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RESEARCH ARTICLE

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FORMS OF SEXUAL VIOLENCE AMONG FEMALE SURVIVORS AT JARAMOGI OGINGA ODINGA TEACHING AND REFERRAL HOSPITAL, KENYA

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ABSTRACT

Background: Sexual Violence is the most common form of violence against women, with one in three women are victims of sexual violence. High number of female sexual violence survivors seek medical treatment at Gender Violence Recovery Centre (GVRC) of Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu, Kenya. Yet forms of sexual violence are poorly documented. **Methods:** A cross sectional study was carried out to assess forms of sexual violence among 120 conveniently sampled female sexual violence survivors at GVRC of JOOTRH. Purposive and convenience sampling technique was adopted. Qualitative and quantitative methods were used and data was collected by use of semi structured questionnaires and interview guide. Data analysis was carried out using descriptive statistics using SPSS. **Results:** The forms of sexual violence experienced by female sexual violence survivors include rape by stranger, rape by familiar person and spousal rape. Others include defilement, sexual slavery, verbal sexual abuse, sexual harassment, attempted rape or attempted forced sodomy or anal rape, drug facilitated sexual violence, denial of the right to use contraception and forced exposure to pornography. **Conclusion:** This study shows rape as the most common form of sexual violence experienced by the female sexual violence survivors. The study therefore recommends enactment of tough laws through constitutional bodies like parliament in order to deal with sexual violence perpetrators fervently in order to put deterrence to this social menace.

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INTRODUCTION

Most of the violence against women is sexual. Sexual violence is a global public health concern affecting both men and women with the highest burden in young women (Basile et al., 2015; Ogeng'o, 2013). Sexual violence is defined as a sexual act, unwelcomed sexual remarks involving force by any individual irrespective of their connection with the victim, in any location such as school, home or workplace. Statistics shows that approximately one in three women are at risk of being victims of physical and sexual violence (Devries et al., 2013). Sexual violence negatively affects the victim, family and community. Research evidence indicates that it negatively affects mental, reproductive, physical, psychological, reproductive and social health of the victims (García-Moreno et al., 2013; Jina & Thomas, 2013). Sexual violence is reported to occur at school, work, home, hospitals, churches and refugee camps (Dartnall & Jewkes, 2013).

The adverse effects of sexual violence include depression, low self-esteem, unwanted pregnancy, unsafe abortion and murder (Josse, 2010). Sexual violence is the most common form of gender-based violence among women in Africa. About 35% and 36% of women globally and in Africa respectively experience sexual violence perpetrated by their intimate partners at least once in their lifetime (WHO, 2013). Majority of the studies on sexual violence in developing and developed countries focus on women and young girls. A research study carried out in Uganda reported sexual violence among the adolescents (Porter, 2015). Most of the sexual violence against women are perpetrated by men including intimate partners, family members and coworkers of the victim. Sexual violence against women can take different forms which differs within cultural and socio-economic background. These include sexual harassment, marital rape, unwanted sexual advances, forced abortion, prostitution, forced marriages and forced sterilization (Wirtz et al., 2015).

Rape is a form of sexual violence involving a sexual act forced on another person (Krug, 2002). There are different types of rape including partner rape, acquaintance rape, date rape, stranger rape and gang rape (Cowan, 2000). Rape affects the victim both physically and psychologically. The perpetrators of rape like any form of sexual violence may be a friend or a stranger. The victims of rape can be girlfriends or wives (Jewkes *et al.*, 2011). Gang rape is perpetrated by men who work in a group to prove their masculinity and power and inhibit their individual sense of responsibility. A research study carried out in South Africa reported that most of the gang rapes involve two or more perpetrators (Vetten & Haffeejee, 2005). Sexual violence survivors mainly rape victims still experience stigma worldwide. This results into underreporting thus limited data on sexual violence (Fisher, 2000). Therefore, the purpose of this study was to investigate on the various forms of sexual violence among female survivors.

MATERIALS AND METHODS

Study area: The study was conducted at Gender Violence Recovery Centre (GVRC) of Jaramogi Oginga Odinga Teaching and Referral Hospital (JOTRH) in Kisumu County. It is situated in Kisumu city between Kondele and Kibuye along Kisumu- Kakamega highway. It serves both sexually violated males and females in the entire Western region. Gender violence Recovery Center (GVRC) provides clinical, laboratory, promotive, counseling, outpatient and outreach services to its clients.

Research design: This study adopted cross-sectional study design using both quantitative and qualitative methods. Cross sectional study design enabled the researcher to collect data on many variables at once such as social demographic factors and forms of sexual violence.

