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ENORMITY AND PATTERNS OF GENDER BASED VIOLENCE AT KENYA MEDICAL TRAINING COLLEGE CAMPUSES

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Abstract

Purpose: To unravel the socio-demographic factors, assess knowledge, awareness and institutional factors that are associated with gender based violence at KMTC campuses.

Methodology: A semi structured questionnaire was utilized to conduct a cross-sectional descriptive study of 302 participants, yielding to 300 responses.

Findings: The study findings divulged that (81) 27% of 302 participants had experienced Gender Based Violence (GBV) at the institution and its community. Majority of the respondents were aged 31 years and above. The predictors of GBV at KMTC among staff with statistically significance were: Level of education ($\chi 2$ (df=4) =72.54, p=0.01), the type of GBV especially sexual and economic abuse ($\chi 2$ (df=4) =72.57, p=0.00), lack of GBV policy in place and lack of GBV recovery centres p=0.00 respectively. In conclusion level of education, the type of GBV, lack of GBV policy in place and lack of GBV recovery centres were pin pointed as the most imperative prognosticators that were associated with GBV.

Unique contribution of theory, practice and policy: The study recommends KMTC as a government institution to strengthen the policies already in use about GBV at the college, to health educate its staff about GBV especially sexual and physical abuse via workshops and seminars, to set up GBV recovery centres in every region of Kenya in the respective major campuses and employ qualified staff who can be able to provide GBV services such as counselling, screening and treatment to its staff, students and community at large.

Keywords: *Enormity, Patterns, gender based violence, Clients*

Introduction

Gender based violence (GBV) globally, is a public health concern that typically violates human rights. It cuts across all sexes regardless of age, ethnicity, religion and culture. This vice occurs at home, learning institutions, work place, social structures and communities (NCRC, 2014). GBV is associated with distinct roles and behaviours that give rise to gender inequalities and inequities among men and women. Thus weaker gender is rendered vulnerable to domination and exploitation by the more powerful one. Women are the most victims of GBV. These vulnerable groups are prone to injuries and disability following GBV (WHO, 2011). According to UNFPA (2016), 10%-70% men and women have experienced GBV. Additionally 50% of all sexual assaults are women aged 15 to 30 years. WHO (2013) report that the number of women who reports physical or sexual violence by a husband, partner or peer oscillates between 15% - 17%. Furthermore, according to WHO reports it is clear that 100-140 of women and men globally have faced the pain of female genital mutilation. Moreover the most frequent type of violence against women it is the one performed by the husband or intimate partner. This violence is actually invisible because it occurs behind closed doors. It is treated normal culture as a private family matter and yet it is GBV (NCRC, 2014).

In Africa, GBV it is high among women. It is pervasive across many communities though it goes unnoticed due to poor reporting. According to some studies conducted in Nigeria and South Africa, 43% and 48% of women face GBV while at home, work place, in sports and in social institutions (UNFPA, 2016). In addition, men are not left out but they are also violated in one way or the other way. Generally many victims have faced the consequences of GBV like injuries, HIV/AIDS, school dropout, psychological trauma, disabilities and death (Ongenti, 2018).

In Kenya according to Nairobi women hospital report by Ongendi (2018), the hospital has received over 14,145 GBV survivors as follows;-90% cases of sexual violence, 9% domestic violence, 1% are physical violence. Additionally, the report found that 45% of women are violated as compared to 6% of men. This study is supported by other studies conducted by Federation for women lawyers (FIDA, 2011). Furthermore, the Kenya Demographic Health Survey (KDH's) (2014), indicates that the high prevalence of GBV of 45% is by either sexual violence or physical violence. It is reported that 25% is due to physical abuse, 14% is due to both physical sexual violence while 7% is due to sexual violence. The WAKI report (2008) denotes that 80% of GBV survivors were treated at Nairobi women's hospital alone experienced rape and defilement, 10% domestic violence 10% physical violence and sexual assault.

According to UNFPA (2018) it is estimated that GBV kills and disable many women and men as compared to cancer. GBV at individual level has many consequences on the physiology which literally affects the community, country and global population. These adverse effects include: -poor health, impaired social participation and economically unproductive. Additionally, physiological violence is associated with miscarriage, placenta abruption, low birth weight and foetal death. Adverse effects of sexual violence include STI's. HIV AID's, un-safe abortion, Pelvic inflammatory Disease, unwanted pregnancy, infertility, fistulae. GBV

is a blow to the attainment of Sustainable Development Goals (SDG's), Universal Health Coverage (UHC) and Kenya vision 2030, (UN, 2016).

