

2021

## Domestic Abuse Against Men in Kenya

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# Walden University

College of Health Professions

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Catherine Kigaya

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Walden University  
2021

Abstract

Domestic Violence Against Men in Kenya

by

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MSN, University of Maryland, 2008

BS, University of Maryland, 2005

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

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## Abstract

Domestic violence, also known as intimate partner violence (IPV), is prevalent globally and causes severe physical, psychological, and social harm to victims. The purpose of this quantitative cross-sectional study was to highlight the predictors of physical and sexual IPV among men in Kenya and examine the influence of media in seeking help. These factors were explored through the lens of the socio-ecological model and the social learning theory. The 2014 Demographic Health Survey archival data obtained through in-depth interviews were used to answer the research questions. Dependent variables were physical abuse, sexual abuse, and seeking help while independent variables were socioeconomic factors, revenge, and media exposure. Logistic regression and the chi-square test were used to examine the associations between dependent and independent variables. There was a statistically significant relationship between age ( $p < .001$ ), education level ( $p < 0.001$ ), alcohol use ( $p < 0.001$ ), early exposure to violence ( $p = 0.011$ ), and physical IPV. There was also statistically significant relationship between age ( $p < .001$ ), education ( $p < 0.001$ ), alcohol use ( $p < 0.011$ ), and sexual IPV. The study also found a statistically significant relationship between media exposure and reporting IPV ( $p = 0.013$ ). The results may be used in designing and implementing interventions aimed at enhancing men's health and economic well-being, providing necessary resources to victims, and addressing social stigma in Kenya. Positive social change of this study is to raise awareness of male victimization in Kenya, encourage victims to seek help, and promote channeling of resources to the victims of abuse individually and nationally.



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## Dedication

I dedicate this dissertation to my mother. A woman who was denied a chance at formal education like many women in her generation, yet she dedicated her life working and praying for her children to do and be better. Thank you, mum! To my entire family for your encouragement and support throughout the journey. To my boys Nathan & Christopher for your patience and motivating me to be a good role model. If you dream it, you can achieve it. I also dedicate this study to all victims of domestic violence and those who work hard to support them. Recognize your power and speak up.

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## Chapter 1: Introduction to the Study

Gender-based violence is a public health problem and a violation of human rights (Salinsky, 2017; Smith et al., 2017; World Health Organization [WHO], 2014). The WHO (as cited in Krug et al., 2002) defined violence as “the intentional use of physical force or power, threatened or actual, against oneself, or against a group or community that either results in or has a high likelihood of resulting in injury, death, physical harm, mal development or deprivation” (p. 89). Domestic violence, also referred to as intimate partner violence (IPV), is committed by current or former intimate partners or spouse (Centers for Disease Control and Prevention [CDC], 2020; WHO, 2014). Domestic violence can occur in various forms such as psychological, physical, sexual, or stalking, and it affects all genders (WHO, 2014). According to the Demographic and Health Survey (DHS, 2014) that is used in this study, domestic violence is assessed as abuse within the household by various perpetrators. IPV is defined as partner/spousal violence by current or former spouse or partner. My focus was IPV, which is referred in this study as partner or spousal violence.

Approximately 1 in every 4 women and 1 in 9 men experience IPV in the United States (CDC, 2020), and 1 in every 3 women in countries who are members of WHO (WHO, 2014). IPV statistics on male victims in Africa is missing as only scant studies have been conducted in small cities. Prior research has linked IPV to poor physical and psychological health issues such as chronic depression, post-traumatic stress disorder, substance abuse, sexually transmitted diseases, increased cardiovascular events, and death (CDC, 2020; Clark et al., 2014; Kalekye et al., 2018; McCloskey et al., 2016;

Rakovec-Felser, 2014; Smith et al., 2017; WHO, 2014; Wong & Mellor, 2014). Some of these effects can persist long-term even after cessation of the abuse with severe abuse having a greater impact (Hines & Douglas, 2015; WHO, 2014). Researchers and governmental bodies have extensively documented IPV against women (Federation of Women Lawyers Kenya [FIDA], 2017; Rakovec-Felser, 2014; Semahegn & Mengistie, 2015; Smith et al., 2017; United Nations Women, n.d.; Wong & Mellor, 2014; WHO, 2014). These cases are most prevalent in women who are less educated, poor, or married early; who have less autonomy; who live in cultures that justify wife beating; and who have spouses who use drugs or alcohol (CDC, 2020; Ismayilova, 2015; Kalokhe et al., 2020; McCloskey et al., 2016; Semahegn & Mengistie, 2015; WHO, 2014). Masculinity also plays a role in some societies where assertion of power over women is tolerated (Fleming et al., 2015; McCloskey et al., 2016).

Men experience IPV as well. This area is less studied, and cases of abuse are underreported, especially in patriarchal societies such as Kenya. Researchers have conducted scant small studies have documented males as victims (Mongare et al., 2018; Obeji et al., 2017). The notion that this is a social issue rather than a legal one needs to be evaluated (Comas-d'Argemir's, 2015). Failure to address male victimization may subject men to the same detrimental physical and psychological health issues experienced by women. In a society that continues to fight for gender equality and freedom from discrimination, laws, and resources to support male victims must also be made available. This study addressed the determinants of IPV against men and the barriers for seeking help.

## **Background**

Although men experience IPV, research on this topic is scarce, especially in developing countries. In an overview of a few African countries, Tsiko (2016) found that women who live in urban areas, have younger and less educated husbands or partners, are legally married, are raised in violent homes, are in polygamous marriages, and have partners who drink alcohol perpetrate IPV more compared to their partners. Older men who are dependent on their spouses or partners for care are often abused and less likely to report these incidents (Melchiorre et al., 2016; Rakovec-Felser, 2014). In queer relationships, male victims of IPV are more likely to use drugs, suffer from depression, be HIV positive, and engage in unprotected sex while perpetrators are more likely to abuse drugs (Buller et al., 2014). Other sources of conflict among gay men stem from financial imbalance, transactional relationships that entail exchange of money or favors, and gender roles as providers versus caretakers making the dependent and less controlling partner more susceptible to IPV (Baker et al., 2013; Hall et al., 2017).

Men experiencing IPV are less likely to report compared to women. Some men tend to underplay nonphysical behaviors (O'Campo et al., 2017). Fear of social stigma is a major factor where stereotypes still exist and men are viewed as a stronger gender and should not succumb to violence (Ayodele, 2017; Clark et al., 2014; Drijber et al., 2013; McCarrick et al., 2016; Melchiorre et al., 2016; Mongare et al., 2018; Obeji et al., 2017; Rakovec-Felser, 2014). As a result of exaltation of masculinity traits, some men experience double trauma of abuse and have not been believed by the public including law enforcement (MacDonald, 2016; McCarrick et al., 2016). Supportive resources for

the victims are generally lacking (Ayodele, 2017; Kalekye, 2018). For example, there are currently no shelters for male victims of IPV in Kenya (Wanambisi, 2015).

The media are also biased in coverage of men's health issues. A review of multiple media messages on men's health by Zanchetta et al. (2017) found that most of the messages were informative; focused on prostate, sex health, and lifestyle; and less focused on IPV except in extreme cases. MacDonald (2016) echoed the same sentiment that research and publication of men's social and behavioral issues tend to be negative and often focus on masculinity. This is misleading. In the Kenyan media, the most extreme cases of male victims involving bodily harm are aired in the mass media. For example, Mwangi was cut on the face and upper body multiple times by his wife while Muchiri, was scalded with hot water, and had his genitals mutilated (Kalekye, 2018). To address this trend, a few awareness campaigns against IPV have been started through the same media in the form of talk shows and by a few religious leaders in their churches (Gathogo, 2015; Gichuru et al., 2018).

### **Problem Statement**

Prevalence of IPV against men in developing countries has been poorly documented. The most recent report by the WHO (2014) indicated that IPV was the most surveyed type of violence, but the focus has remained on violence against women and children and so have the interventions. In the African region, 36.6% women were affected by IPV; there was no mention of men except as perpetrators (WHO, 2014). Similarly, incidents of IPV against men in Kenya only surfaced in the local media recently showing an upward trend (Muhindi, 2018; Wanambisi, 2015). So far, only one

national survey has assessed men as victims of domestic violence, which revealed a rate almost equivalent to those of women at 44% vs. 45% (The Demographic Health Survey Program [DHS], n.d.a.; National Gender and Equality Commission [NGEC], 2015). A few other male-focused studies have been conducted in small towns (FIDA, 2017; Obeji et al., 2017).

Overall, the burden of IPV against men was presumed higher due to underreporting in a country that remains patriarchal and male victimization is viewed as a weakness (Clark et al., 2014; Drijber et al., 2013; FIDA, 2017; McCarrick et al., 2016; Melchiorre et al., 2016). It is unclear whether male victims have similar risk factors of IPV as their female counterparts. Research on the correlation between male victimization and wealth ranking, social isolation, media exposure, prior assault on partner, and reporting abuse in the United States is lacking. Research to examine these relations is warranted. In a study in West Africa, Ayodele (2017) found that male victims of IPV faced social stigma and isolation, lacked resources, and remained trapped in oppressive relationships.

### **Purpose of the Study**

The purpose of this study was to highlight the burden of men as victims of domestic violence at the county and national level. I explored whether male victims have similar risk factors of IPV as females. Barriers for males seeking help were also explored. According to a recent national survey in Kenya, the rate of IPV in men is almost equivalent to that of females, but this only came to light after probing (National Bureau of Statistics [NBS], 2016). The benefits of addressing this issue include reducing the

negative impact on men's health, reducing economic burden, minimizing social stigma through public education, providing resources for victims, and restoring their dignity.

With ongoing campaigns to empower women or girls through education and economic opportunities, there was evidence that their overall quality of life has improved in developing countries (Ngelu et al., 2017). On the contrary, researchers posited that the needs of boys have been neglected and empowerment of women has threatened masculinity, making men more vulnerable to perpetration (NGEC, 2015). Advocating for male victims should therefore be complementary to similar efforts in women, not competitive.

### **Research Questions and Hypotheses**

#### **Research Question 1a**

Is there an association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and physical IPV among men in Kenya?

*H<sub>0</sub>1a*: There is no statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and physical IPV among men in Kenya.

*H<sub>A</sub>1a*: There is a statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and physical IPV among men in Kenya.

**Research Question 1b**

Is there an association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and sexual IPV among men in Kenya?

$H_{01b}$ : There is no statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and sexual IPV among men in Kenya.

$H_{A1b}$ : There is a statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and sexual IPV among men in Kenya.

**Research Question 2**

Is there a correlation between exposure to media and likelihood of men reporting abuse?

$H_{02}$ : There is no statistically significant correlation between exposure to media and likelihood of men reporting abuse.

$H_{A2}$ : There is a statistically significant correlation between exposure to media and likelihood of men reporting abuse.

**Conceptual Framework**

This study was based on a conceptual framework including the socio-ecological model and social learning theory. The socio-ecological model (SEM) by Bronfenbrenner (1977) posits that an individual's behavior is influenced by their environment from the microsystems to macro systems (individual factors, interpersonal, community,

organizational, and public policy). This model is used to explain the complexity of IPV as an interaction of multiple factors that explain the initiation and persistence of IPV among men as well as individual and systemic barriers to reporting abuse. The SEM was used to explore individual and interpersonal predictive factors of males as victims of abuse. These may include age, income, alcohol use, social isolation, history of abuse, and societal factors such as the media.

The social learning or cognitive theory was developed by Bandura in 1977. This theory posits that learning is a dynamic and reciprocal interaction among personal factors, environmental influence, and behavior. The constructs of observed learning were used to explain the exposure to violence as a risk factor for IPV, whereas expectations were used to explain IPV as a reaction from prior assault on the partner. Social isolation was explained as an environmental factor to help-seeking behavior, while the reinforcement construct was used to explain the effect of media exposure on abuse issues and information on how to seek help. These theories are discussed in detail in Chapter 2.

### **Nature of the Study**

The target subjects were males 15 to 54 years old who participated in a national DHS that reviewed the general state of health among Kenyan households. Women aged 15 to 49 years old were also interviewed. For this study, the focus on male participants only. A section of the survey addressed occurrences of domestic abuse against men in the last year and in their lifetime and assessed their effort to seek help.

The research design was quantitative with a cross-sectional design using secondary data collected by DHS in 2014. The dependent variables were physical and



sexual IPV in men and seeking help. Independent variables included socioeconomic and demographic data, prior assault, and region of residence. Logistic regression models were used to analyze the relationship between the variables.

### **Definitions**

*Devolution*: Decentralizing of the central government and transfer of power and resources to the local level (The Constitution of Kenya, 2010).

*Dowry*: Also known as bride-price. Money or goods paid by a man for his bride in some cultures (Gathogo, 2015; Merriam-Webster Dictionary, 2019).

*Gender-based violence*: Violence against either males or females based on their specific role in the society (FIDA, 2017).

*Intimate partner violence (IPV)*: Violence perpetuated by either past or current spouses or romantic partners. These acts can be psychological, physical, or sexual (CDC, 2020).

*Masculinity*: Qualities or attributes associated with men or boys by the society. Also referred to as manliness (Fleming et al., 2015; MacDonald, 2016; Merriam-Webster Dictionary, 2019).

*National Gender and Equality Commission*: A commission derived from the Kenyan constitution 2010 to promote gender equality and freedom from discrimination (NGEC, 2015).

*Patriarchal*: A social system in which men hold superior positions of authority and influence over women (Ayodele, 2017; Merriam-Webster Dictionary, 2019).

*Perpetrator*: Also referred to as aggressor or abuser. A person who commits a violent or harmful act (Jewkes et al., 2015; WHO, 2019).

*Victimization*: A person subjected to unjust or cruel treatment (Ayodele, 2017; Rakovec-Felser, 2014).

### **Assumptions**

I assumed that men experience various types of domestic abuse in Kenya just as women. Most of these cases are not reported due to self-limiting or systemic barriers. Because the Kenyan government was recently devolved into counties, from a centralized government (The Constitution of Kenya, 2010) and a master sampling frame was designed to document the existing households, I assumed that the participants would be representative of men in this age group across the country. I also assumed that because the participants would be interviewed privately about domestic abuse and assured of confidentiality that they would answer truthfully. Another assumption was that men who have access to any type of media are sensitized to the severity of male victimization within the country and are more likely to seek help for the same.

### **Scope and Delimitations**

The study focused on male victims of domestic violence aged 15–54 years as sampled by the DHS in 2014. I examined the potential contributors to violence, such as socioeconomic factors, exposure to violence, media exposure, religion, and region of residence. Some of these factors have been found to influence violence against women (CDC, 2020; Ismayilova, 2015; Kalokhe et al., 2020; McCloskey et al., 2016; Semahegn & Mengistie, 2015) but their effect on male victims has not been documented. Factors

that influence reporting of these incidents by male victims were also examined. The data were obtained in the subject's homes in different regions of the country from both men and women for a balanced sample. Household sampling was guided by a preexisting master frame designed by the government that covers all country regions. Men in institutions were not sampled, which may have underestimated the scale of abuse. This may affect generalizability, especially among younger men who are in boarding schools.

### **Limitations**

The study was based on survey data obtained by conducting face-to face interviews in the subjects' homes at one point in time. The limitation of this cross-sectional design was the failure to establish causation of the independent and dependent variables. The results should therefore be interpreted with caution. Another limitation was sampling. Data were collected from males aged 15 to 54 years old and only in every other household as stipulated by the researchers (KNBS, 2014). In addition, only one male in the selected household was interviewed. The selection criterion excluded some households, men over 54 years of age, and those in institutions, so the data may not give a true picture of male victimization. The results should therefore be interpreted to represent this age group and not men of all ages. The questionnaires were translated from English to several dialects, which may affect reliability. These tools were pretested prior to the interviews (NBS, 2016).

### **Significance**

There is a disparity in males being exposed as victims of IPV compared to females. From a human rights perspective, multiple national and international

organizations continue to advocate for rights of women and children as victims of abuse from male perpetrators (FIDA, 2017; WHO, 2017). This perspective needs to change to match the emerging evidence of male victimization. This research was intended to fill the gap in knowledge by identifying men at the highest risk of IPV and seeking ways to lift barriers in reporting these cases. This information may be helpful to health and public health practitioners in designing interventions for the victims as well as training practitioners on how to screen for violence when these men seek routine health care services. For policymakers and law enforcers, results may prompt a review of current IPV policies that mostly focus on women and children and may provide resources to enforce existing laws. For the public, increasing awareness may change their perspective and attitude regarding male victims of abuse by not labeling them as weak and instead encouraging them to speak up. Researchers may also use the results as a foundation to investigate the trend of IPV against men and assess the effectiveness of current and future interventions.

