

## ***Lecturers' Role in Managing GBV Affecting University Students in Kenya***

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### **ABSTRACT**

*Kenya aims at providing a high quality of life to her citizenry by 2030. Consequently, it is also hoped that by the year 2015, there would be no gender inequality and that women and men of Kenya would be equally empowered to effectively participate in all industrialization processes. However, this survey study which was done in three public and private universities (namely, Maseno University, Egerton University, University of Nairobi, Daystar University, Kenya Methodist University and United States International University) using questionnaires to collect data from a sample of 144 lecturers, that were analyzed and synthesized both qualitatively and quantitatively, found out that there is an obstacle to educational development in Kenya that needs to be obliterated. This obstacle is gender-based violence (GBV) as affirmed in the field findings by 36.8% of lecturers. The study was prompted by the need to establish the measures taken to prevent the occurrence of GBV, modalities of support for victims, actions taken against perpetrators of GBV and the challenges encountered. Accordingly, this paper examines the part the lecturers contribute in these areas. It was found that lecturers mainly prevent GBV through education, counseling and awareness even though public university students (21.6%) take more self-protection measures. The lecturers support victims of GBV majorly by counseling, moral support and forwarding perpetrators for disciplinary action although some expressed lack of empowerment by the university administration. Stigmatization was found to be a major drawback in the fight against GBV. Among the recommendations are fast prosecution of offenders, involvement of lecturers in policy formulation and sensitization on GBV. The gender institute was also seen as strategic in addressing stigmatization in collaboration with the government.*

**Key words:** Gender-Based Violence, Lecturers, Prevention, Support, Action, Challenges.

### **INTRODUCTION**

The aim of EFA is to bring the benefits of education to every citizen in every society (The World Bank, 2009). Worth noting is that among the goals of EFA is a commitment to eliminate gender disparities; achieve gender equality in education by 2015 and to ensure that learning needs for all young people and adults are met through equitable access to appropriate learning and life skills programmes. However, students have to grapple with various barriers one among them being Gender-Based Violence (GBV). GBV is a human rights violation, a public health concern and is prohibitory to development (Amu, 2012). It affects both the male and female students in educational institutions. It refers to the physical acts of force, social and psychological harm meted on an individual or group of individuals for no other reason than that they are male or female; It includes neglect, exploitation, threats, sexual abuse and deprivation of liberty (United Nations, 2006).

The Afrocentric perspective was embraced in this paper thus, the African Sexual and GBV Population Council (2008) defines GBV as the physical, mental or social abuse directed against a person because of his/her gender or roles in a society or culture. This definition brings out the connection between GBV and roles in a society or culture. To illustrate this

connection, a respondent in a study on the Cultural Content of Gender Relations done by a Community Based Organization in Kilifi, Kenya stated, “You know it is a taboo for a man to visit the kitchen....” (Moving The Goalposts, 2012:2). The statement exposes the fact that, it is forbidden culturally for a man to be in the kitchen. Therefore, it would not be a normal occurrence to find a man in the kitchen in that culture. Subsequently, a man found in the kitchen would be ridiculed as his roles were not considered to be in the kitchen. Further, another respondent reported, “It is right for a husband to beat a wife who refuses to ....”(Moving The Goalposts, 2012:2). The illustration discloses that some acts of violence meted on women by men are viewed as normal occurrences. This is due to the communities’ acceptance of men’s use of power over women (LVCT, 2012).

Statistics on the prevalence of GBV in Africa in 2012 indicate that 43% of the 15-49 year old women reported having experienced GBV in their lifetime among whom 16% were sexually abused (Population Council, 2012:3). To add to this, a study done at Addis Ababa University in the year 2005 shows the prevalence of completed rape cases and attempted rape cases as 12.7% and 27.5% respectively among female students (Gaidzanwa, 2005). Worse still, GBV is increasingly viewed as a driving force to the HIV and AIDS epidemic globally necessitating experts and policy makers to shift their efforts to the fight against GBV in curbing HIV and AIDS (Turan & Hatcher, 2012). This is because the victims are given no say with regard to protection from infection. Findings show that though women and girls are most affected, men and boys also experience GBV (LVCT, 2012). In this connection, male survivors were found to experience similar physical, social and psychological violations experienced by female survivors. For instance, the male survivors experience sexual violations such as forced anal and oral sex, forced masturbation of perpetrators and masturbation of the victim. However, they are less likely to seek legal or medical help due to stigma and prejudice regarding male sexuality or masculinity (Population Council, 2012:5).

Moreover, studies done in selected settings of African formal education sector (primary, secondary and universities) in Eastern and Southern Africa reveal that male students face more severe punishments than female students when they make mistakes (Chege, 2007). Female students are given less punishment making the male students to feel more hated. In this connection, it was found that boys are more likely to be perpetrators of violence if exposed to violence and harsh punishments in childhood (Martin et al, 2002). Further it was established that male instructors smile and are happier when helping female students than male students (Chege, 2007). These revelations show that educators have a role to identify the actions that are suitable in correcting behavior and handling students.

The paper therefore sought to provide answers to the following questions: In what ways do lecturers contribute to the management of GBV affecting students in terms of prevention, supporting victims and taking action on perpetrators of GBV? What challenges do they face in managing GBV? The GBV variables considered are sexual exploitation and harassment; derogatory language (language to belittle or insult a given gender); discrimination (Differential treatment) and class (Different status given to the male and female gender); non-responsive learning environments to gender; stereotypes and negative indoctrination based on the forms of GBV identified by the National Commission on Gender and Development report of 2006.

## **REVIEW OF LITERATURE**

GBV requires concerted efforts institutionally, nationally and globally to eradicate. As a highlight on GBV a report of 2010 on the prevalence of GBV in three universities in Afghanistan established that the vice was present. This was affirmed by the Chancellor of

Kabul University who illustrated that “GBV is a pervasive problem in educational institutions with devastating impacts on those affected ranging from absenteeism, severe mental and physical health issues, dropouts and in most severe cases, suicide” (GSI, 2010:2). It is a long standing problem experienced in both the developing and developed countries (Narangiti, 2008).

