AN ANALYSIS OF THE CONTRIBUTION OF COVID-19 CONTROL MEASURES ON GENDER-BASED VIOLENCE AGAINST WOMEN IN MATHARE CONSTITUENCY, NAIROBI COUNTY

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DECLARATION

I declare that this research thesis is my original work and has not been presented in any other university for academic work.

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DEDICATION

This research is dedicated to my lovely wife; Beatrice Njoroge and children; Benjamin Kagecha, Brian Njoroge, and Daisy Njeri who played a vital role in its successful completion.

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ABSTRACT

This study sought to examine the correlation between the COVID-19 control measures and Gender-based violence (GBV) against women in Mathare Constituency, Nairobi County. The study focused on GBV against women because recent studies show that 6 out of 10 women are likely to experience GBV during a time of crisis. The purpose of the study was to explore how government actions during COVID-19 such as lockdowns, closing businesses, and enforcing curfews may have contributed to increased violence against women in the community. The specific objectives that guided this study included determining the effect of lockdown on gender-based violence against women in Mathare Constituency, Nairobi County, to establish the impact of closure of businesses (hotels, restaurants, bars, and markets) on gender-based violence against women in Mathare Constituency, Nairobi County and to investigate the effect of the imposition of curfew hours on gender-based violence against women in Mathare Constituency, Nairobi County. The study was underpinned by Albert Bandura's Social Learning Theory and supported by perspectives from Radical Feminist Theory, including both liberal and Marxist feminist viewpoints. The conceptual framework of this study focused on examining diagrammatically how specific COVID-19 control measures namely lockdowns, business closures, and curfew hours (independent variables) affected the prevalence of gender-based violence (dependent variable) against women within Mathare constituency, Nairobi County. Given the complexity of the topic, the study adopted a mixed-methods approach. It utilized a convergent parallel design to integrate both qualitative and quantitative data. The target population was 100,028 women residents of Mathare constituency, Nairobi County. The sample size was 99 respondents, determined by using Yamane's formula. Closed-ended questionnaires and interviews guided by an interview guide were used in the collection of primary data. The collected data was analysed using the Statistical Package for the Social Sciences (SPSS) version 28, and the results were presented in descriptive tables and inferential statistics to answer the research questions. From the correlation analysis, lockdown had a significant positive correlation with GVB against women, with a correlation coefficient of 0.660 and a P-value of 0.000 (< 0.05), indicating that the correlation was statistically significant. The closure of businesses also showed a significant positive correlation with GBV against women, with a correlation coefficient of 0.742 and a P-value of 0.000 (< 0.05), indicating that the correlation was statistically significant. Finally, Curfew hours had a significant positive correlation with GBV against women, with a correlation coefficient of 0.918 and a P-value of 0.000 (< 0.05), indicating that the correlation was statistically significant. Further, regression results established a positive notable relationship between lockdown and GBV against women (β 0.133, P 0.004). It was concluded that an increase in lockdown increased GBV against women. A positive but insignificant relationship was also established between the closure of businesses and GBV against women (β 0.048, P 0.068). From this, it was concluded that a one-unit change in business closure increased GBV against women by 0.048 units, but this relationship was not statistically significant. Finally, a positive significant causal relation was established between curfew hours and GBV against women (β 0.817, P 0.000). This means that a unit change in curfew hours subsequently increased GBV against women. The study concluded that COVID-19 control measures had a significant relationship with increase in GBV against women in Mathare constituency.

OPERATIONAL DEFINITION OF TERMS

Coronavirus Disease 2019 (COVID-19): It is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (World Health Organization [WHO], 2020).

Control Measures: Refer to the strategies and actions implemented to reduce or prevent the spread of infectious diseases (Centers for Disease Control and Prevention [CDC], 2020). In the context of COVID-19, these include public health interventions such as social distancing, mask-wearing, hand hygiene, quarantine, lockdowns, vaccination, and contact tracing.

Curfew Hours: This was a specific time during which individuals were required by law or regulation to be at home. This restriction was aimed to limit movements and social interactions beyond one's residence within specific time frames (WHO, 2020).

Gender: Refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for individuals based on their perceived sex (WHO, 2023).

Gender-Based Violence (GBV): Any act of violence, physical or psychological, perpetrated against anyone's will. It includes rape, sexual exploitation, domestic violence, human trafficking, forced marriage, FGM, and honor killings (Baker, 2007).

Lockdown: This was a restriction policy imposed on people, communities, or a country to stay in place and limit movement and interactions with others, aimed to control the spread of COVID-19. Lock downs involved the closure of non-essential businesses and services, restrictions on public gatherings, and limitations on movement outside a certain geographical area (WHO, 2020).

ABBREVIATIONS AND ACRONYMS

COVID	Corona Virus Disease
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
IPV	Intimate Partner Violence
PWD	Persons with Disabilities
VAT	Value Added Tax
VAW	Violence Against Women

CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction

The present chapter provides the background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, scope of the study, delimitations of the study, limitations of the study, assumptions of the study, theoretical framework, and conceptual framework.

1.2 Background of the Study

Throughout history, pandemics have had a profound impact on human societies, often reshaping economies, politics, and public health systems. One of the earliest recorded pandemics was the Plague of Justinian (541–542 AD), which is estimated to have killed between 25 and 50 million people across the Byzantine Empire (Hays, 2005). The Black Death, caused by the same bacterium Yersinia pestis, swept through Europe between 1347 and 1351, claiming the lives of up to 60% of the population in some regions (Benedictow, 2004). In the 20th century, the 1918 influenza pandemic, also known as the Spanish Flu, infected a third of the world's population and resulted in at least 50 million deaths globally (Taubenberger & Morens, 2006). Other notable pandemics include the Asian flu (1957), the Hong Kong flu (1968), and the HIV/AIDS pandemic, which emerged in the early 1980s and has led to over 36 million deaths to date (UNAIDS, 2023). These historical outbreaks laid the groundwork for global health responses and shaped preparedness strategies before the emergence of COVID-19.

While these pandemics primarily prompted public health reforms and emergency preparedness mechanisms, they also exposed and exacerbated underlying social vulnerabilities. The COVID-19 outbreak, in particular, brought to light and worsened numerous social issues, notably the widespread incidence of Gender-Based Violence (GBV).

Termed the "shadow pandemic" by UN Women, GBV transcended borders, affecting nations indiscriminately (UN Women, 2020). According to the World Health Organization (WHO), approximately one in every three women worldwide encounters physical or sexual violence during their lifetime (WHO, 2018). Such rates tend to surge during crises and pandemics. This is evident by increased instances of domestic violence during previous outbreaks like SARS and Ebola (Bradbury et al., 2020).

Global data indicates that similar patterns exist worldwide. In Australia, for example, despite an overall decrease in crime rates during lockdowns, domestic abuse rose by 5%. Likewise, in China, incidents of domestic violence tripled post-quarantine. The U.S. and the U.K. observed significant spikes in domestic abuse inquiries through state helplines and websites. Additionally, reports suggest that during school closures, some communities used the time to subject girls to female genital mutilation (FGM) in preparation for marriage. For instance, a national domestic violence helpline in Kenya saw a staggering 1000% increase in calls between February and June 2020. World Bank Group President Jim Yong Kim has emphasized that no country is untouched by GBV, which not only inflicts severe harm on survivors but also poses significant social and economic challenges, undermining global efforts to eradicate extreme poverty and foster shared prosperity by 2030.

Furthermore, data provided by the United Nations Statistics Division indicates that women face heightened levels of violence, along with additional types of violence, during times of conflict and humanitarian emergencies. Other forms of violence often involve military and law enforcement personnel, with refugees frequently becoming targets (The Worlds Women Chapter 6: Violence Against Women, 2015). Besides, according to the Male Victims of Domestic Abuse and Partner Abuse Report (2021/22), for every three victims of domestic abuse, two are female, while one is male. Additionally, the above report indicates that one in

four women and one in six to seven men experience domestic abuse in their lifetime. These statistics elucidate why women are disproportionately affected by gender-based violence.

Apart from environmental factors, research suggests that a woman's sexual orientation, disability, or ethnic background could elevate her risk of encountering violence. For example, according to a European Union investigation, 23% of women identifying as lesbian, bisexual, or other sexual orientations (Blondeel, 2017) reported instances of sexual violence from both male and female non-partners, compared to only 5% of heterosexual women ((Dartanto & Otsubo, 2016).

In line with past pandemics, the COVID-19 outbreak resulted in a surge in incidents of domestic violence. According to Bradbury et al. (2020), the lockdown measures implemented to curb the spread of the virus provided perpetrators with more opportunities to commit such acts. Numerous reports from various media outlets globally highlighted an increase in incidences of domestic violence (Bradbury et al., 2020). Despite an overall decrease in crime rates in Australia, domestic abuse cases saw a 5% rise. China observed a three-fold increase in domestic violence cases following the implementation of quarantine measures (Allen, 2020). In the United States of America (USA), states such as Texas, Connecticut, and California reported a 21-35% increase in domestic violence cases. Similarly, the UK faced a surge in domestic violence, including a notable rise in domestic homicides. Calls related to domestic abuse to the Refuge website saw a 150% increase (Hale, 2017).

According to a 2019 report by UNHCR, the Indian Express highlighted that most residents of Mumbai didn't have access to water connections at home. As summer approached, lockdown measures kept people indoors, and there was a greater emphasis on hand hygiene, resulting in an increased demand for household water. Consequently, many women turned to underground water markets that operated during the night. However, these women often

encountered verbal and sexual harassment while waiting in line for water or accessing these markets during the early hours, as highlighted by Howes and Watson (2019).

In Africa, there was a significant surge in gender-based violence (GBV) during the COVID-19 pandemic. South Africa, in particular, faced a distressing increase in GBV cases during the lockdown period. In the initial week of lockdown, there were around 87,000 GBV-related calls reported to the South African Police Services (Bezzina et al., 2019). These numbers underscore a global concern, highlighting the urgency of addressing GBV on a worldwide scale (World Bank, 2018). The spike in GBV incidents during the lockdown became evident, with over 120,000 victims reaching out to the South African National helpline for GBV within the first three weeks of the lockdown (Udo, n.d.). This surge not only demonstrated the severity of the domestic violence crisis in South Africa but also emphasized the concurrent battle against both COVID-19 and GBV (Arnault, 2019).

More so, the COVID-19 pandemic led to the enforcement of measures such as isolation and social distancing, inadvertently giving rise to a concealed secondary pandemic of violence targeting women and girls, who frequently found themselves confined at home with their abusers (Bahous, 2021). Studies conducted by the Institute of Economic Affairs - KENYA revealed that a significant percentage of women, ranging from 20% to 66%, chose not to disclose their experiences of abuse. Similarly, between 55% and 80% refrained from seeking help due to the stigma associated with it and challenges related to reporting. Consequently, many endured the trauma without receiving any assistance.

In Kenya, the unique intersection of cultural norms and economic conditions presents a distinct facet of this global issue. Shockingly, 45% of women aged 15-49 have encountered physical or sexual violence (Odhiambo, 2020). The advent of the COVID-19 pandemic exacerbated matters, with reports indicating a surge in forced Female Genital Mutilation

(FGM), transactional sex, and adolescent pregnancies (Freedman, 2020; Fisher et al., 2019). The closure of schools provided a pretext for such abuses to escalate (Bhalla, 2020).

Moreover, in Kenya, women's rights groups raised concerns about the prolonged impact of COVID-19 restrictions. They highlighted that the pandemic disproportionately affected women, with 20% experiencing job loss and income reduction compared to 12% of men. These challenges, compounded by socio-economic hardships, not only increased the likelihood of females facing physical and sexual violence but also heightened their vulnerability to sexual exploitation (Freedman, 2020).

Due to a lack of income sources, most young women were compelled to engage in transactional sex. As such, they were exploited by motorbike taxi drivers or neighbours, who simply sought to obtain food. Media accounts indicated a surge in teenage pregnancies, with Kenya alone reporting over 4,000 cases since school closures in March 2020 (Fisher et al., 2020). It's essential to acknowledge that this wasn't an isolated issue, but rather a systemic one, exacerbated by government inaction and the misallocation of resources (United Nations High Commissioner for Refugees, 2020).

Understanding gender-based violence during the COVID-19 lockdown was not just a concern for Kenya but a global imperative. While organizations such as USAID had made progress in addressing GBV, particularly during elections, the COVID-19 pandemic revealed that those efforts are not enough. The COVID-19 crisis disrupted even the most well-designed strategies, highlighting the need for a more lasting solution to be pursued.

The analysis above suggests that the research findings align with global trends. Lockdowns and movement restrictions helped curb the transmission of COVID-19. However, the government failed to address the challenges faced by the most vulnerable group, i.e. women and girls within households. This neglect left many women struggling with increased

hardships during the pandemic. Support centres were not only overwhelmed but also depleted of resources to aid victims of GBV (United Nations High Commissioner for Refugees, 2020).

Additionally, it appears that the government has ignored the issue, with instances of GBV often being brushed off by authorities as "domestic affairs." Moreover, widespread corruption has impeded the allocation of funds from international bodies to vital institutions, as resources are often mishandled. While steps are being taken to combat the escalating cases of GBV, it's crucial to recognize that greater progress could be achieved if the problem received the same level of attention as other governmental priorities. GBV is a critical concern and affects countless individuals globally. Therefore, acknowledging its alarming increase is key to preventing it from spiralling into an unmanageable crisis.

1.3 Statement of the Problem

The COVID-19 pandemic introduced unprecedented challenges globally. Most countries implemented measures such as lockdowns to prevent the spread of the virus. However, these measures worsened incidences of GBV since they locked up women and girls with abusive partners (WHO, 2020). The closure of businesses, especially informal ones where women form the majority, along with the imposition of curfew hours, forced many to stay home without any income. Consequently, this increased anxiety and stress, leading to a rise in household violence (Afifu et al., 2021).

According to the International Labour Organisation (ILO), at the onset of the COVID-19 pandemic, women worldwide bore the brunt of homeschooling children and elder care, among other essential tasks. This reduced the time that women had to engage in income-generating activities, making them more vulnerable to GBV within the confines of their homes (UNFPA, 2020). Accordingly, research by Flowe et al (2020) and Bourgault et al

(2021) shows that there was an increase in the rate of physical, sexual, and psychological abuse during the lockdown period.

In Kenya, a 2020 report by UN Women indicated a significant increase in GBV, particularly in urban areas such as Nairobi, during the COVID-19 pandemic. Lockdowns, business closures, and curfews worsened the situation, trapping survivors with their abusers and reducing access to critical support services (UN Women, 2020). The Kenya National Bureau of Statistics (KNBS) also reported a 42% rise in GBV cases during the first months of the pandemic. Also, a study by the Federation of Women Lawyers (FIDA) Kenya found that many GBV survivors in Nairobi suffered severe psychological distress due to lockdown measures. The combination of economic hardships, social isolation, and lack of access to safe spaces for women exacerbated the psychological toll (FIDA, 2020).

Additionally, Human Rights Watch (2021) highlighted the Kenyan government's inadequate response to GBV during the pandemic, with limited resources allocated to shelters and counseling services. The curfew and restricted movement further hindered survivors' ability to seek help. Amnesty International (2020) on the other hand, noted that GBV survivors in Nairobi faced significant challenges in accessing justice and social services, with many reporting delayed responses from law enforcement and limited availability of shelters. This further undermined the support network for those affected by GBV during crises. Despite this, there is limited comprehensive research addressing the various concerns affecting women confined with their aggressors during the COVID-19 health crisis.

For this reason, GBV not only puts the lives of the survivors at risk but also violates their human rights and slows down the efforts towards the attainment of gender equality (UN Women, 2020). To fill this gap, the study aims to examine the impact of government policies in aggravating or reducing GBV during crises. It will also identify the role of social support

sources for survivors and the necessity of specialized programs. In addition, it will evaluate the effects of lockdowns, business closures, and curfews on the psychological well-being of survivors, as well as the efficiency of available support services. Thus, this study is relevant as it will help to fill a significant gap in the perception of GBV in the context of the COVID-19 pandemic. By recognizing the specific challenges faced by women confined with their abusers due to government restrictions, the study aims to offer additional guidance on supporting survivors of gender-based violence in comparable circumstances. The outcomes will advance the knowledge on how to prevent and respond to GBV in crises to improve women's well-being and safety in the future.