### **Summary**

This chapter provided an overview of the current state of IPV against men in Kenya and highlighted the lack of depth on the subject by researchers. The aim and significance of the current study was discussed and was guided by the conceptual framework. In Chapter 2, a thorough review of the existing literature on intimate partner violence is presented.

## Chapter 2: Literature Review

Domestic violence, also referred to as IPV, is a global problem and a human rights violation that often creates family instability and has long-lasting negative social and health impacts. Researchers have focused on perpetration of violence against females and children by men, and little attention has been given to male victims. Although IPV against men may not be an emerging issue, recent but sparse reports by the media have drawn attention to male battering in various parts in Kenya (Muhindi, 2018; Wanambisi, 2015). The available male statistics are mostly documented in developed countries. The aim of this current study was to explore the predictors of domestic violence against men in Kenya and to explore factors that contribute to underreporting.

In Chapter 2, I will review existing literature on IPV in various parts of the world and identify common theoretical frameworks used to guide prior studies. History and cultural perspectives of IPV in patriarchal countries like Kenya are discussed to lay groundwork on the topic and review the societal perception of masculinity. The application of the socioecological model and the social learning theory in previous studies is discussed as they relate to the variables in this study.

### **Literature Search Strategy**

Literature was sought through Walden University online databases such ProQuest, EBSCO, and Google scholar. The timeframe was expanded beyond 5 years due to limited literature published from 2010 to 2019. The search words that were used included *domestic abuse, gender-based violence, intimate partner violence, sexual abuse, perpetrators, developing countries, men/males, Kenya, seeking help, barriers, media,* and

*reporting abuse*. Government reports for statistics and several media articles that addressed IPV cases were also reviewed. Because there was limited recent research on male IPV in developing countries, research was expanded globally to include the last decade.

### **History and Prevalence of IPV**

Documentation of domestic abuse dates back in history and in various cultures. In some instances, domestic abuse was considered an acceptable practice. For example, the British common law adopted the rule of thumb in the 17th century, which meant that a man could beat his wife with a stick not thicker than the size of his thumb (Burnett, 2018; Criminal Justice, 2015). Married women forfeited their legal independence giving total control to their husbands including the right to chastise and correct them under the common law (Burnett, 2018). Although this was practiced for many years, this rule was later disputed as a mere phrase because it was not written in the law books. Similarly, in the 18<sup>th</sup> century in France, women were regarded as social ornaments in existence to pleasure men, were deemed to have weaker organs, and were not equal partners in marriage (Sturzer et al., 1984). Those views made women vulnerable to domestic violence, and they were later cited as the major cause for divorce in France (Sturzer et al., 1984).

Steinmetz (1977) argued that male battering may be as old as wife beating. Historically, this abuse has been ridiculed, ignored, and underreported. Gelles (1997) documented that 73% of newspaper comics showed women as perpetrators of domestic violence. Similarly, in the 18<sup>th</sup> century in France, battered husbands were humiliated in

public where they were forced to ride a donkey backward while dressed in awkward clothing (George, 1994; Steinmetz, 1977). In research on couples' violence, Makepeace (1986) posited that patterns of violence start in the dating phase and transition into marriage with both genders claiming victimization, but overall, less reporting was done by men. When domestic violence happens, men often experience moderate to severe injuries (Steinmetz, 1977). For example, Makepeace found a ratio of 1 out of 3 murdered wives compared to husbands, and there was a noted higher risk of spouse homicide among Black men.

More recent research revealed persistence of IPV against men over the years with most data being captured in National Crime Victimization Surveys. The British Crime Survey on adults aged 16–59 years old revealed that most domestic abuse cases in the last year were perpetrated by a partner other than another family member (Office of National Statistics [ONS], 2018). Approximately 4.2% of these adults were men, which was a decline from the prior survey in 2005. The prevalence of male victimization was higher in men who were divorced, separated, or single compared to married or civil partnered men, low-income earners, and those with a form of disability or partner dependency (ONS, 2018). The survey also revealed that male IPV victims experienced more nonphysical abuse compared to threats at 57% and 29%, respectively (ONS, 2018). In addition, most male victims experienced a higher level of violence using force compared to women in the same survey. More recent data from the National Coalition Against Domestic Violence (NCADV, 2015) in the United States revealed that over 10 million people experience IPV every year. One in every 4 women and 1 in every 9 men were

perpetrated by their intimate partners, which accounted for 11% of all crimes in the United States (NCADV, 2015).

Despite the recent media reports exposing severely abused male victims in the central region in Kenya, this male-battering phenomenon is not entirely new in Kenya. Gathogo (2015) explored the depth of male battering in the past in Kenya and found that incidents were rare, which is presumed inaccurate due to underreporting influenced by cultural beliefs. When it happened, matters were solved by the elders, and women paid a hefty price for it. For example, among the Kikuyu tribe, the abusive wife was sent back to her parental home with her children. The dowry that had been paid by the husband was returned to her family after a traditional purification ceremony. Gathogo (2015) further explains that among the Luhyas, the matrimonial home where the abuse occurred was demolished and only rebuilt if the man decided to remarry. Most of these female perpetrators in several African societies remained isolated and never remarried. For those who wished to change, they were publicly warned and allowed to reenter the community.

The initiation of the organization Men for Gender Equality Change Now in 2001 in Kenya was an attempt to raise awareness and provide a platform for battered men. After a long struggle to stick to its mission, this organization has since been rebranded and now focuses on men as agents of change against sexual and gender-based violence, and it offers service to abuse victims and education on HIV prevention (Advocates for Social Change Kenya, 2018). Despite this effort to raise awareness and existing evidence of male victimization, most resources are still dedicated to female victims of abuse and primarily in urban settings (Obeji et al., 2017).



With the current trend and advocacy for equal civil and marital rights in the LGBT community, IPV among homosexual male partners must also be included. Brown and Herman (2015) explored existing research on IPV and sexual abuse among LGBT people for the past 3 decades. Brown and Herman found an almost equivalent level of lifetime prevalence of abuse among LGBT people as those of the general public in the United States. However, gay men were less likely to report IPV while bisexual men were more likely to report IPV compared to heterosexual men in the United States (Brown & Herman, 2015).

A more recent report by the Waters (2016), whose focus is reducing violence against LGBT in the United States, found a similar trend of rampant IPV in this community. Approximately 26% of gay men and 37% bisexual men experience various types of IPV compared to 29% of heterosexual men (Waters, 2016). In Kenya and most other African countries, homosexuality is condemned and punishable under the constitution (The Constitution of Kenya, 2010). Gay victims of IPV have no platform to report abuse or find resources to support them in the country and are thus at increased risk of chronic abuse. IPV can be categorized into three types: physical, sexual, or psychological or emotional. For most victims, these abuses occur concurrently.

### **Physical Abuse**

Physical partner violence or abuse is defined as the intentional actions that could cause bodily harm or injury, disability, or death by an intimate partner (Breiding et al., 2015; Smith et al., 2017). Perpetrators may use force, objects, weapons, or restraints to

carry out the act. These acts include hitting, choking, pulling hair, burning, shooting, cutting with a sharp object, or restraining using one's body.

The recent cases of male victims in Kenyan media have presented the worst cases of physical violence such as major facial and bodily cuts and burns by fire and hot liquids (Muhindi, 2018). This is consistent with existing literature of female perpetrators causing severe physical injuries to their partners compared to male perpetrators as they are most likely to use objects (Swan et al., 2008). In their research in Nyamira, Kenya, Obeji et al. (2017) found more than 65% of the male victims had deep cuts, broken bones, eye injuries, and broken teeth among other visible injuries. In the United States, 1 in 4 men have experienced physical violence with 1 in 7 reported as severe by an intimate partner (NCADV, 2015). In addition, 5% of male homicides were carried out by their intimate partners.

### **Sexual Abuse**

Intimate partner sexual violence or abuse is defined as any act of complete or attempted unwanted sexual advances, which include rape, sexual coercion, or unwanted sexual contact by or toward either male or female partners (Smith et al., 2017).

Noncontact experiences such as sexting and use of social media platforms, especially among young adults, has received attention lately as a potential and actual avenue for engaging in sex and increased risk of IPV (Bauermeister et al., 2014).

Prior studies have documented a high rate of risky sexual behaviors and sexual related illnesses among partners who use sex related apps especially homosexuals (Bauermeister et al., 2014; Yeo & Ng, 2016). A report by the CDC revealed that in the

United States, approximately 1 in 3 women and 1 in every 6 men have experienced various types of sexual violence in their lifetime (Smith et al., 2017). Approximately 1 in every 3 of those men was violated by their intimate partner. The age of initial male victimization varies with 14% of the cases starting early at age 17 years or younger, 41% between 18–28 years, and 43 % started after 25 years of age (Smith et al., 2017). In their study, Cook et al. (2016) found that 6% the surveyed men aged 18 years or older reported being the victim of forced sex by a woman. Most of these men had multiple female partners and used drugs compared to men who were not sexually victimized in the same study (Cook et al., 2016). Unlike developed countries, sexual violence against men in African countries is rarely reported and research is limited.

### **Psychological or Emotional Abuse**

Psychological or emotional abuse is defined as verbal or non-verbal communication with the intent to hurt or control the other person (Smith et al., 2017). Psychological violence may be induced directly or occur because of other types of violence (Chirwa et al., 2018; Smith et al., 2017). As a result, these men have a greater risk of developing chronic health problems, mental health issues such as depression, PTSD, and rage which increases the risk of them becoming aggressors. This also contributes the cycle of violence where partners break-up and make-up repeatedly after violent events (NCADV, 2015; Richards et al., 2017). McCarrick et al. (2016) described this negative psychological effect as a pressure cooker phenomenon which is dangerous.

In the United States, approximately 48% of men experience psychological aggression by their intimate partners in their lifetime which includes stalking, verbal

insults, threats, and humiliation (NCADV, 2015). These women use coercion as a form of control such as blackmail, isolation from family and friends, manipulation, withholding affection, money control, and exploitation among others (Kalokhe et al., 2020; NCADV, 2015). Women may use their children to place psychological strain on their partners by denying them custody rights or instigating violence against their fathers. In their study in west Kenya, Obeji et al. (2017) found that 55% of the male victims expressed being afraid of their wives with majority of them seeking help from their church leaders. Since the effects of emotional abuse are not obviously visible and men are reluctant to report or get psycho-social help, its magnitude in Kenya is unknown.

### **Theoretical Foundation**

#### **Socio-Ecological Model**

The socio-ecological model was developed by Bronfenbrenner in 1977 as a conceptual model to study human development, and it was later revised to add biological and psychologic factors to ecological systems that influence human growth (Bronfenbrenner, 1977, 1988). The model explains the complex interplay of a person-environment interaction throughout human development and the bi-directional influences that shape behavior and health outcomes starting from the genetic makeup in-home and outside environment social interactions in addition to rules that govern a society (Bronfenbrenner, 1977). This model has been used by social and economic researchers and others to investigate determinants of certain human behaviors and diseases because of the interaction of his/her environment and find solutions for the same issues. The

model is also popular in designing health promotion interventions by advocacy and social mobilization at the individual, relationship, community, and society levels.

In this research, the model was used to explain the complexity of IPV as an interaction of multiple factors that foster the initiation and persistence of IPV among men as well as individual and systemic barriers to reporting abuse. Prior researchers have used this model to study female victims of abuse (Gashaw et al., 2018; Velonis et al., 2017). Ismayilova (2015) used this model to examine risk factors of spousal violence in transitional countries. Melchiorre et al. (2016) compared characteristics of elderly male and female victims of abuse, and it was discovered that combined interpersonal and societal factors across all levels in the model predicted IPV perpetration such as power struggles and socio-economic dependency. Ismayilova (2015) noted that women whose partners consume alcohol, women with more income than men, and women in societies where wife beating is tolerated were at more risk for IPV. Melchiorre et al. (2016) found that men with less social support, are highly educated, dependent on care, and those living in rental properties were at increased risk of abuse.

Velonis et al. (2017) explored factors that influence battered women to leave or stay in an abusive relationship. They argued that these decisions are influenced by forces beyond an individual's characteristics; larger social and structural influences must be considered as defined by the ecological model. For example, instead of examining unemployment as an individual factor, researchers should focus on social factors and policies that foster economic instability thus unemployment. When it comes to disclosure of IPV, factors and barriers that influence seeking help should also be explored through

the same lens from individual to larger environmental factors (Alaggia et al., 2012). In their study in Canada, Alaggia et al. used the ecological framework to interview IPV survivors, lawyers, and service providers on the IPV disclosure process. Similarities were found in factors that influenced IPV disclosure in all levels of the ecological framework such as an individual's emotional status, cultural beliefs, fear of involving the police due to racial and immigration status, and dependency of the government social assistance (Alaggia et al., 2012).

Lack of recognition of male victimization both locally and internationally, stereotypes, and lack of laws that hold women perpetrators accountable the same as men, may amplify the duration of abuse (Gathogo, 2015; Morgan & Wells, 2016; Obeji et al., 2017). For example, the new constitution of Kenya (2010) clearly lacks legislative and policy frameworks to protect male victims of gender-based violence while it renews women and children protective acts (Aura, n.d.; National Crime Research Center [NCRC], 2014). The lack of protective measures for males is a failure at the society level.

In their campaign against violence, the CDC (n.d.) and the WHO (2019) adopted the socio-ecological model to highlight the multiple risk factors and consideration of the same when strategizing interventions. Other researchers failed to support this approach in investigating IPV urging that there should be an exploration of the victim's perceptions of why their partner was violent using the attribution theory and constructs of locus, stability, and controllability (Flynn & Graham, 2010).

### **Social Learning Theory**

Social learning theory posits that learning is a dynamic and reciprocal interaction of personal factors, environmental influence, and behavior (Bandura, 1986). Although some constructs overlap with the socio-ecological model, social learning theory is unique as it attempts to link exposure and reaction to observing and modeling. Through this lens, I explored the notion that violence is a learned behavior that is later modeled by the female perpetrators.

This theory has been used to discuss the intergenerational cycle of violence as it relates to criminality and deviant behavior (Bell, 2008). Observed behavior can be shaped by either positive or negative consequences. For instance, an arrest or no arrest after a physical assault can be perceived as a good or bad deed depending on the consequence on the perpetrator (Bell, 2008). Children who observe violence will also learn and adapt coping skills based on the pattern and consequence incurred by the perpetrator. Wilcom et al. (2017) used this theory to explain the cycle of increased IPV and alcoholism, and the women in the study anticipated and feared abuse following repetition of these cycles and violence by their partners.

I also explored social learning theory to determine whether exposure to media had an influence in reporting (seeking help) of IPV by male victims in this study. The victims of abuse may react and imitate other male victims featured in the media who have sought help and shared their stories of victimization. Failure to report abuse may worsen the negative consequences of IPV and further worsen coping skills when IPV occurs. Some

researchers have criticized this theory for not being gender sensitive in the social learning process claiming that men and women learn differently (Powers et al., 2017).

### **Literature Review Related to Key Variables**

#### **Marital Status**

IPV is common in most unions. However, men who are separated, divorced, or single are more likely to be victims of abuse than men who were married or in civil unions (Melchiorre et al., 2016; ONS, 2018). Unlike many developed countries, polygamy is now legal in Kenya allowing men to marry multiple wives. Although this was previously accepted in customary law and in some religions such as Islam, the law was officially enacted in 2014 to allow for spousal support and other benefits (National Council for Law Reporting [NCLR], 2017). The same law also had an amendment allowing these men to marry additional wives without consulting and obtaining approval from the first wife contrasting the previous practice (NCLR, 2017; Obeji et al., 2017). This law has since created uproar from women who find it demeaning and a source of family conflict, and some religious groups claim that it defies marital principals. These husbands are at increased risk of IPV if unable to meet demands from multiple wives and families. Tsiko (2016) documented this phenomenon in several African countries where a positive association was found between IPV and polygamy.

Presumed or actual infidelity is often cited as a major cause of IPV. Obeji et al. (2017) found that 61% of their study victims were accused of being unfaithful and 57% cited aggressive behavior by their female partners if they interacted with other females. Other studies found similar results citing extramarital sex and jealousy as predictors of



IPV (Kalokhe et al., 2020) in rural India and in Europe (Drijber et al., 2013) among others.

### **Poverty**

The issue of dependency mainly revolves around socioeconomic status with an increased risk of IPV among the poor households (CDC, 2020; Ismayilova, 2015; Kalokhe et al., 2020; Semahegn & Mengistie, 2015; WHO, 2014). With the high levels of male unemployment in Kenya reported at 9.39 % (Global Economy, 2019) and many others working as casual laborers, a large group of men are considered poor, dependent on female counterparts, and at increased risk of IPV. Obeji et al. (2017) and Mongare et al. (2018) documented this in their studies where men of low socio-economic status were prone to female perpetration in Western and central Kenya. Tsiko (2016) and Edwards (2015) affirmed this trend in several other African countries with an increased perpetration of men who were unemployed or have low income. Heath et al. (2020) studied a money transfer program in Mali in West Africa that targeted male recipients. They observed a decrease in men's stress and anxiety, physical and emotional IPV, and a 12% reduction in controlling behaviors in polygamous marriages when they received the money.

