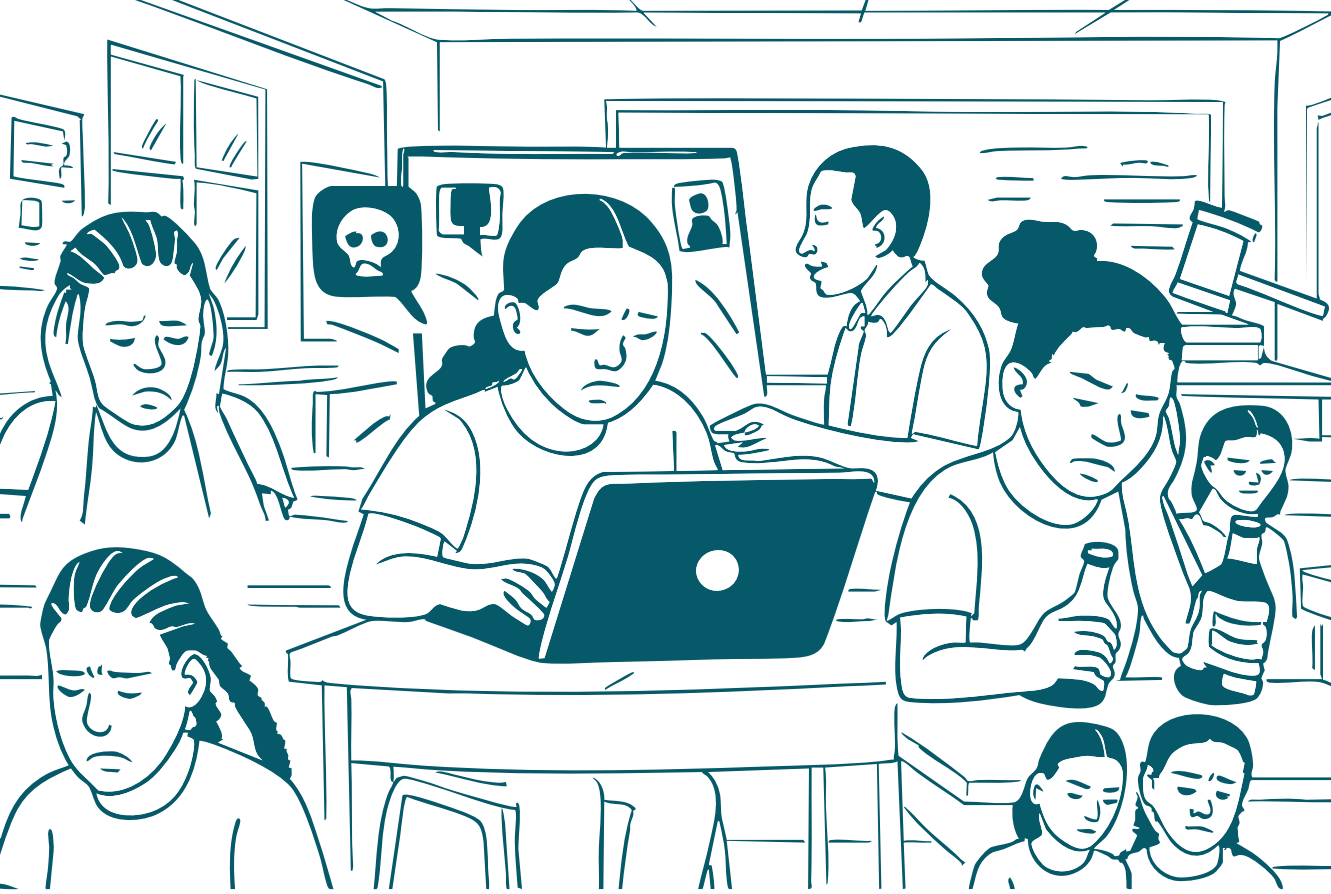




Study Focus On Junior Secondary Schools

Assessing The Impact Of Gender-Based Violence In Learning Institutions In Kenya

By Elizabeth Nguru

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Introduction

Many adolescent girls in Kenyan Secondary and Junior Secondary schools struggle with the manifold threat of Sexual Gender Based Violence (SGBV), menstruation-related issues, low esteem, low aspirations, and insufficient Reproductive Health interventions and information. This manifests in low academic performance, school dropout, and absenteeism. Gender inequities in education are further entrenched by these concerns, which disproportionately affect girls from marginalized and vulnerable locations. SRGBV is a key barrier to academic achievement, as it undermines adolescent girls' sense of themselves and their ability to succeed as students. Plan and Child Helpline International, (2019) states that between 500 million and 1.5 billion girls experience violence every year, many within schools. Forms of gender violence are not fixed; they evolve to fit different times, circumstances, and cultures.