In higher learning institutions it is indicated that majority of victims with GBV are women with 60%, 30% children and 10% men. The most common form of violence is physical violence with 48%, sexual violence 22% and both physical and sexual violence is 30% (NCRC, 2014). This study therefore, aims at determining the prevalence and associated risk factors of GBV among staff and its impact related to the workforce. According to UNFPA (2016) reports, GBV is on the rise claiming the lives of innocent women, children and men in the community. In Sub Saharan Africa, the prevalence rate of GBV is 45% among women, 43% among children and 12% among men (Omondi, 2018). However, African governments have weak mechanism that has been put in place to capture perpetrators who are involved either directly or indirectly in this debilitating menace that ravage the lives of many women and men across Africa.

Kenya has taken some steps within its policy legislative frameworks on GBV and other health related human rights. The government has enacted of the sexual offences Act (2006), the HIV/AIDS prevention and control Act (2006), the Prohibition of Female Genital Mutilation Act (2011), the Employment Act (2007), Protection Against Domestic Violence Act (2015) and National Policy and response to Gender Based Violence Launched (2014) among others. Irrespective of all these put in place, GBV is still being reported. Previous studies showed that in Kenya gender based violence prevalence is 45% in women, 40% in children and 15% in men despite the legal and policies formulated to address this vice in the new constitution of 2010. Nonetheless, GBV is a big public health issue of Women and men (KDHS, 2014).There is limited research on GBV among tertiary education communities. In Kenya Medical Training College, prevalence of GBV lacks data among women and men. GBV has adversely caused injuries and disability among men and women. However where reported there is scanty information. Prevalence of GBV has not yet been done at KMTC to ascertain its magnitude, thus researchers proposes a study on enormity and patterns of GBV at KMTC campuses

Materials and methods

Description of study area

The study area was at Kenya Medical Training College. It comprises of more than 70 campuses all over the Republic of Kenya with an estimated total population of over 2,200 staff (**www.kmtc.ac.ke).**

Study design and data collection

This study employed a cross-sectional descriptive study design in order to determine the association between independent variables and prevalence of GBV among staff at KMTC. This design was adopted because it gave a snap shot of data on the variables. Secondary data on GBV prevalence was extracted from the NCRC, (2014). The target population was 2,200 of the total population of Kenya Medical Training College that include staff. The study adopted multistage sampling method whereby on 1st stage, simple random method was used to select five KMTC's campuses in Kenya. On 2nd stage, simple random method was used to select departments then on 3rd stage, the study employed systematic approach to select propionate

number of staff in the study area. First participant was chosen by simple random method from the total population. Every N^{th} staff was included in the study, where N was the sample interval. This study adopted both structured and semi structured questionnaire. The questionnaire was administered either by self-administered or filled in by a trained research assistant. This was after obtaining informed consent. Questionnaire used to gather quantitative data. The questions formulated by the researcher in the questionnaire were both open and closed ended questions (Orlando, 2013).

Data management, analysis and presentation

The study questionnaire had unique coded numbers. The information attained from the study area was sorted out, checked and cleaned as required. The information procured from the questionnaire was coded and edited. This involved conducting out screening of the data to check on validity and reliability of the data by the researcher and research assistant before entry. To show that socio-demographic factors, knowledge and awareness, institutional factors do not significantly influence GBV among staff at KMTC campuses inferential statistics was used. The data obtained from the questionnaire was entered into Microsoft Excel and analysed using Statistical package for Social Science version (SPSS) 26.0, (IBM, California, USA. Chi square was employed to test the association between independent variables that is socio-demographic factors, knowledge and awareness, institutional related factors and GBV as dependent variable. Moreover, Descriptive statistics was used to analyse categorical variables of socio demographic characteristics in terms of frequencies and percentages were presented in tables and figures. The level of statistically significant was set at p-value of ≤ 0.05.

Results

The percentage of completed questionnaires was (n = 300, 99%). There were some deviations from the intended sample size in various areas due to various reasons like, time constraints and respondent related factors. There was no selection bias regarding the representativeness of the sample, the results and statistical analysis. Regarding the overall number of respondents surveyed versus the number of respondents planned during sample size calculations, the overall response rate was 99%. According to Mugenda and Mugenda (2003) a response rate of 50 percent is adequate, a response rate of 60 percent is good, and a response rate of 70 percent is very good. There was no missing data in the completed questionnaires. According to Burns & Grove (2011), subjects must be excluded from the analysis when data considered essential to that analysis are missing.