### **Alcohol Use and Mental Illness**

There is a strong correlation between drug use, alcoholism, and IPV in both genders posing as perpetrators and as victims worldwide. Researchers have documented aggressive behavior by women who are under the influence towards their partners (Burnett, 2018; Drijber et al., 2013; Ismayilova, 2015; Obeji et al., 2017; ONS, 2018).

Aggressive behavior of partners under the influence is also true among queer partners (Baker et al., 2013; Buller et al., 2014).

Habitual substance use and drunkenness can exacerbate arguments, enhance role negligence including childcare, financial problems, infidelity, and legal problems among others escalating the risk of IPV. Tsiko (2016) documented this phenomenon among African men with alcoholism. In the recent media coverage of male victims and interviews of the female perpetrators in Kenya, alcoholism and neglect of husband marital roles including intimacy are cited as the main causes of aggression (Gathogo, 2015; Kalekye, 2018; Mongare et al., 2018; Obeji et al., 2017). The use of illicit brews in central Kenya is an endemic where most IPV cases have been covered by the media.

Mental illness may escalate the risk of IPV in both the perpetrators and the victims and often influences behavior and place strain on relationships. Mental disorders include anxiety, PTSD, psychosis, eating disorder, and depression. The weight of social issues such as unemployment in Kenya can accelerate men down this path of depression, isolation, substance use, and even suicide. Generally, men are more reluctant to seek mental health treatment compared to women making them more vulnerable to abuse and even suicide (WHO, 2017). With an estimated fourth of Kenyans suffering from various mental health disorders, the country lacks the staff, facilities, and funds to assist those who seek help (Gathogo, 2015; Gberie, 2017). Poor insight on the severity and impact of mental illness may explain why some governments in Africa may be reluctant to commit resources (Gathogo, 2015).

## **Women Empowerment and Education**

Over time, the roles and status of the women in the society transitioned from domestic restrictions to working class and even political representation in Kenya and worldwide. This change has been fueled by the movement to educate the female child and to encourage female assertion in fighting for gender equality in the societal, legal, and political arena. The Beijing Declaration and Platform for Action (1995) reinforced the need to recognize women rights as human rights, end of all forms of discrimination against women, end of violence against women, and rights to development were agreed upon by 189 nations. In addition, a revised Kenyan constitution was promulgated in 2010 to reinforce democracy and rule of law (The Constitution of Kenya, 2010). It contains expanded protection of human rights, gender equity and equality, protection from violence of all genders among others. As a result, women who were considered a marginalized group were allowed representation in parliament for the first time, one from each 47 counties (The Constitution of Kenya, 2010).

While this progressive transition has economically empowered women, strengthened families and nations, it has stirred gender norms and threatened male supremacy especially in patriarchal nations such as Kenya (Ismayilova, 2015; Tsiko, 2016). A rise in IPV against men as a result of women empowerment is poorly documented in Kenya. In their study in Nyamira County on male victims of IPV, men cited low level of education and lack of employment as a predictor of violence by their spouses (Mongare et al., 2018; Obeji et al., 2017). Tsiko (2016) examined 12 African countries with similar patriarchal traditions and found mixed results. Educated women in

Liberia showed more violence toward their husbands and partners compared to their counterparts in other countries; educated men reported more IPV. Tsiko (2016) argued that educated men are more enlightened and may stand their ground when confronted by their violent female counterparts thus making them more at risk for physical abuse. On the other hand, women may use violence to balance power against a highly educated or wealthy yet controlling partner (Ayodele, 2017).

### **Exposure to Violence and Revenge**

Generally, there are no specific traits of a female perpetrator. However, recurring traits include women who have prior exposure of violence in their family by either observing or as victims (Chirwa et al., 2018; Richards et al., 2017; Swan et al., 2008; Tsiko, 2016) are more educated and wealthier than their partners, and are in polygamous relationship (Tsiko, 2016). Others have found that most female perpetrators have experienced violence from their partners thus they retaliate as a form of self-defense (Neal & Edward, 2017; Swan et al., 2008). Alcoholism, drug use, and mental illness have been linked to aggressive behavior by women (Ismayilova, 2015; Obeji et al., 2017; ONS, 2018). Sexual and psychological abuse perpetrators may have domineering traits or have difficulty expressing themselves verbally (Kalokhe et al., 2020; Neal & Edward, 2017).

Other notable causes that increase the risk of IPV in men are being physically dependent on the partner (Burnett, 2018; ONS, 2018), elderly (Melchiorre et al., 2016), new HIV diagnosis (Burnett, 2018) and those with prior exposure to violence both in

childhood and or adulthood. Swan et al. (2008) posited that some women are aggressive out of fear and trauma from past experiences while others fight to protect their children.

### **Media Exposure**

The media has been used by public health practitioners for health-related campaigns and to disseminate information on emerging or existing health threats and to convey research outcomes. Owusu-Addo et al. (2018) referred to the media as a stakeholder in domestic violence prevention efforts. Types of media include print, radio, television, text messaging, or socially via the Internet. The benefits of using mass media communication is the ability to reach a vast population in a short time with latest news or educational programs.

In Sub-Saharan Africa, mass media has evolved dramatically over the last few decades with the diversification from print to the new technologies including the Internet and texting (Pinecrest, 2019). These avenues have been exploited to disseminate health information and for socio-economic campaigns by the local governments. For example, Babalola et al. (2017) found that there was a positive response to contraceptive use through mass media communication in Africa, sexual health and HIV programs (Ippoliti & L'Engle, 2017; Odine, 2015), and vaccination uptake (Head et al., 2015; Jung et al., 2015; WHO, 2016) among others.

In matters of stigma, violence, and peace keeping campaigns, mass and social media have been used effectively in the developing countries. The media plays a major role in portraying the nature of IPV in the public and in shaping the public's opinion on characteristics of a victim or a perpetrator (Carlyle et al., 2014). Often, IPV incidents

are framed as isolated individual cases rather than wider social and public health problem thus further distorting the public perception on IPV (Comas-d'Argemir, 2015; Owusu-Addo et al., 2018). However, to credit the media and news outlet, coverage of domestic violence has made it a public issue rather than a private one which triggers a response from those indirectly affected, politicians, and specialists (Comas-d'Argemir, 2015).

Overall, research on media coverage of male victims is scant. In their study of news media portrayal of male and female perpetrators, Carlyle et al. (2014) found a media bias in reporting on the frequency of physical abuse and reasons for female perpetration. Of the articles reviewed, there were detailed reasons for IPV perpetration such as infidelity, money conflict, and others when reporting on female perpetrators compared to men (Carlyle et al., 2014).

Jesmin and Amin (2017) explored the influence of media in changing attitudes on violence against women in Bangladesh and found that women who watched television were more receptive to gender equitable norms compared to those did not. This association was weak. A study on child sex abuse survivors found that the trajectory of disclosure and seeking help varied widely in timing (Garnier & Collin-Vézina, 2016). However, these survivors stated that knowledge of other victims through sharing, reading bibliographies, and viewing stories on television motivated them to disclose (Garnier & Collin-Vézina, 2016).

### **Cultural Beliefs**

The African society is mainly patriarchal and still holds to the beliefs of male dominance over women. The survey by NCRC (2014) in Kenya found that 56.6% of

male and 52.5% of female participants believed that “disciplining a woman is a man’s traditional right” (p. ix). Traditionally, there are preconceived social gender norms and roles as well as power asymmetry which mainly favor the male gender (Jewkes et al., 2015; NCRC, 2014; Obeji et al., 2017). IPV is also presumed to fall along those lines as discussed in existing literature with a focus on women and children as victims of abuse and male as perpetrators. The focus on the female child and women empowered economically and otherwise caused a shift in gender roles at home and in the political platform. This wounded masculinity as women contrasted the traditional belief of wife-beating as a man’s right and themselves becoming the aggressors (Jewkes et al., 2015).

### **Religion and Region**

Research is again skewed in this field with a focus on women as victims of IPV instead of as perpetrators. In this case, Christian women are more vulnerable based on their belief that their spouses may change, focus on forgiveness, and they most often seek religious counseling to restore peace (Nason-Clark et al., 2017). Others do not believe in divorce. While there is no pattern of male-battering based on religion, among Kenyans, Christians cited as more violent than Muslims (Gathogo, 2015).

Region of residency does not solely predict violence. Edwards (2015) conducted a comparison of different locales and found no significant difference in the rate of IPV among rural, urban, and suburban women. However, the pattern differed with more chronic and severe incidents by rural perpetrators compared to the other locales (Edwards, 2015). In Kenya and Africa, only a few small studies have been conducted in the rural areas exposing male victims of IPV with no comparison to the urban population

so the published data may be misleading (Obeji et al., 2017; Thobejane et al., 2018). Data from the major medical institutions, which are mainly in big cities, and data from law enforcement where these men may seek help are lacking.

### **Consequences of IPV**

Besides a fractured masculinity, IPV has severe effects on men and the society. Prior research linked IPV to poor physical and psychological health issues such as chronic depression, post-traumatic stress disorder, substance abuse, sexually transmitted diseases, increases cardiovascular events, obesity, cancer, and even death (CDC, 2020; Holman et al., 2016; Kalokhe et al., 2020; Rakovec-Felser, 2014; Smith et al., 2017; Wong & Mellor, 2014; WHO, 2014). Adverse childhood experiences that include domestic violence have long-term effects on the child which has also been documented (Chirwa et al., 2018; Richards et al., 2017; Swan et al., 2008; Tsiko, 2016). The landmark longitudinal Adverse Childhood Experiences (ACE) study as noted in the National Child Traumatic Stress Network (n.d.) found poor health outcomes because of exposure to ACES, low life potential, and early death. Aggression and poor impulse control were also notable in these children in both genders well into their adulthood.

IPV destabilizes the institution of marriage and the family setup including the children. This may lead to separation or divorce, homelessness, and overall tension between the larger family and members of the society (ONS, 2018). In their study of male victims, Obeji et al. (2017) found that 51% of them experienced a divorce. Other consequences of IPV are death either from injuries, suicide, homicide, or acute and chronic illnesses (Costa et al., 2016).



The economic burden of IPV is extensive. This may range from poor productivity and loss of employment to management of injuries and chronic medical and psychological issues. Other costs are incurred include financial burden by relatives, crime investigation, legal fees, security services, loss of property, and rehabilitating female offenders and male survivors (NCRC, 2014). Estimated IPV related cost in the United States was \$3.6 trillion dollars in 2014, or approximately \$23,000 dollars per male victim in a lifetime compared to \$103,377 dollars for women (NCADV, 2015). For comparison, in Kenya, the estimated IPV related cost of a female victim is \$500 in a public hospital (NGEC, 2016). A 5-year (2014-2019) estimated cost for gender violence-based services nationwide was \$121 million with 70% of these fees used for legal purposes and no dedicated funding from the government for these services (NGEC, 2016).

### **Barriers to Reporting**

In comparison to female victims of IPV, male victims rarely reported abuse incidents or sought medical care except when severe injuries are sustained (ONS, 2018). The rate is even lower in patriarchal societies such as Kenya making it hard to quantify the magnitude of the crisis. In their study, Obeji et al. (2017) found that 67% of the male participants did not seek help. This was mainly due to the preconceived social gender norms and roles as well as power asymmetry which mainly favors men who may not want to appear weak (Morgan & Wells, 2016; NCRC, 2014; Obeji et al., 2017).

Stigma based on cultural beliefs that men are not supposed to waver under female pressure is branded as a sign of weakness, and the pressure for masculinity is a major barrier (Obeji et al., 2017; Thobejane et al., 2018; Tsiko, 2016). These men feared

ridicule from their partners, extended families, friends, law enforcement, and even some church leaders (Ayodele, 2017; Gathogo, 2015; Thobejane et al., 2018). As a result, they continued to suffer in silence. This is in contrast to a prior study conducted by Douglas and Hines (2011) who found that most male victims of IPV seek help and experience positive responses from medical providers and family/friends and receive negative responses when interacting with domestic abuse service members.

Limited access to legal services and other resources such as shelter are other barriers in Kenya (Ayodele, 2017; Obeji et al., 2017). On a national level, politicians are reluctant to acknowledge male victimization to make policies and commit resources to abuse victims (NCRC, 2014; Zanchetta et al., 2017). Most of the existing programs are small at the local levels and are steered by non-governmental organizations, self-help groups, and local leaders (Obeji et al., 2017). The LGBT community has less resources due to discrimination (Brown & Herman, 2015). Legal definitions of gender violence do not fit this population making it difficult to report to law enforcement or follow through the justice system (Brown & Herman, 2015).

Lack of trust in law enforcement is also a barrier (Ayodele, 2017; Drijber et al., 2013; ONS, 2018). McCarrick et al. (2016) explained that abused men undergo double trauma of partner violence and not being believed. Some victims are cast as perpetrators by their partners, and the justice system which is unfair (McCarrick et al., 2016). In the population survey in Wales, only 17% of the IPV victims reported abuse to the police (ONS, 2018). Of the reported cases, 42.6% of offenders were given a warning, 22.3% were arrested, but only 13% were charged (ONS, 2018). In Kenya where corruption is

rampant, many abuse cases may go unaddressed if the perpetrator bribes the law officials. Mongare et al. (2018) cited poor implementation of legislation and lack of political will to address male victimization as subsequent promoters of persistent abuse. Other men think the abuse incidents are private matters, too trivial, and not worth reporting especially non-physical violence (O'Campo et al., 2017; ONS, 2018).

Older men and those with a disability may fail to report abuse due to limited access and fear of retaliation (Melchiorre et al., 2016; ONS, 2018). In Nyamira County, male victims were threatened with witchcraft by the perpetrators if they sought help (Obeji et al., 2017). Other men remained silent to protect their children and possibly avoid divorce (Drijber et al., 2013) and to avoid loss of property (Ayodele, 2017; NCRC, 2014).

Healthcare providers can act as gatekeepers for IPV victims. However, they play a role in the epidemic if they fail to inquire about possible exposure to IPV when these men seek health care especially with severe injuries. NCRC (2014) documented that only 6.8% of the male participants were ever asked about any sexual or physical violence by a medical provider in Kenya. Researchers found a strong relationship in victims of abuse and chronic psychological and medical issues such as hypertension, depression, and HIV which medical professionals should further investigate by inquiring about IPV (Buller et al., 2014; Clark et al., 2014).

Health practitioners lack competency on LGBT issues making it difficult for them to intervene compared to the general population (Brown & Herman, 2015). Possible interventions by medics include physical examinations, treatment of injuries and sexually

transmitted infections, psychosocial counseling, assistance with police report forms, and a referral to several agencies that aid IPV victims (NCRC, 2014). This area needs attention by training healthcare professions on how to assess and intervene for victims of abuse especially those with chronic health issues and unexplained injuries.

### **Summary**

Male victimization has only recently received public attention in developing countries, and research on the topic is limited. This chapter provided a literature review on IPV from the past to the present. Through the theoretical lens of the socio-ecological model and social learning theory, I reviewed literature on predictors of IPV, consequences of IPV, and barriers to reporting incidents. The review of literature established that IPV against men has not been explored in Kenya on a national level which in turn helps to justify this study. In Chapter 3, the research methodology, design, sampling and data collection process, and data analysis on research variables will be discussed. Ethical consideration and potential threats to validity will also be outlined.

### Chapter 3: Research Method

The purpose of this study was to highlight the burden of men as victims of domestic violence at the county and national level in Kenya. In particular, the study addressed whether male victims had similar risk factors of IPV as females. Barriers for men seeking help were also explored. The benefits of addressing this issue are to reduce the negative impact on men's health, reduce economic burden, minimize social stigma, provide resources for victims, and restore their dignity. In this chapter, the research design and the methodology are discussed, the research variables are stated, and the sampling and data collection procedures used in the study are presented. The data analysis plan is described, and data access requirements and potential threats to validity are discussed.

#### **Research Design and Rationale**

I used a cross-sectional design which involved secondary data from the 2014 DHS Program in Kenya in order to answer the research questions. The dependent variables were physical and sexual violence in men and seeking help. Independent variables included sociodemographic variables, exposure to violence, exposure to media, prior assault (revenge), wealth, and the region of residence.

I chose this quantitative method because the available cross-sectional data were numerical and publicly available. The primary data were collected through in-depth face-to-face interviews using a questionnaire, which covered a large population throughout the country. To answer the research questions and test the hypotheses, I analyzed the numerical data using statistical tests to describe characteristics of male IPV victims and

investigate whether exposure to media and presumed revenge influenced the likelihood of males seeking help.

