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(Nutritional Improvement for children in urban Chile and Kenya)

The Link between domestic violence and maternal and child health in informal in Kenya

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The purpose of this paper is to identify the main determinants of domestic violence in Kenya and review the evidence to link it to poor child health and nutrition. The paper is divided into 5 sections; section one provides background and context to domestic violence in Kenya. Section two explores some of the determinants of domestic violence while the third section attempts to link domestic violence to poor maternal and child health. The fourth section highlights some possible strategies aimed at reducing domestic violence and the final section provides a summary and conclusion.

Background and context

In many countries, including Kenya, women are socialized not only to accept, tolerate, and even rationalize domestic violence but also to remain silent about such experiences (KNBS and Macro 2010). Domestic violence against women is highly prevalent in Kenya. The Kenya demographic health survey (KDHS) of 2008/9 indicates that one third (31.8 per cent) of women aged between 15-49 years in Coast Province had experienced violence in the 12 months preceding the survey (KNBS and Macro 2010). In addition, the survey indicates that at least 49% of men and women agree that a husband has the right to beat his wife if she burns food, argues with him, goes out without permission, neglects children or refuses to have sex with him.

Consequently, the majority of the cases of violence against women remain unreported or at least unpunished. Accurate data on domestic violence in Kenya are therefore not readily available and published statistics are based only on the cases that are reported to authorities. Even then, some of the cases are withdrawn as parties prefer to settle matters out of court, using other mechanisms.

Women living in poor households, especially those living in urban informal settlements, are more likely to have experienced violence at the hands of spouses or partners (Montgomery 2009; OxfamGB 2009). Studies carried out by NGOs in Kenya indicate that over half of all reported cases of intimate partner violence occur in urban informal settlements which are characterized by high levels of unemployment, poverty and physical insecurity (Crichton, Musembi et al. 2008).

While there is no universally agreed definition of domestic violence, it generally refers to any harmful act against an intimate person that is in many cases based on socially defined and reproduced difference between males and females. According to article 1 of the 1993 UN declaration on Elimination of Violence against Women, domestic violence is

> any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life.(pp.1)

A broader, more comprehensive definition is offered by Williamson (2010) which encompasses the different forms of domestic violence and highlights the negative impact on health and well-being:

> (domestic violence is)... a pattern of controlling behavior against an intimate partner or ex-partner, which includes but is not limited to physical assaults, sexual assaults, emotional abuse, isolation, economic abuse, threats, stalking, and intimidation. Although only

> some forms of domestic violence are illegal and attract criminal sanctions (physical and sexual assault, stalking, threats to kill), other forms of violence can also have very serious and lasting effects on a person's sense of self, well-being and autonomy (p1412).

The determinants of domestic violence in Kenya

There is extensive literature on domestic violence including intimate partner violence, which shows that this is a global problem (Gass, Stein et al.; Jewkes, Levin et al. 2003; Langhinrichsen-Rohling 2005; Kwesiga, Bell et al. 2007; Abramsky, Watts et al. 2011). This literature includes the findings from large scale and multi-country demographic surveys (Hindin, Kishor et al. 2008) (WorldBank 2009) and also smaller local surveys (Jewkes 2002; Alper, Ergin et al. 2005), which have shown that the social determinants of domestic violence are complex and at all times context specific. Domestic violence can be the result of several factors operating at the societal, community, family and individual levels (Ellsberg and Heise 2005). Societal level factors include socialisation into gender roles that link masculinity to dominance and femininity to subjugation, which are sometimes rigidly applied and enforced as noted in the 2008/2009 KDHS report. Community level factors include isolation of women linked to reduced mobility and lack of social support. Family level factors are linked to male control over family resources and the means of production although in some cases where women do have control over these resources violence may also occur (Vyas and Watts 2009). Individual level factors include an individuals' history of violence (through perpetration or witnessing violence), drug and substance abuse and low socioeconomic status; and combinations of these factors contribute to different forms of violence (Jewkes 2002).