The effects of GBV are illustrated by findings on the Australian National Mental Health and Well-Being research in the year 2007 where a cross-sectional survey of 4451 women aged 16-85 years showed that 27.4% had experienced at least one type of GBV (Rees et al, 2011). Inadvertently, those exposed to 3 or 4 types of GBV had 77.3% rates of mental disorders, 5.85%-17.30% anxiety disorders, 52.5% mood disorders, 47.1% substance use disorder, 6.2% Post Traumatic Stress disorder, 89.4% other mental disorders and 34.7% suicide attempts. These statistics indicate the magnitude of the problem. Apart from these, GBV was associated with physical disabilities and impaired quality of life. The other effects include sexually transmitted infections, gynecological disorders, cuts and scratches, visual damage, irritability, bowel disease or disorder, chronic pain conditions, unwanted pregnancies and even deaths (Population Council, 2012:2). Apart from public health concerns, GBV hinders peaceful co-existence, equality and mutual respect yet gender inequality was identified as an overarching issue facing universities in Kenya by an IUCEA report (Nyaigotti-Chacha, 2004).

GBV further prevents individuals from realizing their potentials in life. For instance, in one of the universities under study a lecturer expressed that some female students do not voice their opinions in class for fear of being called aggressive (Wandia, 2012). This implies that such students do not exhibit their full capabilities. Further, reflections from university students in Kenya revealed that exchange of sex for basic resources such as sanitary supplies, transport, food and for better marks were evident (Kinyili, 2011:29).

Internationally, a USA report in the year 2000 with respect to the prevalence, incidence and consequences of violence from the National Violence Against Women Survey shows that 37.5% of victims of physical violence each year were men (Tjaden & Thoennes, 2000). These findings dispel misconception that GBV is wholly a women issue dissociated from men. What is more, an engendered look at careers in USA nationally shows that engineering and teaching are among the most lopsided disciplines. Researchers at Rice University attributed the discrepancy in the pursuit of the Science, Technology, Engineering and Mathematics (STEM disciplines) to men’s decisions not to pursue certain non-STEM disciplines and women’s decisions not to pursue STEM disciplines, due to gender discrimination. Likewise in Kenya, a study carried out in a secondary school in Kenya identified differential treatment in physics classrooms (Kitetu, 2000). Boys were assigned different tasks from girls and were treated more harshly compared to girls. The specification of tasks and traits for each gender serves to label non-conforming males and females as deviants, (UNESCO, 2008). For instance assertive females are portrayed as tomboys implying they have more male traits than female traits while nurturing males are seen to have more female traits thus looked down upon and ridiculed.

In curbing GBV Frostburg University established an office of the coordinator responsible for overseeing complaints of sex discrimination and other systemic violations. The University also developed the President’s Advisory Council Against Gender Based Violence (PACAGBV) in 2011 to advise the President of the University about creating an environment that upholds all people in mutual respect and understanding. An emergency call number 911 was established for students to report any violations. Similarly, to reduce GBV at a South

African University, measures were developed to change the underlying social norms and the overall institutional culture (Collins et al, 2009). The university management engaged the risk management services to create gender democracy. Additionally, a GBV lobby group which is a coalition between staff and students was developed in the year 2005 to tackle the issue of student safety and security paradigms. Frostburg University is among institutions that have elaborate procedures for students to follow in the event of GBV. Moreover, the university has a victim advocate at the Family Crisis Resource Center. The on-campus or off-city police can be contacted by students while the Domestic Violence Offices are also open to provide help.

Equally, in a bid to create GBV awareness in Kenya, Kenyatta University held the first International GBV conference between 1<sup>st</sup> -3<sup>rd</sup> August 2012 with the theme “Creating safe spaces: A multi-disciplinary approach to GBV” where GBV was explored in the context of family, community, institutions and state. Traditional gender roles and cultures were found to play a part in promoting GBV by assigning certain expectations to gender and punishing perceived non-compliance in a way that violates human rights. As a result, community leaders, administrators, teachers, and lecturers alongside parents have a key obligation to design gender roles and responsibilities that are effective in managing GBV. A look at the legal framework in Kenya shows there are no specific anti-GBV laws under which perpetrators can be charged hence they are charged under different laws such as the Penal Code, Sexual Offences Act and the Counter Trafficking Act (HHRI, 2010). As a result, victims of GBV do not get justice as expected. However, Chapter 4 of the Constitution of Kenya contains the Bill of Rights where part 2, article 27, section 1 states that ‘every person is equal before the law and has the right to equal protection and equal benefit of the law’ (Republic of Kenya, 2010). Hence both male and female students are to be protected from any form of harm.

In view of the revelations from the review of literature, an exclusive focus on physical security is not effective in curtailing GBV as it has more complex social underpinnings which are backed by the social feminism and post-structuralism theories as postulated in this paper. These theories explain the contribution of class structures on one hand, and the social and cultural allocation of roles in the propagation of GBV respectively. Consequently, the social learning theory serves to shade light on the fact that the negative aspects of gender that have been transmitted and learned can be de-learned, discarded and new ones developed. The result would be reduction in GBV occasioning peaceful university environments for both the male and female students. The paper therefore examines the part the lecturers play in managing GBV.

