



GENDER & COVID-19: SAFETY AND VIOLENCE

Safety and gender-based violence among adolescents and young adults in Nairobi during the COVID-19 pandemic

November 2020

Why This Matters

- The COVID-19 pandemic has prompted concerns about violence and safety, particularly for adolescents and young adults who bear a disproportionate burden of violence globally.
- The COVID-19 mitigation measures, including curfews and social restrictions on social gatherings can amplify risk of violence in private spaces and can create new risks of violence in public, especially with police.
- Gender-based violence (violent acts directed at an individual based on their gender) is pervasive in Kenya. An estimated 41% of young women ages 15-29 in Kenya experience physical and/or sexual violence at the hands of an intimate partner in their lifetime¹.
- Concern exists that the economic disruption of COVID-19 pandemic, together with social and mobility restrictions, could exacerbate gender-based violence via:
 - Limited mobility, social isolation, and increased time in the home with abusive partners.
 - Increased conflict resulting from financial and psychosocial stress.
 - Gaps in access to violence-related support services or safety measures, stemming from fear of infection, mobility restrictions, lack of privacy in the home, and perceived and actual suspension of support services.

Spotlight on Gender Analysis

A gender analysis is critical, inclusive of gender-stratified quantitative analysis and attention to gendered social and economic power dynamics, norms, and underlying inequities.

Key Findings

Figure 1. Safety at home, by gender

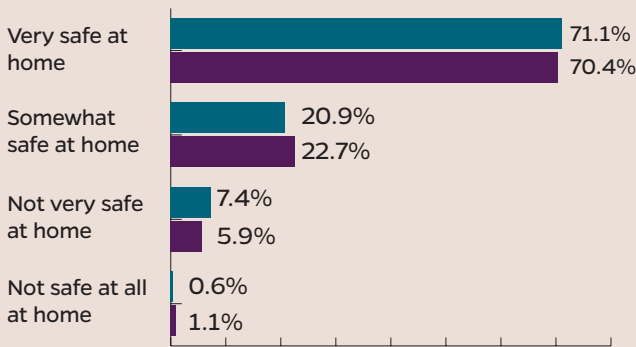
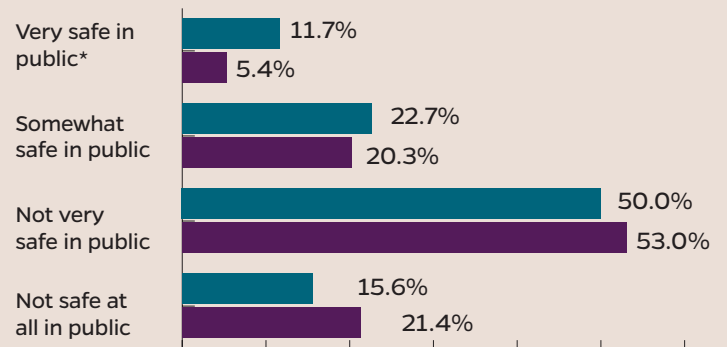


Figure 2. Safety in public, by gender



*Significant difference between men and women at $p < 0.01$

Key Findings

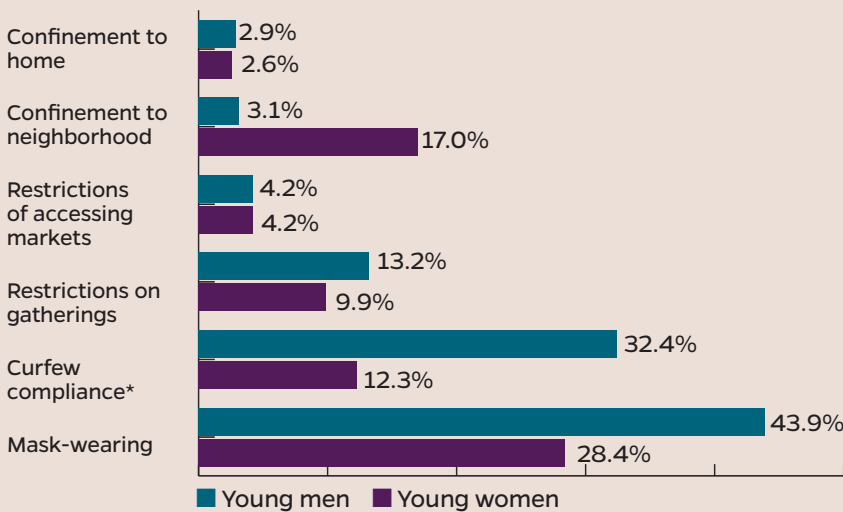
Table 1. Prevalence of police contact and interactions, by gender