Muggah (2012) attempted a synthesis of existing literature on the risks and drivers of urban violence, that can serve to ground and contextualise domestic violence in urban informal settlements in Kenya. Muggah (2012) lists urbanisation and population growth, urban population density, urban poverty and inequality, urban youth unemployment and failures in urban governance as some of these risks and drivers (pp 38-50). Two of these – inequality and governance, deserve further mention. Inequality and deprivation are not limited exclusively to income but also to lack of access to basic social services, lack of state protection, exposure to systematic corruption, and the inefficiencies that most acutely affect the poor (Muggah, 2012:45). In a context where there is poverty and deprivation the crowding typical in informal settlements as well as societal level factors (such as gender roles), the 'weak' and 'vulnerable' (in this case the women) withstand the worst of various forms of violence at the domestic level. Informal settlements also suffer the additional challenge of being 'illegal' and therefore are the last to access basic municipal services. Furthermore, the systems available to mitigate domestic violence in these settlements may have capacity gaps that allow the perpetuation of domestic violence (Muggah 2012) (ref?).

Apart from poverty, which is known to be a principle driver of violence, as mentioned above there is a link between domestic violence and drugs use, low socio-economic status and partner characteristics. Jaoko (2010) conducted a study to explore the correlates of wife abuse in an urban area of Nairobi and a rural area of Maseno. The findings showed that the use of alcohol and drugs by either the participant or her husband and a history of family violence in the husband's family were found to be significantly associated with wife abuse. Additionally, low educational levels and unemployment of the participant and/or her husband were found to be associated with wife abuse. Other researchers have found a relationship between well being and education, employment and early marriage, but did not directly link these to domestic violence (Marinda 2006; Kabubo-Mariara, Ndenge et al. 2009)

Studies by NGOs working in urban areas in Kenya illustrate that a large number of reported cases of domestic violence in the informal settlements are linked to high levels of unemployment, poverty and physical insecurity (Crichton, Musembi et al. 2008; OxfamGB 2009). Studies directly linking domestic violence to poor maternal and child health are few. However, Rico

(2010) used DHS data to conduct an analysis of the relationship between domestic violence and child nutrition and mortality in Kenya, Egypt, Honduras, Rwanda and Malawi and found that domestic violence plays a role in child malnutrition and mortality, especially for children below two years of age. They state that "the strongest relationship between 'any' type of domestic violence and U2[1] mortality was observed in Kenya (adjusted odds ratio (OR) 1.42, 95% CI 1.18 to 1.71)." (p.4)

In attempting to explain such findings, Emenike et.al. (2008) suggest that the physical or psychological consequences of domestic violence may impair maternal ability to cater for her unborn child's or infant's nutrition, health and other needs.

Evidence to link domestic violence to poor maternal and child health

Various studies have explored and examined the effects of domestic violence on the women experiencing violence. These effects include the social and psychological effects (Jejeebhoy SJ, Santhya KG et al. 2010), physical effects (Coker, Smith et al. 2000), HIV (Dunkle, Jewkes et al. 2004) and the death of the mother and/or infant (Ackerson and Subramanian 2009; Abuya, Onsomu et al. 2012). Other studies have explored support, prevention and coping mechanisms in the face of multiple tragedies that include disability, disease and injuries resulting from domestic violence.

As mentioned earlier, there are limited data to link domestic violence in Kenya to poor maternal and child health outcomes especially in informal settlements. This may be because urban health issues are under-researched and urban health data are rarely disaggregated by socio-economic status. As Sattewaite (2011) points out 'Urban health issues also do not get the attention they deserve in discussions of urban poverty and poverty reduction. Most official measures of poverty still include no direct consideration of health or of most of the key determinants of health. (p5)'. Ellsberg (2001) and Montgomery (2009) suggest that the dearth of studies on domestic violence and child health in poor urban areas may be due to the stigma associated with domestic violence and victim's belief that it would be futile for them to seek care or to escape from the household.

