

Gender-based Violence and Depression and Anxiety Symptoms among Women in Nakuru County, Kenya

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Abstract

Gender based violence (GBV) is an act of directing violence to a person based on their gender. GBV can lead to physical, emotional/psychological, and sexual harm to the opposite gender. Although men can be victims of GBV, more women than men are victims of GBV. The current study investigated depression and anxiety symptoms among women who are/have experienced GBV in the metro area of Nakuru County using descriptive survey design. The study targeted all women aged 18 to 50 years in Nakuru metro area. Purposive sampling was employed and data was collected mainly from churches, markets, and institutions. Data was analyzed using descriptive statistics and findings presented in table of frequencies and percentages. The findings revealed that women who are/have undergone GBV exhibit symptoms of depression and anxiety. The study recommended that the Ministry of Health in conjunction with Ministry of Gender in every county should come up with programmes that provide interventions for victims of gender based violence, especially women. The programmes should also sensitize the communities on the adverse effects of GBV in order to discourage GBV and social as well as cultural beliefs that promote GBV against women.

Key words: Gender-based violence, depression, anxiety

1. Introduction

Gender based violence (GBV) is violence meted out to a person based on their gender. It is a violation of human rights that involves use of deliberate force or power that results in emotional/psychological, sexual or physical harm or suffering to a person of the opposite gender. This includes but not limited to acts such as coercion/curtailed freedom in private or in public, economic deprivation and isolation which can lead to danger to health and well-being (Flowers, 1987). Although both men and women can be victims of GBV, more women than men are victims of GBV from known or unknown people. Gender based violence is among the commonest and continual problem facing women in the world (Decker et al., 2015). GBV can result to physical injuries such as bruises, fractures, soft tissue injuries among others. It could also lead to psychological/emotional trauma which may include: depression, anxiety, and panic disorder, physical inactivity, poor self-esteem, post-traumatic disorders, psychosomatic disorder and smoking, alcohol and drug abuse.

2. Purpose of the Study

This study was designed to examine depression and anxiety symptoms among women who are/have undergone gender based violence in Nakuru County in Kenya.

3. Statement of the Problem

Women who have depression and anxiety are more likely to have low quality life. They may experience job dissatisfaction, high rates of absenteeism leading to low productivity at work. Depression and anxiety in women, especially mothers, leads to poor parenting skills. Depressed mothers may tend to exhibit more hostile, negative, and withdrawn parenting. Such poor parenting skills can result to poor physical health and well-being in children. Children of depressed mothers may also show sign of temperament, insecurity attachment, aggression, lower cognitive/intellectual/ academic performance, low self-esteem, depression, alcohol and substance abuse among other behavioral problems. It is therefore important to examine possible predictors of depression such as GBV among women to be able to come up with ways to curb depression among women and help raise a generation of mentally and physically healthy children.

4. Objectives of the Study

1. To examine depression symptoms among women who are/have undergone GBV.
2. To examine anxiety symptoms among women who are/have undergone GBV.

5. Literature Review

5.1. Depression and Anxiety

Depression is a mood disorder that involves persistent depressed mood/feeling of sadness and lack of interest in activities that one previously enjoyed leading to

significant ruination of everyday life. Depression can be as a result of major life events such as bereavement, divorce, dysfunctional families, and loss of a job. Other causes of depression are environmental, psychological and social factors.

On the other hand, anxiety is experiencing excessive and disruptive levels of negative emotions such as being nervous, tense, worried, and scared (Kessler et al., 1995). Anxiety can make it laborious for an individual to engage in things related to everyday life some as simple as leaving their house, or trying new things in their career or in personal life, leading to a low quality of life (Shumye et al., 2019).