Table 1: Number and percentage of surveyed respondents as compared to number of planned number of respondents

Overall	Number of Respondents planned	Number of Respondents surveyed	%
Total	**302**	**300**	**99.3%**

Socio-demographic characteristics of respondents

The background results of the respondents revealed that half of the respondents were female (*n* = 152, 50.7%) who experienced GBV more as compared to their male counter parts. Most respondents were aged 31 years and above (n=128, 42.7%). More than two thirds of the respondents had university level of education (*n* = 73, 24.3%) and were married (*n* = 171, 57%). In addition, most of them were teaching staff (*n* = 246, 82%). Summary of findings in frequencies and percentages are presented in Table 2. Results from the chi-square statistics showed that there were differences in proportion among the respondents of different occupation with regards to only one socio demographic characteristic. The variable education ($\chi 2$ (df=4) =72.54, p=0.01) was statistically significant related to GBV and the rest were all not statistically significant.

Table 2: Socio-demographic characteristics of respondents

			Occupation				
			Teaching staff		Non-teaching staff		
		Total	n	%	n	%	$\chi 2$, p
Age	18-24 years	51(17%)	38	12.7%	13	4.3%	2.805, P=0.246
	25-31 years	121(40.3%)	99	33.0%	22	7.3%	
	Over 31 years	128(42.7%)	109	36.3%	19	6.3%	
Gender	Male	148(49.3%)	122	40.7%	26	8.7%	0.037, P=0.847
	Female	152(50.7%)	124	41.3%	28	9.3%	
Marital status	Single	68(22.7%)	59	19.7%	9	3.0%	3.603, P=0.462
	Married	171(57%)	134	44.7%	37	12.3%	
	Widowed	25(8.3%)	22	7.3%	3	1.0%	
	Divorced	22(7.3%)	19	6.3%	3	1.0%	
	Separated	14(4.7%)	12	4.0%	2	0.7%	

Education	No education	0(0.0%)	0	0.0%	0	0.0%	72.54, P=0.01*
	Primary	68(22.7%)	49	16.3%	19	6.3%	
	Secondary	81(27%)	46	15.3%	35	11.7%	
	Tertiary	78(26%)	78	26.0%	0	0.0%	
	University	73(24.3%)	73	24.3%	0	0.0%	

Note. **Due to rounding error, percentages may not sum to 100%, *The Chi-square statistic is significant at .05 level**

Knowledge and awareness on GBV

Majority of the respondents reported that sexual trauma constitutes gender-based violence (n = 284, 94.7%). Many noted that physical trauma also constituted GBV (n=281, 93.7%). Moreover, many reported that psychological trauma constituted GBV (n=280, 93.3%). However, very few reported that harmful traditional practices constituted GBV (n=32, 10.7%) (See figure 4.1). It is also important to note that very few respondents agreed that women and children are subordinate to men and need to be directed (n=59, 19.7%), More than half agreed that men are the head of families and must control their families (n=185, 61.7%). In addition, very few agreed that disciplining a woman is a man's traditional right (n=34, 11.3%). Findings on Kenya laws in relation to GBV revealed that half of the respondents strongly agreed that it was against the law to inflict violence on any man or woman (n=151, 50.3%), they also agreed that women have equal rights as men (n=183, 61%) and they also strongly agreed that both women and men have rights and should not be exposed to GBV (n=177, 59%). Summary of findings is in Table 3.

Table 3 Knowledge of Kenyan laws in relation to GBV

	Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	n	%	n	%	n	%	n	%	n	%
It is against the law to inflict violence on any woman or man	5	1.7%	75	25.0%	12	4.0%	57	19.0%	151	50.3%
Women have equal rights as men	23	7.7%	37	12.3%	18	6.0%	39	13.0%	183	61.0%
Both women and men have rights and should not be exposed to GBV	7	2.3%	17	5.7%	11	3.7%	88	29.3%	177	59.0%

