unpredictable rains, crops fail to do well and the end result is an increase in food prices. The staple food in this region is 'ugali' prepared from maize flour and fish. The FGDs revealed that in times of crop failure, families experience economic hardship; women especially find it very difficult to provide food for their families and as such they become vulnerable.

Achieng Onditi, who trades in fish, has suffered so much in the hands of men during such situations. This is what she had to say, "I cannot be given fish unless I have sex with the men who obtain the fish from the lake to sell to the petty traders like me and if I refuse other people will be given and am are left out.

The area chief and the police interviewed confirmed that quite a number of women trading in fish have become victims of sexual abuse in this manner. "To survive, many women succumb to this arrangement", says one area chief.

Conflict situations

Violence against women is used as a weapon during times of conflict, and this violence increases women's vulnerability to sexual abuse which can lead to HIV infection. During conflict and post-conflict periods, women become disproportionately defenseless due to the breakdown of law and order. They are exposed to sexual abuse by military personnel: forced flight from their homes, loss of their families and livelihood, and little or no access to health care or prophylaxis. They become a target of repeated assaults and gang rape, and this exposes them to increased risk of infection. The challenges for women who experience violence during conflict are greater as the police, judicial systems and health infrastructure crumble.

Cases of sexual abuse during the Post-election violence period increased in Kisumu District showing a correlation between state fragility and insecurity of women. This situation occurred not only as a by-product of the collapse of social order in Kenya which was brought about by post-election conflicts, but it was also used as a tool to terrorize families and individuals to precipitate their expulsion from the communities in which they lived.

The women who were targeted were from the enemy tribe. This was Odipo's story:

> I pleaded with them to spare her but they would not hear of that and in fact threatened me with the same treatment if I dared pester them further. One man said, "she is going to pay for the loss I have incurred with her body." As he was saying this, other men who were with him were touching my breasts while shouting in excitement.

Women just like children face risks of sexual abuse in encamped settings during situations of conflict. A police officer informed the researcher that:

> In some instances during situations of conflict, the perpetrators may be the people who are entrusted with the responsibility of protecting the displaced. Cases of rape were reported in several camps. Displaced women and girls living outside the encampments also face risks of sexual exploitation linked to lack of adequate resources for survival.

Consequences of Sexual Abuse

The consequences of sexual abuse may be physical, psychological, social, and economic. The effects of sexual abuse can vary a great deal from one survivor to another. Sexual abuse compromises the health, dignity, integrity and security of the victims. Inhuman and atrocious are some of the words that were used to describe this gruesome act. Some of the consequences of sexual abuse as mentioned by the informants include:

- Psycho-social and health problems such as self-blame, sexual problems, anger and anxiety related problems such as sleeplessness, fearfulness, stress and fear of going crazy; sadness and depression, somatic distress and mood swings;
- Health problems with severe and long lasting implications such as death from suicide, infanticide, unwanted pregnancies, unsafe self-induced abortion and sexually transmitted infection, including HIV/AIDS, psychological trauma, as well as social stigma and rejection; and
- Social consequences such as insecurity, blaming of the victim, social stigma, isolation and rejection by loved ones.

Acts of sexual abuse result in shaming and blaming, social stigma and rejection by the survivor's/victim's family and community. Blaming the survivor was noted to increase the psychological harm the victims suffered. A social worker noted that:

> It is always important to realize that if you are a victim of sexual abuse, then you are a victim of a crime that has been committed by the perpetrator. It is therefore important for the victim to understand the consequences of the abuse so as not to blame oneself. In a situation where the abuse has been perpetrated by someone known to the victim, the survivor is likely to feel extremely insecure and they may feel like they will never trust anyone again. Besides the self- esteem of the victim is affected.

Nyagita, who was being sexually abused by her father-in-law and Julia, and Nelly, who were being abused by their husbands, decided to keep quiet about their problems for sometime to save their marriages. They denied being victims of sexual abuse. A false sense of responsibility for the abuse was felt by the victims. Self-denial and minimization of the abuse downplayed its seriousness. They claimed they were better off compared with their counterparts who have endured more extreme acts of physical and psychological abuse. According to Nyagita, her situation seemed less serious since it was happening within the family set up. At some point, Nyagita resorted to heavy intake of alcohol. She could no longer cope with the situation and this was made worse by the fact that she lived in the same compound with the culprit, her father-in-law. She suffered in silence for long and resorted to taking too much alcohol. She observed that the memories of the painful experience may be expressed in feelings of sadness, fear, anger, isolation, guilt, and confusion. Further discussions revealed that the abusers tended to use the following tactics to discourage the victims from telling anybody their experiences:

a. Threatening the victim;

b. Offering gifts in the form of money or favors; and

c. Making friends with the family members of the victim.