	Overall (col %)	Young men (col %)	Young women (col %)
Overall (n=1217)			
Fear of police harassment when leaving home	29.5	31.8	28.0
Reported any interaction with police since COVID-19 restrictions began [^]	47.1	60.0	38.1*
Among those who have had police contact (n=576)			
Police demands for money or something else	49.4	55.0	43.3
Among those in informal economy or self-employed (n=487)			
Police interference in work	7.7	8.8	6.6

*Significant difference between men and women at $p < 0.01$

[^]Includes interactions related to: mask-wearing, curfew compliance, confinement to homes, confinement to neighborhood, restrictions on gatherings of multiple people, restrictions on accessing markets

Figure 3. Reasons for interaction with police, by gender



*Significant difference between men and women at $p < 0.01$

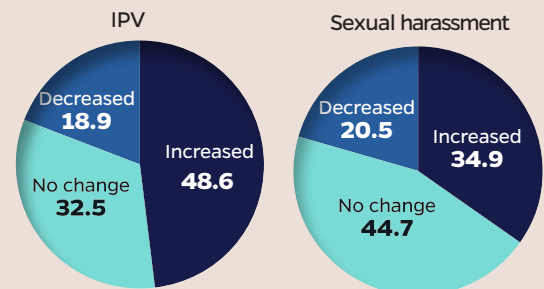
Young people explained their fears about police contact in focus group discussions (FGDs):

“ I think young people are being violated based on this Corona virus because let me, let me say for example ... you are supposed to be at home by 9, and by mistake you find yourself outside ... **you might meet police and they might brutally beat you, or beat you physically** ..., you can't do things freely.
- 18-year-old male FGD participant ”

Table 2. Prevalence of past-year intimate partner violence, sexual violence & sexual harassment and changes since COVID-19 restrictions, among young women

	IPV (col %) (n=449)*	Non-partner sexual violence (col %) (n=612)	Sexual harassment (col %) (n=612)
Experienced in past 12 months	17.1	3.0	18.1
Help-seeking, among those who experienced Sought help	11.2	4.6	—

*Significant difference between men and women at $p < 0.01$



Change in intensity since COVID-19; among those who experienced both prior to and during

Key Findings

The COVID-19 pandemic has exacerbated IPV and sexual among young women, with 66% reporting experiencing sexual harassment before and since the COVID-19 pandemic began.

Figure 4. Timing of IPV relative to COVID-19 pandemic, among young women experiencing IPV in the past 12 months (n=67)

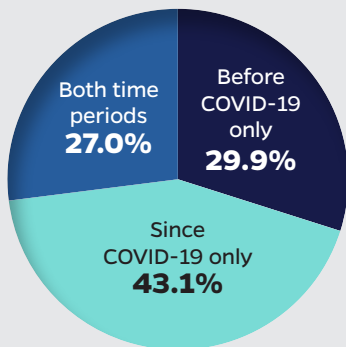


Figure 5. Timing of sexual harassment relative to COVID-19 pandemic, among young women experiencing sexual harassment in the past 12 months (n=118)