Note. **Due to rounding error, percentages may not sum to 100%,**

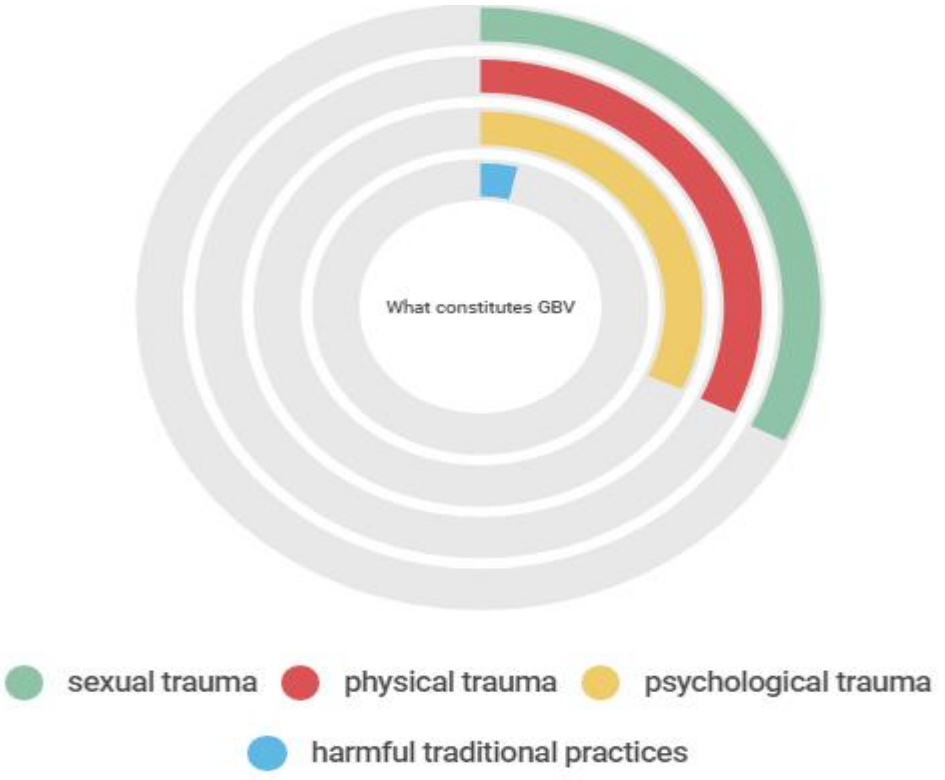

Figure. 1 What constitutes gender-based violence

Information on the types of GBV

Respondents were asked the main types of GBV in the college and majority reported physical abuse (n=279, 93%), very few reported all forms of sexual violence (n=66, 22.7%), More three quarters said all forms of psychological abuse (n=232, 77.3%), More than a third also said all forms of traditional practices (n=143, 47.75%). Finally, more than two thirds also said economic abuse (n=207, 69%) (See Table 4.4). Results from the chi-square statistics showed that there were differences in proportion among the respondents who have experience any type of violence with regards to various GBV acts in the college. The variable sexual violence ($\chi 2$ (df=4) =72.57, p=0.00) and economic abuse were statistically significant and the rest were all not statistically significant.

Table 4: Main type of GBV in your college

Main type of GBV in your college			Have you experienced any type of violence from someone				
			No		Yes		
		Total	n	%	n	%	$\chi 2$, p
Physical assault	No	21(7%)	13	4.3%	8	2.7%	1.142, P=0.285
	Yes	279(93%)	203	67.7%	76	25.3%	
All forms of sexual violence	No	234(78%)	178	59.3%	56	18.7%	8.733, P=0.003
	Yes	66(22%)	38	12.7%	28	9.3%	
All forms of psychological abuse	No	68(22.7%)	44	14.7%	24	8.0%	2.321, P=0.128
	Yes	232(77.3%)	172	57.3%	60	20.0%	
All forms of traditional practices	No	157(52.3%)	107	35.7%	50	16.7%	2.418, P=0.120
	Yes	143(47.75)	109	36.3%	34	11.3%	
Economic abuse	No	93(31%)	82	27.3%	11	3.7%	17.485, P=0.00
	Yes	207(69%)	134	44.7%	73	24.3%	

Note. **Due to rounding error, percentages may not sum to 100%,**

Respondents were also asked the main causes of GBV experienced in the college and majority said interpersonal conflict (n=247, 82.3%), some said drug abuse (n=162, 54%), peer pressure (n=123, 41%), cultural rites (n=184, 61.3%), society encourages the violence (n=60, 20%),

dowry conflicts (n=72, 24%), poverty/stress (n=200, 66.7%), more powerful perpetrators than victims (n=63, 21%), poor leadership at work (n=128, 42.7%), family conflicts (n=213, 81%) and alcoholism (n=243, 81%) (See figure 4.2)