This review's objective is to compile and summarize the available data regarding the effects of gender-based violence (GBV) in Kenyan educational institutions, with a particular emphasis on how these issues affect girls' educational opportunities. The review examines the factors associated with SRGBV, gaps in GBV service provision, and availability or lack of GBV interventions, such as Sexual Reproductive Health education with a particular focus on junior secondary schools. It also highlights counties' differences in SRGBV prevalence rates and differences in access to GBV services and provides recommendations.

The methodology included a desk-based study of current scholarly literature, official government policy, and reports from organizations addressing GBV concerns in Kenya, and data from NGOs that run such initiatives to improve girls' access to education by addressing GBV in educational settings.

What is GBV?

The term "gender-based violence" refers to all forms of, physical violence, psychological violence, violations, and abuse, including but not limited to, economic and financial violence, sexual violence, sexual harassment, gender harassment, stalking, organizational violence, and harassment, including both online and offline contexts. It further describes and includes a continuum of violence and violations, violent behaviors and attitudes based on sex and gender, and always intersects with and

mutually shapes other dimensions of inequalities, such as ethnicity, class, age, sexual orientation, and disability (EU, 2022). According to (UNESCO, 2019) Gender-based violence (GBV) is tolerated and sustained by social institutions, including the school, the very place where children are expected to be safe and protected.

School gender violence (SRGBV) is a fundamental violation of human rights, particularly those of women and children, and represents a considerable barrier to participation in education, gender equity, and to the achievement of Education for All (EFA) and the Sustainable development Goals (SDGs).

Factors Associated with GBV in Learning Institutions

- i. **Cyber Gender-Based Violence:** Cyber-based GBV (CBGBV) is a form of violence that occurs online or in person against people based on their gender identity. It is sometimes referred to as 'cyber terrorism and it includes cyberbullying, online harassment, violations of identity, online sexual exploitation and sexual abuse of children, and other harmful behaviors that are facilitated by technology.¹
- ii. **Sociocultural factors:** The students' cultural origin will always influence beliefs, thinking and even behavior at the institution. A child who has witnessed marital violence in the home, had an absent or rejecting father or had frequent use of alcohol will tend to adopt that behavior as being normally acceptable (Banda, 2019).
- iii. **Economic factors;** Girls find it enticing to engage in transactional sex to gain financial support from the "sugar daddy" (sometimes sugar mammy for boys) or rather, financial support from older men/women in return for sexual services rendered.
- iv. **Alcohol and substance abuse:** According to Atwoli et. al (2011), students who used substances reported negative effects including medical problems, engaging in unprotected sex, relationship problems and poor academic performance.
- v. **Lack of effective policies and systems:** Despite having enacted several laws that give direction to the management of GBV, these laws have little effect, especially at the institutions of learning. A lot of the SRGBV cases go unreported due to other factors like cultural beliefs stigma and even coercion.

1 <https://www.google.com/search?client=firefox-b-d&q=Cyber+GBV>

Counties with highest GBV Cases

According to the Kenya National Bureau of Statistics (2023) Bungoma, Murang'a, Homa Bay and Migori counties lead in cases of physical violence in Kenya respectively. The poorer and more marginalized the population, the greater the differences likely to exist between boys and girls. A study conducted by Otieno, 2020 in Kenyan schools revealed that (71 percent) of girls aged 13–17 years had been promised rewards in exchange for sexual favors.

Gaps in GBV service provision in Kenya

The Kenyan Sexual Offences Act (SOA 2006) is very comprehensive in its definitions of what entails Sexual offences but judging from the less-than-optimal convictions so far, one may blame sloppy investigation of cases and lack of a comprehensive national policy on GBV prevention and response. Few shelters and safe houses have been established which cannot meet the demand. Limited coordination of stakeholders working on GBV prevention and response.

The health, security and justice sectors have limited capacity and resources to effectively respond to GBV and implement anti-GBV programmes. There is inadequate programmatic focus in addressing GBV in the public and private sector workplaces. Inadequate enforcement of legislation to curb GBV due to lack of a policy framework. Weak data management and a poor Monitoring and Evaluation framework for GBV management.

Weak utilization of existing research to inform policy and programming. Limited rehabilitation and reintegration programs targeting GBV perpetrators. Misconception that GBV unduly focuses on girls and women at the expense of men and boys. Limited documented evidence on what works for primary prevention in the country. The link between gender-based violence, sex, and HIV/AIDS is still not clear in programming and therefore the approaches applied may not be as effective as they ought to be.

The legal dilemma of how to address the issue of sex between minors. Limited male involvement in GBV prevention and response initiatives. Lack of DNA laboratories at the county level. Weak chain of custody of forensic evidence resulting in acquittals. Lack of comprehensive programs for the rehabilitation of survivors. Lack of evidence-based programs for rehabilitation of perpetrators. Lack of comprehensive prevention mechanisms.