Although studies in poor urban areas are few, some researchers have explored how violence relates to the health of women and children. For example, Sabarwal (2011) conducted a study on domestic violence and childhood immunization in India, using cross-sectional data from the Indian National Family and Health Survey-3 (2005–06). Accounting for child's gender, child's birth order, mother's age, mother's education, mother's occupation, husband's education, urban/rural status, type of family, religion, caste and wealth index, their findings indicated that children from families that face partner violence were at an increased risk of low immunization. Sabrawal suggests that underlying factors thought to explain associations between domestic violence and child health include the destructive effects of domestic violence on the quality of parenting and childcare because of increased rates of depression and traumatic stress among abused mothers.

Studies have shown a direct link between violence and the mothers' emotional, psychological and social well-being and that these lead to a poor sense of self-efficacy (Jejeebhoy 1998; Ammaniti, Ambruzzi et al. 2004; Koenig, Stephenson et al. 2006; Montgomery 2009; Agarwal, Srivastava et al. 2010; Abramsky, Watts et al. 2011). The experience of marital violence clearly disempowers women and undermines their ability to make decisions for themselves and their children including the choice and quality of food provided and dietary intake (Jejeebhoy SJ, Santhya KG et al. 2010). It is the low self-efficacy that leads to poor child care (e.g. incomplete vaccination, poor nutritional choices and feeding practices as well as the low emotional attachment) that result in poor health outcomes for the child. Jejeebhoy adds that where marital violence is accompanied by withholding food from the wife, poor nutritional outcomes are bound to occur. Ackerson et al. (2008) advance the same arguments

[1] U2 – under 2 years of age.

by noting a close relationship between frequent and recent abuse and heightened probability of poor child nutritional outcomes.

Domestic violence may have physical and emotional impacts on children, and thus negatively influence child health, nutritional status and survival (Heaton and Forste 2008). In Mbale, Uganda, a population based survey by Karamagi et al. (2007) established that children who witness domestic violence are at a higher risk of emotional and behavioural problems including depression, poor school performance, low self-esteem, disobedience and physical health complaints. Clinical studies by Ammaniti (2004) on samples of mothers who presented with symptoms of anxiety, depression and eating disorders showed that their children also had emotional and behavioural problems, frequent illness, and poor feeding. This was evident even where food was available.

Strategies aimed at reducing domestic violence

Although domestic violence frequently leads to poor maternal and child health outcomes, the pathways to these outcomes can be accelerated or blocked by factors at different levels. Interventions to reduce domestic violence therefore need to take account of these different pathways and also of the different types of domestic violence. For example, at the family level, interventions could be tailored to target the different types of family violence (emotional, physical and economic). Economic violence could be mitigated through a strategy aimed at community savings that eventually result in changes in collective relations, capacities and assets. Lack of social support could be tackled through strengthening existing and familial mechanisms to mitigate emotional violence. Both legal and societal sanctions brought upon perpetrators of violence can also contribute towards reduction in family violence. These suggested potential interventions target the different types of violence against women but take less account of factors that allow violence to occur in the first place.

The long term and potentially sustainable general strategy is in creating a supportive environment in all sectors and in strengthening linkages across health care, legal, social, municipal and other sectors (Chibber and Krishnan 2011). This strategy would involve individual, community national and global recognition that violence has serious effects on the family unit and that investment in its reduction has multiple and potentially long term benefits. This would be followed by concrete steps aimed at addressing domestic violence- and its determinants from the individual to the global level.

Summary

This paper has established that as many as one in every three women of child bearing age in Kenya has ever experienced some form of domestic violence. However, rates of domestic violence in urban informal settlements could be even higher due to the higher than national average poverty levels, population density and the stresses of daily life experienced in these settings. It argues that while determinants of domestic violence are complex and context specific many of the societal, family and community level determinants are exacerbated by the poor living conditions in urban slum areas.

The paper presents evidence to link domestic violence to poor maternal and child health and nutritional outcomes. It concludes that to reduce domestic violence in a sustainable way requires all sectors to work together to create a supportive environment by strengthening linkages across these sectors to achieve synergy between their actions. This demands intervention at different levels and on different pathways to gain maximum impact.

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