At the gender desk of a police station in Kisumu District, the officer in charge informed the researcher that failure of the victims of sexual abuse to report the cases is contributing to the high prevalence rate. She singled out a case whereby the victim had been raped by a cousin who is mentally retarded. She conceived but she remained silent about the incident until she delivered. On delivery, she decided to throw the child in a pit latrine because the child was a reminder of the traumatizing experience she went through. Her story was known when she was arrested for throwing away an infant.

Benta Awinja told how they were attacked in their home one day at around 7 pm. Her husband was hacked to death while a group of six, middle aged men raped her. She suffered physical and psychological trauma besides contracting HIV Benta's story goes as follows:

> I will never forget that sad day for the rest of my life. We had just eaten the evening meal and we were relaxing listening to our favorite show on Ramogi radio when suddenly hell broke lose. I heard a loud bang on the door and before we could come to terms with what was happening, three men armed with pangas forced their way into the house. One of them hit my husband on the head with a panga and he fell down from the seat. I started screaming and immediately I was silenced and threatened with death. One of the men tied my whole face and my mouth using a tablecloth he removed from one of the sofa sets. Then followed the sad moment....the three men raped me in turns. I lay down helpless. In a short while the commotion was over and it seemed like they were gone. I struggled to untie my face and although feeling weak I ran out for help. My husband was taken to hospital by neighbors but he died after 2 days in hospital. As all this unfolded, I forgot my ordeal. I did not reveal what had happened to anyone and I did not report to the chief or the police that I had been raped. Neither did I seek medical attention. I only discovered I was HIV positive when I started ailing many months later. I curse the men who killed my husband and infected me with the disease. I pray that the same experience should befall their mothers and daughters.

Anyango suffered from low self-esteem and her performance at her place of work was seriously affected but, she hang on to her marriage for the sake of her children. Her situation made her disregard her personal appearance, which is critical for the kind of job she was doing. After suffering for long, she confided in her work mate who referred her for counseling. One of the social workers had this to say about Anyango, who was referred to her for counseling:

> I am currently handling a case of a lady who has undergone marital rape for years. Her husband is an alcoholic and whenever he arrives home very late in the night he demands for sex and threatens her with a thorough beating if she dares refuse. This situation has affected her personality to the extent that she cannot play her role as a mother, as a wife and a female member of the society effectively.

Post-Sexual Abuse Health Care Services

Sexual abuse has immediate consequences on the physical and psychological health of the survivor. For instance, the need to have access to post-exposure prophylactic [PEP] kits to prevent them from contracting

HIV. The study noted that most of the women who had been sexually abused never opted for PEP because they failed to seek medical attention. It is vital for the sexually abused women to know where to go after the incident so that they can receive psycho-social post-trauma care.

Good quality medical responses for survivors of sexual abuse include examination, treatment, and follow-up and medical evidence documentation. This study set to investigate the availability of various aspects of post-sexual abuse health care services. These included the availability of health and community services, accessibility of health services; and the involvement of the community in health issues. It became apparent that there existed inadequate and inefficient psycho-social health care services for the sexually abused women.

The hospitals visited did not have a special unit catering for the sexually abused women. Such patients were received as any other patient. The only additional requirement was a P3 form which they were expected to have obtained from the police as an indication that the matter had been reported to the police. Even during post-election violence when such cases were on the increase, the victims who visited the hospital were treated like any other patient. Some victims were being referred to Kenya Red Cross Camps where skilled counselors could be found or else they were advised to go to FIDA offices to register their complaints.

The study noted the lack of community based workers trained in sexual abuse psychosocial support. The victims relied on the HIV/AIDS trained counselors who are not specialized in diagnosing and dealing with psychological needs of the sexually abused women. The hospitals have a counseling unit which provides generalized counseling services to every other patient with a need for counseling services. The study established that those patients with terminal diseases and those due for surgery were the most frequent and regular clients at the counseling unit of the hospitals visited. No specialized services or attention is accorded to victims of sexual abuse. A social worker interviewed at the main hospital observed that:

> The introduction of the PRC is a move in the right direction as it is expected to close loopholes that made it possible for the offenders to escape punishment while frustrating effective implementation of the law on sexual offences. This form is expected to expand the definition of medical officers who are eligible to examine the victims of sexual abuse and to present findings in court to include clinical officers and nurses. This PRC form is expected to be available in all health institutions in the country for use in sexual offences case.