National and County Plans to address SRGBV

Prevention and response to School-Related Gender-Based Violence (SRGBV) is addressed in The Constitution of Kenya which is the supreme law of the land that promotes equality and freedom from discrimination. The Education Gender Policy (2007) and the 2005 Policy Framework for the Implementation of Post-Rape Care Services ensure the inclusion of sexual violence within the Reproductive Health Strategy (2009).

Multisectoral Standard Operating Procedures (SOPs) for the Prevention of and Response to Sexual Violence in Kenya (2013), the Implementation of the Sexual Offences Act (TFSOA), The Vision 2030 Second Medium Term Plan (2017), and the United Nations Millennium Declaration (2000) which advocates for empowering women and promoting gender equality work together to address SRGBV.

At the county level, the national commission overseeing gender and equality matters in Kenya has published model legislation on sexual and gender-based violence (SGBV), designed to help county governments effectively protect women and girls from violence.

The National Gender and Equality Commission (NGEC) is mandated with promoting gender equality and freedom from discrimination, with a special focus on special interest groups including women, youth, children, persons with disabilities, the elderly, and minority or marginalized communities.

Barriers to addressing SRGBV.

- i. Lack of reporting by SRGBV survivors due to shame, guilt, and stigma associated with, sexual violence;
- ii. Gender inequalities devalue and discriminate against women and girls and can shape a sense of entitlement among men and boys.
- iii. Weak coordination and monitoring mechanisms limit the multi-sectoral coordination and collaboration between ministries of education, police, health, social services, child protection and other key sectors that are fundamental to preventing and responding to SRGBV.
- iv. Weak service support and referrals for victims limit access to quality services, including health, social services and child protection, which are often absent or inadequate, particularly in fragile and conflict-affected communities.

- v. Lack of governance and accountability mechanisms, with most countries not yet having legislation to protect children from violence in education settings. Some countries have recently introduced legislation prohibiting violence specifically in the school context.
- vi. Data is either missing or incomplete in many contexts, particularly on the intersectionality between gender, gender identity, sexual orientation, race/ethnicity, disability and class and how these link to vulnerability and to SRGBV.

Successful Case Studies

Access to GBV services is being facilitated by referral structures in the health care system, and gender desks for reporting GBV at police stations are available at the sub-county level. GBV has increased in visibility among service providers, with evidence that cases of GBV are given greater prioritization. The availability of GBV services seems to be improving, with most health services saying they have adequate facilities to provide full medical examinations of GBV survivors, post-exposure prophylaxis (PEP), emergency contraception and STI prophylaxis - usually free for GBV victims. Furthermore, post-rape care legal documentation has been made free. Facilities' ability to collect forensic evidence, allow uncontaminated storage and transport, and pass evidence to the police varies significantly, affecting the usefulness of the legal documentation. Training on GBV (and differentiated approaches for different groups) is provided by a range of stakeholders: Some health centers have also benefitted from training on providing youth-friendly services – a lack of which is a barrier experienced by young people when they seek help.

Recommendations

Individual/Family level (Potential and active survivor)

- Girls and families to be encourage to keep being in school at whatever cost as this offers relative security and protection from GBV
- Empowering families economically so that economic-related GBV (competition for resources) can be eased –
- Include male family members in the fight against GBV through structured trainings, sensitizations and dialogues so that they are allies in fighting SRDBV.
- Including women in decision-making making from the family to leadership levels.

Community Level

- Engage local communities, religious leaders, and traditional authorities in addressing SRGBV by promoting community dialogue and challenging harmful cultural beliefs and norms
- Create an environment that supports survivors and condemns violence at the community level by sensitizing churches, schools, market leaders, local employers, and trade unionists.
- Mainstream anti-GBV information in recreation activities, environmental conservation, and developmental activities in schools and vocational colleges.
- Support local women-led and women's rights organizations by allowing them in political and community leadership platforms so that they can champion the fight against GBV.
- Economic empowerment programs for women including training, access to credit, and land ownership rights, are crucial for enhancing women's resilience to violence and contributing to overall food security.