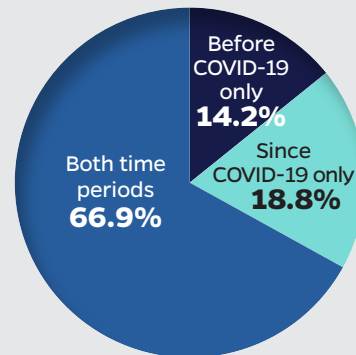
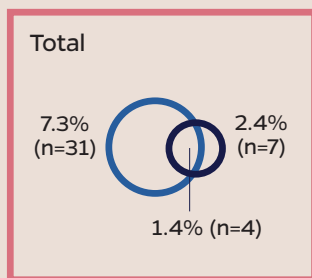
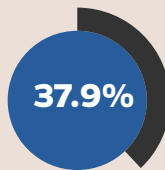


Figure 6. Past-year sexual violence by perpetrator(s), among women reporting a dating partner in past 12 months (n=449)



— Partner
— Total Population
— Nonpartner



reported having received information about IPV support services since the beginning of COVID-19.

Figure 7. Source of violence-related information received (n=236*)



*Among young women who reported receipt of any information about violence support since COVID-19

Situational Stress of COVID-19 Can Amplify Violence in the Home

Youth explained how the financial and social stress of COVID-19 and increased time at home created greater opportunity for violence:

“

Then on violence you see when Corona came, **the father ... he has been terminated [from] work**, he come to live with the family in the house, obviously there is somewhere they will disagree with the mother. And that time he used to come from work tired he could not quarrel **so right now he can even beat the mother for no reason ...** So right now there is violence ... **right now there is a lot of violence. People are fighting.**

- 17-year-old male FGD participant

”

Curfew and Mobility Restrictions Change Risks Related to Gender-Based Violence

Adolescents and young people expressed that curfews could offer protection from sexual violence but also present a barrier to escaping dangerous situations.

Increased time at home was also reported as a risk for sexual violence from non-partners, including family members, uncles, brothers and others.

Young people underscored that perpetrators of sexual violence are rarely held accountable for the violence, even when reported to police or other authorities.

Now there are curfew hours so maybe you went out... and time went by without you noticing... And you are with this guy... And now he has the chance to do with you anything he likes **because he knows you can't go anywhere, it is past curfew, you can't leave the house.** So he might do anything to you.

- 17-year-old female FGD participant

There is sexual violence; **there is sexual harassment like rape... That one has reduced because ... most people reach early in the houses** [due to curfew] so that walking, walking nine o'clock is hard. So it discourages [the] story ... of rape cases.

- 22-year-old female FGD participant

Rape cases have increased a lot. Coz most people are idle; people lost their jobs [like] their uncles ... now they are coming to prey on young girls and they don't even have people to support with them.

- 17-year-old female FGD participant

Table 3. 12-month prevalence of IPV among females with a partner in the past 12 months (n=449), by participant characteristics

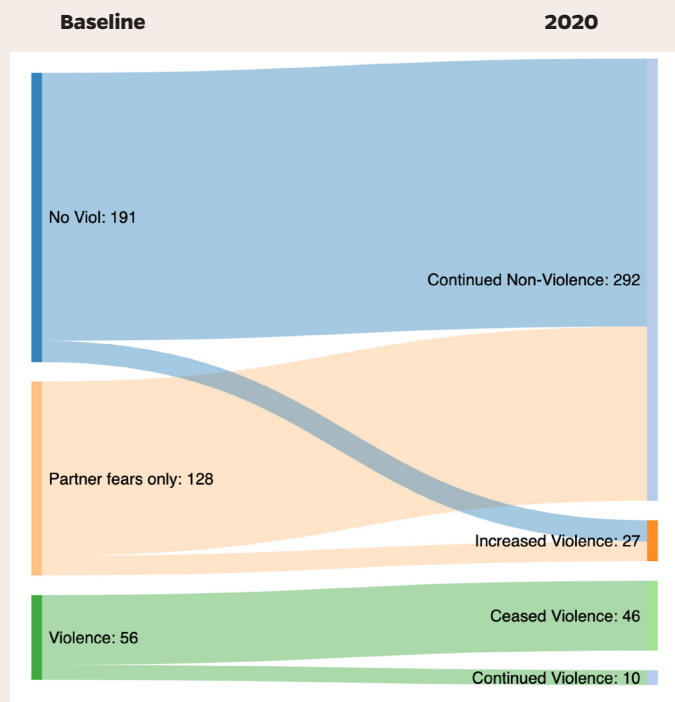
	Overall (col %)	IPV 12 months (row %)
Age group		
16-18 years	8.3	27.6
19-21 years	39.6	16.2
22-26 years	52.0	16.2
Highest level of education completed		
Less than secondary	26.7	26.7
Secondary / 'A' level	62.2	12.2*
College / University	11.1	22.1
Housing Structure		
Apartment/Flat/Bungalow/Wooden house	24.4	9.7
Plot	33.4	13.0
Iron sheet house	27.8	32.0*
Mud house	7.6	16.1
Fabricated containers	6.8	5.1
Living situation		
Lives alone	6.6	18.9
Lives with parent(s), with or without other(s)	60.6	12.3
Lives with partner with or without other(s), excluding parent(s)	14.7	20.3
Other	18.1	30.2
Time at home since COVID-19 restrictions		
Home less	6.2	33.5
Unchanged	7.5	16.8
Home more	86.3	16.0
Time with partner since COVID-19 restrictions		
Decreased	45.4	18.1
Unchanged	13.4	7.7
Increased	38.3	20.0