This study revealed that some of the victims of sexual abuse did not seek medical attention of their own accord.

The accessibility of health services was another area that needed more attention. The researcher found that the two-level five health facilities that were in the study location were centralized in a radius of twenty kilometers; yet they were supposed to cover an area of 918.5 km2. Thus they were not convenient to the patients who are far away from the facilities. At one of the facilities visited, the consultation/examination rooms were not conveniently designed for examining the sexually abused women while taking into account the critical need for privacy. The same rooms were used for other gynecological problems. In the community based health facilities, the situation was even worse. The level 5 and level 4 health facilities were better equipped to cater for sexual abuse than level 1 and level 2 health facilities.

The health facilities had a shortage of health workers. However, at one of the level 5 hospitals, the researcher was informed that the government had tried to address the problem by hiring health workers on a three year contract. At the level 1 health facilities, the study found out that most of the health workers were employees of the management committees of the facilities. In these facilities health services were provided on a 12 hour basis unlike in level 4 and 5 facilities where services were provide on a 24 hour basis.

The study further gathered that the patients' records were not handled confidentially, especially in the low level health facilities. This is because some of the health workers there are members of the community and were known to talk about issues concerning their patients. In fact in the FGD, the participants felt that the health workers contributed to their psychological torment by discussing their health issues in public in addition to using unfriendly language during the treatment. They lamented that some of the health workers blamed them for their situation. It emerged that the basic equipment and supplies to address sexual abuse issues were available in level 4 and level 5 health facilities. However, the interviews with health workers in these facilities pointed to a need to have more resources directed towards the purchase of modern equipment for this problem. The situation was deplorable in level 1 and level 2 health facilities where even very basic supplies such as sterilization equipment were lacking. On observation, the researcher saw very old facilities and equipment being used and most of them looked obsolete. What were lacking in all these facilities were forensic evidence collection tools. These tools are very important for sexual abuse evidence, especially

where the survivors wish to proceed to the court of law for further legal redress.

Most of the women who seek medical attention after being sexually abused are those taken to the hospital by a relative or an acquaintance.

Victims of sexual abuse refrain from seeking medical attention for the following reasons:

a. Fear of being diagnosed with the HIV/AIDS infection;

b. Depression and mental disorder;

c. Ignorance - lack of knowledge on the appropriate steps to take;

d. Embarrassment;

e. Lack of money necessary for one to seek medical assistance;

f. Inaccessibility of these services to the victims; and

g. Cultural beliefs.

The healthy livelihood of women is paramount. Their well being should be of great concern to the government considering especially that women play a role in ensuring the growth of the economy. They also contribute a lot towards the family institution. If wounded physically, emotionally, socially, financially, economically, the consequences are far reaching because quiet a number of people who depend on them will suffer.

Informants' Views on the National Legal Framework

The passing of the Sexual Offences Act 2006 (SOA) was seen as a major step in addressing some key forms of gender-based violence. This Act came into force on 21st July 2006. Kenya has addressed the issue of sexual abuse through the penal code and the Sexual Offences Act 2006 in spite of the fact that Kenya's societal norms and cultural attitudes tend to favor the male. In the case studies detailed above, offences under the Sexual Offences Act 2006 and the Penal Code, Cap 63 Laws of Kenya, were committed. Section 3 of the Sexual Offences Act 2006 defines rape while Section 5 deals with sexual assault. Section 8 of the Sexual Offences Act 2006 defines the offence of defilement as the unlawful sexual intercourse with a minor. Section 10 of the Sexual Offences Act deals with the offence of gang rape. Under section 162 of the Penal Code, Cap 63 of the Laws of Kenya: "Any person who has carnal knowledge of any person against the order of nature is guilty of a felony and liable to imprisonment for fourteen years."

Despite the existing measures that have been put in place, Kenya still has a long way to achieving the zero-tolerance to sexual abuse. According to some of the informants, the implementation of the SOA is experiencing some challenges in Kenya. These include:

a. Negative cultural attitudes towards women and fear making reporting of such incidents a daunting task for the victims;

b. Apathy and delays in following the legal processes;

c. Lack of adequate knowledge among key implementers and stakeholders;

d. Non-inclusion of the act in the curriculum of relevant institutions and training of the stakeholders;

e. Inadequate resources, both human and financial;

f. Lack of proper equipment and experts in the investigation and prosecution of cases; and

g. Lack of full implementation and understanding of the Act by the courts and prosecutors.