## **STUDY METHODOLOGY**

A cross-sectional survey design was used in the study. The design was appropriate as it sought to establish the status at the universities and make recommendations for action. To ensure that lecturers of both the public and private universities participate in the study, cluster sampling of public and private universities was used. Subsequently, simple random sampling (Huntsberger & Billingsley, 1989) was used to find three public and three private universities from each cluster based on a minimum of 10% of the population size for small samples (Salkind, 2004). In addition, Kish (1965, in Israel 2009) recommends that for analysis involving subgroups (in this case public and private university lecturers) 30 to 200 elements are sufficient if the attribute being measured is present 20%-80% of the time; that is, the distribution approaches normality. The University Academic Staff Union data revealed 9000 lecturers in private and public universities with 7000 in public and 2000 in private (Ng'ang'a, 2011). This gives a population of 78% in public universities and 22% in private universities with a variability of 0.22, which rounds up to 20% in the table for finding base sample sizes

(Watson,2001). Hence, the table gives a minimum sample size of 100 for a variability of 0.20 at 95% confidence level.

Subsequently, questionnaires were administered to 201 lecturers whereby 156 were from public and 45 from private universities in equal ratios. 144 were returned giving a return rate of 72% with 101 from public universities (Maseno University, Egerton University, University) and 43 from private universities (USIU, Daystar, KeMU). Lecturers who were free from class at the time of data collection were chosen for the study albeit through random sampling to biases. The questionnaires had both structured and non-structured questions where both quantitative and qualitative data were collected. The first part collected demographic data such as category of university, gender, age and whether aware of any student who had experienced GBV while the second obtained information on the contribution of lecturers in managing GBV through prevention, support of victims, actions taken against perpetrators of GBV and the challenges encountered in performing these roles. The respondents voluntarily gave the information. Further, library research was used to collect secondary data. The collection of data was done from the Ministry of Education Resource Centre, institutional libraries (Kenyatta University, Masinde Muliro University, University of Nairobi, Daystar University, National library, internet sources). The other secondary sources were the government official documents such as the constitution of Kenya and other legal documents where legal stipulations that relate to GBV were sought. In addition were the journals, periodicals, dissertations and books.

In establishing instrument validity “It takes a pre-test size of not more than 12-25 cases to reveal the major difficulties and weaknesses in a test questionnaire”, (Zukerberg, Moore, & Thurn, 2011:1). Therefore, the study used 12 lecturers in the pre-test to establish instrument validity. Reliability was determined using split-half technique (Clarke & Cooke, 1992). The researcher scored the odd and even items of the questionnaire after the pilot study. The scores of the two parts were compared using the Pearson Product Moment Formula. Full reliability of the instruments was given by the Spearman-Brown Coefficient that was obtained using the Spearman’s Brown Prophecy Formula. The results on reliability were as follows in table 1:

Table 1: Reliability of Lecturers' Questionnaire

Cronbach's Alpha	Part 1	Value	.967
		N of Items	17.000 <sup>a</sup>
	Part 2	Value	.943
		N of Items	16.000 <sup>b</sup>
Total N of Items			33.000
Correlation Between Forms			.884
Spearman-Brown Coefficient	Equal Length		.939
	Unequal Length		.939
Guttman Split-Half Coefficient			.934

The Spearman-Brown Coefficient was obtained as 0.939 as seen in table 1 indicating a very high reliability of the instruments. Data collected were coded and analyzed by descriptive statistics using SPSS and excel to obtain frequencies, means, percentages, and standard deviations that were presented in tables, graphs and charts. The findings on the prevention of GBV, support of victims, action taken and challenges encountered in fighting GBV were organized thematically and analyzed consecutively both quantitatively and qualitatively. The next part gives results.

## **RESEARCH FINDINGS**

### **Demographic Results**

70.1% of the lecturers who participated in the study were from the public university category while 29.9% were from the private university category. This shows an adequate representation of lecturers from both private and public universities. The male lecturers made up 65.3% of respondents while the female lecturers made up 34.7% of the respondents. Thus both male and female lecturers were represented in the study. Majority of the respondents (29.9%) were in the 40-44 age bracket followed by those above 44 years of age. Subsequently those between 30-34 years (22.2%) and 35-39 years (14.6%) years of age followed respectively. This shows that most respondents were experienced and mature in the profession thus the information they gave can be relied upon. 4.9% of the respondents were below 30 years of age. To better understand the respondents, they were asked if they were aware of any student who had experienced GBV. The lecturers gave the responses as illustrated in figure 1 that follows. 36.8% of the respondents said they were aware of students who had experienced GBV while 63.2% said they were not aware. Though a bigger majority of the lecturers, (63.2%) were not aware, the percentage that was aware (36.8%) is considerably substantial owing to the field findings that most students do not report cases of GBV.

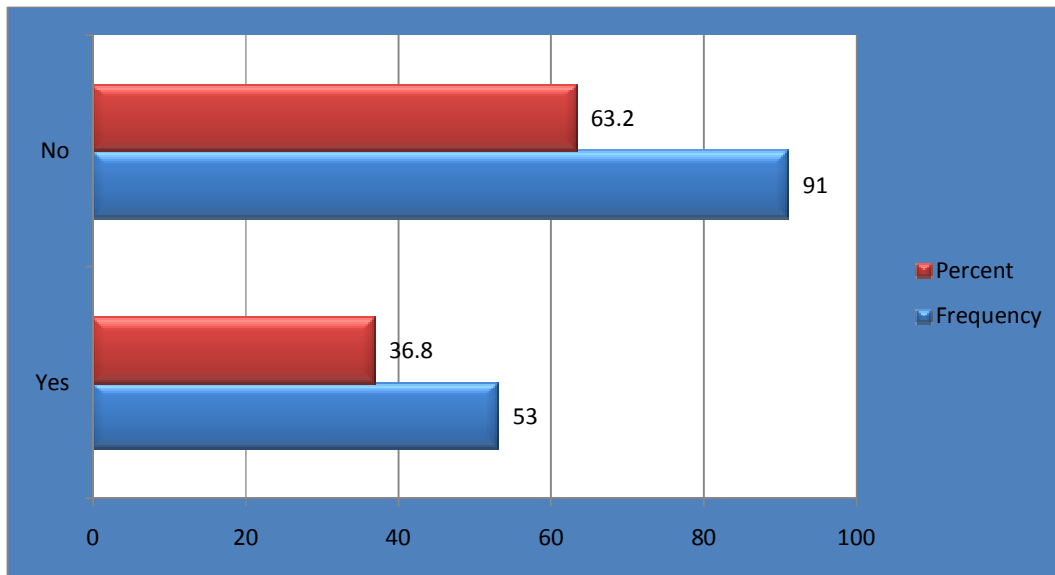


Figure 12: Lecturers Aware of Students Who had Experienced GBV

Out of the 36.8% of the lecturers who were aware of the students who had experienced GBV, 26.7% were male while 60.4% were female lecturers. This shows that more female lecturers were aware of students who had experienced GBV and that more students confide in them.