1.4 Purpose of the Study

The purpose of this study was to examine the correlation between COVID-19 control measures and GBV against women with a focus on Mathare constituency, Nairobi County. The study investigated how government responses to the pandemic, such as curfews, movement restrictions, public transportation shutdowns, and closure of businesses, influenced the prevalence and nature of GBV, especially violence against women (VAW). By analysing the perspectives of females in Mathare constituency, Nairobi County, the research aimed to provide a deeper understanding of the dynamics between COVID-19 control measures and GBV against women. The study also aimed to identify the underlying factors contributing to the increase in GBV during the pandemic, including economic stress, social restrictions, and limited access to support services. By the end of the study period July 2025, the findings will inform the development of targeted strategies and policy recommendations to address GBV during and beyond pandemic situations. Draft policy suggestions will be available to the National Gender and Equality Commission (NGEC) by January 2026, with stakeholder consultations scheduled for February - March 2026. Final recommendations are expected to be disseminated by April 2026.

1.5 Objectives of the Study

The study was guided by the following specific objectives:

i. To determine the prevalence of GBV against women in Mathare constituency of Nairobi County due to the enforcement of lockdown restrictions during the COVID-19 pandemic.
ii. To establish the effect of the closure of businesses on the prevalence of GBV against women in Mathare Constituency, Nairobi County.
iii. To investigate the prevalence of GBV against women in Mathare Constituency, Nairobi County due to the imposition of curfew hours during the COVID-19 pandemic.

1. 6 Research Questions

i. How did the lockdown affect GBV against women in Mathare constituency, Nairobi County?
ii. How did the closure of businesses like hotels, restaurants, bars, and markets impact GBV against women in Mathare constituency, Nairobi County?
iii. To what extent did the enforcement of curfew hours' regulation contribute to GBV against women in Mathare constituency, Nairobi County?

1.7 Significance of the Study

The significance of this study lies in its potential to provide valuable insights into the impact of COVID-19 control measures on GBV against women in Mathare Constituency, Nairobi County. By examining the effects of COVID-19 control measures, the study will aid in enhancing the comprehension of the relationship between public health crises and violence targeting women. More so, it is evident that the COVID-19 pandemic and the measures implemented to control it led to a surge in GBV, particularly violence against women. This

study will help to quantify and qualify these effects, providing empirical evidence to support policy interventions aimed at mitigating GBV during similar public health crises in the future.

Additionally, the study aligns with global efforts to address GBV, as highlighted in reports from organisations such as the World Health Organisation, UN Women, and Human Rights Watch. By focusing on a specific region, such as the Mathare constituency of Nairobi County, the study will provide context-specific findings that can inform local responses to GBV and contribute to the development of targeted interventions. Overall, the study has the potential to raise awareness about the intersection of public health emergencies and GBV, inform policy and programming and ultimately contribute to the prevention and reduction of GBV against women and girls in Nairobi County and beyond.

1.8 Scope of the study

This entails the coverage area of the study to arrive at more rational conclusions and provide decisive, as well as acceptable, responses about the study. It is for this purpose that the scope was confined to examining COVID-19 control measures and GBV in Mathare Constituency in Nairobi County. This study was guided by three variables, including lockdown, closure of businesses (hotels, restaurants, bars, and markets), and the imposition of curfew hours. The study covered six months from January 2024 to June 2024.

1.9 Delimitations of the Study

Delimitations are the options that are taken by the researcher and should be revised (Campbell, 2012). They entail solutions to the limitations that the researcher may undergo. This study focused on the correlation between the COVID-19 control measures and GBV. The study area was Mathare Constituency in Nairobi County. The three variables, namely lockdown, closure of businesses (hotels, restaurants, bars, and markets), and the imposition of

curfew hours, were assessed. Respondents were drawn within the Mathare constituency in Nairobi County.

1.10 Limitations of the Study

Limitations entail challenges the researcher may encounter during the study (Garcia et al. 2013). Some of the limitations encountered during the research study included confidentiality concerns, language barriers, and fear of victimisation during data collection. To ensure confidentiality, participants were assured that their identities would remain anonymous and that all information provided would be used solely for research purposes. To overcome the language barrier, two research assistants fluent in local dialects were engaged to facilitate clear communication. To address the fear of victimisation, participants were informed of their right to withdraw at any point, and data collection was conducted in safe and neutral environments to promote trust and openness.

1.11. Assumptions of the study

This refers to the statements made by the researcher which tend to be either factual or less reasonable (Stockl et al. 2013). The study initially assumed that all respondents would fully participate by answering all questions. However, 95 out of the 99 respondents completed the questionnaires. The study also assumed that all respondents were aware of the impact of COVID-19 control measures on women in relation to GBV. However, this assumption proved inaccurate, as four questionnaires were returned incomplete.

1.12 Theoretical Framework

The social learning theory and radical feminist theory guided the study.

1.12.1. Social Learning Theory

Social Learning Theory (SLT), developed by Canadian-American psychologist Albert Bandura in the early 1960s, offers a powerful lens for understanding the origins and

perpetuation of Gender-Based Violence (GBV) against women. Bandura argued that human behavior is learned through observation, imitation, and modeling, rather than being purely a result of internal drives or external reinforcement. This theory underscores the importance of social environments, role models, and reinforcement mechanisms in shaping behaviors, including violent or discriminatory actions. It evolved as an extension of behavioral theories that focused largely on direct reinforcement by introducing cognitive processes such as attention, memory, and motivation. According to Bandura's famous "Bobo Doll Experiment" (1961–1963), people, especially children, learn behaviors by watching others for example parents, peers, media figures, or authority figures. He demonstrated that children could acquire aggressive behaviors simply by observing adults acting aggressively toward a doll (Bandura, 1973). While explaining the modelling aspect, Bandura stated that if a person sees someone perform a behavior and witness them being rewarded (or not punished), they are more likely to imitate it. These findings challenged the notion that behaviour is solely a product of direct reinforcement, highlighting the significance of modelling. Bandura further elaborated on this theory in his seminal work, *Social Learning Theory* (1977), and later incorporated it into a broader framework known as Social Cognitive Theory (1986), which emphasized the interaction between behavior, cognitive processes, and environmental factors.

At the core of Social Learning Theory are several key assumptions. To begin with, it posits that learning occurs through observation, imitation, and modeling. Individuals, especially children, do not need to experience behaviour personally to learn it; they can learn by observing firsthand and understanding the consequences of others' actions (Bandura, 1977). This includes the process of vicarious reinforcement, where observed rewards or punishments influence the likelihood of the behaviour. Building on this, Bandura explained that in Social Learning Theory (SLT), individuals who witness violence in the home, especially boys observing male figures abusing female partners, are more likely to model such behavior in

adulthood. They learn that violence is an acceptable or effective way to assert control or resolve conflict.

Moreover, SLT introduces the concept of reciprocal determinism, which suggests that Gender-based violence is the result of continuous interactions between cognitive, behavioural, and environmental influences (Bandura, 1986). SLT suggests that in societies or communities where GBV is tolerated, minimized, or justified, individuals may internalize violent behavior as normal. For instance, if male dominance and aggression are rewarded, young men may emulate these behaviors, while women may accept or rationalize abuse as part of gender roles. Furthermore, in environments where perpetrators of GBV face little or no consequence, the behavior is reinforced. In contrast, the absence of non-violent male role models limits opportunities for boys and young men to learn alternative, respectful forms of masculinity.

Additionally, media portrayals of violence, particularly when perpetrators go unpunished or are glorified, can reinforce the idea that GBV is not only acceptable but expected in certain situations. This widespread exposure can desensitize viewers and shape social norms.Social Learning Theory has several notable benefits. It provides a strong explanation for the social transmission of behavior, especially within family and peer contexts. It is also highly applicable across disciplines such as education, criminology, psychology, and public health. The theory helps identify preventive strategies by showing how positive models and reinforcement can shape behavior in desirable directions (Akers & Sellers, 2013). Furthermore, it informs policy and program design aimed at changing harmful social norms, including those related to violence.

However, the theory is not without criticism. Some scholars argue that it underemphasizes biological and individual differences in behaviour and overemphasises environmental

influences. Others point out that Bandura's experiments, especially those involving the Bobo doll, were conducted in artificial settings that may not accurately reflect real-life complexities (Grusec, 1992). Additionally, the theory has been criticised for its limited attention to emotional processes and deeper psychological mechanisms that may affect behaviour.

In the context of gender-based violence (GBV), Social Learning Theory is particularly relevant. It provides insight into how violent behavior can be learned and perpetuated across generations. For instance, individuals who grow up witnessing domestic violence may internalize the notion that violence is an acceptable means of conflict resolution. This intergenerational transmission of violence is especially concerning in patriarchal societies where GBV is normalized (Jewkes et al., 2015). The COVID-19 pandemic exacerbated this issue, as lockdown measures confined many women to abusive environments with limited access to external support systems. In Kenya, studies found that women experienced increased instances of GBV during the pandemic, often fueled by economic stress and social isolation (John, Roy, Mwangi, Raval, & McGovern, 2021).

Moreover, Social Learning Theory highlights the importance of community and institutional responses to GBV. If perpetrators are held accountable and face visible consequences, others are less likely to emulate such behavior due to the deterrent effect. Conversely, when communities or law enforcement respond passively or dismissively, it may reinforce the behavior as acceptable or inconsequential (Bandura, 1977). Unfortunately, in many cases during the pandemic, GBV incidents were either underreported or inadequately addressed by authorities, thus reinforcing a culture of impunity. This lack of response modeled a societal tolerance of violence, further entrenching harmful behaviors.

Therefore, Social Learning Theory provides a comprehensive framework for understanding the dynamics of GBV during crises such as the COVID-19 pandemic. It emphasizes how

both personal experiences and observed social cues shape behavior, which is critical in designing effective interventions. By addressing the underlying social norms, strengthening positive role modeling, and ensuring consistent accountability mechanisms, policymakers and stakeholders can disrupt the cycle of violence and create safer environments for women.

1.12.2. Radical Feminist Theory

Radical Feminist Theory emerged in the 1960s and 1970s as a powerful critique of existing feminist frameworks, particularly liberal and Marxist feminism. While liberal feminism focused on legal reforms and equality within existing systems, and Marxist feminism emphasized class struggles and capitalism, radical feminism called for a fundamental transformation of society's social, economic, and political structures (Dworkin, 1987). Prominent thinkers associated with this theory include Simone de Beauvoir, Kate Millett, Shulamith Firestone, and Andrea Dworkin, who argued that patriarchy — the systemic domination of men over women —is the primary source of women's oppression (Firestone, 1970; Millett, 1970). According to radical feminists, this oppression is embedded in every institution, from the family to the state, requiring not just reform but revolutionary change.

At the core of radical feminist theory is the belief that patriarchy is a universal and deeply rooted system of male dominance that manifests in various forms of gender-based oppression, including violence against women. This theory asserts that gender-based violence (GBV) is not merely a product of individual deviance or personal dysfunction, but rather a systemic tool used to maintain male power and control. It views acts of GBV such as domestic violence, sexual assault, and psychological abuse as manifestations of a broader power structure that subjugates women (Dworkin, 1987). Radical feminism, therefore, pushes beyond surface-level explanations and insists on examining the structural and ideological foundations of women's oppression.

One of the central contributions of radical feminist theory is its ability to uncover the root causes of GBV, rather than merely addressing its symptoms. It highlights how cultural norms, institutional practices, and everyday interactions are shaped by patriarchal values that position women as inferior and subordinate. The theory advocates for a reconfiguration of power relations in society, encompassing the home, the workplace, religious institutions, and the state. Radical feminists argue that challenging traditional gender roles, deconstructing masculinity, and promoting feminist consciousness are critical steps toward eliminating violence and achieving gender justice (Tong, 2009).

In the context of the COVID-19 pandemic, this theory is particularly relevant. The pandemic exposed and intensified existing gender inequalities, especially in low-income communities such as Mathare Constituency in Nairobi County. Lockdown measures and economic strain disproportionately affected women, who were often confined in abusive households with minimal access to help. Radical feminist theory helped the study analyze how patriarchal control became more pronounced during the crisis, with GBV used as a means of asserting male dominance in the face of external uncertainty. It also underscored how societal institutions from the police to healthcare systems often failed to protect women, reflecting their complicity in maintaining patriarchal norms.

Moreover, radical feminism provides a valuable lens for examining the intersection of various forms of oppression. In Mathare, many women experience GBV not only as a result of their gender but also due to poverty, race, and social marginalization. Radical feminist theory recognizes that patriarchy does not exist in isolation but interacts with other oppressive systems to compound women's vulnerability. During the pandemic, for instance, the impact of GBV was intensified by poor housing conditions, lack of economic autonomy, and limited access to justice or healthcare. These conditions exemplify how systemic inequalities intersect, exacerbating the effects of violence on marginalized women.

By applying this theory, the study was able to go beyond individual cases of violence and examine the broader structures of oppression that sustain GBV. It emphasized that meaningful solutions require transforming patriarchal institutions and societal attitudes, rather than relying solely on legal remedies or temporary relief measures. Addressing GBV, from a radical feminist perspective, means not only protecting victims but also dismantling the cultural and institutional mechanisms that enable male dominance.

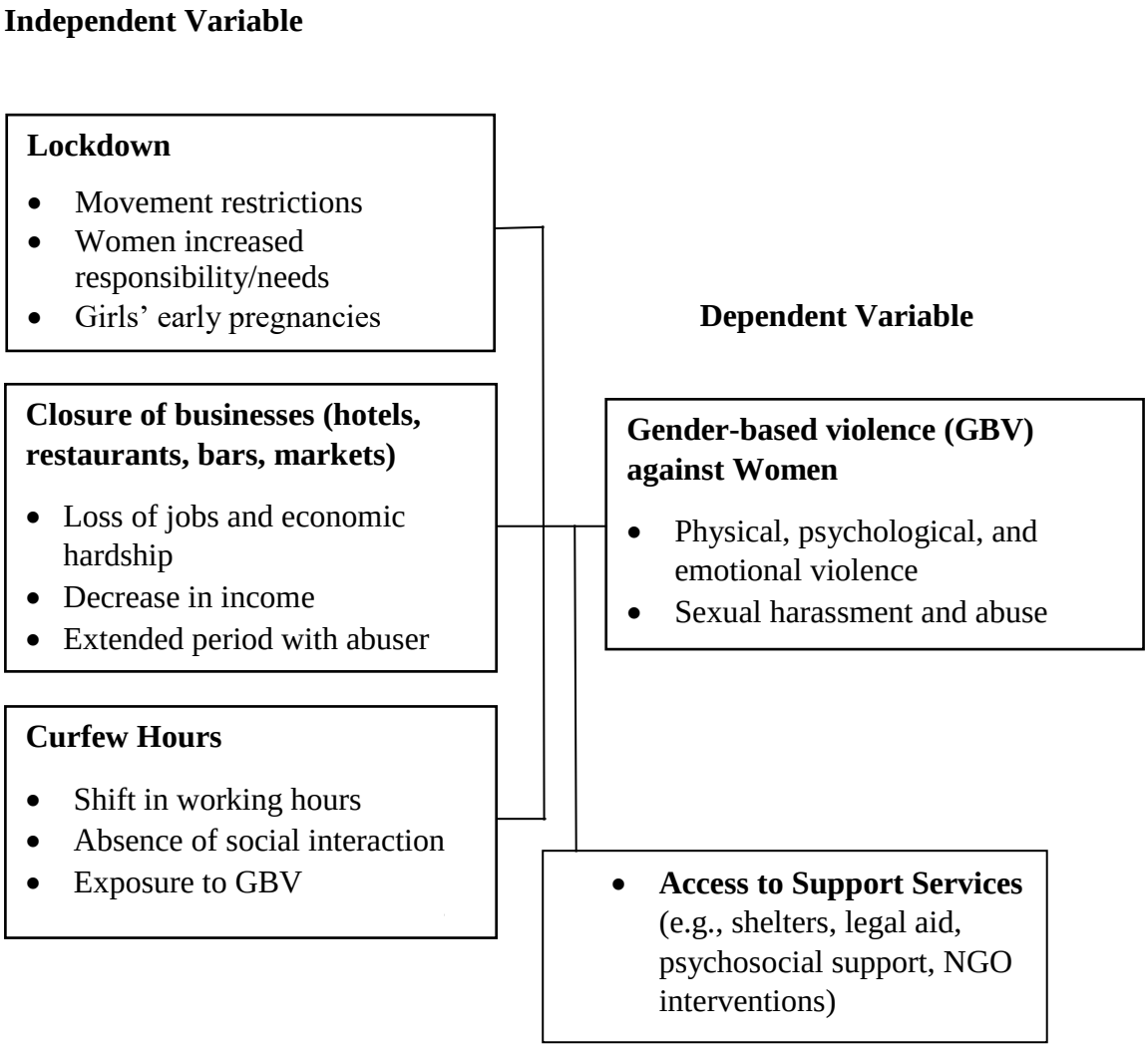
1.13 Conceptual Framework

This section presents a diagrammatic representation illustrating the correlations between dependent and independent variables. The interaction between the independent variable and dependent variables in this study is centred on understanding how specific COVID-19 control measures influenced the prevalence of gender-based violence (GBV) against women in Mathare constituency, Nairobi County. The independent variables, namely; lockdowns, business closures, and curfew hours represent the government-imposed interventions aimed at curbing the spread of the virus. These measures, while necessary for public health, also had unintended social consequences.