Despite the existing measures that have been put in place, Kenya still has a long way to achieving the zero-tolerance to sexual abuse. There appears to be discriminations and glaring gaps within the legal framework. For instance, a woman who is a victim of sexual violence risks discrimination under section 38 of the SOA (Sexual Offences Act) which criminalizes the offence of making false allegations. Many police investigators do not hesitate to charge the complainants if the trial magistrate fails to place an accused on his defense for whatever reasons. According to them failure to prosecute is an indication that the complainant had made false allegations. Besides, heavy workloads for the police officers, the prosecutors and the magistrates result in poor performance and hence the high rate of acquittals in sexual offences.

There are certain sections of the current SOA that are not yet operational due to lack of proper regulations. Other than the high cost of accessing justice and ignorance, the victims of sexual violence risk falling prey to law enforcers who have been accused of taking advantage of the victim of sexual abuse and their vulnerability. There are cases of some women who seek services at the police station after being sexually attacked or simply being asked to pay some form of bribe before they can be listened to. Such was the case as narrated by Aoko, a woman who had reported to one of the

police stations in Kisumu District complaining of her church pastor having indecently touched her in his office.

> I reported to the police station about 10 hours after being attacked by two men on my way home at about 9 pm. On arrival at the station, I was ashamed of talking about what had happened to me at the reporting desk because there were too many people and as such there was lack of privacy. On mentioning that I had been raped 10 hours ago, the officer laughed and said, *"Wewe mama hujui inatakikana ku reporti kwa police mara uki pata shida? Sasa unataka tukusaidie ki vipi na ume oga tiari? Subiri hapo kando nikuitie afisa mwingine akusaidie."* ("You woman, don't you know that you are supposed to report to the police immediately after you get a problem of this nature. How can we help you when you have already washed? Wait there while I look for an officer to come and help you.") I waited for over an hour for a female police officer who was told was out of the station to investigate other cases. When she eventually arrived, she called me into an office that she was sharing with another male officer. I was not comfortable telling my story in the presence of this man but I talked all the same. The police officer informed me that I needed to have reported immediately when this happened so that I would be referred to hospital for treatment and perhaps an administration of post-exposure prophylaxis (PEP). She gave me a P3 form and advised me to visit the nearest hospital for medical attention. Walking out of the police station, I felt discouraged because I had expected the police officers to immediately come with me to the scene of crime and to make an effort of searching for the culprits with the view of arresting them. I failed to go to the hospital and I kept on praying that I did not conceive or contract a disease. Luckily I did not conceive, but I do not know my status to date.

The above narrative reveals that one of the many obstacles to the fight against sexual abuse is the failure to report incidences of sexual abuse even by the victims themselves. In addition, women who fall victims of sexual abuse have several reasons for not reporting the incidents:

a. Lack of services to support reporting and treatment;

b. Public perception that the legal authorities often do not take prompt and appropriate action;

c. Survivors fear that they will be victimized again should they report; and

d. Lack of knowledge by survivors about their legal rights and available post-rape health care service.

Another inhibiting factor is that currently victims of sexual violence use the P3 form. This form is inadequate in capturing detailed information on

sexual offences and is more appropriate for assault cases. It also emerged from an interview held with a law enforcing officer that certain NGOs and gender activists disregard the legal procedure concerning sexual abuse. They take up the cases when it is too late and their concern many times is to raise their public profile through the media instead of offering assistance and seeking actual justice for the victim.

During the FGDs, the participants linked their failure to report the cases to the law enforcement agencies to the fear that the enforcers would take advantage of their plight and seek sexual favors in exchange for the service. Besides, the cost of legal redress is beyond reach for most women. The study found out that there are no state advocates to specifically cater for the sexually abused in the society.

One of the police officers interviewed had this to say:

> We must realize that there is lack of confidential reporting mechanisms for survivors of sexual abuse. The limited capacity and resources presents a challenge. Not many police officers dealing with these cases lack adequate training and resources and as such they are unable to ensure that all complaints are professionally addressed and eventually prosecuted.