The lecturers were asked to state the different forms of GBV experienced by the students. They were allowed to indicate all the different forms of GBV that the students had experienced and the results from male and female respondents were summarized in figure 2 and figure 3 respectively. The results show that sexual exploitation and harassment was the most frequently experienced form of GBV making up 24% of the cases mentioned by male lecturers and 30% of the cases mentioned by female lecturers. This was followed by derogatory language at 21% and 19% of cases mentioned by male and female lecturers respectively. Negative indoctrination (Labeling and negative descriptions of a given gender) and class came third and fourth respectively on cases mentioned by female lecturers. On the

other hand, discrimination and negative indoctrination came third and fourth respectively on cases mentioned by male lecturers.

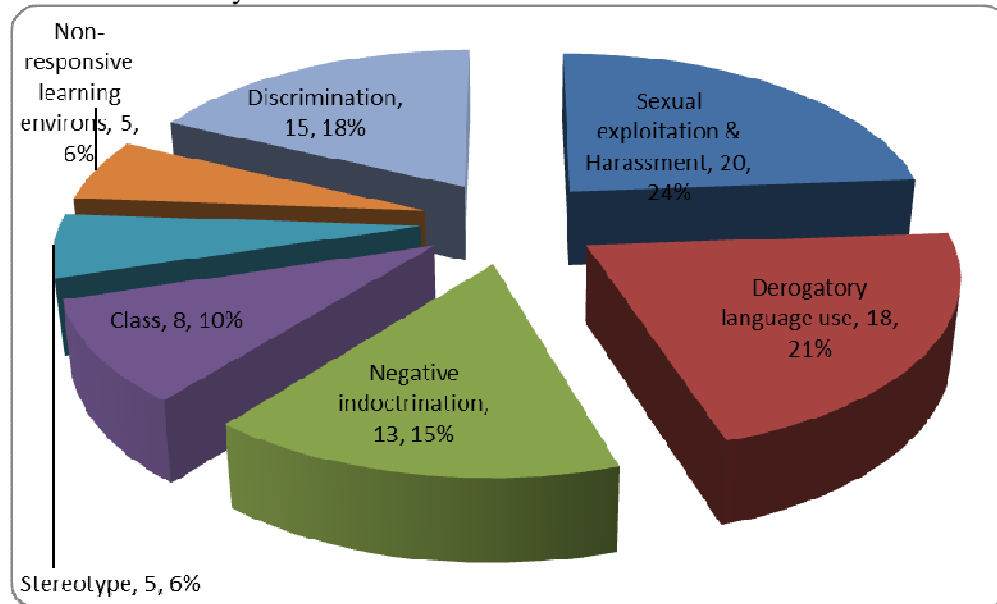


Figure 13: Male Lecturers' Responses on the Forms of GBV Students Experienced  
This shows that the major forms of GBV experienced by students were sexual exploitation and derogatory language use.

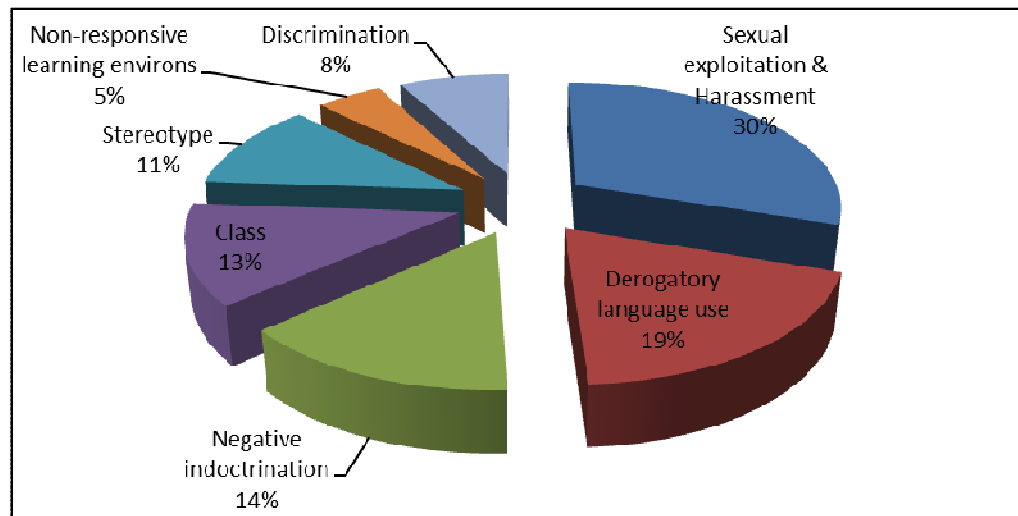


Figure 14: Female Lecturers' Responses on the Forms of GBV Students Experienced  
The next part gives the lecturers' contribution in managing GBV.