The dependent variable is the incidence of GBV against women during the same period. The study investigates the correlation between these control measures and a rise in GBV cases, suggesting that the restrictions exacerbated existing vulnerabilities among women in Mathare. For example, lockdowns may have confined women with their abusers for extended periods, economic strain from business closures may have increased household tensions, and curfews may have limited women's access to help or safe spaces.

The model illustrates that as the intensity or strictness of these control measures increased, so did the reported cases of GBV, establishing a positive correlation between the independent variable and the dependent variable.

Figure 1.1: Conceptual Framework



CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter focused on reviewing the literature on COVID-19 control measures and the associated empirical studies on GBV. Lockdowns, the closure of businesses (hotels, restaurants, bars, and markets), and the imposition of curfew hours are key contributors to GBV. Finally, the summary of the reviewed literature as well as the gap in this field of research were addressed.

2.2 Review of the Literature on COVID-19 Control Measures

The emergence of COVID-19 led to the implementation of stringent public health measures worldwide, including in Kenya, to curb the spread of the virus (Wangari, Gichuki, Abuoro, Wambui, & Okeyo, 2021). These measures included social distancing, restrictions on movement within and across geographical regions, enforcement of hygiene protocols, and lockdowns (Quaife et al., 2020). The rationale behind these measures was to minimize person-to-person transmission, reduce infection rates, and prevent healthcare systems from being overwhelmed. However, despite their effectiveness in curbing the virus's spread, these control measures had far-reaching socio-economic and psychological consequences, particularly among vulnerable populations.

One such consequence was the alarming rise in gender-based and domestic violence, a reality underscored by various human rights organizations and activists. In echoing the impact of COVID-19 control measures, Irungu Houghton, the Executive Director of Amnesty International Kenya, highlighted the troubling surge in gender-based and domestic violence across Africa following the onset of the COVID-19 pandemic. He explained that the situation deteriorated in several countries, naming Kenya, South Africa, and Nigeria among the most affected. According to Houghton, since the outbreak of COVID-19, Amnesty International

observed a rise in gender-based and domestic violence across many countries in Africa. In Kenya specifically, Houghton noted that the imposition of a nationwide curfew reported in the country from 7 p.m. to 5 a.m., a measure aimed at containing the spread of the virus, coincided with a sharp increase in distress calls related to domestic abuse. Kenya recorded a 34 percent increase in calls for help in the first three weeks of the dusk-to-dawn curfew. From the data, Houghton noted a direct correlation between lockdown measures and rising cases of abuse.

In addressing these challenges, Houghton stressed the urgent need for a robust response to protect women and girls during times of crisis, calling for strengthened legal frameworks and support systems. Houghton warned that legal protection, help lines, shelters, and access to courts is desperately needed to ensure that women's rights and freedoms should not be rolled back during pandemics. His statement underscored the critical importance of safeguarding human rights even amidst public health emergencies, especially for vulnerable populations whose safety may be compromised behind closed doors.

Similarly, Victoria Maloka, Acting Director of the AU Commission's Gender & Development Directorate, emphasized the social consequences of the pandemic. She stated during the COVID-19 Spread Management webinar that parents across Africa had been "rampantly" marrying off their daughters since the crisis began. Maloka called on African leaders not to lose sight of violence against women and girls during the pandemics, cautioning that these issues risk being overlooked as countries focus on containing the deadly virus.

Beyond the immediate threats to women's rights and safety, the socio-economic impact of the COVID-19 pandemic and its associated containment measures significantly affected global economies, disrupting businesses and livelihoods. In Kenya, the enforcement of lockdowns and movement restrictions led to the closure of businesses, job losses, and a decline in

household incomes (FSD Kenya, 2021). The informal sector, which constitutes a significant portion of Kenya's workforce, was severely affected, as many workers lacked savings or social security safety nets to cushion them from the economic downturn. The situation was worsened by inflation and increased costs of basic commodities, further exacerbating financial stress among households (Ahmed et al., 2020).

Additionally, economic hardships are linked to increased domestic violence, particularly gender-based violence (GBV) (Morgan & Boxall, 2020). Financial constraints heighten tensions within families, leading to intimate partner violence (IPV) and child abuse (Roesch et al., 2020). Additionally, economic vulnerabilities pushed more women and girls into exploitative situations, including transactional sex, early marriages, and human trafficking, as they sought alternative means of survival (UN Women et al., 2020).

Further, the implementation of movement restrictions and lockdowns worsened gender-based violence by trapping victims with their abusers. These restrictions also reduced access to essential support systems, including shelters, healthcare services, and legal assistance. As a result, victims faced increased risks with fewer options for protection and support (Roesch et al., 2020). A study conducted by the National Crime Research Centre (NCRC) in Kenya reported a 92% increase in GBV cases between January and June 2020 compared to the same period in 2019. The most prevalent forms of GBV reported included physical assault, rape/attempted rape, murder, sexual offenses, defilement, grievous harm, child marriages, psychological abuse, and neglect (NCRC, 2020).

Key contributing factors to this surge in GBV cases included increased alcohol and substance abuse, economic hardship, domestic disputes, and cultural norms that perpetuate gender inequality (NCRC, 2020). Lockdowns and social distancing policies further compounded the situation by isolating victims from external support structures such as friends, relatives, and

law enforcement (Peterman et al., 2020). The inability to report abuse or seek timely intervention increased the severity of cases, leading to long-term psychological trauma and, in extreme cases, fatalities.

In addition, the COVID-19 pandemic's psychological impact was profound, affecting not only individuals who contracted the virus but also those who suffered economic losses, domestic violence, and social isolation. Prolonged stress due to financial instability, health concerns, and restricted social interactions led to an increase in cases of anxiety, depression, and post-traumatic stress disorder (PTSD) (Brooks et al., 2020). Women and children, in particular, faced heightened mental health challenges as they bore the brunt of increased domestic violence and caregiving burdens (FSD Kenya, 2021).

Moreover, limited access to mental health services during lockdowns hindered timely interventions for those experiencing distress (Ahmed et al., 2020). Most healthcare facilities prioritized COVID-19 treatment, leaving mental health services underfunded and understaffed. As a result, cases of suicide, substance abuse, and other psychological disorders increased, highlighting the need for integrated mental health strategies in pandemic responses (UN Women et al., 2020).

Significantly, healthcare systems worldwide were overwhelmed by COVID-19 cases, and Kenya was no exception. The redirection of resources towards pandemic response meant that essential services, including reproductive health, maternal care, and GBV response services, were deprioritized (Ahmed et al., 2020). Women and girls faced significant barriers in accessing sexual and reproductive health services, leading to increased unintended pregnancies, unsafe abortions, and complications during childbirth (UNFPA, 2020).

Similarly, survivors of GBV encountered difficulties in seeking medical attention, forensic examinations, and legal redress due to mobility restrictions and fear of contracting the virus

in healthcare facilities (Roesch et al., 2020). This limitation further reinforced cycles of abuse and diminished survivors' ability to access justice and support services. Impressively, governments and international organizations responded to these challenges by implementing targeted interventions to mitigate the adverse effects of COVID-19 control measures. In Kenya, initiatives such as toll-free GBV helplines, mobile health clinics, and cash transfer programs were introduced to support vulnerable groups (FSD Kenya, 2021). The government also partnered with non-governmental organizations (NGOs) to establish safe shelters and provide psychological support for GBV survivors (NCRC, 2020).

Globally, lessons from the pandemic underscored the need for a more holistic approach to crisis management, one that balances public health priorities with socio-economic and mental health considerations. Strengthening social protection systems, investing in mental health services, and incorporating gender-sensitive policies into pandemic preparedness plans are crucial steps toward building more resilient societies (UN Women et al., 2020).

2.2.1 Lockdown and gender-based violence

When the World Health Organisation (WHO) declared COVID-19 a global pandemic in March 2020, most governments swiftly implemented national lockdowns and movement restrictions to curb the spread of the virus. While necessary from a public health perspective, these measures had unintended consequences one of the most alarming being a global surge in gender-based violence (GBV) (UN Women, 2021). The lockdowns intensified domestic tensions, heightened economic stress, and severely limited survivors' access to essential services and safe spaces. According to Bourgault et al. (2021), these movement restrictions inadvertently granted abusers more control while simultaneously isolating victims from crucial support systems. Public areas, such as bars, hotels, parks, and beaches, which were often perceived as temporary refuges, were shut down, making the home a site of danger rather than safety for many women and girls.

Globally, the pandemic exposed and amplified existing gender inequalities, with GBV increasing as intimate partner violence (IPV) and other forms of domestic abuse rose. The United Nations Population Fund (UNFPA, 2020) noted that IPV cases spiked, particularly in countries where GBV services were not designated as essential. Decker et al. (2022) linked financial stress and social isolation caused by lockdowns to increased emotional, physical, and sexual abuse. Meanwhile, the World Economic Forum (2021) emphasized how women in informal employment were disproportionately affected. Automation and job losses heightened women's financial dependence on abusive partners, further reducing their ability to leave such situations.

The international scope of GBV during the pandemic is evident in regional statistics. Malaysia saw a 111% surge in domestic violence helpline calls, South Africa reported a 69% increase in cases, and China experienced a 50% rise during the early months of the pandemic (Oxfam GB, 2021; Time, 2021). These figures underscore the global nature of the crisis and highlight the common pattern of lockdown-induced restrictions exacerbating domestic abuse.

In Africa, similar trends emerged as strict lockdowns were introduced, often without considering the implications for GBV survivors. In Uganda, a comprehensive transportation ban and a 7 PM curfew created severe barriers for survivors attempting to access help (State House Uganda, 2020). Although medical services were categorized as essential, there was no initial mention of GBV services. In South Africa, the stay-at-home order issued on March 26, 2020, initially excluded GBV services until President Cyril Ramaphosa clarified their essential status on April 13, 2020, following public outcry and an increase in reports of violence (Desk of the President, 2020).

The Democratic Republic of Congo illustrated the intersection of systemic instability and GBV, where over 35,000 GBV survivors sought assistance during the first half of 2023 amidst ongoing conflict and post-pandemic stress (AP News, 2023).

In Kenya, similar conditions unfolded. The government, following WHO directives, implemented lockdowns and curfews that restricted movement and access to public transportation (Roy et al., 2021). These restrictions particularly affected informal settlements such as Mathare, where women and girls were unable to seek refuge or access support services. The State Department for Economic Planning (Komba, 2021) reported a spike in domestic violence incidents, citing prolonged confinement and economic pressure as contributing factors. Furthermore, the State Department for Gender and Affirmative Action documented a 48% rise in violence against women and girls, linking this directly to COVID-19 containment measures (Breiding et al., 2021).

Although Kenya had implemented preventive initiatives like Alternative Rites of Passage (ARP) to combat harmful practices such as female genital mutilation (FGM), cultural norms and clandestine practices continued to undermine these efforts (Le Monde, 2024). These challenges mirror the broader struggle to address GBV, where societal attitudes and systemic inequalities hinder progress.

The economic fallout from the pandemic further intensified the vulnerability of women. Informal sector workers, who make up a significant portion of Kenya’s female workforce, faced massive job losses. Shekar and Mansoor (2020) noted that women working as daily wage earners and home-based service providers struggled to adapt to digital work models, increasing their dependence on male partners. The World Economic Forum (2021) observed that automation and changing labor dynamics worsened gender disparities, deepening women's exposure to GBV.

Education disruptions also had long-term consequences, particularly for adolescent girls. Zulaika et al. (2021) linked school closures to a rise in teenage pregnancies and early marriages, emphasizing the compounded impact of GBV and poverty. These outcomes further entrench cycles of gender-based violence and socioeconomic disadvantage. Despite growing evidence of escalating GBV during the pandemic, global and national responses remained limited. Oxfam GB (2021) revealed that of the £20 trillion mobilized worldwide in 2020 for COVID-19 response, a mere 0.0002% was directed toward addressing GBV. This stark contrast reflects a widespread undervaluation of GBV as a critical issue in crisis response planning.

In Kenya, the government's handling of GBV during the pandemic was criticized for its fragmented and delayed response. Human Rights Watch (2021) highlighted the lack of timely interventions and insufficient resources to support survivors. This inadequate response underscores the need for proactive and comprehensive strategies that prioritize GBV prevention and support during emergencies. Individual cases of GBV in Kenya also drew public attention. The tragic case of Ugandan athlete Rebecca Cheptegei, who died after being set on fire by her boyfriend in Kenya in 2024, spotlighted the severe and often fatal consequences of intimate partner violence (The Guardian, 2024). Such high-profile cases underscore the persistence and pervasiveness of GBV, underscoring the need for urgent action.

Existing structural weaknesses hampered Kenya's efforts to address GBV during the pandemic. Although the National Policy for Prevention and Response to GBV (2014) laid the foundation for addressing the issue, most programs were donor-funded and unevenly implemented, favouring urban areas over rural ones (Health Policy Plus USAID, 2018). Fernandes, Phipps, and Schmidt (2020) noted that survivors in remote regions encountered

logistical challenges, including lengthy travel distances, high transportation costs, and lockdown-induced boundary closures, all of which hindered access to essential services.

Moreover, women in Kenya's informal economy faced disproportionate economic challenges. As informal workers lost income and struggled to transition to remote work, their financial vulnerability increased. This dependency often translated into continued exposure to domestic abuse (Shekar & Mansoor, 2020). Additionally, school closures led to increased incidences of sexual and gender-based violence, including early pregnancies (Zulaika et al., 2021).

However, some studies presented a more nuanced perspective. Ravindran and Shah (2020) found that while IPV increased, other crimes such as sexual assault and homicide declined due to reduced public mobility. Nonetheless, data from Emergency Appeal Kenya (2020) reported a 75% increase in calls to the national GBV hotline during lockdowns, reinforcing the notion that homes became central sites of hidden violence.

2.2.2 Closure of businesses (hotels, restaurants, bars, markets) and gender-based violence

The closure of businesses, including hotels, restaurants, bars, and markets, was one of the most immediate and widespread responses to the COVID-19 pandemic. These measures aimed to curb the spread of the virus by limiting public gatherings and enforcing social distancing. However, emerging evidence indicates that these closures had significant adverse effects on women, girls, and households, particularly those dependent on the informal economy.

Most families struggled to meet their basic needs, including food, shelter, and access to healthcare, due to widespread job losses and reduced incomes. For informal workers, this situation heightened the risk of household malnutrition, increased unpaid care burdens on

women, and reduced their ability to engage in paid work. Furthermore, the economic and social strains exacerbated gender-based violence (GBV), as financial pressures and prolonged confinement created an environment conducive to domestic abuse, sexual exploitation, and other harmful practices.

Noteworthy, the impact of business closures on GBV was evident worldwide, as lockdown measures forced many people to remain at home, often in unsafe environments. The economic downturn disproportionately affected women, who are more likely to work in service industries, informal employment, and caregiving roles. According to the United Nations (2021), COVID-19 lockdowns led to a "shadow pandemic" of GBV, with reports of domestic violence increasing by up to 30% in some countries. The UN Women (2020) report highlighted that in countries such as France, Argentina, and Singapore, domestic violence cases surged as victims were trapped at home with their abusers while access to support services was restricted.

Moreover, business closures resulted in significant income loss, particularly for women engaged in small enterprises and informal markets. Many of these women were unable to transition to remote work due to a lack of resources or digital literacy. The economic dependency of women on their partners or family members further contributed to increased vulnerability to domestic violence and financial abuse. In countries such as India and Bangladesh, where women form a substantial part of the garment and hospitality industries, job losses pushed many into precarious situations, increasing their risk of sexual exploitation and coercion (Wasdani & Prasad, 2020).