Study Population: The study population was composed of 120 female sexual violence clients/survivors aged between 15 to 49 years seeking medical treatment at Gender Violence Recovery Centre of Jaramogi Oginga Odinga Teaching and Referral Hospital in Kisumu, Kenya. The study targeted clients who went to the facility from October 1, 2016 to March 31st, 2017.

Sampling procedure: The Gender Violence Recovery Centre of Jaramogi Oginga Odinga Teaching and Referral Hospital in Kisumu was chosen by purposive sampling. This is based on the fact that the hospital is a major referral hospital attending to majority of sexual violence clients residing in Western region. Further, convenience sampling technique was used to recruit 120 study participants. This was achieved by targeting 20 sexually violated clients/ survivors per month for 6 months based on their availability at the GVRC of JOTRH until the sample size was achieved. Convenience sampling was the most appropriate sampling technique for the selection of the study participants as it allowed collection of data from the sexual violence survivors that sought care at the GVRC in Kisumu.

Data Collection and Analysis: Data collection was carried out using semi-structured questionnaires and the case narrative interviews. Data was collected using quantitative approaches involving administration of semi-structured questionnaires to the sexual violence clients. This was based on their availability from October 1, 2016 to March, 31, 2017.

Further, qualitative data was collected by conducting case narrative interviews on 10 purposively selected study participants in order to provide additional information on their personal experiences on sexual violence. Pretesting of research instruments was done at the Kisumu County Hospital (formerly Kisumu East District Hospital) on 12 (10% of 120 study participants/female sexually violated/survivors) who sought medical treatment at GVRC. Further, key informant guide was used as a data collection instrument.

Ethical Considerations: Ethical approval for the study was obtained from the Research and Ethics Committees of University of Eastern Africa-Baraton and Jaramogi Oginga Odinga Teaching and Referral Hospital. Informed consent was sought from the study participants. Guardian or parent or head of JOTRH provided consent for those participants aged between 15 to 18 years in addition to physically disabled, mentally ill or mentally disabled.

RESULTS

Demographic information of the study participants: All the study participants were women/ girls aged between 15-49 years with a majority between 15-22 years. On education, majority (50%, n=60) of the study participants had primary level of education, 30.8% (n=37) secondary education, 16.7% (n=20) tertiary education while 2.5% (n=3) were illiterate. Most of the study participants resided in the urban setting with 66% of the respondents being unemployed.

Forms of Sexual Violence: This study investigated on the various forms of sexual violence experienced by female sexual violence survivors. Of those interviewed, 42.5% (n=51) believed that "rape by a stranger, rape by a familiar person, rape within marriage or in a dating relationship", are the most common and prevalent forms of sexual violence while 57.5% (n=69) had never experienced them.

However, 99.2% of the study participants claimed that they had never experienced "systematic rape during armed conflict," "forced sodomy" or "anal rape", "incest" "stalking", "in-decent exposure of body parts aimed at sexual arousal", or "using technology to hurt others sexually" as a form of sexual violence.

Additionally, 11.7% (n=14) and 4.2% (n=5) of the study participants said that "Gang rape" and "Drug facilitated sexual violence" respectively were prevalent forms of sexual violence. Of those interviewed, 3.3% believed that "Denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases/infections" is also a form of sexual violence while 96.7% of the participants had not experienced that form of sexual violence.

On probing the women/girls of their knowledge of various forms of sexual violence, the following are the responses they gave out:

"Several times last year both day and night my husband hurled at me verbal sexual abuses /insulted and sat me in front of children and other relatives causing me psychological harm and to the children and embarrassed me," (sexual /abuse/insult)

Table 1. Forms of sexual violence experienced by respondents

Forms of sexual violence variable	Yes	(N,%)
Rape by a stranger, raped by a familiar person, rape within marriage or dating relationship	51	(42.5)
Systematic rape during armed conflict	1	(0.8)
Forced sodomy or anal rape	1	(0.8)
Attempted rape or attempted forced sodomy or anal rape	6	(5)
Gang rape	14	(11.7)
Denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases/infections	4	(3.3)
Incest	1	(0.8)
Drug facilitated sexual violence	5	(4.2)
Stalking	1	(0.8)
Indecent exposure of body parts aimed at sexual arousal	1	(0.8)
Using technology to hurt others sexually (sexual photoshopping, WhatsApp, Facebook, etc.)	1	(0.8)
Forced exposure to pornography.	2	(2.5)
Others (defilement, sexual slavery, verbal sexual abuse, harassment. etc.	20	(16.7)

Adhiambo #1**Defilement and initiation of early marriage process**

“It was on 18/12/2016 on the afternoon at Obunga estate in Kisumu when a male adult man attacked me and defiled me. He also wanted to initiate early marriage process while I was still in form 3 and under 18 years,”

Auma #2

Drug facilitated sexual violence and rape: *“We were taking refreshments in my house on 20/11/2016 at night at JOOUST main campus when a male friend spiked my soda with a drug and later on raped, me,” (rape).*

Akinyi #3**Gang rape**

“It was on 12/08/2016 at night at around 11 pm while I was from work (salon business) I passed through a restaurant then I boarded a motorcycle to go home. While on the road at Gesoko area two male thugs struck as with machetes, I was grabbed from the motorcycle, took my property, money, and gave me death-threats, if I did not cooperate. They stripped me naked and gang-raped me after which they took me and threw me in the Kiboswa fields where I was collected by a good Samaritan who took me to hospital for treatment,” (rape).