### **Lecturers' Role in Managing GBV**

The findings show that some lecturers actively assisted in the prevention of GBV and provided support to victims. On the contrary others felt it was not part of their duty to deal with GBV issues thus were passive about it. The lecturers' responses are highlighted as hereunder:

#### **i. Prevention of GBV**

The private university lecturers' responses in figure 4 show that they majorly offer education as divulged by 29% of the lecturers. Students were educated on their rights. This is followed by counselling (26%) where students are sensitized on exercising mutual relationships. 14% of the lecturers revealed that they have awareness programmes on GBV which target both male and female students. However most students do not attend citing busy schedules. Some lecturers also engage in scriptural teachings and avoid compromising situations. The universities proscribe discrimination qualifying lecturers to avoid discrimination as reported by 5% of respondents. Therefore, they strive to treat students equally and exercise fairness irrespective of gender. However 5% of lecturers said nothing is done to prevent GBV occurrence despite the revelation that policies and programmes on GBV were present.

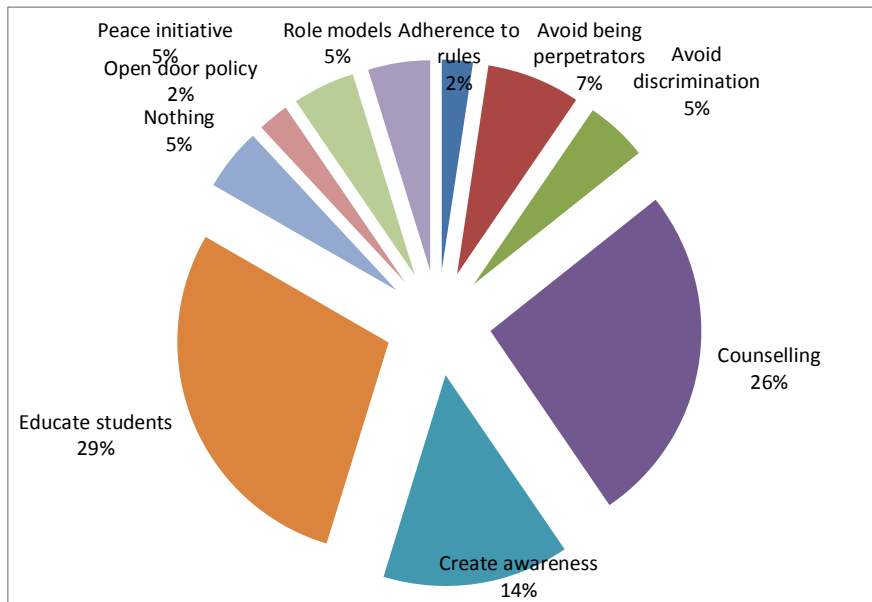


Figure 4: Private University lecturers' Responses on Prevention Methods

The public university lecturers' findings are given in figure 5 that follows. The public university lecturers mainly provide awareness (19.2%) and counselling (30.3%). In the awareness programmes, the lecturers are allowed to use university boards, seminars, engaging in self-empowerment programmes and having regular departmental meetings with students. They also enforce rules (11.1%) and educate students (6.1%). Further, the lecturers report cases and avoid discrimination of gender. In the enforcement of rules the lecturers follow the students' and staff codes of conduct. Interestingly, some lecturers (1%) indicated they keep students busy through teaching to prevent GBV. However, 3% said they were not empowered by the universities to fight GBV; therefore, it was not within their mandate to prevent GBV.



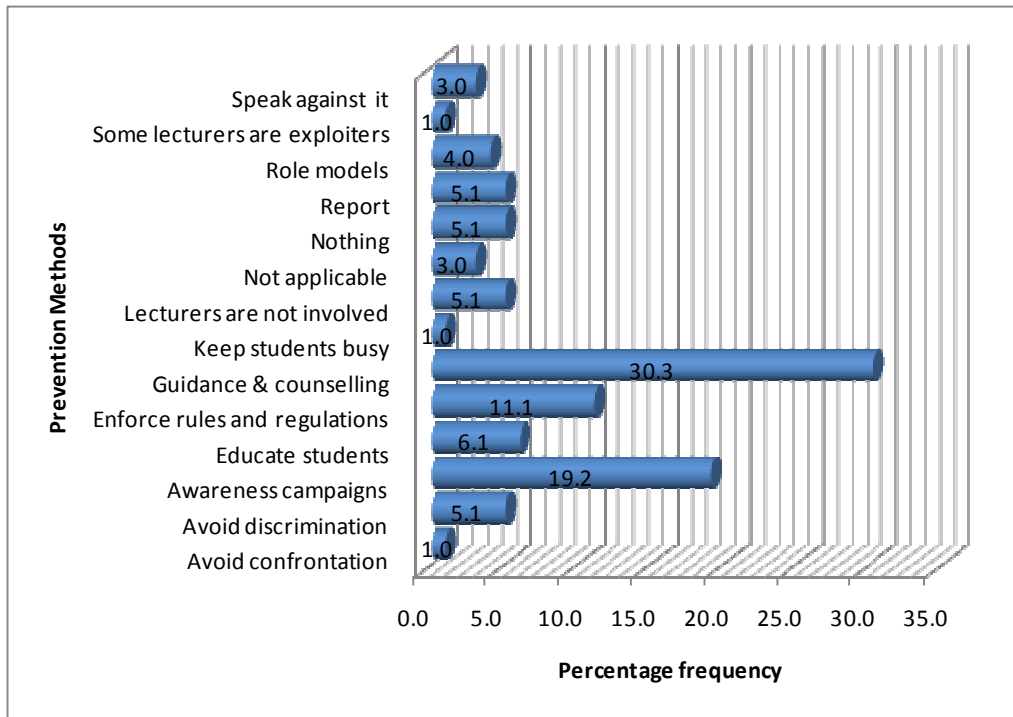


Figure 5: Public University Lecturers' Responses on Prevention of GBV

The part that follows discusses the field findings on the support lecturers provide to victims of GBV.