Additionally, the closure of entertainment venues, including bars and nightclubs, had devastating consequences for female workers in the hospitality and sex work industries. A study by Brody et al. (2023) examining Cambodia’s closure of entertainment venues found

that many women who lost jobs were left without economic alternatives, exposing them to heightened risks of GBV, including trafficking and forced labor. Similar trends were observed in Latin America and Africa, where the closure of tourism-dependent businesses led to economic desperation and increased exposure to violence (World Bank, 2023).

In Africa, the pandemic and the resulting business closures significantly disrupted economies reliant on informal markets and small enterprises. Women, who make up a substantial portion of the informal workforce, were disproportionately affected by the shutdown of markets and hospitality businesses. According to the African Development Bank (2021), nearly 92% of women in sub-Saharan Africa are engaged in informal employment, making them highly vulnerable to income loss during lockdowns. With limited social safety nets, many women found themselves trapped in abusive households without financial means to escape or seek help.

Building on this, the COVID-19 pandemic exacerbated existing socio-economic vulnerabilities and laid bare the intersection between economic precarity and gender-based violence (GBV). The closure of businesses such as hotels, restaurants, bars, and open-air markets not only dismantled critical sources of income for many women but also eliminated spaces that offered them temporary refuge from abusive environments. For many, work outside the home served as both a coping mechanism and a financial buffer that enabled some autonomy and agency. When this was lost, the risk of violence intensified both in frequency and severity.

Supporting this observation, UN Women (2020) highlighted how “the shadow pandemic” of GBV intensified in tandem with the health crisis. The economic fallout from lockdowns had a deeply gendered impact, with women in service and hospitality sectors, often employed without contracts, insurance, or savings, experiencing immediate job losses. The International

Labour Organization (2020) emphasized that closures disproportionately affected sectors where women were overrepresented, including food services and retail, leading to heightened financial dependency on male partners or family members, many of whom were also under severe economic stress.

Further evidence of this trend can be found in a study by Peterman et al. (2020) on the gendered impacts of COVID-19 lockdowns, which suggested a direct correlation between economic strain and increased GBV. This was particularly evident in low-income urban areas across Africa where informal jobs dominate and women-headed households are common. In Nairobi's informal settlements, for instance, research by the African Population and Health Research Center (2021) found that many women faced increased domestic violence as their businesses were forcibly closed and their incomes wiped out.

Moreover, hospitality venues such as bars and restaurants—spaces where women worked as attendants, cooks, cleaners, or informal vendors—also provided key social networks and, in some cases, informal protection mechanisms. Their closure not only cut off livelihoods but also severed women from supportive peer environments. In Uganda and Kenya, where many women rely on evening economies, curfews and bar closures devastated entire economic ecosystems, leading to heightened household tension and violence (UNDP Africa, 2021).

Compounding the crisis, the situation was further exacerbated by limited access to GBV support services. Lockdowns disrupted referral pathways, shut down shelters, and strained already weak healthcare systems. Women, even if able to escape abusive environments, often had nowhere to go. As noted by Amnesty International (2020), many African countries saw a decrease in GBV case reporting during lockdowns, not because violence diminished, but because access to justice, transport, and support services became nearly impossible.

In addition to the above, there was also an alarming rise in sexual exploitation and transactional sex. With no income from their usual businesses, some women were forced into exploitative relationships or unsafe environments to secure food and basic needs. In the DRC, Nigeria, and parts of East Africa, NGOs reported increased cases of survival sex, particularly among young women who lost jobs in market vending or restaurant work (Plan International, 2021).

Taken together, business closures exposed the fragility of women's economic empowerment and underscored how financial independence plays a protective role against GBV. The absence of state safety nets, limited access to microcredit, and insufficient gender-responsive economic policies amplified women's vulnerability. As the pandemic unfolded, the feminization of poverty deepened, pushing more women into cycles of abuse with little opportunity for recourse.

In light of these realities, any post-pandemic recovery strategy must include a gendered economic lens. Supporting women's return to income-generating activities, reopening safe workspaces, and enhancing social protections are critical not just for economic revival but for GBV prevention as well. As the World Bank (2021) argues, "investments in women's economic participation are not only development imperatives, they are essential to rebuilding equitable and resilient societies in the wake of COVID-19."

Contextualizing this further, in South Africa, the closure of liquor stores and entertainment venues, while intended to reduce alcohol-related violence, paradoxically contributed to increased domestic abuse. With alcohol consumption shifting to private homes, many women found themselves trapped with intoxicated and abusive partners. Reports from the South African Police Service (2020) indicated a 37% rise in domestic violence cases during the lockdown.

In Asia, similar patterns emerged. In India, where the informal sector employs a vast number of women, the shutdown of small businesses and street markets resulted in severe economic distress. Women who lost their jobs faced heightened risks of domestic violence, child marriage, and trafficking (Solymari et al., 2022). In Bangladesh, garment factory closures left thousands of women unemployed, with many resorting to high-risk work, including survival sex, to sustain their families (Bank, 2023).

Similarly, in Kenya, the closure of businesses as part of COVID-19 control measures resulted in massive job losses, particularly in the hospitality and retail sectors (Wafula, 2020). Women-led businesses, such as market stalls, salons, and small eateries, faced financial ruin due to restrictions on movement and operating hours. The economic downturn was closely linked to rising GBV cases, as stress, anxiety, and frustration fueled domestic violence incidents. Pinchoff et al. (2020) found that economic hardship during COVID-19 in Kenya was a key driver of increased GBV, with reports of intimate partner violence (IPV) and sexual exploitation surging during the lockdown period.

Kenya's economy heavily relies on small businesses, informal markets, and the hospitality sector. The government's closure of non-essential businesses had a severe impact on low-income earners. Women were disproportionately affected as they dominate the informal sector, working as food vendors, hairdressers, and hospitality workers. The impact of business closures on GBV in Kenya was significant. A study by Field et al. (2020) found that economic stress and job losses contributed to increased cases of domestic violence, psychological abuse, and sexual exploitation. The National Crime Research Centre (2021) reported a 48% rise in GBV cases during the first six months of the pandemic. Women who lost their income were more likely to remain in abusive relationships due to financial dependency, while those engaged in informal work faced increased risks of harassment and exploitation.

Moreover, the closure of schools and daycare centers exacerbated gender inequalities. Women who relied on these services for childcare were forced to stay home, further limiting their economic opportunities. The burden of unpaid care work increased significantly, leading to heightened stress and exposure to GBV. In Nairobi's informal settlements, where living conditions are already precarious, the pandemic-induced economic downturn led to increased reports of IPV and sexual violence (Afifu et al., 2021).

The Kenyan government responded by implementing emergency hotlines, rescue centers, and legal aid services for GBV survivors. However, many of these services faced challenges due to funding constraints and movement restrictions. Organizations such as the Federation of Women Lawyers (FIDA) Kenya reported an overwhelming increase in GBV cases, with many victims unable to access justice due to court closures and bureaucratic delays (Wafula, 2020).

Therefore, to prevent a similar impact in the event of a pandemic or serious endemic in the future, policymakers must recognise the gendered implications of economic disruptions and integrate GBV prevention measures into emergency response plans. Strengthening social safety nets, providing alternative income opportunities, and ensuring continued access to GBV support services are critical in mitigating the impact of such crises in the future.

2.2.3 Imposed Curfew Hours and Gender-Based Violence

Curfews have long been employed as a policy tool by governments to regulate public movement during crises. During the COVID-19 pandemic, curfews were implemented to enforce social distancing and mitigate the spread of the virus. However, while these measures were introduced for public safety, they inadvertently led to profound socio-economic consequences, including an increase in gender-based violence (GBV). Wilson and Leslie (2020) argue that the imposed curfew hours led to unintended negative impacts, particularly

on vulnerable groups such as women and girls. These impacts included restricted movement, economic distress, increased dependence on abusive partners, and reduced access to support services, all of which heightened the risk and prevalence of GBV.

Sadly, the enforcement of curfew hours led to severe economic ramifications, disproportionately affecting women. VanGelder et al. (2020) found that curfew hours resulted in job losses and economic hardships that disproportionately impacted women, especially those in informal employment. Women's participation in the workforce declined from 73 percent to 49 percent during curfew hours, highlighting the drastic economic toll of the restrictions. Night curfews particularly affected women engaged in the night economy, such as hospitality, domestic work, and street vending, causing them to lose their primary sources of income.

Due to financial strain, many women resorted to borrowing money to meet basic needs. According to a report by Financial Sector Deepening (FSD) Kenya (2021), there was a significant increase in the uptake of digital loans within the informal credit market. This borrowing pattern illustrates how financial instability forced many households, particularly those headed by women, into economic constraint. Financial dependency on abusive partners further exacerbated their vulnerability to GBV, as economic constraints limited their ability to leave abusive relationships or seek assistance.

Asik and Ozen (2021) explored the correlation between curfew hours and the rise in GBV, asserting that prolonged time spent at home increased tensions among partners, leading to escalations in domestic violence. The economic downturn exacerbated this issue, as financial stress heightened domestic conflicts. Roesch et al. (2020) observed that unemployment and financial strain often serve as catalysts for abusive behaviour, thereby increasing cases of GBV.

Furthermore, curfew measures reduced opportunities for women to seek external support or find refuge from abusive situations. Many victims were unable to report cases of violence or flee due to fear of arrest or police harassment during curfew hours (Kofman & Garfin, 2020). As a result, survivors of GBV remained trapped in abusive homes, with limited avenues for intervention or assistance.

Moreover, the confinement imposed by curfews eroded the informal support systems many women relied on, such as community networks, neighbors, and local women's groups. These social connections often act as a buffer against violence, providing emotional and logistical support. The disruption of these networks heightened women's isolation and made it harder to cope with abuse.

One of the significant challenges imposed by curfew hours was the restriction on movement, which severely limited survivors' ability to access essential services such as shelters, legal aid, and healthcare. Many women hesitated to seek medical or legal assistance due to fears of arrest for violating curfew regulations. Additionally, police officers who were supposed to enforce curfew laws impartially were themselves implicated in acts of brutality and abuse against women and girls.

Compounding the crisis was the lack of clarity and inconsistency in the enforcement of curfew rules, which further marginalized survivors. Some women reported being turned away from hospitals or police stations because they lacked official clearance, even during emergencies. This arbitrary application of regulations fostered confusion and discouraged help-seeking behavior among victims of GBV.

In addition, the curfew hours were associated with cases of police brutality against individuals who could not make it to remain indoors as per the government-set time. Human Rights Watch Kenya documented several cases of police brutality against individuals who were outdoors beyond the curfew deadline. Women and girls faced a heightened risk of

sexual violence, harassment, and physical abuse at the hands of law enforcement officers. Reports from eyewitnesses and victims revealed that police officers often beat, extorted, or even sexually assaulted women who were returning home from work or seeking medical help during curfew hours (Human Rights Watch, 2020). Consequently, many survivors chose to endure their abuse silently rather than risk confrontation with law enforcement or face the stigma associated with reporting GBV.

The fear of retribution or disbelief from authorities dissuaded many women from lodging complaints. For instance, survivors often felt that reporting to police would not result in justice but instead expose them to ridicule, re-victimization, or inaction. This institutional apathy amplified their trauma and deepened the cycle of violence.

Between March 29 and April 14, 2020, Human Rights Watch conducted a series of telephone interviews with 26 respondents, including eyewitnesses, victims, and family members of those affected by human rights violations in various parts of Kenya, such as Nairobi, Mombasa, Kwale, Busia, Kakamega, Mandera, and Homa Bay. Their findings exposed widespread police misconduct, including instances of violence against individuals out past curfew. Women, particularly those in informal employment or precarious financial situations, bore the brunt of these abuses. Many feared seeking help from law enforcement, knowing that the same authorities responsible for protecting them were involved in acts of brutality.

The impact of police violence extended beyond direct physical harm. The fear of police brutality deterred GBV survivors from reporting their cases, further entrenching a culture of silence. Additionally, police extortion and misconduct undermined public trust in law enforcement agencies, making it even harder for survivors to access justice.

The erosion of trust between communities and law enforcement left a vacuum in protective services, where even well-intentioned interventions by authorities were viewed with

suspicion. Without alternative reporting mechanisms or community-based safety options, survivors became increasingly invisible in policy responses to the pandemic.

In Nairobi, Kenya, a study by the International Centre for Reproductive Health (ICRH) revealed that only three in every ten women sought help for GBV, with merely one in six reporting to the police. Instead, survivors predominantly turned to family members or in-laws, highlighting a profound mistrust in formal legal avenues. The study further indicated that emotional violence was the most reported form of abuse, followed by sexual and physical violence. The reluctance to engage law enforcement stems from fears of victimization and doubts about the efficacy of police intervention (The Star newspaper, 2022).

Furthermore, a study examining public trust and service delivery in Nairobi County's National Police Service (NPS) revealed that a staggering 94% of respondents lacked trust in the police. This distrust was attributed to human rights abuses and prevalent corruption among officers. The study concluded that this lack of trust hampers effective service delivery and diminishes the community's willingness to collaborate with law enforcement. The issue of police misconduct affecting public trust is not confined to Kenya.

In the United States, for instance, a study explored the role of organizational justice in police misconduct. The findings suggested that officers who perceived their agency's managerial practices as fair were less likely to engage in misconduct. This underscores the importance of internal organizational justice in fostering ethical behaviour and, by extension, maintaining public trust (Scott & Alex, 2011).

Curfew hours also posed severe challenges to pregnant women and girls seeking maternal healthcare. Many women were unable to travel to hospitals or clinics for antenatal care or childbirth due to restrictions on movement and the risk of police brutality. Odula (2020) highlighted that maternal and child-related deaths increased during the curfew period, as

many women faced delays in reaching healthcare facilities or were unable to access emergency services in time. The Midwife Association of Kenya further emphasized that maternal mortality rates rose during the pandemic, as pregnant women struggled to access essential medical care.

Despite the numerous challenges posed by curfew hours, some scholars have argued that the restrictions indirectly contributed to a reduction in GBV cases in certain instances. Ivandic et al. (2020) suggested that social distancing and curfews made it more difficult for perpetrators to access victims, particularly in cases where abuse occurred outside the home. Some women who faced threats from non-intimate partners, such as acquaintances or strangers, may have experienced a temporary reprieve due to movement restrictions. However, these instances were significantly outweighed by the increase in domestic violence cases, making it clear that curfew hours, overall, exacerbated GBV rather than mitigated it.

The findings of various studies outline the need for a more gender-sensitive approach in policy implementation during crises. Future emergency measures should incorporate safeguards to protect vulnerable populations from GBV, ensuring that curfews and lockdowns do not inadvertently place women and girls at greater risk. Addressing the economic and social dimensions of GBV during crises is essential for mitigating harm and fostering a more inclusive response to public health emergencies.

2.3 Summary of Review of Literature and Research Gap

This research examined the correlation between COVID-19 control measures and Gender-Based Violence (GBV) against women in Mathare Constituency in Nairobi County. Globally and regionally, research studies and reports indicated an increase in incidences of GBV with females being the majority of the victims. This was attributed to efforts aimed at curbing the spread of disease, loss of life, and negative economic trajectory; territories put in place an

array of safety measures. In the Kenyan context, this was not a new phenomenon because before COVID-19, cases of GBV were still rampant.

For instance, reports from government institutions noted a 48% increase in GBV among females. Particularly during the enforcement of safety measures, such as lockdowns, curfews, and business closures, the underlying causes of GBV were economic and financial stress. Young girls experienced Sexual and Gender –Based Violence (SGBV) due to the high exposure to the perpetrators at home following the closure of schools. Overall substantive evidence pointed a positive relationship between COVID-19 control measures and GBV against women in Nairobi County. The findings provided a solid basis for answering the research questions and achieving the study's objectives.

While the existing literature sheds light on the correlation between COVID-19 control measures and GBV against women, it falls short in offering actionable solutions to governments grappling with this concern. Therefore, the study aimed to close this gap by examining distinct control measures, such as lockdowns, business closures (including hotels, restaurants, bars, and markets), and the imposition of curfews, and their disproportionate effects on GBV against women in the Mathare Constituency of Nairobi County. Subsequently, it concluded and proposed recommendations based on the research findings.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methods that were used in the study. These are research design, research site and rationale, target population, sampling procedures, sample size, data collection procedures, research instruments, data analysis, and presentation, as well as legal and ethical considerations.