The quantitative method with cross-sectional data has been used by public health researchers and others to investigate domestic abuse. Most of the data are obtained using validated survey instruments by face-to-face interviews, phone interviews, mail, or online surveys. The collected data are then saved for further research by the primary organization or released for public use as secondary data. Ismayilova (2015) and Tsiko (2016) used secondary DHS data and statistical analysis to investigate factors associated with spousal violence in the Soviet Union and parts of Africa. To explore abuse of older men in Europe, Melchiorre et al. (2016) also used cross-sectional data from ABUEL Survey while Chirwa et al. (2018) combined DHS and data from Rural Response Systems to assess IPV in Ghana. Kalokhe et al. (2018) conducted semi structured interviews among recently married Indian men to explore the determinants of domestic violence while Drijber et al. (2013) conducted online surveys of male victims.

The benefits of using secondary data are that they are cost effective and save time. Compared to web-based or self-administered interviews, face-to-face interviews have a higher response rate and high-quality responses due to the interviewer requesting clarification if need be (Burkholder et al., 2016). However, these surveys are time-consuming and costly. Limitations of secondary data include missing information, suitability to study of interest, insufficient population representation, and possible influence of the collecting body.

## **Methodology**

Secondary data collected by the KNBS between May 2014 and October 2014 were explored. The DHS Program was coordinated by the United States Agency for International Development in more than 90 countries that conducted household surveys to collect data in areas of health, population, and nutrition using several indicators. The data were essential for monitoring and impact evaluation on several indicators. In most countries including Kenya, data are collected every 5 years for comparison (The Demographic and Health Survey Program [DHS], n.d.b.). An assessment of domestic violence among men in Kenya was a new indicator in the 2014 survey. This survey was also unique in that data were collected at the new county levels since devolution in 2010.

The data were collected using model questionnaires set forth by the DHS Program for use in all participating countries. With input from several stakeholders and country representatives, these surveys were further modified to add indicators that reflected specific health needs in Kenya. The questionnaires were also modified to short and long versions to reduce the length and workload of the fieldworkers given the level of coverage to a full and short household questionnaire, a full and short woman's questionnaire, and a man's questionnaire (NBS, 2016). All questionnaires included the country's priority indicators. The surveys were translated in 16 languages. For the current study, the focus was the DHS-7 Man's Questionnaire.

## **Population**

The target population included Kenyan adult males aged 15–54 years old who were currently or formerly married or living with a partner. IPV data were collected from

a subset of all men, half of the households preselected by the researchers, and unmarried men. Men in institutions were excluded.

### **Power Analysis and Effect Size**

The purpose of a power analysis prior to conducting a study is to estimate the sample size necessary to detect significance if there is any in the study (McDonald, 2014). The effect size measures the strength of the relationship of the variables or the “minimum deviation from the null hypothesis that you hope to detect” (McDonald, 2014, para. 6). The larger the effect, the larger the power. I used G\*Power 3.1.9.4 software (Faul et al., 2007) to calculate the minimum sample size for the study. The assumptions were two-tailed hypothesis, odds ratio of 2.3, 80% power, 50% of men would report IPV after media exposure, and the other 30% of variation in reporting IPV would be explained by the other independent variables when drawn from a binomial distribution. A minimum sample of 190 was needed under the assumptions.

### **Sampling and Sampling Procedures**

The study sample was drawn from the master frame that was used by KNBS to conduct national household surveys. The Fifth National Sample Survey and Evaluation Programme was modified in 2012 to reflect the newly demarcated country into 47 counties (NBS, 2016). The frame had a total of 5,360 clusters that were drawn with a stratified probability proportion to size methodology from the 96,251 enumerated areas based on the last census data. The clusters were further subdivided in four equal subsamples. The 45 of the 47 counties were stratified into rural and urban strata; the other two counties were mainly urban (NBS, 2016). A representative sample was drawn at the



national, urban/rural, regional, and county levels and was selected in two stages. First, 995 clusters the in rural area and 617 from the urban areas were selected. Second, 25 households from the 1,612 clusters were selected to make a total of 40,300 households.

The sample was then divided in half with one half receiving the full questionnaire and the man questionnaire and the other half receiving the short male and female questionnaire with the pattern of every other household in the sampling strata per cluster. A final sample of 12,819 men was included in the study who had a 99% response rate (NBS, 2016).

### **Data Collection**

All interviewers and their supervisors received extensive training that lasted from 2 to 4 weeks, which included pilot interviews in the field (NBS, 2016). In the field, they worked in teams. In the preselected households, all qualifying participants were privately interviewed face-to-face after obtaining verbal consent. For the domestic violence questions, only one woman or man per household was interviewed. If more than one adult was eligible, random procedures were followed to select one participant (NBS, 2016). The interview duration was 30–60 minutes.

By the end of the survey, 36,430 households were interviewed, which yielded a 99% response rate. Unavailable sample households or individuals were visited on at least three separate occasions to ascertain their absence. The interviewers were responsible for summarizing their data on the paper questionnaires and submitting them to supervisors each day for submission to the data analysts. See Appendix A to view the questionnaire.

### **Data Source and Access**

I searched for a data set that addressed IPV in men in a research conducted in the last 5 years. The dataset was readily available to the public on the Kenyan government portal and the website for the United States Agency for International Development. The data were collected in 2014 from routine household surveys administered by the DHS Program in areas of health, population, and nutrition using several indicators.

These sources were deemed credible due to their extensive work in research, being backed by the local governments, and history of sharing data that have been used by organizations and private researchers for population studies. I first secured approval from Walden University's Institutional Review Board (IRB). I then registered through the DHS Program website. After their approval process, access was granted, and the data set was available for download at no cost. The following variables were used for the analysis: (a) physical and sexual violence, (b) asking for help, (c) media exposure, (d) prior assault on partner, (e) age, (f) employment, (g) marital status, (h) alcohol use, (i) exposure to violence, (j) education, and (k) region.

### **Operationalization of Research Variables**

The variables examined included key indicators of IPV and socio-economic and demographic characteristics of male victims obtained in the DHS, 2014; physical and sexual violence, asking for help, media exposure, prior assault on partner, age, employment, marital status, alcohol use, exposure to violence, education, and region. Most variables were measured using several questions in the questionnaire.

## **Dependent Variables**

### ***DV1: Physical IPV***

Seven questions were asked and answered Yes (1) or NO (2). Did your last wife/spouse:

Push, shake or through something at you?

Slap you?

Twist your arm or pull your hair?

Punch with her fist or something that could hurt you?

Kick you, drag you, or beat you up?

Try to choke you or burn you on purpose?

### ***DV2: Sexual IPV***

Three questions answered as Yes or No. Did your last wife/spouse:

Physically force you to have sexual intercourse with her when you did not want?

Physically force you to perform any other sexual acts that you did not want?

Force you with threats or in other way to perform sexual acts you did not want to?

### ***DV3: Seeking Help***

Have you ever tried to seek help? (Yes/No)

## **Independent Variables**

### ***IV1: Marital Status***

Currently/formerly married, living with a woman, or never married or lived with a woman? *Never married or lived with a woman will be excluded.*

***IV2: Employment Status***

Have you done work in the last 12 months? Yes/No

***IV3: Alcohol Use***

Do you drink alcohol? Yes/No

***IV4: Exposure to Violence***

As far as you know, did your father ever beat your mother? Yes/No

***IV5: Prior Assault on Partner (Revenge)***

Have you ever hit, slapped, or done anything else to physically hurt your last wife/partner at times when she was not already beating or physically hurting you?

Yes/No

***IV6: Education Level***

Highest level of education attended: primary, secondary, vocational, or higher?

***IV7: Media Exposure***

Do you read newspapers or magazine?

Do you listen to the radio?

Do you watch television, answered as 'at least one a week, less than once a week, or not at all?

***IV8: Wealth Index***

Measure of poverty calculated by DHS as aggregate assets and living standard (poorest, poorer, middle, richer, richest).

***Covariates***

Age in years and residence: (urban or rural).

## Research Questions and Hypotheses

### Research Question 1a

Is there an association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge and physical IPV among men in Kenya?

$H_01$ : There is no statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge and physical IPV among men in Kenya?

$H_A1$ : There is a statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge and physical IPV among men in Kenya?

### Research Question 1b

Is there an association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge and sexual IPV among men in Kenya?

$H_01$ : There is no statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge and sexual IPV among men in Kenya.

$H_A1$ : There is a statistically significant association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge and sexual IPV among men in Kenya.

## Research Question 2

Is there a correlation between exposure to media and likelihood of men reporting abuse?

$H_0$ 1: There is no statistically significant difference in correlation between exposure to media and likelihood of men reporting abuse.

$H_A$ 1: There is a statistically significant difference in correlation between exposure to media and likelihood of men reporting abuse.

### Data Analysis Plan

SPSS Version 24 was used for statistical analyses. Per DHS (n.d.a.), the dataset was compiled by technical experts from ICF International who also conducted secondary editing, validation, and cleaning (NBS, 2016). First, descriptive statistics were run to assess frequencies of each variable and assess the mean age of the men. Since all the dependent outcome variables were dichotomous, binary logistic regression was conducted to assess the association between the socio-demographic predictor variables (above) and intimate partner physical and sexual violence. Physical and sexual IPV were assessed separately. The logistic regression helped to determine the factors that contributed significantly to the physical and sexual violence prediction models. The first responses of each category were considered as the reference groups. In this regard, individuals aged 18–35 years old, had an urban residence, no education, poor wealth index, and who did not drink alcohol were considered as reference categories. Further, to answer the second research question, a binary logistic regression was conducted to assess whether exposure to media influences male victims of IPV to report or seek help.

Outcome variables (physical IPV, sexual IPV, and seeking help) were coded as 1 for present (Yes), and 0 for No. LR statistical test is Chi-square statistics ( $\chi^2$ ) with statistical significance interpreted with odds ratio (OR). The odds ratio explains the likelihood of an outcome to occur in one group compared to another (Salkind, 2010). No media exposure group was the reference group.

### **Threats to Validity**

For research findings to be credible, usable, and consistent to the readers, the researcher must consider the internal and the external factors that could affect the results and take steps to minimize their influence (Burkholder et al., 2016). Patton (2014) inferred that no research can be free of bias or researchers' influence. When using archival data, as in this study, first the researcher must ensure that the data is from a credible source. Data in this study is from a government agency which is considered trustworthy. Researcher bias is also eliminated since I did not participate in the initial data collection.

However, potential threats to internal validity in the design and data collection phases can be identified. Selection of male participants was in every other household, and in those homes, only one participant who cited domestic violence was chosen for the extended exam. This may have left out many victims of abuse which misrepresents the general population. Participants could also have potentially suffered from recall bias since they had to narrate past events related to abuse. Instrumentation was another potential error. Although standardized DHS surveys were used, the surveys were translated from English to 16 different languages to accommodate the various dialects in

the country (NBS, 2016). Data entry is another potential area in transitioning from paper reports to the electronic version. To reduce these threats, NBS (2016) reported that instruments were pretested in the field away from the study clusters during the training phase. Collected data in the questionnaires were revised by the field editors before submitting to the agency for processing. The data were entered twice electronically to ensure accuracy prior to further editing and cleaning (NBS, 2016).

External validity considers the ability to generalize research findings based on population, timeframes, and settings (Salkind, 2010). The study design choice may have been threat to external validity. The study sample was not randomized but rather chosen using a preexisting sampling frame (NBS, 2016). For example, assessment of domestic violence in men was only conducted in every other household that was predetermined prior to the interviews. However, in these homes, one participant was randomly selected if there was more than one victim. To further address this disproportional sampling, the final sample was weighted (NBS, 2016). Surveys generally collect cross-sectional and descriptive data thus making it difficult to establish causality between variables (Burkholder et al., 2016) or generalizable without accounting for confounders. In addition, surveys mainly produce estimates than exact measurements of the study sample and should therefore be interpreted with caution when applied to the general population (Burkholder et al., 2016).

Construct validity may have been threatened by the wording in the questionnaire about 'last' and 'previous wife' or partner which were assessed separately. This may have



caused some repetition of the answers if the participant did not ask for clarification. In the data analysis, these two categories will be assessed as one (combined).

### **Ethical Procedures**

The DHS dictates that the surveys be implemented by a genuine government or related agency (DHS, n.d.b.). The KNBS is the official government body responsible for collecting and analyzing national data implemented this survey. In addition, agreements have been made between the DHS program and host countries for data storage in one place and only to be used by approved users and copyright rules are reinforced. As such, prospective users must register for access (DHS, n.d.b.; KNBS, 2014). To access the dataset, I registered in the DHS website for approval as required after obtaining the IRB approval at Walden. The SPSS format of the dataset was chosen.

From the data collection information, DHS documented that verbal informed consents were obtained prior to the interviews. Participants were assured that participation was voluntary and that the information would be kept private. When assessing for domestic violence, the DHS mandated that the participants be interviewed privately and for interviews to cease if there was interruption or presence of other household members (NBS, 2016).

### **Summary**

In this chapter, the rationale of the research design and the quantitative methodology that were used to analyze the archival data on male IPV were reviewed. The research questions sought to explore the social demographic predictors of IPV and examine if media exposure influences incidents reporting. Details on how sampling and

data collection was conducted were discussed as well as a data analysis plan followed in conducting the relevant statistical tests to test the stated hypothesis. Ethical consideration and threats to validity of the study were also discussed. Results of the various data analyses conducted, and statistical tests used in view of the stated research questions are presented in Chapter 4.

## Chapter 4: Results

The study was aimed at highlighting the burden of men as victims of IPV at the county and national level in Kenya. In particular, the study addressed whether male victims have similar risk factors of IPV as females according to existing research. Based on the expanding mass media consumption in Kenya, I also addressed the influence of media exposure to reporting abusive events affecting men in marriage. In addition, I examined the factors that prevent men from seeking help when experiencing intimate partner violence. The findings may be used to support interventions aimed at enhancing men's health and economic well-being, providing necessary resources to the victims, and addressing social stigma.

### **Research Questions**

The study was based on two main research questions:

RQ1a: Is there an association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and physical IPV among men in Kenya?

RQ1b: Is there an association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge, and sexual IPV among men in Kenya?

RQ2: Is there a correlation between exposure to media and the likelihood of men reporting abuse?

### **Dependent and Independent Variables**

The dependent variables were physical abuse, sexual abuse, and seeking help. The independent variables were socioeconomic factors, revenge, and media exposure.

### **Data Collection**

Retrieval of the secondary data for the study began after IRB approval from Walden University on February 7, 2020. The approval number for the study is 01-31-20-0577163. The study included secondary quantitative data for analysis. The DHS 2014 in Kenya data set was used to assess the burden of men as victims of domestic violence. Unlike the prior DHS surveys in Kenya, the 2014 data set included data on men as victims of domestic abuse and was therefore relevant to the current study. The data and information in the data set were obtained through face-to-face interviews in the participants' homes. A sample of 4,995 men was selected for a domestic violence survey with a final sample of 4,962 completing the interview. The data set represented 38.7% of all men who completed the DHS survey in 2014 in the country. The sample was further reduced by case-wise deletion and exclusion of men below the age of 18 years because they were considered minors based on the country's legal framework. Therefore, the analysis comprised a sample of 4,489 men respondents. Data were weighted to account for disproportional representation in the sampling of the population and nonresponse across the country.

## Results

### Demographic Characteristics of the Sample

A sample of 4,489 men was selected for analyses. Table 1 shows the demographic characteristics of the studied sample. There were no missing values in age, residency, wealth index, education, alcohol use, and media. The respondents' ages ranged from 18 to 54 years, with a mean of 32.7 years. The largest age group was 18–30 at 47.7% while the respondents age 50 years and above were the least represented in the sample at 4.5%. Regarding the place of residence, 41% of the study participants lived in the urban areas while 59% lived in the rural areas. Many of the participants (49.8%) had attained primary school education, 30.3% had high school (secondary) education, and 13.4% had more than high school education. Only 6.5% of the study participants were not formally educated. According to the wealth index, 39.7% of the participants were classified as poor, 20% as middle class, and 40% as rich. The statistics also indicate the marital status of the study participants. Most (63.9%) of the participants were married, 26.8% were never married, and 2.4% were no longer living together with partners as of the time of the study. Approximately 7% marital status values were missing.

Terms of employment were assessed for 12 months preceding the interview. About 90% of the respondents were working, 7.5 % had not worked as of the time of interview, and 2.3% had worked at some point within the 12 months preceding the study. Another crucial factor for the study was alcohol consumption among the respondents. Approximately 32% of the participants consumed alcohol while the remaining 68% denied alcohol use. When asked about prior exposure to violence among parents, 45%

had witnessed violence (father beating wife), 50% denied exposure, and 5% of the values were missing. Exposure to mass media was assessed by the frequency of reading newspaper/magazine, listening to the radio, or watching television. A total of 95% of men were exposed to media while only 5% were not. Revenge was assessed by asking if the man had physically hit or hurt his wife before they experienced violence themselves. Most participants (48%) said no, 25% said yes, and 27% of the data was missing.