**ii. Support Given to Victims of GBV**

The responses from private university lecturers on the support they provide victims of GBV are shown in figure 6 that follows. The field findings show that 39% of the private university lecturers provide counselling to the victims of GBV while 10% give moral support. The universities have also set up counselling programmes in the student welfare offices as disclosed by 8% of respondents. To avoid stigmatizing students, the universities proscribe discrimination as shown by 3% of the respondents. The universities also provide medical treatment for victims of GBV and lecturers refer them for medical attention. On the other hand, 13% of the lecturers indicated that nothing was done to support GBV victims and added that they are not empowered to assist victims of GBV. This is emphasized by another 5% of the lecturers who indicated that the issues of GBV are not applicable to them.

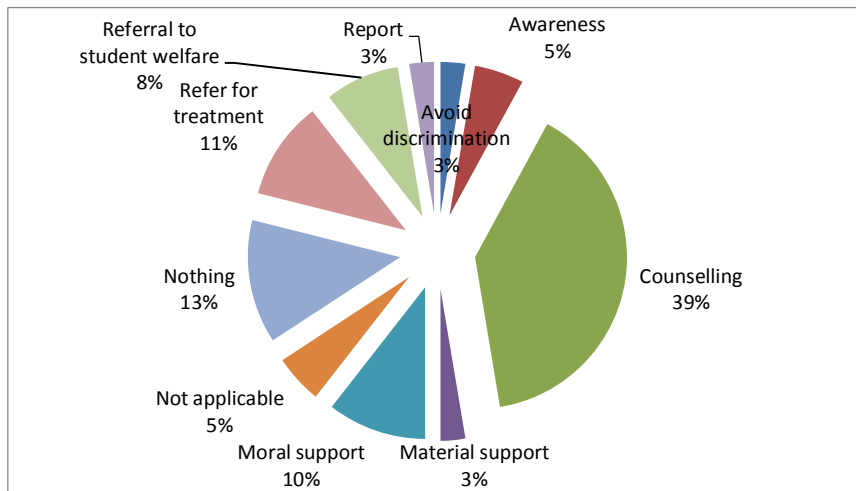


Figure 6: Private University Lecturers' Responses on the Support for Victims of GBV

The public university lecturers provide support to victims of GBV as illustrated in figure 7 that follows. The public university lecturers just like the private university lecturers majorly support victims of GBV through counselling (44.8%). The students were referred for counselling to various offices such as dean of students or gender office (11.5%) and student counsellors (5.7%). This further indicates that there was no centralized office that lecturers concordantly send the students to, for counselling. Provision of medical support for victims of GBV was cited by 6.9% of public university lecturers. Those who indicated that nothing is done were 13.8% while 2.3% of the lecturers indicated they were not involved by the universities to support victims of GBV.

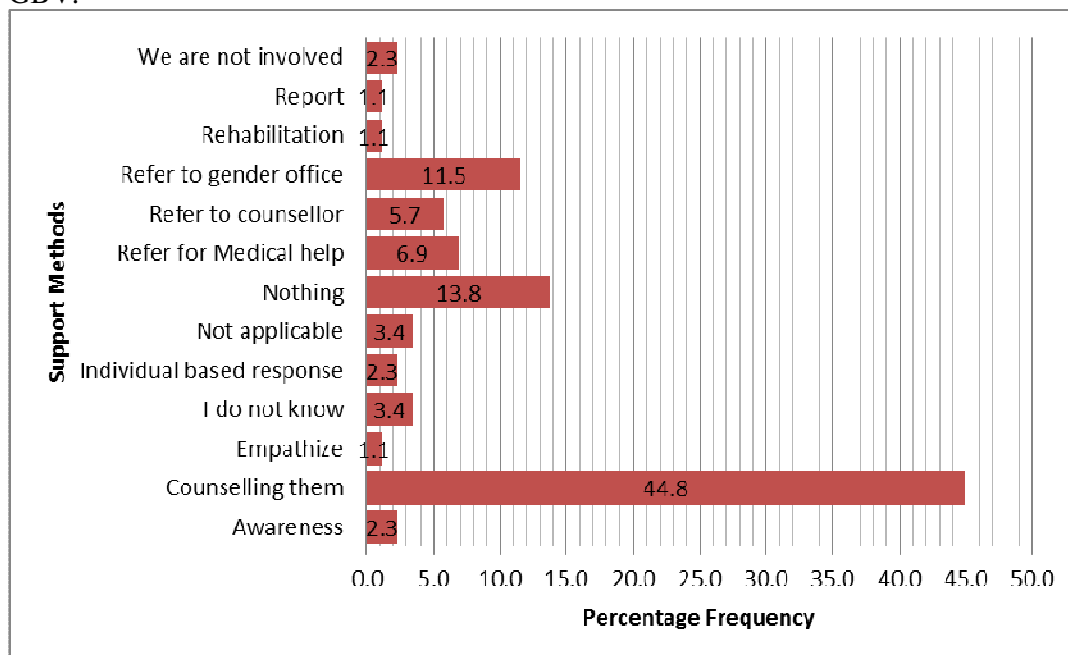


Figure 7: Public University Lecturers' Support for GBV Victims

In contrast, some lecturers went a step further to support the victims of GBV by taking them to rehabilitation centers for psychological assistance.