3.2 Research Design

Research design refers to framework of research methods and techniques selected by the researcher for use in a study (Mugenda & Mugenda, 2003). In other words, it is a detailed outline of how the investigation will proceed. Given the complexity of the topic, the study adopted a mixed-methods approach. It utilized a convergent parallel design to integrate both qualitative and quantitative data. The approach ensured a holistic analysis, capturing both measurable trends and personal narratives. This provided a better understanding of the issue, with findings poised to enrich the study's outcomes (Cresswell, 2014). The study aimed to examine the relationship between COVID-19 control measures and GBV against women in Mathare Constituency, Nairobi County. By analyzing the identified variables, the convergent parallel design explained the significant factors contributing to gender-based violence. Furthermore, the approach was employed to explore individuals' experiences, attitudes, and perceptions regarding GBV through interviews conducted with groups selected for the study. Additionally, the convergent parallel design was used to indicate the overall prevalence of GBV.

3.3 Research Site

The research was conducted in Mathare Constituency, located in Nairobi County, Kenya. Mathare is one of the oldest and most densely populated informal settlements in Nairobi, characterized by a high concentration of low-income households. The area was purposefully

selected due to the severe impact that COVID-19 control measures had on its residents, who already faced substantial socio-economic challenges before the onset of the pandemic. For instance, in informal settlements such as those in Nairobi, over 60% of residents experienced income losses during the pandemic, with many unable to meet basic needs such as food, rent, and healthcare (Kenya National Bureau of Statistics [KNBS], 2020). These communities were already characterized by high levels of poverty, informal employment, and limited access to essential services, making them particularly vulnerable to the economic and social disruptions caused by lockdowns and curfews.

According to the 2019 Kenya Population and Housing Census (KPHC), Mathare is home to over 200,000 people. Most residents live in informal housing structures with limited access to basic services. The population is largely youthful, with a significant proportion under the age of 30, reflecting national demographic trends. Unemployment and underemployment rates are high, and many residents rely on informal and precarious sources of income such as casual labor, small-scale vending, and domestic work.

According to reports by Médecins Sans Frontières (2020), which operates health programs in the area, the enforcement of COVID-19 control measures in Mathare posed unique challenges due to the dense living conditions and inadequate infrastructure. Physical distancing was largely impractical in the overcrowded environment, and the limited access to clean and safe water undermined hygiene practices essential for curbing the spread of the virus. Moreover, the imperative for daily income generation made adherence to stay-at-home directives virtually impossible for many households.

These socio-economic and infrastructural constraints, compounded by heightened anxiety, fear, and in some cases, excessive use of force by security personnel enforcing curfews, contributed to a surge in gender-based violence (GBV) during the pandemic. Women and

girls, in particular, were disproportionately affected as economic hardship, confinement, and lack of access to support services intensified their vulnerability.

3.4 Target Population

The target population refers to the entire group of individuals from whom the study aims to collect relevant data (Kothari, 2014). For this study, the target population comprised 100,028 female residents of Mathare Constituency in Nairobi County, based on data from the 2019 Kenya National Bureau of Statistics (KNBS) household survey. The population was distributed across the five sub-locations as follows: Huruma (36,363), Kiamaiko (18,686), Mlango Kubwa (19,733), Mabatini (13,834), and Mathare Area 4 (11,412). A sample size of 99 female respondents was selected from the total female population using Yamane's formula, as detailed in the section on sample size determination. The focus on female respondents is justified by the study's emphasis on gender-specific experiences and vulnerabilities, particularly those disproportionately affecting women during crises, as women often face unique challenges and heightened exposure to gender-based violence (UN Women, 2020).

3.5 Study Sample

A sample refers to a smaller, manageable portion of the population that the researcher used to represent the entire group.

3.5.1 Study Sample Size

The sample size is a fraction of the target population (Kothari, 2014). The study employed the Taro Yamane formula to calculate the sample size as indicated below:

$$n= N/1+N(e)2$$

Where n=size of the sample

N= Total population of women in Mathare Constituency according to KNBS 2019 census (100,028)

e= Margin of Error = 10%

n= 100028/1+100028(0.1^2)

n= 99

The researcher interviewed four categories of respondents namely, women working in the formal sector (teachers, nurses, office clerks etc.); women working in the informal sector (stress vendors, shop assistants, waitresses, cooks, hairdressers, Mpesa cashiers, and tailors); community leaders (area chiefs/assistant chiefs, police station/post commanders, church leaders); and healthcare workers (nurses, clinical officers, doctors). To obtain the number of respondents to be interviewed per category, n was divided by four (4) to have a nearly equal number of people. This was done due to resource and time constraints, ensuring that no category was over- or under-mobilised or sampled for the study.

The sample frame consisted of 99 respondents, determined using Yamane's formula from a target population of 100,028 female residents of Mathare Constituency in Nairobi County. In addition to these 99 respondents, six individuals were interviewed using a structured interview guide. These interviewees included: 1) the Head Teacher of Kiboro Primary School; 2) the Head Teacher of Mathare Primary School; 3) a Clinical Officer from Huruma Hospital in Mathare North; 4) the Deputy County Commissioner for Mathare Constituency; 5) the Assistant Chief of the Mlango Kubwa area; and 6) the Officer Commanding Station (OCS) of Mathare Police Station. These individuals were selected for interview because of their unique positions within the community, which gave them firsthand knowledge and insights into the intersection of COVID-19 and gender-based violence (GBV). The sample size was categorized as follows:

Table 3.1 Sampling Frame

Category	**Sample Size**
Women working in the formal sector (teachers, nurses, office clerks etc.)	25
Women working in the informal sector (street vendors, shop assistants, waitresses, cooks, hairdressers, Mpesa cashiers, and tailors)	25
Community leaders (area chiefs/assistant chiefs, police station/post commanders, church leaders)	24
Healthcare workers (nurses, clinical officers, doctors)	25
Total	**99**

3.5.2 Sampling Procedures

Sampling is the process of selecting a fraction of the target population from the entire population as a representative of the whole population during the study (Mugenda & Mugenda, 2003). Sampling is usually carried out when the population is extremely large. The study employed the purposive sampling technique, as it provided a targeted approach to participant selection that aligned with the study's objectives and enhanced the quality of the research findings.

3.6 Data Collection

Data collection entails the systematic gathering and measurement of information on the relevant variables, as well as assessing and testing conclusions or outcomes (Kothari, 2014). This part involves the use of data collection instruments, pre-testing of research instruments, testing the reliability and validity of these instruments, as well as Data collection procedures.

3.6.1 Data Collection Instruments

To efficiently collect standardized data and obtain in-depth insights into personal experiences, opinions, and attitudes, the study employed both questionnaires and interviews as data collection instruments. The study used closed-ended questionnaires to obtain quantitative data that cuts across the selected dependent and independent variables of the study. The study variables were assessed using a Five-Point Likert Scale, where 1 indicated "Strongly Disagree," 2 indicated "Disagree," 3 indicated "Neutral," 4 indicated "Agree," and 5 indicated "Strongly Agree." The questions were structured to collect data in line with the research objectives, facilitating better analysis of the results and ensuring they remained within the study scope. Additionally, interviews were conducted using an interview guide to gain insights into the prevalence of Gender-based Violence among different categories. These interviews were administered to the school head teachers, administration leaders, community leaders, and healthcare workers.

3.6.2 Pre -Testing of Research Instruments

The major purpose of data collection tools is to ensure that all objects in the instrument are clearly marked (Mugenda & Mugenda, 2003). In this case, a pre-test survey should be 10% of the sample size. Therefore, the study involved a random selection of 10 respondents from the four sample categories, representing 10% of the total study population. The length of time between the first and second pre-tests was two days, during which the same subjects were asked to respond without warning to the same questionnaire to assess modification of answers between the first and second tests.

The main focus of this study was to establish the effect of COVID-19 control measures on Gender-based Violence among women in Mathare constituency, Nairobi County. The pre-test study was conducted on 10 respondents. This represented 10% of the total target

population of 99 respondents. From this pre-test study, the questionnaire was ascertained to be valid for data collection.

3.6.3 Instrument Reliability

Instrument reliability refers to the ability of data collection instruments to produce consistent results across repeated measurements (Mugenda & Mugenda, 2003). In this study, reliability was assessed using Cronbach's alpha to measure internal consistency. The questionnaire data was analyzed using SPSS, and Cronbach's alpha values were computed. A coefficient above 0.7 confirmed the instrument's reliability. The results are presented in Table 3.2.

Table 3.2: Reliability Test Results

Variables	Cronbach's Alpha	Critical Value	Conclusion
Lockdown	0.822	0.7	Reliable
Closure of businesses	0.806	0.7	Reliable
Curfew Hours	0.791	0.7	Reliable
GBV	0.845	0.7	Reliable

All variables were higher than 0.7 Cronbach alpha, as shown above on table 3.2. This was an indication that the questionnaire used in the study was very coherent internally.

3.6.4 Instrument Validity

Instrument validity refers to the ability of data collection instruments to measure what they are intended to measure (Mugenda & Mugenda, 2003). In other words, the validity of findings refers to the correctness and vitality of the findings based on the test results. To assess validity, a pre- test was conducted with 10 respondents. After two days, the same respondents were asked to complete the questionnaire again without prior notice to evaluate consistency. The results from both tests were comparable, confirming the accuracy of the

instrument. The data collection instruments were administered using the drop-and-pick-later method.

3.6.5 Data Collection Procedures

Data collection entails the systematic gathering and measurement of information on the relevant variables, as well as the assessment of test conclusions and outcomes (Kothari, 2014). Before collecting data, the researcher obtained an authorisation letter from the university and a research permit from the National Commission for Science, Technology, and Innovation (NACOSTI). Afterwards, semi-structured questionnaires were administered self-administered for data collection. The data collection instrument was accompanied by consent forms the respondents signed, stating that they had willingly volunteered to participate in the survey. A drop-and-pick method was employed, where the researcher distributed the questionnaires to the respondents and provided them with ample time to respond and collect them later.

3.7 Data Analysis and Presentation

The study generated both qualitative and quantitative data. Qualitative data were analysed narratively using thematic content analysis, while quantitative data were processed using the Social Science Statistical Package (SPSS) version 28.0. The presentation of quantitative data was conducted using statistical techniques including descriptive and inferential statistics. Descriptive statistics, such as bar graphs, pie charts, percentages, tables, frequencies, standard deviation, and means, were used to describe the data. Inferential statistics, including correlations and regression, were used to establish the relationship between the independent and dependent variables. Additionally, the multiple linear regression model was used to model the relationship between the independent and dependent variables.

The general model below was used:

$$\mathbf{Y=\alpha+\beta_1X_1+\beta_2X_2+\beta_3X_3+\varepsilon}$$

Where

y = Gender-based violence (GBV) against Women

α - was the regression constant or intercept,

$\beta_1, \beta_2, \beta_3$, – Are regression coefficients

X_1 –Lockdown,

X_2 – Closure of Businesses

X_3 – Curfew Hours

3.8 Legal and Ethical Considerations

According to Mugenda & Mugenda (2003), this part involves principles and ethics in research that are key to successful data collection, without making mistakes or offending respondents in any way. It is for this reason that the researcher sought consent and considered the confidentiality of the information gathered from the respondents. Furthermore, the researcher provided the respondents with honest reasons for the data collection. Moreover, the researcher approached respondents with respect, compassion, and consideration especially those who had been victims of gender-based violence to avoid bringing up traumatic experiences. Additionally, the researcher kept the respondents' identities anonymous, and if they were uncomfortable, they would be given the freedom to withdraw from participating in the study. Lastly, the researcher sought relevant permission from the university as well as NACOSTI, before proceeding to the field to collect data.

CHAPTER FOUR: DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the findings from the data analysis, based on the study's objectives. The aim of the study was to determine the influence of COVID-19 control measures on Gender-Based Violence (GBV) among women living in Mathare Constituency in Nairobi County. The specific objectives were to determine the prevalence of GBV against women in Mathare constituency of Nairobi County due to the enforcement of lockdown restrictions during the COVID-19 pandemic, to establish the effect of the closure of businesses on the prevalence of GBV against women in Mathare Constituency, Nairobi County and to investigate the prevalence of GBV against women in Mathare Constituency, Nairobi County due to the imposition of curfew hours during the COVID-19 pandemic. This section presents the findings from the data analysis, including both descriptive and inferential results.

4.2 Characteristics of the Respondents

4.2.1 Response Rate

The response rate refers to the proportion of completed responses out of the total sample in a study (Babbie, 2020). This rate is also called the completion rate or return rate, and is normally given in the form of percentages. Table 4.1 below illustrates the completion rate for the study.

Table 4.1 Response Rate

Response Rate	Frequency	Percent
Completed	95	96%
Incomplete	4	4%
Total	**99**	**100**

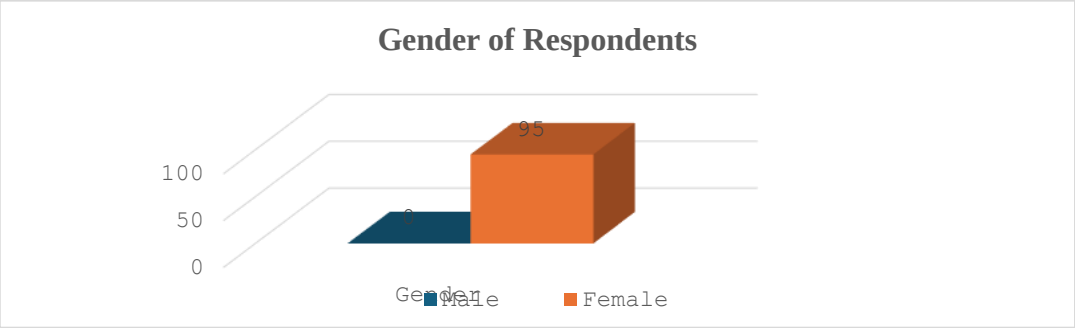
From Table 4.1, questionnaires were issued to respondents from Mathare Constituency of Nairobi County. From a total of 99 responses, 95 complete responses were received, hence a

response rate of 96%. The response rate was considered suitable for making inferences from the collected data. As indicated by Kothari (2018), a response rate above seventy percent is considered adequate for data analysis and reporting, while a response rate above 70% is considered to be adequate for data analysis purposes. Hence, the questionnaire response rate of this study was within the acceptable limits for drawing conclusions and making recommendations.

4.2.2 Gender of Respondents

The first section of the questionnaire collected background information about the respondents, including their gender. The findings are illustrated in Figure 4.1 below. The researcher sought to determine the gender distribution of participants, given that gender is a critical variable with significant implications for the study. Incorporating gender analysis enhances the quality of research by capturing diverse perspectives. The gender distribution is presented in Figure 4.1.

Figure 4.1 Gender of Respondents



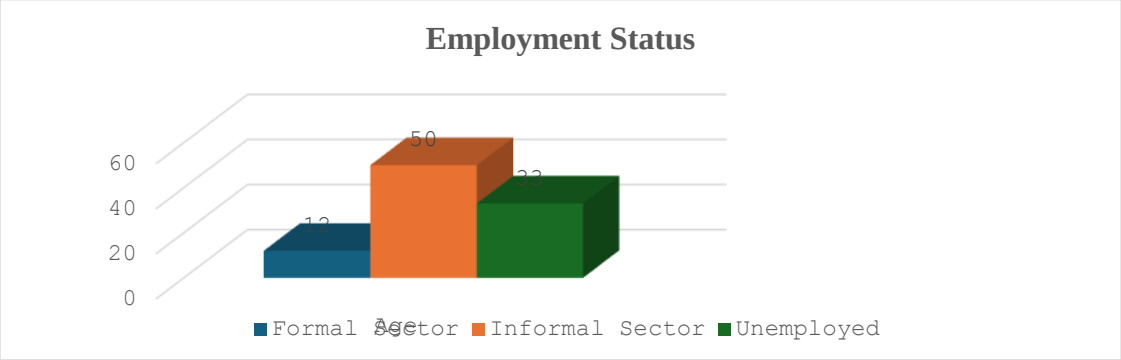
All 99 responses were from female, with 95 valid responses representing 96% of the total. The study focused exclusively on women, as existing research and data show that the majority of GBV victims are female."