Greater Society Level

- Local Authorities including County governments should put in place measures (policies) to intensify sensitization in the secondary schools against SRGBV
- Local authorities including local governments to create awareness for girl child to elaborately identify different kinds of sexual harassment through elaborate electronic, social and print media campaigns.
- Local authorities and County governments should deliberately budget for measures to increase girls' retention in secondary schools
- NGOs and civil societies to be partnered with to intensify advocacy, education, and awareness campaigns against SRGBV and to underscore the devastating its consequences
- The interlink between GBV and food security on individuals, families, communities and the greater society should be studied through research and mitigation measures suggested

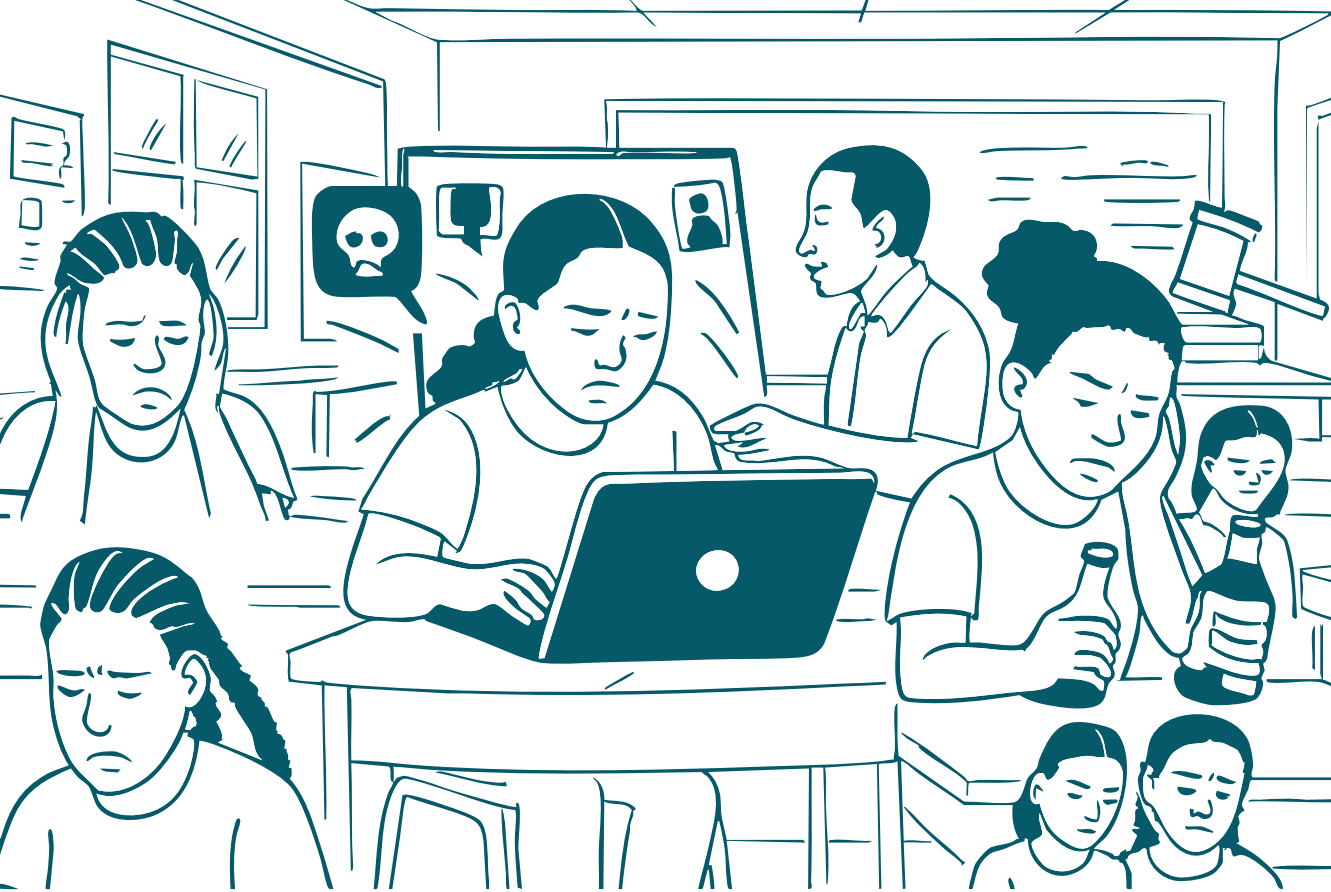
Policy level

- The Ministries of Education to provide comprehensive training for teachers, school administrators, and law enforcement personnel on recognizing and responding to SRGBV cases sensitively and effectively.
- County and National governments should proactively address biases, prejudices, and stereotypes that may hinder the reporting of GBV cases.

- Development partners to fund initiatives to conduct comprehensive research and data collection on SRGBV prevalence and understand the causes, and consequences of such violence.
- There is a need for the government to implement comprehensive and integrated strategies to help address the complex interplay between GBV and food security in Kenya.
- Strengthening the enforcement mechanism of the existing legal frameworks, such as the Sexual Offences Act and the Protection against Domestic Violence Act, will go a long way in ensuring swift prosecution of offenders.
- There is a need for the government to focus on providing psychosocial and educational support for survivors and the community, ensuring accessible healthcare services, and fostering a culture of respect and equality to challenge harmful norms and attitudes.

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