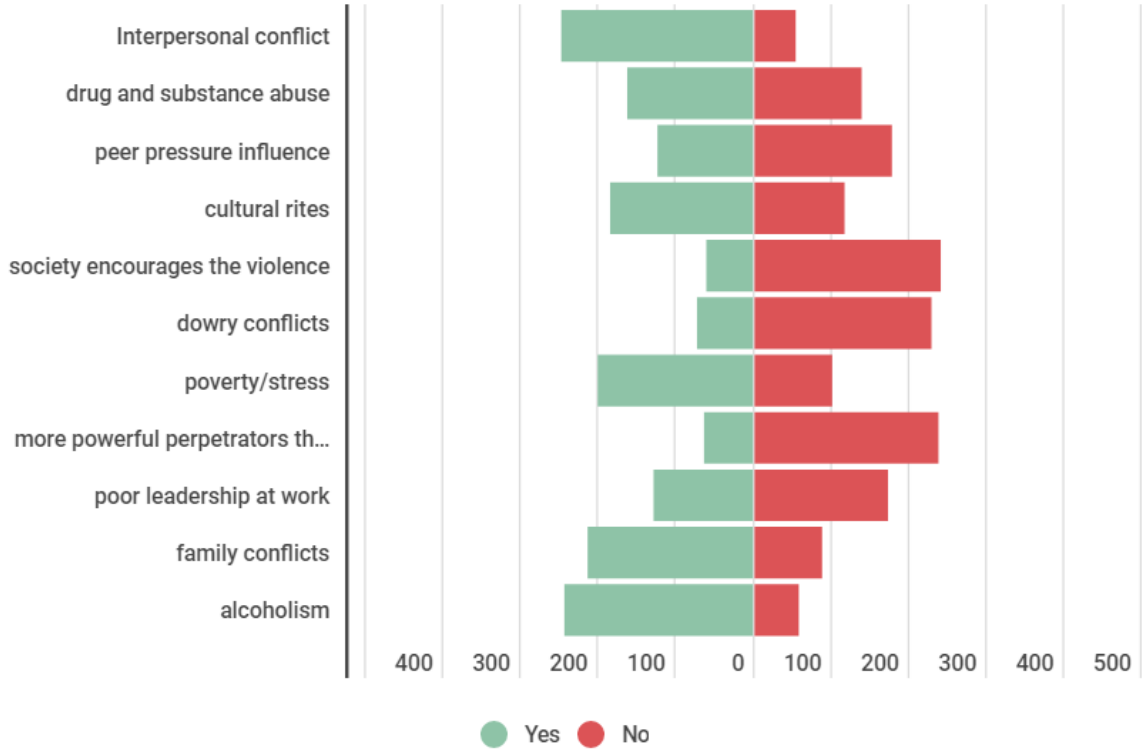

Figure 2 causes of GBV experienced in the KMTC

More than a quarter of the respondents reported that they had not experienced any form of violence from someone (n=84, 28%). Among those who reported to have experience violence, majority reported that they had experienced the violence from the profession (n=39, 13%), some from strangers (n=28, 9.3%) and some few form supervisors (n=16, 5.3%). Further probe on what happened, the results revealed that many said that they were hit with a fist or something that could hurt (n=66, 22%) and a few said they were kicked, dragged or beaten (n=7, 2.3%). Summary of findings in this Table 5

Table 5: Acts of violence from someone

		Have you experienced any type of the above acts of violence from someone			
		No		Yes	
		n	%	n	%
Who did this to you	Friend	0	0.0%	0	0.0%
	Profession	0	0.0%	39	13.0%
	Stranger	0	0.0%	28	9.3%
	Supervisor	0	0.0%	16	5.3%
	Not experienced violence	216	72.0%	1	0.3%
Which of the following has happened to you	Hit you with a fist or something that could hurt	0	0.0%	66	22.0%
	Kicked, dragged or beat you up	0	0.0%	7	2.3%
	Threated you with a gun, knife or other weapons	0	0.0%	0	0.0%
	Pushed you or shoved you	0	0.0%	5	1.7%
	Slapped or three something at you	0	0.0%	6	2.0%
	Burnt or chocked you	0	0.0%	0	0.0%
	Not experienced violence	216	72.0%	0	0.0%

Respondents were also asked if they experienced sexual violence from someone or an intimate partner, past or present and few respondents reported that they had experienced this form of violence (n=81, 27%). Among those who experienced sexual violence, majority reported that they experienced physical forced sex (n=69, 23%), a few said that they were made afraid if they did not have sexual intercourse (n=12, 4%). When asked if they reported, majority said that they did not report (n=62, 20.7%). Among those who reported the services they received included, STI/HIV screening and treatment (n=39, 13%), access to safe abortion (n=9.3% and emergency contraception (n=14, 4.7%). Summary of findings is in Table 6.