Achola #4

Sexual slavery and rape: *“Our pastor talked to our parents to take care of us in August ,2016 at Rabuor in Kisumu in his house. He took us as two girls and instead of taking care of us he placed us in sexual slavery; where he raped us, day and night for a whole month until we sent somebody to report the matter to the police,” (rape)*

Awino#5

Rape: *“On 30th November 2016 while I was walking on the road at 7 p.m., headed to the bus stage to board a vehicle back home from duty at mbale town (Vihiga county), a man emerged from the nearby shops and blackmailed me as a taxi rider , grabbed me, threatened to kill me if I did not cooperate, raped me and left.”*

Nafula #6

Rape and sadism: *“It was 26/12/2016 at 8 am in Miwani in my house, my estranged husband stormed my house chased children away, tied me with strings all my arms caned me, pushed me to the bedroom, raped me, took a soda bottle and inserted in my vagina. I started bleeding; he shaved my hair on the bed using a machete. All this happened until the second day at 8.am.”*

Anyango#7**Gang rape**

“on 9/01/2017 Monday. I was coming from lower railway estate to my Nyawita residence after I had visited my aunt in the evening. I bumped into a six gang of men on the way who grabbed me, pulled me to a nearby banana plantation and gang-raped me in turns, leaving me for the dead.”

Akoth#8**Rape and use of technology (internet/ Facebook) to harm others**

“It was on 29th March 2017 Wednesday at 11 am at my workplace in Nyahera while I was with my male workmate; He started removing his jackets exposing his body parts, took pictures of taking pictures of my thighs, legs and face while working without my consent. He later grabbed me and laid me down giving me threats if I did not cooperate. He raped me and left. The pictures he took, he later circulated them on the internet (Facebook).”

Akumu#9**Rape and denial of right to use contraception for protection against pregnancy and sexual transmitted infections/ HIV**

“It was on 12/03/2017, Sunday night at 11 pm while my husband who has been having extramarital affairs forced himself on me and raped me. I requested him to use a male condom or I use a female condom, to protect me against sexually transmitted infection/diseases including HIV/AIDS but he refused and threatened to beat me if I didn't cooperate and had his way by raping me. All this happened at our mamboleo estate Kisumu.”

Apiyo#10**DISCUSSION**

All the study participants were females. Most study participants were aged 15-22 years. This finding is in agreement with other research studies which report young age has a risk factor for rape (Kandoloet al; 2017). Further, the prevalence of sexual violence is highest in females as compared to males (Bakele et al., 2015). Additionally, a research study in Brazil found out that sexual violence was more prevalent in young girls (4.1%) than in young men (1.8%) (Mondin et al., 2016). This may be due to male chauvinism experienced in most homes in developing countries. This study investigated on the forms of sexual violence among female sexual violence survivors. Most of the study participants believed that rape within marriage, date rape, attempted sodomy, marital rape and acquittance rape as

the most prevalent forms of rape. Additionally, gang rape, drug facilitated rape, attempted rape and attempted forced sodomy as forms of sexual violence experienced. The findings from this study are similar to those reported in other research studies. Numerous research studies report sexual assault among intimate partners (Siddique, 2016). Similarly, research studies in Ethiopia report that having a regular boyfriend increased the risk of suffering from sexual violence than not having one. Further, research study carried out in Ethiopia found out that more girls who had boyfriends had experienced rape compared to those who didn't have a boyfriend (Terefe & Mengistu, 1997). Additionally, research study at the Madawalabu University reported increased incidences in sexual violence in female students with regular boyfriends compared to their other counterparts (Bekele et al., 2015). In conclusion, the main form of sexual violence experienced by the female sexual violence include rape by stranger, marital rape, date rape, gang rape, drug facilitated violence, attempted rape, denial of the right of use of contraception and forced exposure to pornography. This study recommends enactment of tough laws through constitutional bodies like parliament(s) in order to deal with the sexual violence perpetrators vehemently in order to put deterrence to these sexual menaces. Further, children should be educated on what constitutes unwanted sexual advancement.

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