**Table 1***Demographic and Descriptive Characteristics of the Sample, N = 4,489*

Variable	N (Percentage)
Age	
18-30	2,072 (45.7)
31-40	1,435 (32)
41-50	799 (17.8)
51 and older	203 (4.5)
Place of residence	
Urban	1,825 (40.7)
Rural	2,664 (59.3)
Education level	
No education	291 (6.5)
Primary	2,336 (49.8)
Secondary	1,361 (30.3)
Higher	601 (13.4)
Wealth index	
Poor	1,781 (39.7)
Middle	885 (19.7)
Rich	1,823 (40.6)
Alcohol consumption	
No	3,063 (68.3)
Yes	1,423 (31.7)
Marital status	
Never	1,201 (26.8)
Married	2,867 (63.9)
No longer living together	109 (2.4)
Worked in the last 12 months	
No	336 (7.5)
In the last year	103 (2.3)
Currently working	4,049 (90)
Media exposure	
No	223 (5)
Yes	4,226 (95)
Exposure to violence	
No	2,216 (50)
Yes	1,988 (45)

### **Intimate Partner Violence**

The study assessed different predicting factors of physical and sexual IPV among men in Kenya, including exposure to violence during childhood. The analysis excluded 1,201 men who had never been in a union. Therefore, the sample size used for the analysis of domestic violence constituted 3,288 men. The sample comprised men who were in a marriage or previously married before the time of the interview.

The output revealed that among the participants who were currently or previously married, about 33.5% experienced physical abuse while 24.6% were sexually abused by their wife/partner. Also, 48.3% of the respondents reported having been exposed to violence as children by witnessing their fathers beat their mothers. Approximately 77% of the data on physical violence and 79% of the data on sexual violence was missing among the married and previously married men. This was due to only the subset of men answering the questions. Likewise deletion was performed on subsequent analysis to exclude missing values, which resulted in a smaller sample. IPV descriptives are shown in Table 2.

**Table 2**

*Intimate Partner Violence Descriptives*

Variable	Exposure to violence in childhood <i>N</i> (Percentage)	Physical violence	Sexual violence
No	1,354 (45.8)	1,963 (66.4)	464 (75.4)
Yes	1,428 (48.3)	991	151 (24.6)



The study further assessed the types of physical violence based on severity. The violence was described as less severe or severe. Physical abuse was considered severe if the wife/partner kicked or dragged, strangled, burnt, or used a weapon against their man. About 163 respondents representing 5.5% of men who were either in marriage or previously married as of the time of interview reported having experienced less severe physical violence. Of the 163 respondents who had reported less severe violence, more than 94% were still married while 6% were no longer living together with their partners.

**Table 3**

*Victims of Less Severe Violence*

Relationship Status	Experienced Less Severe Violence by Wife/Partner <i>N</i> (Percentage)	
	No	Yes
Married	2,710 (94.5)	153 (5.3)
No longer living together	99 (90.8)	10 (9.2)

*Note.* Cross-tabulation table of victims of less violence among married and previously married men

*\*variations due to missing responses*

Conversely, about 65 men representing about 2.5% of the respondents reported having experienced severe violence from wife/partner. Of the respondents who had experienced severe violence, about 95.4% were still married as of the time of the interview.

**Table 4***Victims of Severe Violence*

Relationship Status	Experienced Severe Violence by Wife/Partner <i>N</i> (Percentage)	
	No	Yes
Married	2,802 (97.7)	62 (2.3)
No longer living together	106 (97.2)	3 (2.8)

*Note.* \*variations due to missing responses

### **Predicting Factors of Physical and Sexual IPV Among Men in Kenya**

Different factors can be attributed to the sexual and physical violence against men despite the widely known perception that only women suffer domestic violence in unions. The current study explored the predicting factors of domestic violence against men in Kenya. The researcher employed a bivariate logistic regression model to derive the predicting factors for sexual and physical violence against men in Kenya. Austin and Merlo (2017) discussed the use of a logistic regression model in prediction. The authors observe that a logistic model is used to predict the chance that an observation falls into at least one of the two dependent variables. The observation is based on one or more independent variables.

The researcher conducted the binary logistic regression to determine if the respondents' age, area of residence, education level, media exposure, wealth, alcohol consumption, and the marital status could significantly predict physical and sexual violence against men. The researcher assessed the assumptions of a logistic regression model before conducting the analysis and they was no violation. Harrell (2015) observed that the dependent variable in a logistic regression model should be measured on a

dichotomous scale. Similarly, the two dependent variables in the current study, physical and sexual violence, were measured on two scales. The respondent stated to have either experienced or not suffered sexual violence. The model also comprises multiple independent variables. Similarly, there was the independence of observations in the model and the dependent factors constituted mutually exclusive categories.

### **Partner Violence as a Function of Independent Variables**

#### ***Bivariate Logistic Regression Analysis with Physical IPV***

A bivariate logistic regression analysis was conducted to determine the factors that add statistical significance in predicting physical violence against men in Kenya. Different tables were used to describe the analysis including a summary model, classification table and the variables in the model table.

The model summary indicates that the variation in prediction model ranged from 11.5% to 16.5% based on the Cox & Snell R-Square and Nagelkerke R-square respectively. According to the Nagelkerke R-square, the prediction model explained 16.5% of the variation in physical violence. The classification table, on the other hand, shows the accuracy of the model. The results indicate that the prediction model correctly classified 71.6% of the cases as shown in Table 5.

**Table 5**

*Partner Violence Classification Table*

Observed Partner Violence	Predicted Partner Violence	Percentage Correct
No 441	No 32	93.2
Yes 158	Yes 37	19
Overall Percentage		71.6

The logistic regression model test is as illustrated in Table 6. The results indicate that age group ( $p < 0.001$ ), education level ( $p < 0.001$ ), wealth index ( $p = 0.023$ ), and alcohol consumption ( $p = 0.001$ ) contributed significantly to the prediction model on physical violence. However, there was a variation in the significance of the contribution of age groups to the model. Age group 31–40 years contributed significantly to the model. However, the age groups above 40 years did not make a significance add to the prediction model. Conversely, place of residence ( $p = 0.629$ ), media exposure ( $p = 0.155$ ), work status ( $p = 0.954$ ) and current marital status ( $p = 0.196$ ) did not have a statistically significant contribution to the prediction model on physical violence.

**Table 6***Predictors of Partner Violence*

Variable	B	S.E.	Wald	df	Sig.	Exp(B)
Age group			31.542	3	.000	
Age group (1)	1.731	.426	16.514	1	.000	5.645
Age group (2)	.673	.406	2.752	1	.097	1.96
Age group (3)	.516	.414	1.55	1	.213	1.675
Place of residence (1)	-.104	.216	.234	1	.629	.901
Educational level			21.21	3	.000	
Educational level (1)	1.734	.532	10.609	1	.001	5.664
Educational level (2)	2.249	.561	16.067	1	.000	9.477
Educational level (3)	2.617	.621	17.776	1	.000	13.7
Media exposure (1)	-.674	.474	2.023	1	.155	.51
Wealth index			7.513	2	.023	
Wealth index (1)	-.014	.245	.003	1	.955	.986
Wealth index (2)	-.674	.269	6.268	1	.012	.51
Current marital status (1)	.553	.428	1.671	1	.196	1.738
Worked last 12 months			.095	2	.954	
Worked last 12 months (1)	-.41	1.362	.091	1	.763	.664
Worked last 12 months (2)	-.272	1.202	.051	1	.821	.762
Drink alcohol (1)	.617	.184	11.201	1	.001	1.853
Constant	-2.597	1.266	4.205	1	.040	.075

Similarly, the researcher assessed the association between partner violence and early exposure to violence. The cross-tabulation Table 7 shows the statistics for responses on partner violence and if the respondent was exposed to violence during childhood. The respondents were asked to state whether they ever saw their fathers physically harm their mothers.

**Table 7***Early Exposure to Violence*

Partner Violence	Father Ever Beat Mother <i>N</i> (Percentage)	
	No	Yes
No	209 (73.1)	279 (62)
Yes	77 (26.9)	171 (38)
Total	286	450

About 38% of the respondents who admitted having experienced partner violence stated that they had seen their fathers beat their mothers. On the other hand, about 73.1% who never experienced partner violence denied having seen their fathers beat mother. The researcher therefore used a chi-square test to establish the significance of the association between the two factors as indicated in Table 8.

**Table 8***Statistical Significance of Early Exposure to Violence*

Statistical Test	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	11.147 <sup>a</sup>	3	.011
N of valid cases	784		

The chi-square test reveal that there is a statistically significant association between early exposure to violence and the likelihood of experiencing intimate partner violence.

**Revenge**

The study explored the issue of revenge in IPV against men. The results indicate that about 34.5% of men had hit, slapped, or done something to physically hurt their wife/partner before they were victims themselves. The statistics indicate that a significant

number of men in marriages could have experienced IPV as an act of revenge by their partners.

**Table 9**

*Revenge as a Predictor of IPV*

Predictor	Frequency	Percentage
No	2,138	65.4
Yes	1,126	34.5

**Sexual Violence as a Function of Independent Variables**

The issue of sexual violence in the two groups of respondents, married and previously married men, was of significance in the development of the current study. Based on the output, about 151 (24.6%) respondents reported having experienced sexual violence. The cross-tabulation Table 10 shows the variation in sexual violence based on the marriage status.

**Table 10**

*Sexual Violence Versus Marriage Status*

Relationship	Sexual Violence N (Percentage)	
	No	Yes
Married	446 (96.1)	142 (94)
No longer living together	18 (3.9)	9 (6)
Total	464	151

Among the victims of sexual violence, the study revealed that about 94% were still married while only 6% were no longer living together as of the time of the interview.

### **Bivariate Logistic Regression Analysis With Sexual IPV**

The logistic regression test was conducted to determine the contribution of each variable in the prediction of sexual violence against men in Kenya. The model summary in Table 11 provides the range variation in model prediction. The variation in the model prediction ranged from 10.8% to 16.1%. The classification table, on the other hand, shows the accuracy in model prediction regarding factors that influence sexual violence against men in Kenya.

**Table 11**

*Sexual Violence Classification Table*

Observed Sexual Violence	Predicted Sexual Violence		Percentage Correct
	No	Yes	
No	438	26	94.4
Yes	1211	30	19.9
Overall Percentage			76.1

Based on the summary model and classification table, the model explained 16.1% of the variance in domestic violence and accurately classified 76.1% of the cases. The contribution of each variable in the equation is as indicated in Table 12.



**Table 12***Predictors of Sexual Violence*

Variable	B	S.E.	Wald	df	Sig.	Exp(B)
Age group			32.432	3	.000	
Age group (1)	1.609	.445	13.066	1	.000	4.999
Age group (2)	.431	.429	1.012	1	.314	1.539
Age group (3)	.244	.441	.305	1	.581	1.276
Place of residence (1)	-.262	.236	1.229	1	.268	.77
Educational level			17.172	3	.001	
Educational level (1)	1.91	.648	8.683	1	.003	6.751
Educational level (2)	2.141	.681	9.899	1	.002	8.51
Educational level (3)	2.86	.718	15.873	1	.000	17.456
Media exposure (1)	-.416	.549	.573	1	.449	.66
Wealth index			1.629	2	.443	
Wealth index (1)	-.061	.28	.048	1	.827	.941
Wealth index (2)	-.364	.299	1.484	1	.223	.695
Current marital status (1)	.144	.462	.096	1	.756	1.154
Worked last 12 months			.374	2	.829	
Worked last 12 months (1)	-.868	1.452	.358	1	.55	.42
Worked last 12 months (2)	-.7	1.232	.323	1	.57	.497
Drink alcohol (1)	.513	.203	6.404	1	.011	1.67
Constant	-2.521	1.33	3.593	1	.058	.08

The logistic regression assessed the statistical significance of each variable to the sexual violence prediction model. The age group of 18-30 and respondents with no education level and no alcohol consumption were used as reference categories. The factors of age group  $OR= 4.99$ ,  $(p < .001)$ , education level  $(p = .001)$  and alcohol consumption ( $OR= 1.67$ ,  $p = 0.011$ ) made a statistically significant contribution to the prediction model of sexual violence because their p-values were less than the critical statistic of 0.05. There was also a variation in the significance of different age groups in

the model. Only the age groups below 40 years made a significant contribution to the model. On the other hand, poor wealth index, never married and never employed constituted the reference categories for wealth index, marriage status and employment status. The place of residence ( $p = 0.268$ ), media exposure ( $p = 0.449$ ), wealth index ( $p = 0.443$ ), marital status ( $p = 0.756$ ), and work status ( $p = 0.829$ ) did not add a significant contribution to the prediction model on sexual violence.

### **Influence of Exposure to Media on Seeking Help**

A logistic model was used to determine the influence of media exposure to men seeking help when they experience IPV. The modern mainstream media facilitate the sharing of information to the public regarding domestic issues. Intimate partner violence is one of the issues that is highlighted on media such as television, radio, and newspapers. The researcher, therefore, hypothesized that exposure to media would enable men to share their burden of violence in marriage to encourage them seek help. As a result, the study assessed if there was a relationship between exposure to media and the likelihood of seeking help against domestic violence.

**Table 13**

*Seeking Help Classification Table*

Observed		Predicted	
		Told Anyone Else about Violence	
		No	Yes
Told Anyone	No	884	0
Else about	Yes	399	0
Violence			

Based on the classification table, the model accurately classified about 68.9% of the cases. The significance of media exposure to seeking help. The reference category for the model is no media exposure. The results indicate that media exposure ( $p = 0.013$ ) contributes significantly to men seeking help when faced with IPV. The logistic regression indicated that respondents who were exposed to media were more likely to tell someone else about partner violence by more than 0.38.

### **Supplemental Analysis**

Overall, among the men included in the analysis, radio is the most popular media source while the newspaper is the least popular. This was also consistent with men who sought help with media consumption through radio (92%), television (72%) and newspaper (57%).

### **Summary**

The analysis was based on two main research questions:

RQ1: Is there an association between age, marital status, employment, education, wealth, alcohol use, exposure to violence, revenge and physical and sexual IPV among men in Kenya?

RQ2: Is there a correlation between exposure to media and the likelihood of men reporting abuse?

The study hypothesized that there was no statistically significant difference in the correlation between exposure to media and the likelihood of men reporting experiences of abuse in unions. The analysis was based on the secondary data from DHS 2014 Kenya. A sample of 4,995 men respondents was selected from the dataset and 4489 were used for

the current analysis. The first section of the analysis comprised descriptive statistics of the key demographics of the sample. The respondents were aged 18 years and above; the legal age to be in a union in Kenya. The age group of 18 – 30 years was the most represented in the sample at 47.7%. Majority of the respondents, 49% lived in rural areas. The study found that majority of the respondents, 49.8% had attained primary education level while 13.4% had higher education. Besides, most of the respondents (68%) stated that they did not consume alcohol as of the time interview.

The wealth index and employment status for 12 months preceding the study were assessed to determine the economic status of the respondents. About 39.7% and 40% of the respondents were classified as poor and rich respectively. On the other hand, most of the respondents (90%) were working as of the time of the study.

The marital status was another crucial aspect of the analysis in assessing the burden of domestic violence on men in Kenya. About 63.9% of the respondents were married as of the time of study while 26.8% were never married. An analysis of predicting factors for physical and sexual violence excluded 1,201 respondents who had never been in a union.

About 33.5% and 24.6% of the respondents admitted to having experienced physical and sexual violence respectively. Among the selected respondents for analysis, about 48.3% stated that they experienced violence during their childhood. The physical violence was further classified as severe or less severe. About 5.5% of the respondents either in marriage or no longer living with their partners reported having experienced less-severe violence in their unions. On the other hand, about 2.3% of the respondents

experienced severe violence from their partners. The findings reveal that in both cases of violence severity, more than 94% of the victims were still married as of the time of the study.

A binary logistic regression was used to determine the predicting variables of IPV. Two logistic models were used to derive the predicting factors for physical violence and sexual violence. Based on the results, factors of age group ( $p < .001$ ), education level ( $p < .001$ ), wealth index ( $p = 0.023$ ) and alcohol consumption ( $p = 0.001$ ) made a statistically significant contribution to the physical violence regression model. However, place of residence, media exposure, work status, and current marital status did not have statistical significance to the physical violence regression model because their p-values were greater than the critical statistic of 0.05.

Similarly, the logistic regression model on sexual violence revealed that the contributing factors comprised age group ( $p < .001$ ), education level ( $p = 0.001$ ) and alcohol consumption ( $p = 0.011$ ). The other factors including place of residence, media exposure, wealth index, marital status, and work status did not make a statistically significant contribution to the model predicting sexual violence.