4.2.3 Employment Status

Based on the background information, the researcher aimed to determine the employment status of the respondents. Employment was categorized into three groups: informal sector, formal sector, and unemployed. This characteristic was considered important in assessing the

respondents' suitability and overall understanding of the study. The employment status, as captured in the biographical data, is presented in Figure 4.2 below.

Figure 4.2: Employment Status

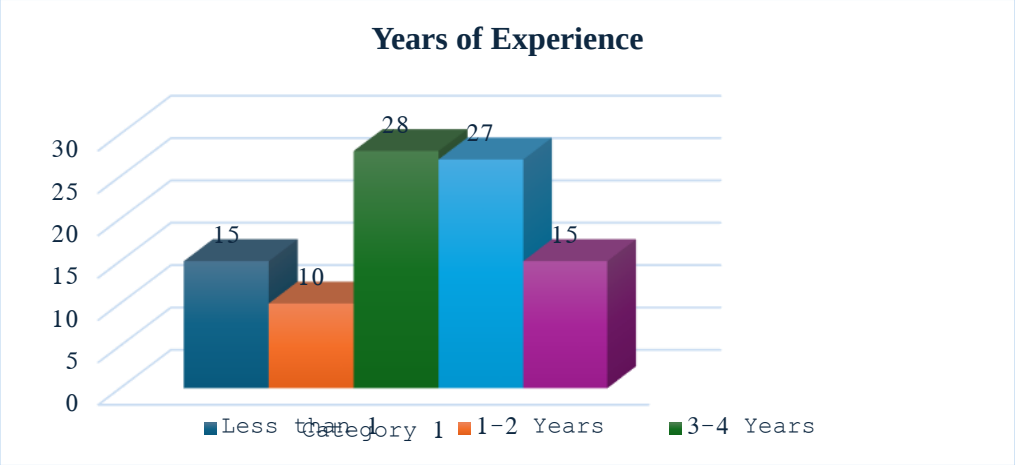


Based on the analysis, the majority of respondents were employed in the informal sector. Of the 95 respondents, 50 (53%) reported working in the informal sector. This was followed by 33 respondents (35%) who were unemployed. Only 12 respondents (12%) were employed in the formal sector.

4.2.4 Years of Working Experience

From the background information, the researcher was interested in establishing the number of years the respondents had worked. Figure 4.3 below indicates the number of years of experience of the respondents.

Figure 4.3: Years of Working Experience

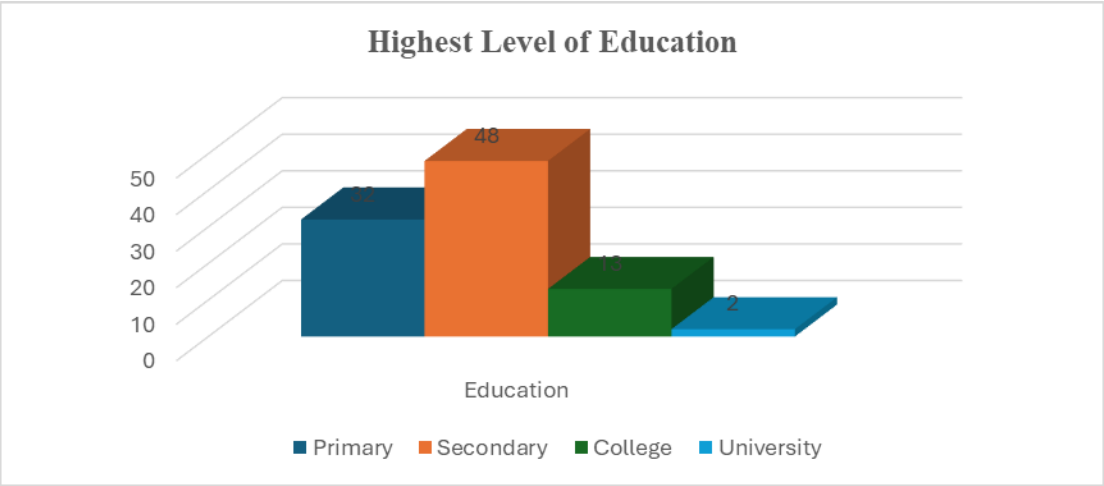


The analysis revealed that the majority of respondents (28 individuals), representing 29% of the total, had 3 to 4 years of experience. They were closely followed by 27 respondents (28%) with 5 to 6 years of experience. Those with less than 1 year and those with over 7 years of experience each accounted for 15 respondents, representing 16% respectively. The smallest group comprised respondents with 1 to 2 years of experience, totaling 10 individuals or 11% of the sample.

4.2.5 Highest Level of Education

From the background information, the researcher was interested in establishing the highest level of education of the respondents. The level of education in a research study determines the respondent knowledge of the subject of investigation. It was therefore a crucial aspect of the study that was examined. Figure 4.4 below indicates the highest level of education of the respondents.

Figure 4.4: Highest Level of Education

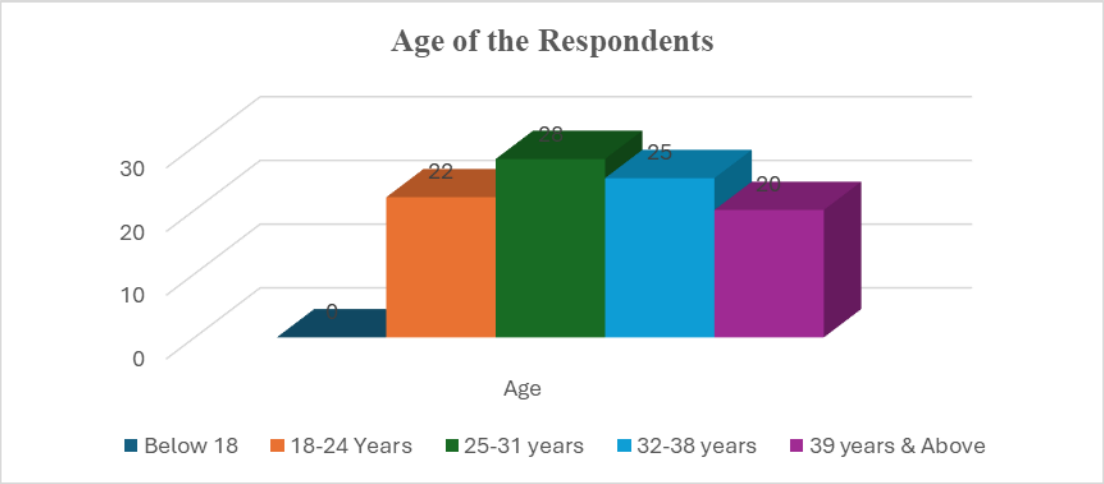


Based on the analysis results, the majority of respondents had attained secondary school education. Out of the 95 respondents, 48 (51%) held a secondary education certificate. This was followed by 32 respondents (34%) with primary education, and 13 respondents (13%) with a college education. The smallest group comprised those with a university education, accounting for just 2% of the total respondents.

4.2.6 Age Bracket

From the background information, the researcher was interested in establishing the age of the respondents. The age of respondents in a research study determines the suitability and general understanding of the research topic by the respondents. In this study, the age of the respondents as indicated in the background information is illustrated in figure 4.5 below.

Figure 4.5: Age of the respondents



The analysis revealed that the majority of respondents were aged between 25 and 31 years. Specifically, 28 out of the 95 participants (29%) fell within this age group. This was followed closely by those aged 32 to 35 years, who accounted for 25 respondents (26%). Respondents aged 18 to 24 years totaled 22, representing 24% of the sample. Those aged 39 years and above were 20 in number, making up 21% of the respondents. Notably, there were no participants below 18 years of age. Based on these findings, it was concluded that all respondents possessed sufficient knowledge of the subject under investigation.

4.3 Presentation of Research Analysis Findings and Interpretation

The overall objective of the study was to determine the influence of COVID-19 control measures on GBV against women in Mathare constituency, Nairobi County. The specific objectives were to determine the effect of lockdown, closure of businesses and curfew hours on GBV against women in Mathare constituency, Nairobi County.

4.3.1 Effect of Lockdown on GBV Against Women

The first objective of the study was to determine the effect of lockdown control measures on GBV against women in Mathare Constituency, Nairobi County. For this variable, the standard deviation and mean values of the individual attributes of lockdown are in Table 4.2. From the table, the variable had an overall mean score of 4.58 with a standard deviation of 0.2.

Table 4.2: Lockdown and Gender-Based Violence Against Women

Statements	N	Mean	Std. Dev

Lockdown locked women and girls with their abusers thus exposing them to gender-based violence (GBV) during COVID-19	95	4.70	0.46
Lockdown increased economic hardship and domestic violence due to the loss of jobs during the COVID-19	95	4.34	0.48
Lockdown exposed women and girls to sexual abuse and violence.	95	4.38	0.49
Cases of early pregnancies increased during COVID-19 lockdowns.	95	4.64	0.56
Lockdown created dependence by women on their abusive partners hence increased cases of gender-based violence (GBV) during COVID-19.	95	4.86	0.35
Overall mean Score	**95**	**4.58**	**0.24**

From the descriptive statistics, the statement that Lockdown created dependence by women on their partners hence increased cases of gender-based violence (GBV) during COVID-19 scored the highest mean value of 4.86, indicating a strong agreement with the statement a low variability in the response to this statement as shown by the standard deviation of 0.35. Closely following was the statement that Lockdown locked women and girls with their abusers, thus exposing them to gender-based violence (GBV) during COVID-19, indicating that respondents acknowledged that the lockdown exposed women to GBV. The statement scored a low standard deviation of 0.46 indicating a low variability in the responses to this statement.

The parameter that cases of early pregnancies increased during COVID-19 lockdowns had a mean value of 4.64 indicating an agreement with the statement among the responses and indicating a general rise in the number of teenage pregnancies. The statement had a standard deviation of 0.56 indicating a moderate variation in the responses to this statement. The statement that lockdown exposed women and girls to sexual abuse and violence followed with a mean value of 4.38 and moderate standard deviation of 0.49. Lastly, the statement that lockdown increased economic hardship and domestic violence due to the loss of jobs during the COVID-19 had a mean value of 4.34 and standard deviation of 0.48 indicating a general

agreement with the statement and moderate variability in the responses as shown by the standard deviation.

4.3.2 Effect of Closure of Businesses on GBV Against Women

The second objective of the study was to determine the effect of closure of businesses on GBV against women in Mathare Constituency, Nairobi County. For this variable, the standard deviation and mean values of the individual attributes of closure of businesses are in Table 4.3. From the table, the variable had an overall mean score of 4.64 with a standard deviation of 0.36.

Table 4.3: Closure of Businesses and Gender-Based Violence Against Women

Statements	N	Mean	Std. Dev
Closure of businesses hindered exit from abusive relationships due to financial incapability	95	4.84	0.49
Closure of businesses caused financial stress and tension in households	95	4.85	0.38
School girls were exposed to gender and sexual-based violence due to the closure of schools and other learning institutions	95	4.23	0.32
The closure of businesses caused the loss of jobs and economic hardship hence increasing cases of gender-based violence against women and girls.	95	4.80	0.56
There were limited opportunities for women to seek employment and improve their livelihoods to escape abusive relationships during COVID-19.	95	4.48	0.45
Overall mean Score	**95**	**4.64**	**0.36**

The descriptive statistics on the closure of businesses and its effect on GBV against women in Mathare Constituency, Nairobi County were calculated. From the analysis, the statement that closure of businesses caused financial stress and tension in households had the highest mean value of 4.85 indicating that closure of businesses as a COVID-19 control measure disempowered households causing financial stress and tension. The statement had a standard

deviation of 0.38 indicating low variability in the responses to this statement. This was closely followed by the statement that closure of businesses hindered exit from abusive relationships due to financial incapability. This statement had a mean value of 4.84 and a standard deviation of 0.49 indicating a moderate variability in responses to the statement.

The statement that the closure of businesses caused the loss of jobs and economic hardship hence increasing cases of gender-based violence against women and girls had a mean value of 4.80 and standard deviation of 0.56. This was followed by the statement that there were limited opportunities for women to seek employment and improve their livelihoods to escape abusive relationships during COVID-19 which had a mean value of 4.48 and standard deviation of 0.45. Lastly, the statement that School girls were exposed to gender and sexual-based violence due to the closure of schools and other learning institutions scored the lowest mean value of 4.23 and standard deviation of 0.32, indicating a low variability in the responses to this statement.

4.3.3 Effect of Curfew Hours on GBV Against Women

The third objective of the study was to determine the effect of curfew hours on GBV against women in Mathare Constituency, Nairobi County. For this variable, the standard deviation and mean values of the individual attributes of curfew hours are in Table 4.4. From the table, the variable had an overall mean score of 4.49 with a standard deviation of 0.3

Table 4.4: Curfew Hours and Gender-Based Violence Against Women

Statements	N	Mean	Std. Dev

Curfew hours exposed women and girls to domestic violence as they were locked at home with their abusers	95	4.78	0.29
Curfew hours hindered victims from accessing gender-based violence (GBV) support services.	95	4.16	0.36
Extending curfew hours created more family conflict and tension thus spiking cases of gender-based violence	95	4.45	0.22
Curfew hours during COVID-19 prevented victims from escaping abusive situations	95	4.62	0.46
Curfew hours contributed to financial dependency on abusive partners	95	4.48	0.52
Overall mean Score	**95**	**4.49**	**0.37**

Descriptive statistics for curfew hours and its effect on GBV against women showed that the respondents generally agreed with all statements. The statement that curfew hours exposed women and girls to domestic violence as they were locked at home with their abusers had the highest mean value of 4.78 and a standard deviation of 0.29. This was closely followed by the statement that curfew hours during COVID-19 prevented victims from escaping abusive situations with a mean value of 4.62 and standard deviation of 0.46. this was followed by the statement that curfew hours contributed to financial dependency on abusive partners which had a mean value of 4.48 and a standard deviation of 0.52 which indicated a moderate variability in responses to that statement.

The statement that extending curfew hours created more family conflict and tension thus spiking cases of gender-based violence followed with a mean value of 4.45 and a standard deviation of 0.22. Lastly, the statement that curfew hours hindered victims from accessing gender-based violence (GBV) support services had the least mean value of 4.16 and a standard deviation of 0.36.

4.3.4 Gender-Based Violence Against Women

The dependent variable of the study was gender-based violence against women in Mathare Constituency, Nairobi County. For this variable, the standard deviation and mean values of the individual attributes of the variable are in Table 4.5. From the table, the variable had an overall mean score of 4.41 with a standard deviation of 0.56.

Table 4.5: Gender-Based Violence Against Women

Statements	N	Mean	Std. Dev
I experienced or witnessed gender-based violence (GBV) against women and girls during COVID-19	95	4.55	0.31
COVID-19 control measures i.e. lockdowns, closure of businesses, (hotels, bars, and markets), and curfew hours increased cases of gender-based violence (GBV) against women and girls in the community.	95	4.28	0.45
Numerous cases of gender-based violence (GBV) against women and girls were reported during COVID-19	95	4.45	0.29
The physical, mental, and health well-being of women and girls were threatened in the community during COVID-19 pandemic	95	4.32	0.52
Inadequate resources were allocated to address gender-based violence (GBV) against women and girls during COVID-19 pandemic	95	4.45	0.46
Overall mean Score	**95**	**4.41**	**0.56**

The descriptive statistics for the dependent variable were calculated as shown in the table above. From the table, the statement that I experienced or witnessed gender-based violence (GBV) against women and girls during COVID-19 had the highest mean score of 4.55 and a standard deviation of 0.31. indicating a general agreement with the statement and low variability in the responses to this statement. This was followed by the statements that numerous cases of gender-based violence (GBV) against women and girls were reported during COVID-19 and the statement that inadequate resources were allocated to address

gender-based violence (GBV) against women and girls during COVID-19 pandemic which had equal mean values of 4.45 and standard deviations of 0.46 and 0.29 respectively.

The statement that the physical, mental, and health well-being of women and girls were threatened in the community during COVID-19 pandemic followed with a mean value of 4.32 and a standard deviation of 0.52. Lastly, the statement that COVID-19 control measures i.e. lockdowns, closure of businesses, (hotels, bars, and markets), and curfew hours increased cases of gender-based violence (GBV) against women and girls in the community had the least mean value of 4.28 and a standard deviation of 0.45 indicating a general agreement with the statement and a moderate variability in the responses to this statement.