*Significant at $p < 0.01$

Synthesis and Action Steps

- **Safety concerns for both young men and women centered around public areas, while home provided relative sense of protection.**
- **Despite approximate gender symmetry in perceived safety risks in public, the nature of these risks differs by gender with women fearful of sexual violence and men of police violence.**
- **Police-related fears and contacts including extortion in the form of demands for money or other goods were more common among young men.**
 - Public safety measures and their enforcement must be consistent with best practices and must not risk compromising human rights via violence or extortion.
- **Gender-based violence results suggest situational risk of COVID-19 added to underlying risk.**
 - Youth expressed profound concern for increased risk for sexual violence due to more time in the home. The relative protection of curfews was offset by situations in which mobility restrictions enforced by police could result in entrapment.
 - Past-year sexual violence was more common from partners relative to non-partners.
 - Past-year partner physical or sexual violence was prevalent (17%), and included both pre-COVID and during-COVID experiences. IPV disproportionately burdened most socially and economically vulnerable young women.

Figure 8. Past-year experiences of physical or sexual IPV based on 2019 exposure to physical partner violence or partner-related fears



Methods

In 2019, Performance Monitoring for Action (PMA) Agile carried out a Youth Respondent-Driven Sampling Survey (YRDSS) among adolescents and youth ages 15-24 (N=1357, male N=690 and female N=664) in Nairobi, Kenya between June and August. In 2020, a fully remote follow-up study was conducted with the study cohort (now ages 16-26) to track changes in contraceptive dynamics, and assess the gendered impact of COVID-19. The quantitative surveys were conducted by phone in two distinct sessions to limit participant burden: YRDSS Follow-up (N=1223, male N=610 and female N=613) and Gender/COVID-19 Survey (N=1217, male N=605 and female N=612). Sampling weights accommodate the RDS study design, post-estimation adjustment and non-response adjustment. Virtual qualitative methods included focus group discussions (FGDs) with unmarried youth ages 15-24 (N=64, over 8 groups), FGDs with youth-serving stakeholders (N=32, over 4 groups), and key informant interviews with higher-level stakeholders (N=12). Data collection was conducted from August to October 2020.

Suggested Citation

PMA Agile/Gender & ICRHK. [Brief Title]. 2020. Baltimore, Maryland, USA: Bill & Melinda Gates Institute for Population and Reproductive Health, Johns Hopkins University Bloomberg School of Public Health.

References

¹ Kenya National Bureau of Statistics, Ministry of Health/Kenya, National AIDS Control Council/Kenya, Kenya Medical Research Institute, National Council for Population and Development/Kenya. Kenya Demographic and Health Survey 2014. Rockville, MD, USA; 2015.