The final analysis involved the determination of the influence of media exposure on seeking help on experiencing domestic violence. The researcher hypothesized that respondents who were frequently exposed to media such as newspapers, radio and television were most likely to seek help on facing IPV. A logistic regression was used to establish the influence of media exposure on seeking help. A  $p$ -value of 0.013 was

obtained from the regression implying that there was a statistically significant relationship between media exposure and seeking help to address partner violence.

Interpretation of the results will be discussed in Chapter 5. The findings will be compared with existing literature and incorporation of the theoretical framework. Further, limitations of the study, recommendations, and the social change implication of the study will be discussed.

## Chapter 5: Discussion, Conclusions, and Recommendations

The current study was aimed at highlighting the burden of men as victims of domestic violence in Kenya and filling the gap whether men bear similar risk factors of victimization that have been reported by female victims of IPV. Existing literature has heavily focused on women and children as victims of domestic violence (WHO, 2014). Consequently, the interventions to address domestic violence focus on women and children and not on men. According to the WHO (2014), men were only considered as perpetrators and not victims of domestic violence. On the contrary, studies revealed a rising trend of domestic violence against men (Muhindi, 2018; Wanambisi, 2015). Therefore, men are also victims of domestic violence in Kenya.

The current study addressed the predicting factors of IPV against men in Kenya and assesses where exposure to media influences reporting of abuse incidents. I hypothesized that men were equally victims of domestic violence based on the predicting factors. However, due to the low rate of media coverage, men are only considered perpetrators of violence against women and children. In addition, the patriarchal society in Kenya victimizes men who seek help rather than supporting them when experiencing domestic violence (FIDA, 2017). The current study addressed the correlation between exposure to media and the likelihood of men reporting cases of domestic violence.

The study targeted males ages 15 to 54 years old who initially participated in a national DHS. However, only men ages 18 years old and above were employed in the study. The age exclusion was used to meet the minimum age requirement for legal marriage in Kenya. A quantitative cross-sectional approach was employed using

secondary data by the DHS (2014). The study addressed the occurrence of IPV against men and their efforts to seek help.

The study found that 33.5% of men who participated in the survey experienced physical violence and 24.6% experienced sexual violence. Regarding the severity of the violence, 5.5% of the respondents reported experiencing less severe violence and 2.3% reported experiencing severe forms of physical violence from their partners. The study findings revealed that factors of age, education level, wealth status, and alcohol consumption contributed significantly to the physical violence regression model. Similarly, the statistically significant contributing factors to the sexual violence regression model included age group, education level, and alcohol consumption. The study findings further indicated that there was a statistically significant relationship between exposure of an individual to media and their likelihood of seeking help against IPV.

### **Interpretation of the Findings**

The statistics on the prevalence of domestic violence against men were consistent with the earlier findings regarding men as victims of IPV. The statistics also resonated with the prevalence of IPV against men in other geographical regions beyond the Kenyan context. According to Gelles (1997), 73% of newspaper comics portrayed women as perpetrators of domestic violence. The British Crime Survey (ONS, 2018) found that about 4.2% of adults who experienced IPV were men.

The findings of the current study concurred with the existing knowledge about domestic violence in Kenya. Waters (2016) found that about 26% of queer men and 37%



of bisexual men experience the different types of IPV. Similarly, about 29% of non queer men reported having experienced domestic violence (Waters, 2016). Gathogo (2015) explained that men in Kenya are victims of domestic violence even though the incidents are not highlighted because cultural practices are used as interventions. These findings were replicated in the current study which revealed that more than 24% admitted to having experienced sexual violence and at least 24% of men admitted to having experienced physical violence.

The study also highlighted the aspect of early exposure to violence. I assumed that early exposure to violence would increase the likelihood of an individual being a perpetrator of violence. The assumption was based on social learning theory which posits that learning is a dynamic and reciprocal interaction of personal factors, environmental influence, and behavior (Bandura, 1986). Therefore, I assumed that the theory would help to describe violence as a learned behavior that is later modeled by female perpetrators. Bell (2008) observed that children who were exposed to violence were also most likely to learn and adapt the coping skills based on the pattern and consequence incurred by the perpetrator. Other researchers found that women who have prior exposure of violence in their family either as observers or victims are more likely to become perpetrators (Chirwa et al., 2018; Richards et al., 2017; Swan et al., 2008; Tsiko, 2016). The literature was consistent with the findings of the current study, which indicated that there was a statistically significant relationship between partner violence and early exposure to violence.

Incidents of physical violence have been reported in media and highlighted in the existing literature. Muhindi (2018) described the cases of severe violence including major facial and bodily cuts and burns by fire and hot liquids. In a similar study in Nyamira, Kenya, Obeji et al. (2017) noted that more than 65% of male victims of domestic violence reported deep cuts, broken bones, eye injuries, and broken teeth. According to the NCADV (2015), at least 1 in 7 men experienced severe IPV. The findings were consistent with the current study, which indicated that more than 2.5% of men experienced severe violence from their partners.

In addition, the current study resonated with initial investigations regarding sexual violence against men. Cook et al. (2016) observed that at least 6% of men above the age of 18 years old reported being forced into sexual acts by women. The findings emphasized the assumption that men are not exclusively the perpetrators of sexual violence but are also victims.

Evidence has also shown the relationship between IPV and other factors such as domestic violence, wealth, age, and education level. Cook et al. (2016) observed that men who used drugs were more likely to experience sexual violence than those who did not use drugs and other substances. I also found a positive relationship between alcohol consumption and the likelihood of men experiencing physical or sexual violence. Based on the findings of the current research, men who admitted to consuming alcohol were 1.8 times more likely to experience physical violence and 1.7 times more likely to experience sexual violence.

Even though the current study's findings confirmed the relationship between IPV and factors such as age, wealth and education level, the findings were also inconsistent with the existing knowledge. Smith et al. (2017) reported that about 17% of men age 17 years old or younger, 41% of men aged 18–28 years old, and 43% of men aged 25 and above experience victimization, which suggested that the likelihood of men victimization increases with age. However, I found that the likelihood of experiencing both physical and sexual violence decreased with age. Men below the age of 40 years old were more likely to admit IPV than their older counterparts.

In another survey, ONS (2018) observed a higher likelihood of male victimization among low-income earners than the rich. In the current study, men in all wealth classes reported victimization. This contrasted with Obeji et al.'s (2017) findings in Nyamira County in which male victims' low income or lack of employment and low level of education increased their vulnerability to IPV. Regarding education, men having higher education (beyond secondary) were 13.7 times more likely to admit experiencing physical violence and 17.4 times more likely to admit experiencing sexual violence. This may be attributed to the factor of awareness that accompanies education. Similarly, rich men were more likely to experience domestic violence than the poor. Melchiorre et al. (2016) found that men with less social support and high education level were more susceptible to abuse.

In various African countries with patriarchal traditions, Tsiko (2016) found that educated women in Liberia showed more violence toward their husbands and partners compared to their less educated counterparts, while in other countries educated men

reported more IPV. Tsiko argued that educated men are more enlightened and may stand their ground when confronted by their violent female counterparts, thereby making them more at risk for physical abuse. On the other hand, women may use violence to balance power against a highly educated or wealthy yet controlling partner (Ayodele, 2017).

The current findings regarding the relationship between IPV and factors such as age, educational level, and wealth index did not invalidate the existing knowledge regarding similar factors. The aspects of cultural beliefs, stereotyping, and media exposure may have influenced the respondents' reporting of IPV. Steinmetz (1977) observed that cases of men battering were ridiculed, ignored, and generally underreported in the 18th century in France. Steinmetz noted that battered men were humiliated publicly. Similarly, Gathogo (2015) emphasized the underreporting of male battering in Kenya. The existing literature revealed a consistency in stereotyping and victimization of men who experienced IPV.

The ability or willingness of an individual to admit experiencing IPV may, therefore, have been determined by cultural beliefs, education level, age, media exposure, and other factors. The argument aligns with the socio-ecological model which explains that complex interplay of a person-environment interaction throughout human development and the bi-directional influences shape the behavior of an individual and the entire society (Bronfenbrenner, 1977). The model explains the complexity of IPV as an interaction of multiple factors that determine the reluctance of men to report cases of abuse in Kenya. Obeji et al. (2017) emphasized the reluctance among men to report or get psycho-social help in Kenya. The researchers noted that more than 55% of men who are

afraid of their wives seek help from church leaders. Besides, the literature revealed that organizations such as Advocates for Social Change Kenya and Men for Gender Equality Change Now were initiated to create awareness and provide a platform for battered men. This implies that an informed individual is most likely to admit experiencing IPV and eventually seek help.

The findings of the logistic regression on the relationship between media exposure and the likelihood of seeking help emphasize the significance of awareness creation to support the men who are burdened with IPV. The findings also support the arguments in the social learning theory which link seeking help to learning from experiences of other victims. The regression revealed that there was a statistically significant relationship between media exposure and the likelihood of seeking help against domestic violence. The findings imply that mainstream media and organizations such as Gender Equality Change Now, coupled with education, are essential to create awareness among men regarding intimate partner violence and hence facilitate seeking help or reporting incidents of abuse. This response by men reinforces Comas-d'Argemir's (2015) comment that the media coverage of domestic abuse has now being accepted as a public issue rather than private as previously presumed and is bound to trigger a response from those are indirectly affected including politicians, specialists, and advocates for change. These results are also consistent with Garnier and Collin-Vézina's (2016) findings on sex survivor victims who were prompted to disclose their experiences after reading bibliographies and viewing stories on other victims on television. Among Kenyan men, radio seems to be the most popular media channel as it is accessible in both rural

and urban areas. National campaigns and education should therefore target victims on these popular platforms. Although there was a statistically significant correlation between media exposure and reporting abuse, this survey did not assess the exact content of the media that men are consuming. Reporting of abuse was also not specific and included all abuse including physical, sexual, and emotional/psychological.

### **Limitations of the Study**

It is important to acknowledge the limitations that may have affected the validity and reliability of this study. First, the study employed entirely secondary quantitative data for analysis and discussion. The findings of the study were backed up by existing literature and theories. The focus on quantitative data was attributed to the limited time of the study to include qualitative interviews and focused group discussions. Rust et al. (2017) observed that quantity in research does not always imply quality. Failure to integrate both quantitative and qualitative approaches may, therefore, affect the quality of the findings. Even though most of the findings from the current study were consistent with the existing knowledge regarding intimate partner violence against men, failure to incorporate qualitative interviews and focused-group discussions may have affected the generalizability of the study.

The data analysis in this study was limited by a high number of missing responses in the dataset. Even though I excluded all the missing responses, the sample size used in the analysis may have affected the accuracy of the findings. Kang (2013) emphasized the need to address missing values in a study. Kang explained that missing values affect the statistical power of research and can result in biased estimates and invalid conclusions.

The final sample in this study exceeded the calculated power validating the study. In addition, this research is still valid being the initial national study to assess the extent of male victims of IPV in Kenya.

The data collection process may have also affected the reliability of the findings. According to KNBS (2014a), the questionnaire was translated from English to several dialects which may have affected the accuracy and reliability of the responses. Even though the tool was tested prior to the interviews, translation errors in the questionnaire could have reliability effects on the dataset which was used for the analysis of the current study.

Ethical issues were also inevitable in the study. I was not certain if the data collection process considered the psychological and emotions of the respondents. The subject of intimate partner violence constitutes personal questions that may affect the emotional and psychological feelings of the interviewee. Chirwa et al. (2018) and Smith et al. (2017) observed that men are at a greater risk of developing mental health issues such as stress and depression due to intimate partner violence. This implies that the interview process involving victims of domestic violence should take their personal feelings into consideration. Failure to consider the psychological and emotional wellbeing of participants may affect the rationality of the responses.

With the growing digital media platform in Kenya and globally, I did not assess the frequency and patterns of use of social media or Internet by men to harvest domestic violence information and well as reporting. In Sub-Saharan Africa, mass media has

evolved dramatically over the last few decades with the diversification from print to the new technologies including the Internet and texting (Pinecrest, 2019).

I excluded young men under 18 years old, older than 55 years old, and those in institutions. For those who met the study criteria, only half of the households were interviewed. Generalizability of this study may then be affected, and these results should only address the participants who met the criterion. Lastly, data on barriers to reporting IPV was not collected in this study as anticipated in the questionnaire. Reasons are unclear.

### **Recommendations**

Future research about men as victims of IPV should include a qualitative approach to study. A combination of both qualitative and quantitative research approaches will help to provide numbers associated with IPV as well as explanations and perspectives of the respondents regarding the subject. Rust et al. (2017) highlighted that qualitative research is essential when there is a need to derive explanations and deep insights regarding a certain phenomenon. Similarly, the subject of domestic violence against men requires understanding the respondents' perspectives and explanations of the reasons for the existence of specific beliefs, practices, and attitudes. This type of study can also be used to discover further emotional or psychological abuse that was not explored in the current study. Longitudinal studies can also be conducted to assess the long-term impact of IPV.

Future studies should also employ the triangulation method to address the limitations associated with a small sample in quantitative research. Noble and Heale



(2019) discussed triangulation in research as a method used to enhance the credibility and validity of the study findings. According to the authors, triangulation involves a combination of theories and methods to address potential biases that can arise from a single method or observer. Therefore, the triangulation method is important in a situation where the quantitative dataset contains missing values. To decrease the rate of the missing values, future researchers may also revise the questionnaire or rephrase the same questions to trigger more responses from men.

Future researchers should also take advantage of technology and use digital media to conduct surveys to reach a larger audience and hopefully foster openness about IPV compared to a face to face interview. Researchers should also speak with older men who can share their experiences and men in institutions, especially those in prison because of direct or indirect involvement in partner abuse. A perspective from female perpetrators and queer men should also be investigated by future researchers. The unique nature of the Kenyan men being in a patriarchal society where polygamy is also tolerated presents an opportunity for researchers to investigate the influence of polygamy in susceptibility of IPV and whether men involved in such have different negotiating tactics with their perpetrators.

Regarding the media piece and reporting abuse, future researchers should examine in detail the type of content men are consuming in the mass media. This might help targeted awareness information, education, and resources on IPV. Reporting of different types of abuse should also be evaluated separately for the same reasons. Cultural

influences on patriarchal practices that are presumed to limit reported cases by men should be investigated by future researchers.

### **Implications**

This study provides a good basis for further research on male victimization among intimate partners in Kenya and other countries. The literature reviewed in the study suits both the Kenyan and global context. Some of the highlighted issues regarding men as victims of IPV are shared across different geographical regions. For instance, the study demonstrated that wealth index influences the likelihood of experiencing domestic violence in Kenya. Similarly, Tsiko (2016) and Edwards (2015) affirmed similar trends in other African countries. However, different communities possess unique cultural practices. McCloskey et al. (2016) documented the effectiveness of domestic abuse programs in Sub-Saharan Africa especially in reduction of HIV among victims of abuse. As illustrated using the social learning theory, cultural practices influence the likelihood of experiencing IPV. Therefore, future research should focus on the influence of specific cultural aspects that may not be shared across the different geographical regions regardless of their contribution to domestic violence.

The findings of the current study were also inconsistent with the existing knowledge regarding the relationship between IPV and factors such as education level, age, and wealth. I attributed the inconsistencies to the willingness and ability of the respondents to admit experiencing abuse in their families. As discussed regarding the social learning theory and socio-ecological model, the environment and society in which the respondent belongs can influence their behavior. Part of the behavior can be the

willingness to admit experiencing violence and seek help. Consequently, research on IPV in such environments can influence the type of responses. In this regard, future research should assess the prevailing factors including awareness creation associated with the level of education, and cultural beliefs, perspectives and attitudes that can influence the responses regarding IPV. The approach will help confirm or disconfirm the reported inconsistencies.

Based on the results of this study, there is a dire need to avail male victims of abuse resources to match those of women and children. The best approach is prevention which can be achieved by educating the public about the root causes of familiar and societal issues that make men susceptible to abuse and educate on methods of mitigative issues prior to escalation to abuse level. From the institution and policy standpoint, existing laws against violence must be reinforced to hold female perpetrators firmly as they do to men. Law enforcement officers must be educated on stereotypes and stigmatization of abused men to ease the process of the victims seeking help through the judicial system. Laws should also exist to hold accountable the law officers involved in corruption that hinders cases of abuse being reported or processed justly.

These results might also sensitize the medical providers who serve men with acute and chronic medical issues and may warrant further investigation on possibility of chronic abuse. Hines and Douglas (2015) found that male victims of IPV are generally in poor health when they seek medical care. Providers should also serve as a link to law enforcement to report abuse. For the victims, psychotherapy should be availed as well as alternative housing such as shelters.