Table 6 sexual violence from someone or an intimate partner, past or present

		Have you experienced sexual violence from someone or an intimate partner, past or present			
		No		Yes	
		n	%	n	%
Which type of sexual violence did you experience	Physical forced sex	0	0.0%	69	23.0%
	Made you afraid if you did not have sexual intercourse	0	0.0%	12	4.0%
	Not experienced violence	219	73.0%	0	0.0%
Did you or anyone report the act of violence	No	0	0.0%	62	20.7%
	Yes	0	0.0%	19	6.3%
	Not experienced violence	219	73.0%	0	0.0%
If reported which of the following services, did you get?	STI/HIV screening and treatment	0	0.0%	39	13.0%
	Emergency contraception	0	0.0%	14	4.7%
	Access to safe abortion	0	0.0%	28	9.3%
	Referrals to legal and other community	0	0.0%	0	0.0%
	Did not experience violence	219	73.0%	0	0.0%

The respondents also reported that they had experienced some forms of psychological/emotional violence from someone or an intimate partner in the past or present. They reported to have experienced verbal abuse (n=228, 76%), humiliation (n=39, 13%), neglect (n=13, 4.3%), discrimination (n=10, 3.3%), denial of opportunities or services (n=6, 2%) and confinement (n=4, 1.3%). (See figure 3)

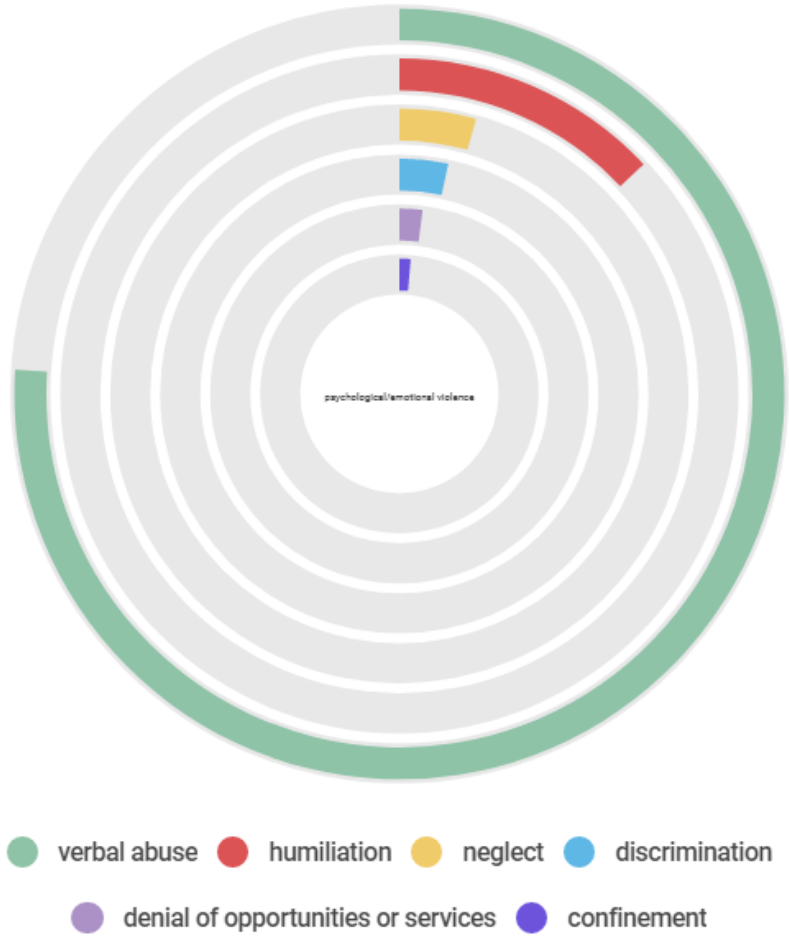

Figure 3 Types of psychological/emotional violence

Institutional related factors to GBV

Respondents were asked if in the last 12 months, they had reported physical, sexual or psychological violence and majority said no (n=247, 82.3%). Among those who had reported, majority said that they reported to the police service (n=27, 9%), some to the work human resources (n=20, 6.7%) and others in religious offices (n=5, 1.7%). When asked what actions were taken, majority said that no action was taken (n=32, 10.7%), very few reported that someone was arrested, prosecuted and convicted (n=6, 2%). Summary of findings is in Table 7

Table 7: Physical, sexual or psychological violence in the last 12 months

		During the past 12 months, have you reported physical, sexual or psychological violence?			
		No		Yes	
		n	%	n	%
Whom did you report to	Police service	0	0.0%	27	9.0%
	Work human resources	0	0.0%	20	6.7%
	Religious offices	0	0.0%	5	1.7%
	Did not experience violence	247	82.3%	1	0.3%
What action was taken	Was arrested, prosecuted and convicted	0	0.0%	6	2.0%
	No action	0	0.0%	32	10.7%
	I don't know	0	0.0%	15	5.0%
	Have not experienced violence	247	82.3%	0	0.0%