**iii. Actions on Perpetrators**

The findings from the private university lecturers are shown in figure 8 that follows:

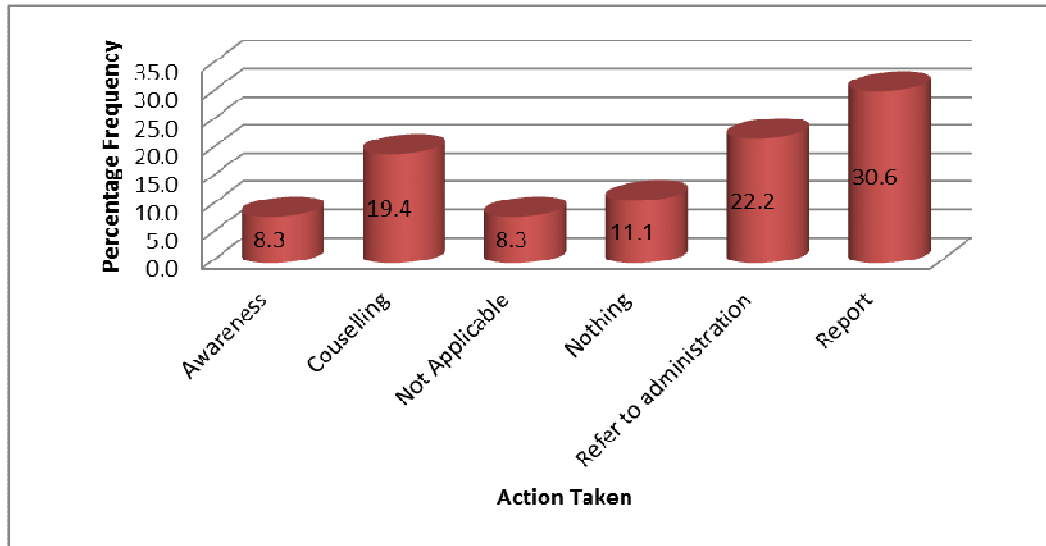


Figure 8: Private University Lecturers' Actions on perpetrators of GBV

30.6% of the lecturers established that there were disciplinary machinery for perpetrators of GBV thus reported the cases. Another 22.2% refer the cases to the university administration for disciplinary action. The lecturers use the counselling programmes to assist the perpetrators of GBV to reform as seen from 19.4% of lecturers. 11.1% of lecturers indicated nothing was done while 8.3% expressed it was not applicable for them to take any action on perpetrators of GBV. On the other hand, 31.5% of public university lecturers established that there are offices for reporting the perpetrators of GBV as shown in figure 9. Cases were reported to the deans of students' offices, police and gender office. However, 16.3% of the lecturers advocated for disciplinary action whereas another 16.3% did not take action on perpetrators of GBV. 9.8% of the lecturers were involved in counselling the perpetrators on the consequences of GBV. Awareness programmes for students and staff were organized as indicated by 8.7% of the respondents.

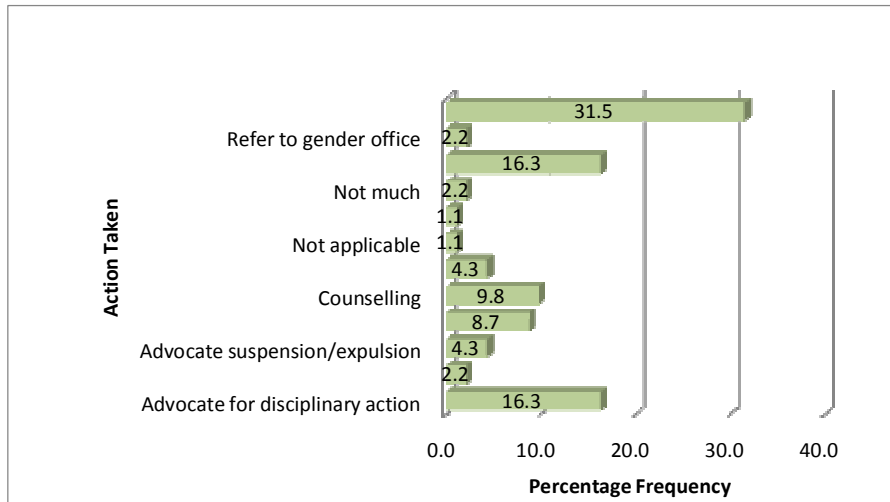


Figure 9: Public University Lecturers' Responses on the Actions taken on Perpetrators of GBV

### **Challenges Faced by Lecturers' in Dealing with GBV**

The public university lecturers (14.4%) sighted lack of communication as a key challenge in providing assistance to the victims as shown in figure 10. The students on the other hand did not want their cases to be known due to stigmatization. Stigmatization further explains the silence by victims of GBV as noted by 12.4% of the lecturers. However 13.4% of the lecturers clarified that there is limited time leaving them no allowance outside academic circles to deal with students' issues. The teaching load was correspondingly wide affording inadequate time for student advisement. Additionally, there is also a high enrollment of students in public universities as expounded by 3.1% of the lecturers.

The lecturers (8.2%) further illuminated lack of involvement and empowerment by the university. Lack of empowerment inevitably implied no direct role or mandate to deal with GBV. 9.3% of the public university lecturers exposed inadequate skills in guidance and counselling as a challenge. However in assisting the victims of GBV, 44.8% of the lecturers counsel them while 2.3% support them through awareness.