5.2. Gender Based Violence against Women

World statistics show that 16-50% of women who have ever had partners reported having been physically abused by an intimate male. This is also reflected in Sub Saharan Africa where 13-49% of women have experienced physical assault by an intimate male partner (Krug et al, 2002; WHO, 2013). Gender based violence against women has been report as the most endemic and socially condoned form of human rights violation in Kenya. Although men can be victims of gender based violence, majority of GBV victims are women. A survey by The Demographic and Health Survey (2014), focusing on married and ever married respondents found that, women were more likely than men to experience physical violence committed by their spouses. Thirty eight percent of ever married women aged 15-49years have ever experienced physical violence committed by their husbands/ partners while only 9% of ever married men in the same age bracket have experienced physical violence from their wives/partners.

In Nakuru, 90% of the 2300 cases of gender based violence reported at the Provincial General Hospital between March and September, 2019 were women (County Government of Nakuru, 2019).

5.3. Depression/ Anxiety and Gender Based Violence Against women

The most common Psychological effects of GBV among women are: depression, anxiety, Post-Traumatic Stress Disorders, (PTSDs) and substance abuse (Rees, 2011; Trevillion, 2012; WHO, 2013). GBV is more often than not associated with depression and anxiety. According to Public Health Agency of Canada, women with a history of physical violence have significantly higher chances of major

depression, suicidal ideation and substance abuse (Winter, et al, 2020).

Haqqi (2008) on a study focused on prevalence and severity of physical and psychological abuse, its consequences and predisposing factors. The sample of 171 women from Pakistani, Karachi were, selected through initial screening using a questionnaire adapted from *multi-county studies on women's health and domestic violence against women*. They were aged between 26 and 35 years. The researcher found that 62% of the sample experienced depression 9.4% of whom had suicidal ideation. The mini Neuron Psychiatric interview (MINI) version 5.00 was used to evaluate depression. The current study is important since the study reviewed, involved Pakistani women who may have a different disposition from Kenyan women.

The finding from the studies reviewed involved sample from other countries such as Australia. Rees et al., (2011), in an analysis from the 2017 Australian National Mental Health and Wellbeing survey, carried out a correlation among physical intimate partner violence, (IPV), rape, other forms of sexual assault with lifetime prevalence of five type of mental disorders, and, anxiety, disorder, mood disorder (depression), substance use and PTSD in 4451 community-dwelling women (age range 16-85). Compared to women who reported no GBV, those who reported exposure to a single form GBV had twice the prevalence of any mental disorder (57%-28%) and those who experienced three or four types of GBV had more than three times the prevalence (89%). Women who were exposed to a single type of GBV had more than three times the rate of suicide attempts: exposure of three or four types of GBV was associated with nearly 15fold higher rates of attempted suicide.

In Kenya, intimate partner violence was associated with depression among women who had experienced it. Women who had experienced severe intimate partner violence were 2.612 times more likely to have depression compared to those who had experienced no severe intimate partner violence (Amissah, 2018; Winter, et. al., 2012).

6. Methodology

The study used descriptive survey research design. This design was chosen because it allows the researcher to collect a large amount of data and

describe human behavior and mental processes (Kasomo, 2006).

6.1 Target Population.

The study target population was all women between the ages of 18-50 in Nakuru Metro Area. The metro area has a population of about 383,000 with 51% of the population being females. The approximated number female adults between the ages of 18-50 in the metro area is 104, 200.

6.2 Sampling Technique and Sample Size

Purposive sampling was used because the study targeted women between 18-50 years of age.

6.3 Data Collection Instrument

A questionnaire constructed by the researcher was used to collect data. The questionnaire sought to know whether the women had ever experienced GBV and also investigate whether women who had ever experienced GBV had any signs of depression and/or anxiety. Four hundred copies of the questionnaire were distributed.

Table 1 Response rate

Category	F	(%)
Yes	300	71.0
No	120	29.0
Total	420	100.0

Majority of the respondents who were undergoing or have ever undergone GBV were aged between 18-25years and 26-35years.