The respondents were also asked if they knew any of the laws that govern GBV in the college and majority said they didn't know (n=267, 89%), when asked if they heard about GBV recovery center in the institution majority of the respondents said that they had not heard about it (n=258, 86%). In addition, respondents were also asked if they would wish one of the kind to be set up in KMTC campuses and majority said yes (n=267, 89%) (See figure 4)

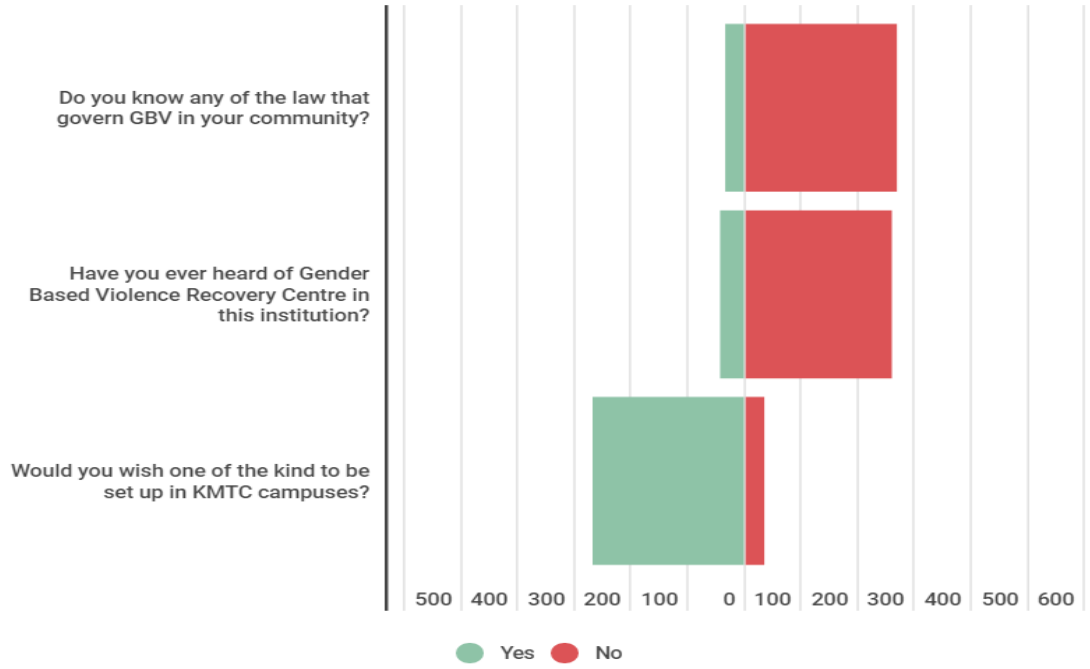

Figure 4 GBV infrastructure in the institution

Discussion

Study findings established that the prevalence of GBV at KMTC was (81) 27% and sexual abuse being the most violence among other types of GBV among staff. These position concurs with information from KDHS (2011-2014) which indicates that 25%-30% of GBV occurs at work place. In light of this evidence, workplace provide an avenue of sexual attraction due to easiness in accessibility and availability of employees to each other.

Findings from the chi-square statistics showed that there were differences in proportion among the respondents of different occupation with regards to only one socio demographic characteristic. The variable education ($\chi 2$ (df=4) =72.54, p=0.01) was statistically significant related to GBV and the rest were all not statistically significant. Majority of the teaching staff had attained university level, knew about GBV as compared to non- staff who had reached secondary school though both were susceptible to GBV. These findings were in contrast to WHO (2017) whose report indicates that many women lived in the community and they were illiterate and unemployed thus vulnerable to GBV. These contrasting outcome could be due to this study having been conducted in higher learning institution and not in the community set up.

Even though education had had relationship with GBV after being tested with Chi square nevertheless, results of the respondents revealed that half of the respondents were female who experienced GBV more as compared to their male counter parts. This results were in line with a study done by (UNIFEM, 2012) which reports that 30% of women have experienced violence while 10% of men have experienced GBV globally. Additionally, according to some studies conducted in Kenya it is noted that the menace is more prevalent in women as compared to

men in the society and this is associated with the stereotype that women are weaker and they rely on men for living (NCRC, 2013).

Most respondents were aged 31 years and above. These findings were opposed to a study conducted by Ongeti *et al.*, (2013) in Kenya which shows that the mean age for women who experience GBV is 19 years while the mean age for men affected it is 16 years. The most affected group is females with 21-30 years. More than half of the respondents were married and teaching staff. These results were supported by a study carried out by NCRC (2013), indicated that 60% of the GBV victims are married women, followed by single, widowed and divorced while 40% represents men respectively. The high magnitude of GBV in marriages could be due to socio-economic constrains.