## **Conclusion**

I examined in detail the burden of men as victims of intimate partner violence. The results have demystified the misconception that men are not entirely the perpetrators of IPV but also the victims. The factors contributing to violence against women are fairly similar to those influencing abuse against men. However, cases of violence against men are underreported giving a false impression of the plight of men regarding IPV. Underreporting and the unwillingness of men to seek help is attributed to factors such as cultural beliefs, societal discrimination, stereotyping, and victimization of men who experience abuse. The immediate and long-term effects of male victimization are evident from physical and psychological harm, broken homes, and tainted masculinity. Therefore, interventions to support the wellbeing of men should not only focus on the statistics and prevalence of abuse but also other social issues. IPV against men is a public health issue and must be addressed as such. A combined effort by stakeholders especially the policymakers will yield better health outcomes.

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Appendix: 2014 Kenya Demographic and Health Survey Man's Questionnaire



2014 KENYA DEMOGRAPHIC AND HEALTH SURVEY  
MAN'S QUESTIONNAIRE

**CONFIDENTIAL**



REPUBLIC OF KENYA

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## SECTION 1. RESPONDENT'S BACKGROUND

## INTRODUCTION AND CONSENT

INFORMED CONSENT	
<p>Hello. My name is _____ . I am working with the Kenya National Bureau of Statistics. We are conducting a survey about health all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.</p> <p>In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household. Do you have any questions? May I begin the interview now?</p> <p>SIGNATURE OF INTERVIEWER: _____ DATE: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED ..... 1    RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
101A	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Nairobi, Mombasa, Kisumu, in a town, in the countryside, or outside of Kenya?	NAIROBI/ MOMBASA/ KISUMU ..... 1 OTHER CITY/ TOWN ..... 2 COUNTRYSIDE ..... 3 OUTSIDE KENYA ..... 4									
101B	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS	YEARS ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS ..... 95 VISITOR ..... 96			→ 101D						
101C	Just before you moved here, did you live in Nairobi, Mombasa, Kisumu, in a town, in the countryside, or outside of Kenya?	NAIROBI/ MOMBASA/ KISUMU ..... 1 TOWN ..... 2 COUNTRYSIDE ..... 3 OUTSIDE OF KENYA ..... 4									
101D	What is your nationality?	KENYAN ..... 01 TANZANIAN ..... 02 UGANDAN ..... 03 SOMALI ..... 04 ETHIOPIAN ..... 05 SUDANESE ..... 06  OTHER _____ 96 (SPECIFY)	→ 102								
101E	What was the main reason for moving to Kenya?	JOIN FAMILY LIVING IN KENYA ..... 01 MARRIAGE ..... 02 WORK ..... 03 SCHOOL ..... 04 ESCAPE INSECURITY/WAR ..... 05 ESCAPE ENVIRONMENTAL DISASTER (E.G. FLOOD, DROUGHT, ETC.) ... 06  OTHER _____ 96 (SPECIFY)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	In what month and year were you born?	MONTH ..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES ..... 1 NO ..... 2	→ 108
105	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY ..... 1 POST-PRIMARY/VOCATIONAL ..... 2 SECONDARY/ 'A' LEVEL ..... 3 COLLEGE (MIDDLE LEVEL) ..... 4 UNIVERSITY ..... 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR ... <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY <input type="checkbox"/> POST-PRIMARY/ VOCATIONAL ↓ SECONDARY <input type="checkbox"/> OR HIGHER		→ 110
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL ..... 1 ABLE TO READ ONLY PARTS OF SENTENCE ..... 2 ABLE TO READ WHOLE SENTENCE . 3 NO CARD WITH REQUIRED LANGUAGE ..... 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED ..... 5	
109	CHECK 108: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine, at least once a week, less than once a week, or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
111	Do you listen to the radio, at least once a week, less than once a week, or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	
112	Do you watch television, at least once a week, less than once a week, or not at all?	AT LEAST ONCE A WEEK ..... 1 LESS THAN ONCE A WEEK ..... 2 NOT AT ALL ..... 3	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What is your religion?	ROMAN CATHOLIC ..... 1 PROTESTANT/ OTHER CHRISTIAN . 2 MUSLIM ..... 3 NO RELIGION ..... 4  OTHER _____ 6 (SPECIFY)	
114	What is your ethnic group / tribe?	EMBU ..... 01 KALENJIN ..... 02 KAMBA ..... 03 KIKUYU ..... 04 KISII ..... 05 LUHYA ..... 06 LUO ..... 07 MAASAI ..... 08 MERU ..... 09 MIJIKENDA/ SWAHILI ..... 10 SOMALI ..... 11 TAITA/ TAVETA ..... 12  OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/> NONE ..... 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES ..... 1 NO ..... 2	

## SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name.  Have you ever fathered any children with any woman?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES ..... 1 NO ..... 2	→ 204
203	How many sons live with you?  And how many daughters live with you?  IF NONE, RECORD '00'.	SONS AT HOME ..... <input type="text"/> DAUGHTERS AT HOME ..... <input type="text"/>	
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206
205	How many sons are alive but do not live with you?  And how many daughters are alive but do not live with you?  IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <input type="text"/> DAUGHTERS ELSEWHERE ..... <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	<input type="checkbox"/> → 208
207	How many boys have died?  And how many girls have died?  IF NONE, RECORD '00'.	BOYS DEAD ..... <input type="text"/> GIRLS DEAD ..... <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.  IF NONE, RECORD '00'.	TOTAL CHILDREN ..... <input type="text"/>	
209	CHECK 208:  HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		<input type="checkbox"/> → 212 <input type="checkbox"/> → 301
210	Did all of the children you have fathered have the same biological mother?	YES ..... 1 NO ..... 2	→ 212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN ..... <input type="text"/>	
212	How old were you when your (first) child was born?	AGE IN YEARS ..... <input type="text"/>	
213	CHECK 203 AND 205:  AT LEAST ONE LIVING CHILD <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		<input type="checkbox"/> → 301
214	How old is your (youngest) child?	AGE IN YEARS ..... <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD <input type="checkbox"/> IS AGE 0-2 YEARS                      OTHER <input type="checkbox"/>		→ 301
216	What is the name of your (youngest) child?  WRITE NAME OF (YOUNGEST) CHILD  _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT ..... 1 NOT PRESENT ..... 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER ..... 2	
220	When a child has diarrhoea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing to drink at all?	MORE THAN USUAL ..... 1 ABOUT THE SAME ..... 2 LESS THAN USUAL ..... 3 NOTHING TO DRINK ..... 4 DON'T KNOW ..... 8	

## SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES ..... 1 NO ..... 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO ..... 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES ..... 1 NO ..... 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO ..... 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES ..... 1 NO ..... 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO ..... 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO ..... 2	
09	Lactational Amenorrhea Method (LAM).	YES ..... 1 NO ..... 2	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES ..... 1 NO ..... 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES ..... 1 NO ..... 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES ..... 1 NO ..... 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1  _____ (SPECIFY)  _____ (SPECIFY) NO ..... 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine?	YES NO a) RADIO ..... 1 2 b) TELEVISION ..... 1 2 c) NEWSPAPER OR MAGAZINE . 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES ..... 1 NO ..... 2	
304	Now I would like to ask you about a woman's risk of pregnancy.  From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS ..... 1 DURING HER PERIOD ..... 2 RIGHT AFTER HER PERIOD HAS ENDED ..... 3 HALFWAY BETWEEN TWO PERIODS ..... 4 OTHER ..... 6 (SPECIFY) DON'T KNOW ..... 8	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.  a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK a) CONTRACEPTION WOMAN'S BUSINESS 1 2 8 b) WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM  YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 311
308	Do you know of a place where a person can get male condoms?	YES ..... 1 NO ..... 2	→ 311



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER ..... B</p> <p>GOVT. DISPENSARY ..... C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... E</p> <p>PHARMACY/CHEMIST ..... F</p> <p>NURSING/MATERNITY HOME ..... G</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC ..... H</p> <p>FAMILY OPTIONS/FHOK CLINIC CLINIC ..... I</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... K</p> <p>MOBILE CLINIC ..... L</p> <p>COMMUNITY-BASED DISTRIBUTOR M</p> <p>COMMUNITY HEALTH WORKER/ CHW ..... N</p> <p>FRIEND/RELATIVE ..... O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
314	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	



SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED ..... 1 YES, LIVING WITH A WOMAN ..... 2 NO, NOT IN UNION ..... 3	→ 404															
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED ..... 1 YES, LIVED WITH A WOMAN ..... 2 NO ..... 3	→ 413															
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 410															
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM ..... 1 STAYING ELSEWHERE ..... 2																
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE) ..... 1 NO (ONLY ONE) ..... 2	→ 407															
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS ... <input type="text"/>																
407	<p>CHECK 405:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>b) Please tell me the name of each of your wives or each woman you are living with as if married.</p> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>ASK 408 FOR EACH PERSON.</p>	<p>408 How old was (NAME) on her last birthday?</p> <table border="1"> <thead> <tr> <th data-bbox="946 1003 1068 1024">NAME</th> <th data-bbox="1084 982 1166 1024">LINE NUMBER</th> <th data-bbox="1230 1003 1279 1024">AGE</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>_____</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	NAME	LINE NUMBER	AGE	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>	
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_____	<input type="text"/>	<input type="text"/>																
_____	<input type="text"/>	<input type="text"/>																
409	<p>CHECK 407:</p> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p>		→ 411A															
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE ..... 1 MORE THAN ONCE ..... 2	→ 411A															



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH ..... <input type="text"/> <input type="text"/>	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 413
412	How old were you when you first started living with her?	AGE ..... <input type="text"/> <input type="text"/>	
413 CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.			
414	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.  How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE ..... 00  AGE IN YEARS ..... <input type="text"/> <input type="text"/>  FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER ..... 95	→ 501
414A	CHECK 103:  AGE 15-24 <input type="checkbox"/> AGE 25-54 <input type="checkbox"/>		→ 415
414B	The first time you had sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ... 8	
414C	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	
415 Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.			
416	When was the last time you had sexual intercourse?  IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/>
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES ..... 1 NO ..... 2 (SKIP TO 420) ←	YES ..... 1 NO ..... 2 (SKIP TO 420) ←	YES ..... 1 NO ..... 2 (SKIP TO 420) ←
418A	What is the main reason you used a condom on that occasion?	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /SHE MAY HAVE OTHER PARTNERS ..... 4 PARTNER WANTED TO USE ..... 5 OTHER ..... 6 (SPECIFY)	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /SHE MAY HAVE OTHER PARTNERS ..... 4 PARTNER WANTED TO USE ..... 5 OTHER ..... 6 (SPECIFY)	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /SHE MAY HAVE OTHER PARTNERS ..... 4 PARTNER WANTED TO USE ..... 5 OTHER ..... 6 (SPECIFY)
419	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2	YES ..... 1 NO ..... 2
420	What was your relationship to this person with whom you had sexual intercourse?  IF GIRLFRIEND: Were you living together as if married?  IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE ..... 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE . 4 CLIENT/PROSTITUTE 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE . 4 CLIENT/PROSTITUTE 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←	WIFE ..... 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT ... 3 CASUAL ACQUAINTANCE . 4 CLIENT/PROSTITUTE 5 OTHER ..... 6 (SPECIFY) (SKIP TO 423) ←
421	CHECK 410:	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> OR BLANK (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> OR BLANK (SKIP TO 423) ←	MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> OR BLANK (SKIP TO 423) ←
422	CHECK 414:  FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (CODE 95)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 424)
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/> YEARS AGO . 4 <input type="text"/> <input type="text"/>	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/> YEARS AGO . 4 <input type="text"/> <input type="text"/>	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/> YEARS AGO . 4 <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
424	How many times during the last 12 months did you have sexual intercourse with this person?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/> <input type="text"/>
425	How old is this person?	AGE OF PARTNER . <input type="text"/> <input type="text"/>  DONT KNOW ..... 98	AGE OF PARTNER . <input type="text"/> <input type="text"/>  DONT KNOW ..... 98	AGE OF PARTNER . <input type="text"/> <input type="text"/>  DONT KNOW ..... 98
426	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES ..... 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 428) ←	YES ..... 1 (GO BACK TO 417 ← IN NEXT COLUMN) NO ..... 2 (SKIP TO 428) ←	
427	In total, with how many different people have you had sexual intercourse in the last 12 months?  IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.  IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/>  DONT KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS):  AT LEAST ONE PARTNER IS PROSTITUTE <input type="checkbox"/> ↓	NO PARTNERS ARE PROSTITUTES <input type="checkbox"/> → 430	
429	CHECK 420 AND 418 (ALL COLUMNS):  OTHER <input type="checkbox"/>	CONDOM USED WITH EVERY PROSTITUTE <input type="checkbox"/> → 433  → 434	
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES ..... 1 NO ..... 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES ..... 1 NO ..... 2	→ 434
433	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME ..... <input type="text"/> <input type="text"/> DONT KNOW ..... 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN):  CONDOM USED <input type="checkbox"/> ↓ NOT ASKED <input type="checkbox"/> NO CONDOM USED <input type="checkbox"/>	→ 438  → 438	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER ..... 12</p> <p>GOVT. DISPENSARY ..... 13</p> <p>OTHER PUBLIC SECTOR ..... 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ..... 21</p> <p>PHARMACY/CHEMIST ..... 22</p> <p>NURSING/MATERNITY HOME ..... 23</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC ..... 24</p> <p>FAMILY OPTIONS/FHOK CLINIC ..... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP ..... 31</p> <p>MOBILE CLINIC ..... 32</p> <p>COMMUNITY-BASED DISTRIBUTOR 33</p> <p>COMMUNITY HEALTH WORKER/ CHW ..... 34</p> <p>FRIEND/RELATIVE ..... 35</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	
438	<p>The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	<p>→ 501</p>
439	<p>What method did you or your partner use?</p> <p>PROBE: Did you or your partner use any other method to prevent pregnancy?</p> <p>RECORD ALL MENTIONED.</p>	<p>FEMALE STERILIZATION ..... A</p> <p>MALE STERILIZATION ..... B</p> <p>IUD ..... C</p> <p>INJECTABLES ..... D</p> <p>IMPLANTS ..... E</p> <p>PILL ..... F</p> <p>FEMALE CONDOM ..... G</p> <p>LAM ..... J</p> <p>RHYTHM METHOD ..... K</p> <p>WITHDRAWAL ..... L</p> <p>OTHER MODERN METHOD ..... X</p> <p>OTHER TRADITIONAL METHOD ..... Y</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/>	NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>	→ 509
502	CHECK 439: MAN NOT STERILIZED OR 439 IS BLANK <input type="checkbox"/>	MAN STERILIZED <input type="checkbox"/>	→ 509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD ..... 1 NO MORE ..... 2 UNDECIDED/DON'T KNOW ..... 8	→ 506 → 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD ..... 1 NO MORE/NONE ..... 2 SAYS COUPLE CAN'T GET PREGNANT ..... 3 WIFE (WIVES)/PARTNER(S) STERILIZED ..... 4 UNDECIDED/DON'T KNOW ..... 8	→ 509
506	CHECK 407: ONE WIFE/PARTNER <input type="checkbox"/>	MORE THAN ONE WIFE/PARTNER <input type="checkbox"/>	→ 508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW <input type="checkbox"/>	WIFE/PARTNER PREGNANT <input type="checkbox"/>	→ 509
508	How long would you like to wait from now before the birth of (a/another) child?	MONTHS ..... 1 YEARS ..... 2 SOON/NOW ..... 993 HE/ALL HIS WIVES/PARTNERS ARE INFECUND ..... 994 OTHER ..... 996 (SPECIFY) DON'T KNOW ..... 998	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE ..... 00</p> <p>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 601</p> <p>→ 601</p>
510	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS    GIRLS    EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

## SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES ..... 1 NO ..... 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES ..... 1 NO ..... 2	→ 604
603	Have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
604A	CHECK 604: WORKS IN AGRICULTURE <input type="checkbox"/> ↓ DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 605
604B	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND ..... 1 FAMILY LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4 OTHER ..... 6 (SPECIFY)	
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR ..... 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE ..... 3	
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY ..... 1 CASH AND KIND ..... 2 IN KIND ONLY ..... 3 NOT PAID ..... 4	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612
608	CHECK 606: CODE 1 OR 2 CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 OTHER ..... 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT ..... 1 WIFE/PARTNER ..... 2 RESPONDENT AND WIFE/ PARTNER JOINTLY ..... 3 SOMEONE ELSE ..... 4 OTHER ..... 6 (SPECIFY)	