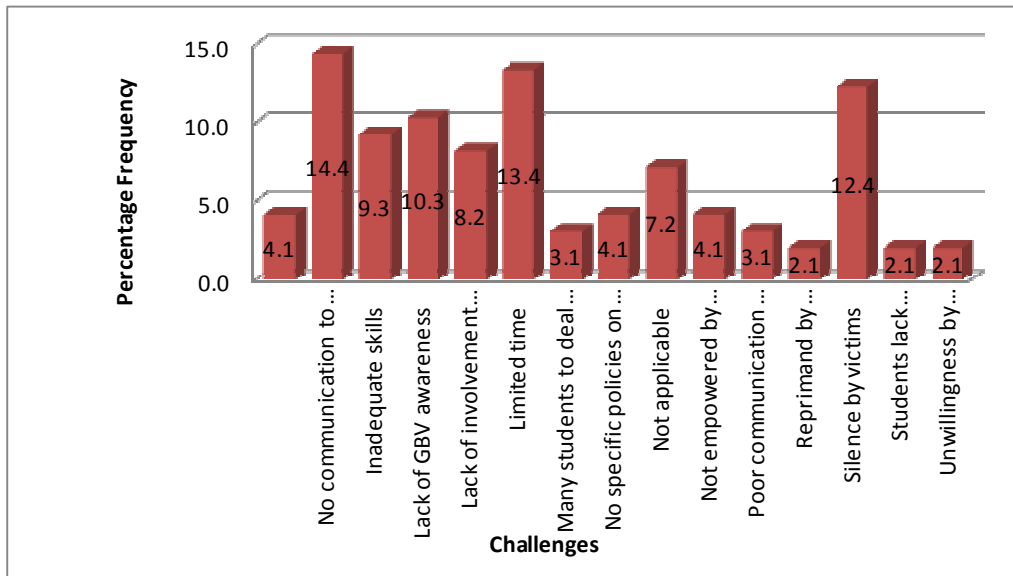


Figure 10: Lecturers' Responses on Public Universities' Challenges

Further, 4.1% of the public university lecturers indicated they were misunderstood or falsely accused of GBV either by fellow lecturers or students. One lecturer indicated that at times a “Male-female relationship is seen as a romantic relationship even when it is not”. This poses a challenge for male teachers and female students or vice versa. Moreover, another 4.1% of the lecturers cited weaknesses in policies dealing directly with GBV. This makes curbing the vice a challenge. The university administration was also identified as being unwilling to act on cases of GBV. This was occasioned by delays witnessed by students in dealing with the cases. Nonetheless, the study found that some delays arose due to difficulties in obtaining requisite evidences.

The field findings from private university lecturers established lack of GBV awareness (16.7%) and silence (6.7%) of victims of GBV as major challenges (see figure 11). In line with awareness, unclear definition of GBV and students not knowing their rights were cited. Thus, some students did not know that they had rights not to be violated against. Inadequate skills, lack of support by the university administration, lack of empowerment and resistance from students were each alluded to by 8.3% of lecturers. In connection with resistance from students, the lecturers indicated that students lacked confidence in sharing their personal issues with them. This is attributed to the need for confidentiality by students.

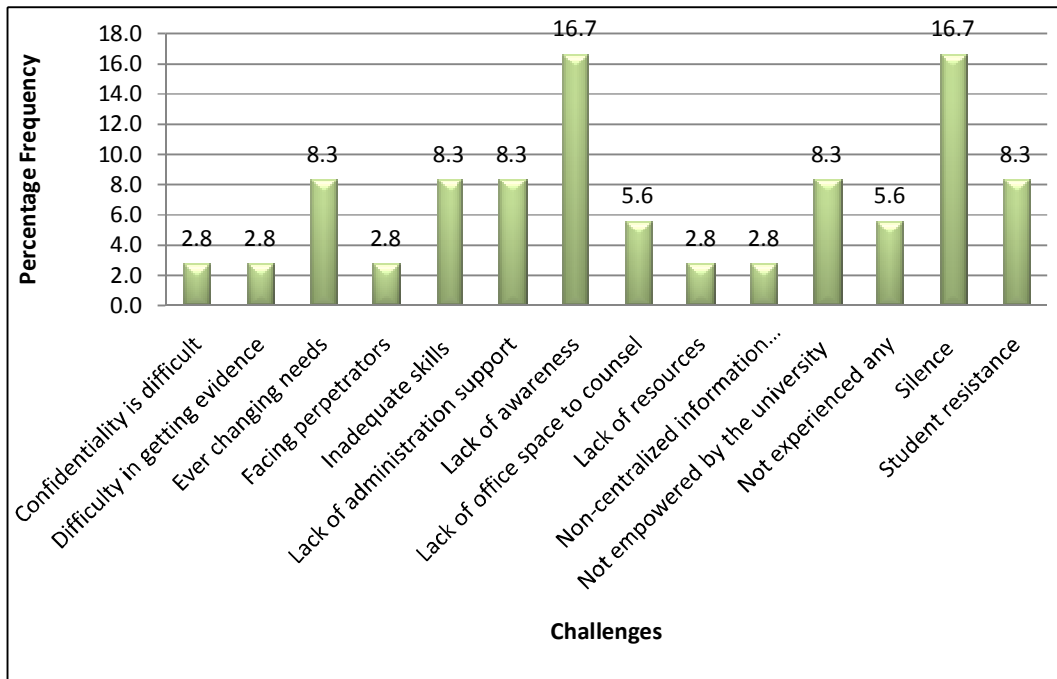


Figure 11: Lecturers' Responses on Private Universities' Challenges

2.8% of the respondents revealed challenges in facing perpetrators. This is explained by the difficulty in getting the required proof to confront the perpetrators of GBV as illuminated by another 2.8% of the private university lecturers. The challenge of non-centralized information collection place and lack of confidentiality is additionally unveiled by 2.8% of the lecturers while 5.6% of the lecturers cited lack of office space to counsel students confidentially.

### Recommendations

Owing to the findings of the study, the following are recommended:

- Fast prosecution of offender to prevent GBV. The gender institutes are vital and require to be empowered to play a more active role in the management of GBV at universities through civic education; enforcement of policies; educating the university community on GBV and what constitutes GBV; do gender mainstreaming.
- A more active role should be given to lecturers to enhance GBV management and promote understanding between the students and lecturers. Lecturers should be involved in policy formulation, developing and implementing a GBV curriculum for greater sensitization, to address stigmatization and strengthen guidance and counselling.
- In supporting victims of GBV, lecturers should provide neutral platforms where victims of GBV and other students can openly express their experiences without victimization.
- The government should also consider supporting more students financially to reduce their vulnerability to manipulation through GBV due to financial constraints.
- Establishment of a 24-hour Centre to report GBV cases.

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