Regarding knowledge and awareness on GBV, Results from the chi-square statistics showed that there were differences in proportion among the respondents who have experience any type of violence with regards to various GBV acts in the college. The variable sexual violence ($\chi 2$ (df=4) =72.57, p=0.00) and economic abuse were statistically significant and the rest were all not statistically significant. In relation to sexual and physical violence respondents reported to have experienced verbal abuse, humiliation, discrimination and denial of opportunities or services. In addition, among those who experienced sexual violence, majority reported that they experienced physical forced sex while a few said that they were made afraid if they did not have sexual intercourse and that they did not report. Among those who reported the services they received either at KMTC clinics or in the nearby hospitals included, STI/HIV screening and treatment, access to safe abortion and emergency contraception. This was in line with a study done by WHO (2017) which indicates that sexual violence and physical violence/economic abuse were common types of GBV.

It is also important to note that findings on Kenya laws in relation to GBV revealed that half of the respondents strongly agreed that it was against the law to inflict violence on any man or woman. They also agreed that women have equal rights as men and they also strongly agreed that both women and men have rights and should not be exposed to GBV. This findings are supported by a study carried out by (KLRC, 2011), it indicates that the legal point of view addressing GBV is essentially by the new constitution of Kenya 2010 which supports the right to equal protection against any form of violence and equal protection of the law. Moreover, sexual offences Act 2006, criminalizes a wide range of behaviours like rape, sexual assault, defilement, gang rape, child pornography, prostitution and exploitation, incest by male and female persons, forced sexual acts for cultural or religious reasons among others.

Respondents were also asked the main causes of GBV experienced in the college and majority said interpersonal conflict. Some said drug abuse while others peer pressure. Additionally cultural rites and dowry conflicts were mentioned. Without forgetting poverty/stress it was among the list to be voiced. More so respondents said powerful perpetrators than victims facilitated GBV under the influence of poor leadership and alcoholism at work place. These findings correlates with a study carried out by Saida, *et al.*, (2008) who reported that GBV is caused by political instability, interpersonal conflicts, peer pressure, alcohol and substance abuse. Additionally, according to Odhiambo (2015), wife battering is associated with deep

rooted cultural beliefs that mostly affects women and men. In Kenya wife beating is a common and normal part of married women's daily life. According to some studies conducted by scholars the beatings are severe enough to course body marks accompanied with severe pain. It is believed that such beatings are attributed to alleged failure of a women to fulfil her culturally defined households duties and roles or to be submissive.

The respondents were also asked if they knew any of the laws that govern GBV in the college and majority said they didn't know. Further when asked if they heard about GBV recovery centre in the institution majority of the respondents said that they had not heard about it. In addition, respondents were also asked if they would wish one of the kind to be set up in KMTC campuses and majority said yes. These findings concur with Ondicho (2013) who reported that Gender based violence recovery centres (GBVRC), have been set up by the Kenyan government though most of these health facilities are in urban and National referral hospital in order to give services to women, men and children. Despite the progress made by the government to come up with the idea of GBVRC in urban however such facilities have not been set up in learning institutions such as Kenya Medical Training College (KMTC) making staff and students learning in this institution to be at risk of unreported cases of GBV.

Conclusion

From the findings of this study, the magnitude of GBV at KMTC and its community is 27% among teaching and non-teaching staff. Socio-demographic factors were associated with GBV where education was statistically significant related to GBV and the rest were all not statistically significant. Majority of the teaching staff had attained university level, knew about GBV as compared to non-teaching staff who had reached secondary school though both were susceptible to GBV.

As regards knowledge and awareness on GBV, findings from the chi-square statistics showed that there were differences in proportion among the respondents who have experience any type of violence with regards to various GBV acts in the college. The variable sexual violence and economic abuse were statistically significant and the rest were all not statistically significant. These findings were in agreement with a study done by WHO (2017) which indicates that sexual violence and physical violence/economic abuse were common types of GBV

As far as laws that govern GBV in the college respondents didn't know. Further participants said that they have never heard about GBV recovery centre in the institution. Thus they wished one of the kind to be set up in KMTC campuses or regionally to cater for GBV cases and trained staff to be stationed in these GBV recovery centres.

The study makes the following recommendations having been derived from conclusions; KMTC as a government institution to strengthen policy already in use concerning GBV among Teaching and non-teaching staff. KMTC as a government institution should health educate its staff about GBV especially sexual and physical abuse via workshops and seminars. KMTC as a government institution to set up GBV recovery centres in every region of Kenya in the respective major campuses and employ staff who can be able to provide GBV services such as counselling, screening and treatment to its staff, students and community at large.

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