4.4 Inferential Statistics

Inferential analysis is performed to determine the relationship between variables in a research investigation. For this study, the Pearson correlation was used to determine the magnitude and direction of the variables while the multiple linear regression analysis was used to determine the causal relationship between the independent and dependent variables.

4.4.1 Correlation Analysis

The correlation analysis sheds light on the relationship between the study's independent variables of interest and dependent variable. For this analysis the Pearson Correlation test from SPSS software was used in this determination. Table 4.6 presents the findings.

Table 4.6 Correlation Analysis

		Lockdown	**Closure of Businesses**	**Curfew Hours**	**GBV against Women**
Lockdown	Pearson Correlation Sig. (2-tailed)	1			

Closure of Businesses	Pearson Correlation	.894**	1		
	Sig. (2-tailed)	.000			
Curfew Hours	Pearson Correlation	.622**	.730**	1	
	Sig. (2-tailed)	.000	.000		
GBV against Women	Pearson Correlation	.660**	.742**	.918**	1
	Sig. (2-tailed)	.000	.000	.000	

Source: Research Findings (2025)

From the correlation analysis, the magnitude and direction of the independent and dependent variable were established. From the above table, lockdown had a significant positive correlation with GVB against Women of 0.660 with a P-value of 0.000 < 0.05 indicating that the correlation was significant. This finding implied that as the lockdown increased, the rate of GBV in the Mathare constituency increased. Closure of businesses also had a significant positive correlation with GBV against women of 0.742 with a P-value of 0.000 < 0.05 indicating that the correlation was significant. This finding implied that as the closure of businesses increased, the rate of GBV increased. Finally, Curfew hours had a significant positive correlation with GBV against women of 0.918 with a P-value of 0.000 < 0.05, also indicating that the correlation was significant. This finding implied that as curfew restrictions increased, the rate of GBV in Mathare constituency increased. The results of the correlation showed that the three independent variables were positively correlated with GBV against women in Mathare Constituency, Nairobi County.

4.4.2 Regression Analysis

The study was based on the hypothesis that Gender-based violence has a relationship with the independent variables, which included lockdown, closure of businesses, and curfew hours. To investigate the relationship between these variables, a multiple linear regression analysis was used to not only examine the total amount of variation in the dependent variable explained by the independent variable but also assess the effect of each independent variable on the dependent variable. The results are indicated below. The regression model includes the model fitness, the ANOVA, and the regression coefficients. The results of this analysis were as follows.

Table 4.7: Model Fitness

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.926[a]	.857	.852	.338308

a. Predictors: (Constant), Lockdown, Closure of Businesses, Curfew Hours
b. Dependent Variable: GBV Against Women

From the model fitness, it can be determined that the multiple linear regression model was adequate in explaining the relationship between Gender based violence against women and the COVID-19 control measures. From the above table 4.8, the independent variables were adequate in explaining customer experience and engagement as shown. This is further explained by the R square value of 0.857. This can be interpreted to mean that COVID-19 control measures explain 85.7% variations in GBV against women in Mathare. The implication of this finding was that 85.7% increase in GBV during COVID-19 in Mathare constituency were directly related to the three measures used to contain the spread of COVID-19. Another assumption of these findings is that the model is adequate. The 0.926 R value shows strong correlation between the independent factors and GBV against women.

Table 4.8: Analysis of Variance

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	62.384	3	20.795	181.690	.000[b]
	Residual	10.415	91	.114		
	Total	72.800	94			

a. Dependent Variable: GBV against Women

b. Predictors: (Constant) Lockdown, Closure of Businesses, Curfew Hours

From Table 4.8, it can be ascertained that the model is significant, given a 181.690 F statistic and 0.000 p value. This establishes that the independent variables are adequate in explaining changes in GBV against women. The regression analysis displayed the magnitude of influence the dimensions of COVID-19 control and their effect on GBV against women.

From the regression analysis, results established a positive notable relationship between lockdown and GBV against women (β 0.133, P 0.004). It can hence be concluded that an increase in lockdown by a unit caused a 0.133 unit increase in GBV against women. This implied that lockdowns contributed to a marginal increase in GBV cases within the constituencies. A positive but insignificant relationship was also established between the closure of businesses and GBV against women (β 0.048, P 0.068). The regression coefficients are in Table 4.10 below.

Table 4.9: Regression Coefficients

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		

1	(Constant)	.126	.305		.412	.004
	Lockdown	.133	.112	.105	1.185	.001
	Closure of Businesses	.043	.080	.055	.538	.068
	Curfew Hours	.817	.059	.813	13.954	.000
a. Dependent Variable: GBV against Women						

From this, it can be concluded that a unit change in closure of business increased GBV against women by 0.048 units but this relationship was not significant. The implication of this finding was that the increase in GBV cases was not related to the closure of businesses. Finally, a positive significant causal relation was established between curfew hours and GBV against women (β 0.817, P 0.000). This means that a unit change in curfew hours subsequently increased GBV against women by 0.817 units. This finding implied that the increase in GBV cases was significantly influenced by curfew restrictions. From the regression findings, it can be concluded that curfew hours stood out as a significant determinant of the increase in GBV cases. The increase in lockdowns was also responsible for an increase in cases of GBV, but it was a weak determinant. Closure of businesses was however not a determinant of increasing GBV cases.

The results were modeled as follows:

$$\mathbf{Y = 0.126 + 0.133X_1 + 0.048X_2 + 0.817X_3}$$

Where

Y = GBV against Women

X_1 – Lockdown,

X_2 – Closure of Businesses,

X_3 – Curfew Hours.

4.5 Qualitative Findings

The researcher also conducted qualitative interviews with a total of six interviewees who included two headteachers, one health practitioner and three local administrative authority officers. The qualitative interviews yielded more insights into the effect of COVID-19 control measures on gender-based violence among women in Mathare constituency. The qualitative interviews were analyzed using content analysis in which several themes emerged as discussed below:

4.5.1 Increased Violence Against Women and Girls

From the interviews conducted it was established that in general, violence against women and girls increased dramatically during the COVID-19 pandemic period. Further, the Government of Kenya established control measures that were used to curb the spread of the virus including restriction of movement, closure of non-essential businesses, and curfew hours. These control measures despite being effective, increased instances of GBV against women. An interview with a nursing practitioner from Huruma Hospital in Mathare constituency reported a sharp increase in the number of women seeking help and treatment for injuries sustained during domestic wrangles. She stated that:

“There was an increase in the number of women seeking medication for injuries and counselling due to domestic fights that mostly turned physical,” (Nursing practitioner).

Her statements were confirmed by the local area chief who reported an increase in cases of domestic violence cases reported at his office. He noted that many couples and their families had visited his office seeking mediation and help for domestic wrangles. Based on his response, the increased curfew hours forced couples to stay indoors and they would end up

quarreling or fighting. This was further complicated by financial strain as many businesses were closed during the period and many couples could not earn a living. He stated that:

“Many couples are facing financial difficulties as they have either lost their businesses or have been laid off. Because of this, they are unable to meet basic needs like food and other expenses, these frustrations have caused infighting among couples,” (Local Area chief).

4.5.2 Increased Teenage Pregnancies

From the qualitative findings, it was also established that there was an increase in the number of teenage pregnancies recorded during the COVID-19 pandemic. Based on the interviews conducted with school headteachers, prolonged school closures left teenage girls idle and without the protective structure of a school environment, increasing their vulnerability to exploitation. The headteachers noted that:

“With parents preoccupied with economic struggles or unable to work due to restrictions, many girls were left unsupervised, increasing exposure to risky situations. Also, Financial struggles led some families to marry off their daughters early or pushed teenage girls into transactional relationships for basic needs like food and sanitary products”, (Headteacher 1).

Movement restrictions during the COVID-19 pandemic meant that many girls were trapped with potential abusers, including family members, neighbors, or other trusted individuals. The restrictions further hindered outreach and education programs on reproductive health, leaving many teenagers without essential knowledge to make informed decisions. The headteachers noted this. One headteacher stated that:

“In Mathare, entrenched gender inequalities and cultural stigmas around discussing sexual health with young people often prevented open conversations and guidance for teenage girls. As a result, the number of school dropouts increased due to early pregnancies,” (Headteacher 2).

4.5.3 Limited Access to Sexual and Reproductive Health Services

Other notable findings from the interviews included limited access to reproductive health services. Based on the interview with the nursing practitioner, the increase in early teenage pregnancies and sexual violence due to restriction of movement and curfew hours created a surge in the demand for sexual and reproductive health services. Despite this, many health facilities scaled back non-COVID-19-related services, reducing access to contraceptives and counseling. Restrictions also hindered outreach and education programs on reproductive health, leaving many teenagers without essential knowledge to make informed decisions.

4.5.4 Barriers to Reporting and Support

From the interviews conducted other factors contributing to increased violene against women and girls in Mathare constituency were evident. One of these was the existence of barriers and support for victims of gender-based violence in the area. Based on sentiments from the local administrative authorities, movement restrictions hindered survivors from accessing police stations or health facilities to report incidents or seek help. Further, many organizations providing support for GBV survivors had to scale down or close operations due to the pandemic. This was also exacerbated by the fear of contracting COVID-19 by some survivors which barred them from seeking medical and psychosocial assistance. Based on comments from the local nursing practitioner at Huruma Hospital in the area, community sensitisation campaigns and GBV awareness initiatives were interrupted, and organisations struggled to adapt to virtual or alternative service delivery due to limited funding and technological access in the Mathare constituency.

4.6 Summary of Findings

The primary objective of the study was to determine the correlation of COVID-19 control measures and Gender-based violence among women in Mathare constituency, Nairobi County. The specific objectives included determining the effects of lockdown, closure of

businesses and curfew hours on Gender-based violence among women in Mathare constituency, Nairobi County. Descriptive and inferential statistics were conducted on quantitative data to establish causation while qualitative findings were also incorporated to establish qualitative insights on GBV in Mathare Constituency.

The descriptive statistics revealed the significant effects of lockdowns, business closures, and curfews on Gender-Based Violence (GBV) against women in Mathare. Lockdowns were found to exacerbate domestic violence as women and girls were confined with their abusers, with a high agreement level (mean = 4.58, SD = 0.24). Dependence on abusive partners due to economic hardship emerged as the most critical factor, recording the highest mean (4.86, SD = 0.35). Additionally, lockdowns contributed to increased cases of teenage pregnancies (mean = 4.64, SD = 0.56) and exposed women and girls to heightened risks of sexual abuse (mean = 4.38, SD = 0.49). The closure of businesses also significantly contributed to GBV, with an overall mean score of 4.64 (SD = 0.36).

Financial stress caused by job and business losses was a prominent factor (mean = 4.85, SD = 0.38). Moreover, financial incapability hindered women from leaving abusive relationships (mean = 4.84, SD = 0.49). The closure of schools left girls vulnerable to gender-based violence, though this had the lowest mean (4.23, SD = 0.32), indicating less variability in responses. Curfew hours similarly had a substantial impact, with an overall mean of 4.49 (SD = 0.37). The restriction forced women to remain at home with abusers, heightening domestic violence (mean = 4.78, SD = 0.29). It also limited victims' access to support services and increased financial dependency on abusive partners. Family conflicts spiked as curfews extended, further exacerbating GBV cases.

The inferential analysis employed Pearson correlation and multiple regression techniques to explore the relationship between COVID-19 control measures and GBV. The correlation

analysis indicated significant positive relationships between all independent variables and GBV. Lockdown showed a moderate positive correlation ($r = 0.660$, $p < 0.05$), while business closures demonstrated a stronger positive correlation ($r = 0.742$, $p < 0.05$). Curfew hours had the strongest correlation with GBV ($r = 0.918$, $p < 0.05$), suggesting its pivotal role in the increase of violence. The regression analysis confirmed that the overall model was significant, explaining 85.7% of the variance in GBV ($R^2 = 0.857$, $F = 181.690$, $p < 0.05$). Among the independent variables, lockdown had a significant positive effect on GBV ($\beta = 0.133$, $p = 0.004$). Similarly, curfew hours had a highly significant and strong positive effect ($\beta = 0.817$, $p < 0.001$), marking it as the most impactful factor. Business closures, while positively associated with GBV, did not show statistical significance ($\beta = 0.048$, $p = 0.068$).

CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter concludes the above study, it discusses the summary of the study, draws a conclusion in relation to the findings and proposes recommendations for policy interventions and for future research based on the outcomes of the objectives of the study. Lastly the chapter discusses the limitations encountered and suggestions for future studies based on these limitations.

5.2 Discussion of Results

5.2.1 Lockdown and Gender-Based Violence

The study findings on lockdown align with empirical literature in affirming the significant correlation between lockdown measures and an increase in gender-based violence (GBV) against women. The correlation analysis revealed a positive relationship between lockdown and GBV, while the regression results showed that a one-unit increase in lockdown measures was associated with an increase in GBV. These findings align with global observations noted in the empirical literature, such as the surge in GBV during the COVID-19 pandemic, attributed to movement restrictions and increased stress (UN Women, 2021). For example, studies by Bourgault et al. (2021) highlighted how lockdowns restricted women from leaving abusive households, while frustration and stress escalated violence, echoing the conclusions drawn in this study.

Both the study results and empirical literature acknowledge the exacerbation of pre-existing gender inequalities during lockdowns, particularly due to limited access to GBV services. According to Fernandes, Phipps, and Schmidt (2020), rural and economically disadvantaged women faced unique challenges accessing response services due to logistical barriers like long distances and high transportation costs. Similarly, findings by Peterman et al. (2020) and the State Department for Economic Planning (Komba, 2021) emphasized how government-

imposed restrictions deprioritized GBV response measures. The study results build on this literature by quantifying the impact of lockdown measures on GBV, providing statistical evidence of the relationship and supporting claims that GBV increased globally during the pandemic.

Conversely, contradictions exist in the literature. While the study findings and many sources agree that lockdowns worsened GBV, Ravindran and Shah (2020) presented contrasting findings, noting a decline in certain crimes like sexual assault and homicide. This discrepancy could reflect regional variations or underreporting during lockdowns. Additionally, while most literature connects GBV increases to heightened economic stress and restricted movement (Decker et al., 2022; UNFPA, 2020), Ravindran and Shah suggest that crime trends may shift unpredictably under unique societal pressures. Thus, while the study's findings strongly align with much of the empirical literature, they also underscore the need for contextual and regional analyses to address inconsistencies and provide a holistic understanding of GBV trends during lockdowns.

The interviews conducted with local leaders and a nursing practitioner in Mathare constituency confirmed that movement restrictions left many women trapped at home with abusers, exacerbating the risk of violence. The financial strain caused by job losses during lockdowns, as noted by the local area chief, —a theme mirrored in the regression analysis, which shows a significant positive relationship between lockdowns and GBV. Similarly, teenage pregnancies rose during lockdowns due to school closures, as reported by the headteachers. The qualitative findings underscore how lockdown measures not only limited women's ability to escape abusive environments but also disrupted support systems such as schools, further exposing vulnerabilities.

5.2.2 Closure of Businesses and Gender-Based Violence

The study findings align with empirical literature in highlighting a positive relationship between the closure of businesses and increased gender-based violence (GBV) against women. The correlation analysis revealed a significant positive correlation, suggesting that the closure of businesses contributed to heightened GBV risks. However, the regression analysis indicated an insignificant positive relationship, suggesting that while business closures were correlated with GBV, their direct contribution might not be as pronounced as initially assumed. These findings align with the literature, which emphasises the indirect impact of business closures, such as economic stress and household tension, as key contributors to GBV (Afifu et al., 2021).

Empirical literature consistently supports the notion that business closures exacerbated economic vulnerabilities, particularly for women in informal sectors, leading to heightened exposure to GBV. Studies by Wasdani and Prasad (2020) emphasize that women faced increased economic stress, caregiving burdens, and heightened risks of exploitation. Similar findings by Wafula (2020) and Field et al. (2020) in Kenya demonstrate how job losses and reduced incomes, compounded by rising living costs, worsened household conflicts and increased GBV incidents. These findings mirror the study's conclusion that economic challenges stemming from business closures indirectly fueled violence against women, even if the direct relationship in regression analysis proved statistically insignificant.