In regard to the situation as revealed by the police officer, it is clear that despite the existing legal reforms as stipulated in the sexual offences Act, there are challenges faced by survivors in search of legal justice. The evidence on record from the study suggests that state agents have failed to adequately appreciate the magnitude of sexual abuse, particularly rape and defilement of women and girls, and the grave physical and psychological consequences of such abuse on the victims. Besides, it is notable that in the absence of mechanisms for enforcement, even the best laws cannot protect women from sexual abuse. To some, rape may appear to be a minor violation of rights, and so the police officers see no reason to follow up such cases or even to record them.

CONCLUSION

Research on sexual abuse is a key component of any programme designed to end the problem. Although the literature on violence against women has greatly increased, it shows the existence of relevant research bias that could be determining our knowledge of the problem and, therefore, limiting the development of efficient interventions to end it.

This study focused on the health issues of victims of sexual abuse. The evidence on record from the study suggests that sexual abuse remains a problem in our societies and it affects the health and economic stability of

women, their families and their communities. Survivors of sexual abuse face acute and chronic mental health problems. There are also costs to the society that has to deal with this vice. Sexual abuse drains a country's existing resources while interfering with women's ability to contribute socially and economically to the progress of the society. In view of this, the following are recommendations based on the findings.

The Health Response

Many of the informants complained of how the long queues in the public hospitals discouraged them from seeking prompt medical attention. Treatment should be administered by trained staff using appropriate protocols and the health needs of survivors continuously monitored to ensure full recovery.

Health care professionals should be empowered to testify in court about the medical findings if a survivor chooses to pursue legal action. According to the informants, health care professionals are not keen on getting involved in legal matters, claiming that it was quite tedious and time consuming as the cases drag on for years.

Follow-up care provided to survivors of sexual abuse will ensure that they heal. A social worker interviewed in the study observed that it was not possible to offer follow-up care services to survivors since most of them were never willing to come back for the follow-up visits.

Legal Response

Identifying the true scope of the problem of sexual abuse presents significant challenges. One of the many obstacles is the lack of attention given to the epidemic. The failure to give this problem the attention it deserves may be due to the limited statistical evidence on the number of survivors of sexual abuse. The study found out that the police may not be consistently recording data on matters of sexual abuse.

Based on the views of the informants in this study, the following are the recommended interventions:

a. Advocating for changes in the laws and policies that are harmful and discriminative to girls and women is necessary. Laws and policies that ensure protection, security and safety will be an effective prevention strategy;

b. Supporting law reform initiatives such as the Sexual Offences Act by developing codes of conduct for all legal actors will ensure that all survivors including those in rural areas have access to legal

assistance. This is in addition to developing strict policies in responding to cases of sexual abuse and to putting in place strict codes of conduct for the police; and

c. Since there is a tendency to justify lack of intervention because of the low statistical evidence on the number of survivors of sexual abuse, it is necessary to support the development of an efficient data collection and monitoring system within the police force. Besides, the low reporting illustrates the lack of attention accorded to the problem. An integrated health, legal justice and psychosocial response mechanism will ensure that the needs of the survivors are met.

A police officer who participated in the study recommended that:

- All interviews of survivors of sexual abuse should be conducted in a private place within the police station;
- That investigation should be immediate and alleged perpetrators apprehended promptly.

A participatory approach for developing the state's gender strategies with a view to arriving at a solution to the problem of sexual abuse should be adopted. One of the simple tactics for executing these plans is ensuring technical support and capacity building to all response partners including the police, health and psychosocial service providers.

The Role of the Community

Different members and structures in the community have a significant role to play in designing, implementing and evaluating strategies to prevent sexual abuse. Soliciting the active participation of community members in preventing sexual abuse is critical. This can be achieved by engaging the community in the following activities:

a. Co-ordination of community education, mobilizing efforts to promote and protect women from sexual abuse and de-stigmatizing survivors;

b. Identifying opinion leaders, women leaders and other influential community members to spearhead the establishment and sustenance of volunteer networks for crisis response, and peer counseling. This approach will ensure sensitization and reduce instances where survivors fail to promptly report when they fall victims of sexual abuse;

c. Initiating awareness campaigns to promote changes in community knowledge, behavior and attitudes concerning gender;

d. Crisis professional counseling for survivors and their families should be provided to ensure emotional support. Such a facility was evidently lacking as revealed in the study;

e. In Kisumu District, there exist several women groups referred to as "Chama". Using these groups, group activities focusing on building support networks, can be planned for survivors and other women; and

f. Traditional cleansing practices that survivors perceive as necessary for their recovery can be provided to respond to traumatic and painful experiences.

Finally, the report recommends that key action should be taken in terms of advocacy and awareness campaigns with a view to eliminating sexual abuse.

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