## SECTION 7. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ..... 1 NO ..... 2	→ 723																
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
703	Can people get the AIDS virus from mosquito bites?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
705A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
707A	Do you know someone personally who has the virus that causes AIDS or someone who has died of AIDS?	YES ..... 1 NO ..... 2																	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	<table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) DURING PREG. ....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DURING DELIVERY ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BREASTFEEDING ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) DURING PREG. ....	1	2	8	b) DURING DELIVERY ...	1	2	8	c) BREASTFEEDING ...	1	2	8	
	YES	NO	DK																
a) DURING PREG. ....	1	2	8																
b) DURING DELIVERY ...	1	2	8																
c) BREASTFEEDING ...	1	2	8																
709	CHECK 708: AT LEAST <input type="checkbox"/> ONE 'YES' ↓ OTHER <input type="checkbox"/> →		→ 711																
710	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.																		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ..... 1 NO ..... 2	→ 716																
713	How many months ago was your most recent HIV test?	MONTHS AGO ..... <input type="text"/> <input type="text"/> TWO OR MORE YEARS ..... 95																	
714	I don't want to know the results, but did you get the results of the test?	YES ..... 1 NO ..... 2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... 11</p> <p>GOVT. HEALTH CENTER/CLINIC... 12</p> <p>GOVERNMENT DISPENSARY ..... 13</p> <p>OTHER PUBLIC SECTOR ..... 18</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ ..... 21</p> <p>MISSIONARY/CHURCH HOSP./ CLINIC ..... 22</p> <p>FAMILY OPTIONS/FHOK CLINIC . . . 23</p> <p>VCT CENTRE ..... 24</p> <p>NURSING/MATERNITY HOMES . . . 25</p> <p>BLOOD TRANSFUSION SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME ..... 31</p> <p>CORRECTIONAL FACILITY ..... 32</p> <p>OTHER ..... 96</p> <p>(SPECIFY)</p>	<p>→ 717A</p>
716	<p>Do you know of a place where people can go to get tested for the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>→ 717A</p>
717	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL ..... A</p> <p>GOVT. HEALTH CENTER/CLINIC... B</p> <p>GOVERNMENT DISPENSARY ..... C</p> <p>OTHER PUBLIC SECTOR ..... D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC/ ..... E</p> <p>MISSIONARY/CHURCH HOSP./ CLINIC ..... F</p> <p>FAMILY OPTIONS/FHOK CLINIC . . . G</p> <p>VCT CENTRE ..... H</p> <p>NURSING/MATERNITY HOMES . . . I</p> <p>BLOOD TRANSFUSION SERVICES . J</p> <p>OTHER PRIVATE MEDICAL SECTOR ..... K</p> <p>(SPECIFY)</p> <p>OTHER ..... X</p> <p>(SPECIFY)</p>	
717A	<p>CHECK 401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/></p> <p>NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/></p>		<p>→ 718</p>
717B	<p>Have you ever talked with your wife / partner about ways to prevent getting the virus that causes AIDS?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
718	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
720	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
721	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED ..... 1 SHOULD NOT BE ALLOWED ..... 2 DK/NOT SURE/DEPENDS ..... 8	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS ..... 8	
723	CHECK 701: HEARD ABOUT AIDS <input type="checkbox"/> ↓ a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?  NOT HEARD ABOUT AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES ..... 1 NO ..... 2	→ 724
723A	If a man has a sexually transmitted disease, what symptoms might he have?  Any others?  RECORD ALL MENTIONED	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ..... B FOUL SMELL/DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K IMPOTENCE/NO ERECTION ..... L OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) NO SYMPTOMS ..... Y DOES NOT KNOW ..... Z	
723B	If a woman has a sexually transmitted disease, what symptoms might she have?  Any others?  RECORD ALL MENTIONED	ABDOMINAL PAIN ..... A GENITAL DISCHARGE/DRIPPING ..... B FOUL SMELL/DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMATION IN GENITAL AREA ..... E SWELLING IN GENITAL AREA ..... F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H GENITAL ITCHING ..... I BLOOD IN URINE ..... J LOSS OF WEIGHT ..... K HARD TO GET PREGNANT ..... L OTHER ..... W (SPECIFY) OTHER ..... X (SPECIFY) NO SYMPTOMS ..... Y DOES NOT KNOW ..... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
731C	What did you do to avoid infecting your partner(s)? Did you: a) Use medicine? b) Stop sex? c) Use a condom when having sex?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) USE MEDICINE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) STOP HAVING SEX .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) USE CONDOM .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) USE MEDICINE .....	1	2	b) STOP HAVING SEX .....	1	2	c) USE CONDOM .....	1	2	
	YES	NO													
a) USE MEDICINE .....	1	2													
b) STOP HAVING SEX .....	1	2													
c) USE CONDOM .....	1	2													
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONT KNOW .....</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DONT KNOW .....	8							
YES .....	1														
NO .....	2														
DONT KNOW .....	8														
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES .....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO .....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONT KNOW .....</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>	YES .....	1	NO .....	2	DONT KNOW .....	8							
YES .....	1														
NO .....	2														
DONT KNOW .....	8														



## SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS ..... <input type="text"/> <input type="text"/>  DURING CHILDHOOD (<5 YEARS) . 95 DON'T KNOW ..... 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND ..... 1 HEALTH WORKER/PROFESSIONAL 2 OTHER ..... 3 DON'T KNOW ..... 8	
804	Where was it done?	HEALTH FACILITY ..... 1 HOME OF A HEALTH WORKER/ PROFESSIONAL ..... 2 CIRCUMCISION DONE AT HOME ... 3 RITUAL SITE ..... 4 OTHER HOME/PLACE ..... 5 DON'T KNOW ..... 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?  IF YES: How many injections have you had?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 807A
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?  IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/>  NONE ..... 00	→ 807A
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
807A	Have you ever been told by a doctor or health worker that you have raised blood pressure or hypertension?	YES ..... 1 NO ..... 2	
807B	Have you ever been told by a doctor or health worker that you have raised blood sugar or diabetes?	YES ..... 1 NO ..... 2	
807C	In the past 12 months, have you been involved in a road traffic accident as a driver, passenger, pedestrian, or cyclist?	YES ..... 1 NO ..... 2	
807D	In the past 12 months, were you injured accidentally, not related to a traffic accident?	YES ..... 1 NO ..... 2	→ 807F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807E	How did the injury happen?  RECORD ALL MENTIONED	FALL ..... A BURN ..... B POISONING ..... C CUT ..... D NEAR-DROWNING ..... E ANIMAL BITE ..... F SHOOTING ..... G  OTHER _____ X (SPECIFY)	
807F	Have you ever heard of an illness called tuberculosis or TB?	YES ..... 1 NO ..... 2	→ 808
807G	How does tuberculosis spread from one person to another?  PROBE: Any other ways?  RECORD ALL MENTIONED	THROUGH THE AIR WHEN COUGHING OR SNEEZING ..... A THROUGH SHARING UTENSILS ..... B THROUGH TOUCHING A PERSON WITH TB ..... C THROUGH FOOD ..... D THROUGH SEXUAL CONTACT ..... E THROUGH MOSQUITO BITES ..... F  OTHER _____ X (SPECIFY) DONT KNOW ..... Z	
808	Do you currently smoke cigarettes?	YES ..... 1 NO ..... 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES ..... <input type="text"/> <input type="text"/>	
810	Do you currently smoke or use any (other) type of tobacco?	YES ..... 1 NO ..... 2	→ 811A
811	What (other) type of tobacco do you currently smoke or use?  RECORD ALL MENTIONED.	PIPE ..... A CHEWING TOBACCO ..... B SNUFF ..... C WATER PIPE / SHISHA ..... D  OTHER _____ X (SPECIFY)	
811A	Do you drink alcohol?	YES ..... 1 NO ..... 2	→ 811C
811B	During the last two weeks, on how many days did you have at least one alcoholic drink?	NUMBER OF DAYS ..... <input type="text"/> <input type="text"/>	
811C	Are you involved in exercise that causes an increase in your heart rate for at least 10 minutes continuously?  a) At work? b) During other physical activities?	YES NO  a) AT WORK ..... 1 2 b) OTHER PHYSICAL ACTIVITIES 1 2	
811D	Now I would like to ask you about men's health. Have you ever heard of prostate cancer?	YES ..... 1 NO ..... 2	→ 811I
811E	Has a doctor or health care professional ever examined you to detect or test for prostate cancer?	YES ..... 1 NO ..... 2	→ 811I
811F	Did this prostate exam happen within the last 5 years?	YES ..... 1 NO ..... 2	
811G	Did the doctor or health care professional who examined you tell you that you have a problem with your prostate?	YES ..... 1 NO ..... 2	→ 811I

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811H	Were you treated or referred for treatment for the prostate problem?	YES ..... 1 NO ..... 2	
811I	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery.  Have you ever heard of this problem?	YES ..... 1 NO ..... 2	
812	Are you covered by any health insurance?	YES ..... 1 NO ..... 2	→ 901
813	What type of health insurance are you covered by?  RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE ..... A HEALTH INSURANCE THROUGH EMPLOYER ..... B NATIONAL HEALTH INSURANCE SCHEME ..... C PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . D  PRE-PAYMENT SCHEME ..... E  OTHER _____ X (SPECIFY)	

## SECTION 9. FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision?	YES ..... 1 NO ..... 2	→ 902A
902	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES ..... 1 NO ..... 2	→ 1001
902A	Do you believe that female circumcision is required by your community?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8	
903	Do you believe that female circumcision is required by your religion?	YES ..... 1 NO ..... 2 NO RELIGION ..... 3 DONT KNOW ..... 8	
904	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED ..... 1 STOPPED ..... 2 DEPENDS ..... 3 DONT KNOW ..... 8	



SECTION 10: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1001	CHECK COVER PAGE: IS MAN SELECTED FOR SECTION 10? MAN SELECTED FOR THIS SECTION <input type="checkbox"/> MAN NOT SELECTED OR HH QUESTION 101B IS BLANK <input type="checkbox"/>		1033																																			
1001A	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED ..... 1 PRIVACY NOT POSSIBLE ..... 2		1032																																			
READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.																																						
1002	CHECK 401 AND 402: CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH WIFE/PARTNER) <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/>		1016																																			
1003	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)? a) She (is/was) jealous or angry if you (talk/talked) to other women? b) She frequently (accuses/accused) you of being unfaithful? c) She (does/did) not permit you to meet your male friends? d) She (tries/tried) to limit your contact with your family? e) She (insists/insisted) on knowing where you (are/were) at all times?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) JEALOUS .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ACCUSES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NOT MEET FRIENDS .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) NO FAMILY .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) WHERE YOU ARE .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) JEALOUS .....	1	2	8	b) ACCUSES .....	1	2	8	c) NOT MEET FRIENDS .	1	2	8	d) NO FAMILY .....	1	2	8	e) WHERE YOU ARE .	1	2	8												
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1004	Now I need to ask some more questions about your relationship with your (last) (wife/partner). A Did your (last) (wife/partner) ever: a) Say or do something to humiliate you in front of others? b) Threaten to hurt or harm you or someone you care about? c) Insult you or make you feel bad about yourself?	B How often did this happen during the last 12 months: often, only sometimes, or not at all? <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				
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1005	<p>A Did your (last) (wife/partner) ever do any of the following things to you:</p> <p>a) Push you, shake you, or throw something at you?</p> <p>b) Slap you?</p> <p>c) Twist your arm or pull your hair?</p> <p>d) Punch you with her fist or with something that could hurt you?</p> <p>e) Kick you, drag you, or beat you up?</p> <p>f) Try to choke you or burn you on purpose?</p> <p>g) Threaten or attack you with a knife, gun, or other weapon?</p> <p>h) Physically force you to have sexual intercourse with her when you did not want to?</p> <p>i) Physically force you to perform any other sexual acts you did not want to?</p> <p>j) Force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				d) YES	1 →	1	2	3	NO	2 ↓				e) YES	1 →	1	2	3	NO	2 ↓				f) YES	1 →	1	2	3	NO	2 ↓				g) YES	1 →	1	2	3	NO	2 ↓				h) YES	1 →	1	2	3	NO	2 ↓				i) YES	1 →	1	2	3	NO	2 ↓				j) YES	1 →	1	2	3	NO	2 ↓				
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1007	<p>How long after you first (got married/started living together) with your (last) (wife/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS ..... <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER ..... 95</p>																																																																																																										
1008	<p>Did the following ever happen as a result of what your (last) (wife/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>a) YES ..... 1 NO ..... 2</p> <p>b) YES ..... 1 NO ..... 2</p> <p>c) YES ..... 1 NO ..... 2</p>																																																																																																										
1009	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?</p>	<p>YES ..... 1 NO ..... 2</p>	<p>→ 1011</p>																																																																																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	
1011	Does (did) your (last) (wife/partner) drink alcohol?	YES ..... 1 NO ..... 2	→ 1013
1012	How often does (did) she get drunk: often, only sometimes, or never?	OFTEN ..... 1 SOMETIMES ..... 2 NEVER ..... 3	
1013	Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID ..... 1 SOMETIMES AFRAID ..... 2 NEVER AFRAID ..... 3	
1014	CHECK 410:  MARRIED MORE <input type="checkbox"/> MARRIED ONLY <input type="checkbox"/> THAN ONCE OR 410 IS BLANK ↓		→ 1016
1015	A So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner).  a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically?  b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen?  EVER      0 - 11      12+      DON'T MONTHS      MONTHS      REMEMBER AGO              AGO ----- a) YES 1 →      1      2      3 NO 2 ↓ b) YES 1 →      1      2      3 NO 2 ↓	
1016	CHECK 401 AND 402:  EVER MARRIED/EVER <input type="checkbox"/> NEVER MARRIED/NEVER <input type="checkbox"/> LIVED WITH A WOMAN      LIVED WITH A WOMAN a) From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	→ 1022
1017	Who has hurt you in this way?  Anyone else?  RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER ..... A FATHER/STEP-FATHER ..... B SISTER/BROTHER ..... C DAUGHTER/SON ..... D OTHER RELATIVE ..... E CURRENT GIRLFRIEND ..... F FORMER GIRLFRIEND ..... G MOTHER-IN-LAW ..... H FATHER-IN-LAW ..... I OTHER IN-LAW ..... J TEACHER ..... K EMPLOYER/SOMEONE AT WORK ... L POLICE/SOLDIER ..... M OTHER ..... X  (SPECIFY)	
1018	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN ..... 1 SOMETIMES ..... 2 NOT AT ALL ..... 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1022	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/>		1022B
1022A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner).  At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1023 1024A
1022B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES ..... 1 NO ..... 2 REFUSED TO ANSWER/ NO ANSWER ..... 3	1026
1023	Who was the person who was forcing you the very first time this happened?	CURRENT WIFE/PARTNER ..... 01 FORMER WIFE/PARTNER ..... 02 CURRENT/FORMER GIRLFRIEND ... 03 FATHER/STEP-FATHER ..... 04 BROTHER/STEP-BROTHER ..... 05 OTHER RELATIVE ..... 06 IN-LAW ..... 07 OWN FRIEND/ACQUAINTANCE .... 08 FAMILY FRIEND ..... 09 TEACHER ..... 10 EMPLOYER/SOMEONE AT WORK ... 11 POLICE/SOLDIER ..... 12 PRIEST/RELIGIOUS LEADER ..... 13 STRANGER ..... 14 OTHER ..... 96 (SPECIFY)	
1024	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/>  a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to?  b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES ..... 1 NO ..... 2	1025
1024A	CHECK 1005A (h-j) and 1015A(b) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		1026
1025	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A WOMAN <input type="checkbox"/>  a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner?  b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1026	CHECK 1005A (a-j), 1015A (a,b), 1016, 1022A, AND 1022B:  AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' 'YES'		→ 1030																				
1027	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES ..... 1 NO ..... 2	→ 1029																				
1028	From whom have you sought help?  Anyone else?  RECORD ALL MENTIONED.	OWN FAMILY ..... A WIFE'S/PARTNER'S FAMILY ..... B CURRENT/FORMER WIFE/PARTNER ..... C CURRENT/FORMER GIRLFRIEND ... D FRIEND ..... E NEIGHBOR ..... F RELIGIOUS LEADER ..... G DOCTOR/MEDICAL PERSONNEL ... H POLICE ..... I LAWYER ..... J SOCIAL SERVICE ORGANIZATION . K  OTHER _____ X (SPECIFY)	→ 1030																				
1029	Have you ever told any one about this?	YES ..... 1 NO ..... 2																					
1030	As far as you know, did your father ever beat your mother?	YES ..... 1 NO ..... 2 DONT KNOW ..... 8																					
THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																							
1031	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>YES, MORE ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WIFE .....</td> <td>1</td> <td></td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALE ADULT .</td> <td>1</td> <td></td> <td>2</td> <td>3</td> </tr> <tr> <td>MALE ADULT .....</td> <td>1</td> <td></td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES	YES, MORE ONCE	YES, MORE THAN ONCE	NO	WIFE .....	1		2	3	OTHER FEMALE ADULT .	1		2	3	MALE ADULT .....	1		2	3	
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1032	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE  _____ _____ _____																						
1033	RECORD THE TIME.	HOUR ..... MINUTES .....	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				



INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_