Nuanced perspectives in the literature highlight varying regional and contextual outcomes. For example, Brody et al. (2023) demonstrated that closures of entertainment venues in Cambodia directly led to income losses among female employees, exposing them to GBV. Meanwhile, Solymari et al. (2022) argued that social distancing measures forced women-led businesses to shut down, thereby further amplifying unpaid domestic work and economic dependency —key risk factors for GBV. These findings suggest that while the study provides

valuable statistical insights, the indirect nature of the relationship underscores the importance of contextual and intersectional analyses to fully capture the complexities of how business closures influence GBV trends.

The closure of businesses, which was found to have a significant correlation with GBV but an insignificant direct causal relationship, also resonated with the qualitative findings. Interviewees noted that the economic strain caused by widespread business closures heightened family tensions, with many couples seeking mediation from local authorities for domestic conflicts. Women's loss of income and increased caregiving burdens, as highlighted by the nursing practitioner, compounded their vulnerability to abuse. Additionally, financial struggles led families to make decisions that exposed teenage girls to transactional relationships and early marriages, further connecting economic stress to the rise in GBV.

5.2.3 Curfew Hours and Gender-Based Violence

The study findings revealed a strong and statistically significant relationship between curfew hours and gender-based violence (GBV) against women, with a significant correlation and regression outputs. This suggests that a one-unit increase in curfew hours resulted in a substantial rise in GBV, highlighting the profound impact of curfews on GBV. Empirical literature aligns with these findings, indicating that curfews heightened economic stress, restricted movement, and increased time spent with abusive partners, all of which contributed to a surge in GBV cases (VanGelder et al., 2020; Asik & Ozen, 2021). For example, VanGelder et al. (2020) noted that curfews disrupted livelihoods, particularly for women involved in the night economy, exacerbating economic and emotional strain within households leading to higher instances of violence.

Both the study and the literature emphasize how curfews compounded the challenges faced by GBV survivors. Restricted movement during curfew hours limited women's access to support services, increasing their vulnerability to abuse. Kofman and Garfin (2020) observed

that fear of police brutality discouraged survivors from seeking help during curfew hours, a trend supported by Human Rights Watch Kenya, which documented police misconduct, including assaults on women and girls.

These findings align with the study's evidence that curfews intensify GBV risks, highlighting how institutional responses to curfews inadvertently perpetuate GBV by limiting intervention opportunities. Moreover, the literature highlights a similar causal pathway: financial dependency on abusive partners, compounded by job losses and curfew-related isolation, escalated tensions and violence at home (Roesch et al., 2020).

Interestingly, some empirical findings contrast with the study's conclusions by suggesting protective effects of curfews in certain contexts. Ivandic et al. (2020) observed that social distancing measures enforced by curfews occasionally made it difficult for abusers to access their victims, potentially shielding women from harm. While this perspective highlights a nuanced dynamic, it appears limited in scope compared to the overwhelmingly negative consequences reported in the study and broader literature. Thus, the study's findings align closely with the dominant narrative in empirical research, which underscores the multifaceted and predominantly adverse effects of curfews on GBV during the pandemic.

Curfew hours, the strongest predictor of GBV in the quantitative analysis were also identified in the qualitative findings as a significant driver of violence. Interviews highlighted how curfew hours forced families to spend extended periods together in constrained spaces, leading to heightened conflicts and instances of abuse. The local area chief and nursing practitioner both observed a surge in reported cases of domestic violence and injuries, consistent with the statistical evidence. Curfews also limited access to critical support services for GBV survivors, with movement restrictions and fear of police brutality deterring victims from seeking help. These findings highlight the intersection between restrictive

measures and institutional barriers, which together perpetuated cycles of violence during the pandemic.

5.3 Summary of the Main Findings

The general objective of the study was to determine the effects of COVID-19 control measures on Gender-based violence against women in Mathare Constituency, Nairobi County. To achieve this objective, the study was guided by three specific objectives: to assess the effect of lockdown on GBV, the effect of business closures on GBV, and to determine the influence of curfew hours on GBV. To achieve the stated objectives, a descriptive research design was adopted, in which primary data were obtained from residents of Mathare Constituency on the subject matter. Data analysis was made using SPSS version 28.0 in which descriptive and inferential statistics were computed. Additionally, interviews were conducted with six key informants in the area, including health practitioners, local administrative heads, and school heads, to establish qualitative insights on the subject matter.

The results of the study highlight the role played by COVID-19 control measures on Gender-based violence in Mathare constituency, Nairobi County. The findings revealed that the enforcement of lockdowns, business closures, and curfews significantly contributed to increased GBV. Lockdowns created an environment where women were confined with their abusers, resulting in heightened domestic violence and dependence on abusive partners. Economic hardships caused by business closures further exacerbated household tensions, with financial stress emerging as a leading factor in the prevalence of violence. Additionally, teenage pregnancies rose during the pandemic, as school closures and restricted movement exposed young girls to exploitation.

The closure of businesses was strongly linked to financial incapacity, which trapped women in abusive relationships. Limited opportunities for employment and self-sufficiency made it difficult for women to leave violent households. Schoolgirls were also disproportionately

affected, as they were left vulnerable to gender-based violence and exploitation due to the suspension of educational institutions. Meanwhile, curfews hindered access to support services and increased the financial dependency of victims on abusive partners. Prolonged curfew hours intensified family conflicts and tensions, further contributing to the spike in GBV cases.

5.4 Conclusion of the Study

5.4.1 Lockdown and Gender-Based Violence

The study concludes that COVID-19 control measures, including lockdowns, business closures, and curfew hours, significantly contributed to the rise in gender-based violence (GBV) against women in Mathare constituency. Lockdowns, with their strong correlation to GBV, exacerbated domestic tensions by confining families to limited spaces, restricting movement, and intensifying financial strain due to job losses. These factors created environments where women were more vulnerable to abuse. Additionally, school closures during lockdowns led to an increase in teenage pregnancies, as young girls were left idle and unsupervised, often exposed to risky situations and exploitative relationships. These findings emphasize the critical need to consider the broader social implications of lockdown measures when designing public health interventions.

5.4.2 Closure of Businesses and Gender-Based Violence

The closure of businesses further amplified the vulnerabilities of women and girls by disrupting economic stability and increasing dependency on abusive partners. Women in the informal sector were disproportionately affected, losing jobs or being forced to work from home, which heightened exposure to abusers. Economic distress caused by business closures also drove families to make decisions that exposed teenage girls to early marriages or transactional relationships. Despite the significant correlation between business closures and GBV, the study notes that the direct causal relationship was statistically insignificant,

indicating the influence of other compounding factors such as societal norms and existing inequalities.

5.4.3 Curfew hours and Gender-Based Violence

Curfew hours had the strongest impact on GBV, as evidenced by both quantitative and qualitative findings. Prolonged curfews restricted women's access to support services, deterred survivors from reporting abuse due to fear of police brutality, and confined families to tense domestic environments. Additionally, curfews exacerbated barriers to healthcare, including reproductive health services, which further exposed women and girls to harm. These findings underscore the urgent need for comprehensive and context-sensitive responses to public health crises, ensuring that measures to protect public health do not inadvertently perpetuate social harm or exacerbate vulnerabilities. Collaborative efforts from policymakers, healthcare providers, and community organizations are essential to address the unintended consequences of such measures on women and girls.

5.5 Recommendations

To address the unintended consequences of COVID-19 control measures on gender-based violence (GBV), several policy and practice recommendations can be made. Policymakers should prioritize integrating GBV prevention and response into emergency public health strategies. This includes ensuring that support services, such as shelters, counseling, and legal aid, remain operational and accessible during crises. Governments should also establish clear guidelines for safe reporting mechanisms, such as toll-free hotlines or digital platforms, to mitigate barriers caused by movement restrictions and curfews. Additionally, socioeconomic support programs targeting women, such as financial aid, employment recovery initiatives, and access to affordable childcare, should be implemented to alleviate economic strain and reduce dependency on abusive partners. Training law enforcement officers on handling GBV

cases with sensitivity and professionalism during curfews is crucial to avoid exacerbating survivors' fear of seeking help.

5.6 Areas of Further Research

Comparative analyses between urban and rural settings can offer insights into the unique challenges faced by women in different contexts. Additionally, research should examine the effectiveness of alternative service delivery models, such as virtual support services and mobile clinics, in addressing GBV during emergencies. Studies should also investigate how cultural and societal norms interact with economic and institutional factors to shape GBV trends, providing a comprehensive understanding of the issue. This knowledge will inform the design of inclusive and adaptive policies that protect vulnerable populations while balancing public health priorities.

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Appendix I: Letter of Introduction

AFRICA NAZARENE UNIVERSITY

26th September 2024

RE: TO WHOM IT MAY CONCERN

Duncan Kagicha (21J01DMGP030) is a bonafide student at Africa Nazarene University. He has finished his coursework and has defended his thesis proposal entitled: (*COVID-19 Control Measures and Gender-Based Violence (GBV) against Women in Mathare Constituency, Nairobi County.*

Any assistance accorded to him to facilitate data collection and finish his thesis is highly welcomed.

Kind Regards,

Dr. Simon Obwatho

Interim Deputy Vice Chancellor, Academic & Student Affairs

Appendix II: Questionnaire

This questionnaire will be used to gather information solely for academic purposes. The research topic is "**COVID-19 Control Measures and Gender-based Violence (GBV) against Women in Mathare Constituency, Nairobi County**." During the data collection and after data collection, all the information will be kept fully confidential. In this questionnaire, ensure that you do not indicate your name or any other aspect that reveals your identity other than filling in the blank spaces in the questions indicated below.

Section A: Socio-Demographic Information

1. Please indicate your gender. Male [ ] Female [ ]
2. Are you working? Yes [ ] No [ ].

   If 'Yes', kindly indicate if you are working in the formal or informal sector.

   ……
3. For how long have you been working in this sector?

   Less than one year [ ]

   One year to two years [ ]

   Three years to four years [ ]

   Five years to 6 years [ ]

   Seven years and above [ ]
4. What is your highest education level

   Primary school [ ]

   Secondary school [ ]

   College [ ]

   University [ ]
5. What is your age bracket?

   Below 18 years [ ]

18 years to 24 years [ ]

25 years to 31 years [ ]

32 years to 38 years [ ]

39 years and above [ ]

SECTION B: LOCKDOWN, CURFEW HOURS, CLOSURE OF BUSINESSES, AND GENDER-BASED VIOLENCE AGAINST WOMEN AND GILRS

PREVALENCE OF GENDER-BASED VIOLENCE AGAINST WOMEN

Please specify your level of agreement with the statements below on the prevalence of Gender-Based Violence against women using a 5 Likert scale where 1 is strongly disagree, 2 is disagree, 3 is neutral, 4 is agree and 5 is strongly agree.

	Entry statement	**1**	**2**	**3**	**4**	**5**
1	I experienced or witnessed gender-based violence (GBV) against women and girls during COVID-19					
2	COVID-19 control measures i.e. lockdowns, closure of businesses, (hotels, bars, and markets), and curfew hours increased cases of gender-based violence (GBV) against women and girls in the community.					
3	Numerous cases of gender-based violence (GBV) against women and girls were reported during COVID-19					
4	The physical, mental, and health well-being of women and girls were threatened in the community during COVID-19 pandemic					
5	Inadequate resources were allocated to address gender-based violence (GBV) against women and girls during COVID-19 pandemic					

LOCKDOWN AND GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS

Please specify your level of agreement with the statements below on the degree of the impact of lockdown as a COVID-19 control measure on Gender-Based Violence (GBV) against women using a 5 Likert scale where 1 strongly disagrees, 2 disagrees, 3 is neutral, 4 agrees and 5 strongly agrees.

	Entry statement	**1**	**2**	**3**	**4**	**5**
1	Lockdown locked women and girls with their abusers thus exposing them to gender-based violence (GBV) during COVID-19					
2	Lockdown increased economic hardship and domestic violence due to the loss of jobs during the COVID-19					
3	Lockdown exposed women and girls to sexual abuse and violence.					
4	Cases of early pregnancies increased during COVID-19 lockdowns.					
5	Lockdown created dependence by women on their abusive partners hence increased cases of gender-based violence (GBV) during COVID-19.					

CLOSURE OF BUSINESSES AND GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS

Please specify your level of agreement with the statements below on the degree of impact of the closure of the businesses (hotels, restaurants, bars, and markets) as a COVID-19 control measure on Gender-Based Violence against women using 5 Likert scale where 1 strongly disagrees, 2 disagrees, 3 is neutral, 4 agrees and 5 strongly agrees.

	Entry statement	**1**	**2**	**3**	**4**	**5**
1	Closure of businesses hindered exit from abusive relationships due to financial incapability					
2	Closure of businesses caused financial stress and tension in households					
3	School girls were exposed to gender and sexual-based violence due to the closure of schools and other learning institutions.					
4	The closure of businesses caused the loss of jobs and economic hardship hence increasing cases of gender-based violence against women and girls.					
5	There were limited opportunities for women to seek employment and improve their livelihoods to escape abusive relationships during COVID-19.					

IMPOSITION OF CURFEW AND GENDER-BASED VIOLENCE AGAINST WOMEN AND GIRLS

Please specify your level of agreement with the statements below on the degree of the effect of curfew hours as a COVID-19 control measure on Gender-based violence using a 5 Likert scale where 1 strongly disagrees, 2 disagrees, 3 is neutral, 4 agrees and 5 strongly agrees.

	Entry statement	**1**	**2**	**3**	**4**	**5**
1	Curfew hours exposed women and girls to domestic violence as they were locked at home with their abusers.					
2	Curfew hours hindered victims from accessing gender-based violence (GBV) support services.					
3	Extending curfew hours created more family conflict and tension thus spiking cases of gender-based violence					
4	Curfew hours during COVID-19 prevented victims from escaping abusive situations.					
5	Curfew hours contributed to financial dependency on abusive partners.					

Appendix III: Oral Interview Questions Guide
Introduction

My name is Duncan Kagicha, a Master of Science degree student in Governance, Peace, and Security at Africa Nazarene University. I am conducting academic research focused on the relationship between COVID-19 control measures and Gender-Based Violence (GBV) against women in the Mathare constituency, Nairobi County. I have chosen to interview you specifically because as a public office stakeholder, you are likely to have interacted with GBV victims either in your professional capacity or through other means during the COVID-19 pandemic.

Ethical Consideration

Please note that your responses will be treated with confidentiality, and your identity will remain anonymous unless you provide explicit consent. Participation in this interview is entirely voluntary, and you are free to withdraw at any time without any consequences.

Interview Questions

1. What are your views on the implementation of lockdown measures and their impact on Gender-Based Violence against women in Mathare Constituency during the COVID-19 pandemic?

2. During the pandemic, the government enforced the closure of learning institutions (schools) and businesses such as bars, restaurants, salons, and markets. How do you perceive this decision in relation to Gender-Based Violence against women in the Mathare constituency?

3. The curfew hours required people to be home earlier to avoid violating the imposed restrictions. How do you view the curfew's impact on Gender-Based Violence against women in Mathare constituency?

4. Is there anything else you would like to share regarding COVID-19 control measures and their effect on Gender-Based Violence against women in Mathare Constituency?

Conclusion

Thank you sincerely for taking the time to share your thoughts and insights on COVID-19 control measures and their relationship to Gender-Based Violence against women in Mathare constituency. The conversation has been invaluable, and I have gained significant insights for my study.

Appendix IV: RESEARCH APPROVAL LETTER

AFRICA NAZARENE
UNIVERSITY

P.O.Box: 53067 – 00200
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26th September 2024

RE: TO WHOM IT MAY CONCERN

Duncan Kagicha (21J01DMGP030) is a bonafide student at Africa Nazarene University. He has finished his course work and has defended his thesis proposal
entitled: -

(COVID – 19 Control Measures and Gender -Based Violence (GBV) against Women in Mathare Constituency, Nairobi County.

Any assistance accorded to him to facilitate data collection and finish his thesis is highly welcomed.

Dr. Simon Obwatho
Interim Deputy Vice Chancellor, Academic & Student Affairs

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No:321495

Date of Issue: 22/October/ 2024

RESEARCH LICENSE

This is to Certify that Mr.. Dancan Kamau Kagicha of Africa Nazarene University, has been licensed to cond
the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: COVI
Measures and Gender-Based Violence (GBV) against Women in Mathare Constituency, Nairobi County for t
22/October2025.

License No:NACOSTI/P/24/41209

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Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE,TECHNOLOGY &
INNOVATION

Verification QR Code

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Scan the QR Code using QR scanner application.

See overleaf for conditions

Appendix VI: The Study Map – Mathare Constituency