Table 2. Distribution of respondents by age

Age	F	%
18-25 years	99	33.0
26-35 years	111	37.0
36-50 years	90	30.0
Total	300	100.0

7.1. Depression and Gender-based violence

In line with the first objective, the findings revealed that majority (65.4%) of women undergoing or who have ever undergone GBV felt tired/lack of Energy (M=1.34, SD=1.47), about 56.6% have feelings of worthlessness/valueless (M=1.44, SD=0.49) and 48.3% had persistent low mood (M=1.51, SD=0.50). Use of alcohol/smoking/drugs was reported by 39.3% (M=1.60, SD=0.48) of the women, while 31% reporting having had thoughts of death/self-harm (M=1.68, SD=0.46), memory problems was reported by 28.6%

6.4 Data Collection

Data collection was done mainly in churches, markets, institutions and places of work as the researcher felt that these places had a huge representation of women in Nakuru metro area. Data collection was carried out with the help of research assistants.

6.5 Data Analysis

Descriptive statistics were used to analyze the data collected. Results were the presented in tables of frequencies and percentage.

7. Results and Discussion

Five hundred copies of the questionnaire were distributed, 420 were returned and out of the 420, 300 women responded “Yes” to the question “Have you ever experienced gender violence?” This made a response rate of 71% which was sufficient to analyze data and draw a conclusion. Table 1 below represents the response rate.

(M=1.71, SD=0.45) and restlessness by 24.3% (M=1.75, SD=0.43). These findings corroborate Haqqi (2008) who found that women who underwent GBV exhibited signs of depression with 9.4% of them having suicidal ideation. The tables below represent the number and percentages of women who experienced different signs of depression as outlined in the questionnaire. Table 3 represents the frequencies and percentages while Table 4 represents the means and standard deviations of their scores.

Table 4. Descriptive Statistics and Gender-based Violence and Depression

	Mean	SD
Use alcohol/smoking/use any illegal drugs	1.60	0.49
Feeling of worthlessness/valueless	1.44	0.49
Thinks of death/ self-harm	1.68	0.46
Have memory problems	1.71	0.45
Restlessness-trouble sitting still	1.75	0.43
Tired/lack of energy	1.37	0.47
Persistent low mood/feeling of sadness	1.51	0.50

7. 2. Gender based Violence and Anxiety

In line we the second objective of the study, between 48%-42% of the women reported experiencing anxiety symptoms. About 48%, reported getting angry easily being unable to fall or stay asleep (M=1.52, SD=0.50) and (M=1.51, SD=0.50) respectively. Feeling worried for no reason was reported by 44% of the women (M=1.56, SD=0.51), getting frightened by

small things/phobia by 43% of the women (M=1.57, SD=0.49) and Sweating, quick heartbeats and dry mouth was reported by 42% (M=1.58, SD=0.49). These results agree with the studies by (Rees, 2011; Trevillion, 2012; and WHO, 2013) which found that anxiety was among the commonest psychological effects of GBV. The results are presented in Table 5 and Table 6 below.

Table 5. Anxiety and Gender-based Violence

	F	%	F	%
	Yes		No	
Sometimes get angry easily	145	48.3	155	51.7
Get frightened by small things/phobia	129	43.0	171	57.0
Feel worried for no reason	132	44.0	168	56.0
Unable to fall or stay asleep	146	48.7	154	51.3
Sweating, quick heartbeats and dry mouth	126	42.0	174	58.0

The means and standard deviations of anxiety and gender-based violence are presented in Table 6 below.

Table 6. Descriptive statistics of Anxiety and Gender based Violence

	Mean	SD
Sometimes get angry easily	1.52	0.50
Get frightened by small things	1.57	0.49
Feel worried for no reason	1.56	0.47
unable to fall or stay asleep	1.51	0.50
Sweating, quick heartbeats and dry mouth	1.58	0.49

8. Summary, Conclusions and Recommendations

8.1 Summary and Conclusions

This study focused on examining depressive and anxiety symptoms of women who have/are undergoing GBV in the metro area of Nakuru County. In line with the first objective of the study, the study found that women who went GBV exhibited some depressive and anxiety symptoms.

8.2 Recommendations

The Ministry of Health in conjunction with Ministry of Gender in every county should put in place programmes that can provide interventions for victims of GBV. The community should be made aware of the effects of GBV in an attempt to dissuade the perpetrators and discourage social beliefs and culture that promote violence against women and GBV in general.

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