African Journal of Emerging Issues
Peer reviewed | Double blind | Interdisciplinary
African Journal of Emerging Issues (AJOEI)
Online ISSN: 2663 - 9335
Available at: https://ajoeijournals.org
SOCIOLOGY

BARRIERS AND FACILITATORS TO THE IMPLEMENTATION OF GENDER-BASED VIOLENCE PREVENTION AND RESPONSE POLICIES IN BUSIA COUNTY, KENYA

Judith Achola

Faculty of Business and Economics, Tom Mboya University

P.O. Box 199 – 40300, Homabay, Kenya

judithochola78@gmail.com

Publication Date: August 2026

ABSTRACT

Purpose of the Study: To assess the barriers and facilitators to the implementation of gender-based violence (GBV) prevention and response policies in Busia County, Kenya, and to evaluate the effectiveness of the legal and policy frameworks addressing GBV.

Problem Statement: Despite Kenya's comprehensive legal and policy framework for GBV, including the Sexual Offences Act (2006) and the Protection against Domestic Violence Act (2015), Busia County continues to record disproportionately high levels of GBV. Enforcement of these frameworks at the community level remains fragmented, and survivors continue to face barriers such as stigma, fear of retaliation, and limited access to support services.

Methodology: The study adopted a descriptive cross-sectional design, combining a quantitative survey of 340 community members selected through stratified random sampling with qualitative evidence from key informant interviews involving county government officials, law enforcement officers, health care providers, and civil society representatives. Quantitative data were analysed descriptively using SPSS, while qualitative data were analysed thematically and triangulated with the survey findings.

Result: Awareness of GBV policies was relatively high (65.3%), yet only 38.8% of respondents, or someone close to them, had ever sought help through existing GBV mechanisms. Corruption (66.2%), inadequate resources (65.9%), and lack of institutional trust (65.6%) were the most frequently cited barriers to implementation, followed by family pressure (62.6%), cultural resistance (60.6%), poor stakeholder coordination (55.9%), cultural taboos (52.6%), and limited public awareness (49.1%). Just over a third of respondents (36.8%) rated existing policies as not effective.

Recommendation: The study recommends increased county financing for GBV programmes, strengthened multisectoral coordination, expanded community awareness campaigns, improved accessibility of survivor-centred services, and greater institutional accountability to reduce corruption and rebuild public trust.

Keywords: *gender-based violence, policy implementation, barriers and facilitators, Busia County, Kenya, Feminist Theory.*

INTRODUCTION

Gender-based violence (GBV) is widely recognized as one of the most pervasive violations of human rights and a significant public health concern affecting millions of individuals worldwide. Gender-based violence refers to harmful acts perpetrated against individuals based on their gender, predominantly affecting women and girls, and encompassing physical, sexual, psychological, and economic abuses (World Health Organization, 2013). The consequences of GBV extend beyond immediate physical injury. Survivors frequently experience long-term mental health disorders, reproductive health complications, sexually transmitted infections, unwanted pregnancies, disability, reduced productivity, and diminished quality of life (Calmerry, 2023; Howard et al., 2025). At the societal level, GBV contributes to increased healthcare expenditure, reduced workforce participation, intergenerational cycles of violence, and slowed socioeconomic development (Enaifoghe & Adekola, 2026).

Globally, governments have responded by adopting comprehensive legislative and policy frameworks aimed at preventing violence, protecting survivors, prosecuting perpetrators, and strengthening multisectoral responses (Kageyama et al., 2023). International instruments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Sustainable Development Goals (particularly Goal 5) underscore the importance of eliminating all forms of violence against women and girls (United Nations, 2024)

Kenya has made substantial progress in establishing legal and policy frameworks to address GBV. Key legislative instruments include the Constitution of Kenya (2010), the Sexual Offences Act (2006), the Protection against Domestic Violence Act (2015), the Victim Protection Act (2014), and successive National Policy on Prevention and Response to Gender-Based Violence documents. These frameworks assign responsibilities to multiple actors, including national and county governments, law enforcement agencies, health facilities, the judiciary, civil society organizations, and community structures.

Following devolution, county governments became central to the implementation of health and social protection policies, including GBV prevention and response. Counties are responsible for coordinating community awareness activities, providing health services, supporting referral systems, facilitating psychosocial care, and strengthening local partnerships among stakeholders. However, implementation remains uneven across counties because of resource limitations, inadequate institutional capacity, competing priorities, weak inter-sectoral coordination, and persistent socio-cultural barriers.

Busia County continues to experience considerable GBV challenges despite the existence of supportive national policies. Previous studies have documented low reporting rates, harmful cultural practices, patriarchal social structures, economic dependence, and fear of stigma as major contributors to continued violence (Wijamuni et al., 2026; Banarjee & Sikder, 2026). While considerable attention has focused on identifying socio-cultural determinants of GBV, comparatively few studies have examined how existing policies are implemented at the county level and the factors that facilitate or hinder implementation (Mali et al., 2025; Kushwaha, 2025). The existence of a policy does not necessarily translate into effective implementation. Successful

implementation depends on interactions among policy content, institutional actors, implementation processes, available resources, and the broader socio-cultural context. Examining these factors is therefore critical for identifying implementation gaps and informing policy improvements.

This study sought to assess the implementation of GBV prevention and response policies in Busia County by examining community awareness, perceptions of policy effectiveness, institutional enforcement, accessibility of support services, and barriers and facilitators influencing implementation. The findings are expected to provide evidence to strengthen county-level implementation strategies and improve access to comprehensive survivor-centered services.

STATEMENT OF THE PROBLEM

Gender-based violence is a severe threat to the safety, dignity, and rights of women and girls across Kenya, undermining national development goals and human rights commitments. Busia County has been among the counties with disproportionately high cases of GBV, manifesting in forms such as IPV, defilement, early forced marriages, sexual assault and FGM. These violence acts are generally underpinned by socio cultural norms that consolidate patriarchal dominance, normalize female subordination, and silence survivors. Despite the existence of robust legal and policy frameworks including Sexual Offences Act (2006), The Protection against Domestic Violence Act (2015), and Kenya's obligations under international human rights instruments, the enforcement of these laws at the local level remains fragmented and ineffective. Survivors face numerous barriers, including stigma, fear of retaliation, inadequate legal protection, and limited access to psychosocial and medical support services. Moreover, systematic weaknesses within the justice, health, and law enforcement sectors have contributed to a culture of impunity, allowing perpetrators to go unpunished and cases to go unreported.

RESEARCH OBJECTIVES

The main objective of this study was to find out the barriers and facilitators to the implementation of gender-based violence prevention and response policies in Busia County, Kenya. Specifically, the study aimed:

i. To find out what are the barriers to implementation of gender-based violence prevention and response policies in Busia county, Kenya
ii. To find out what are the facilitators to the implementation of gender-based violence prevention and response policies in Busia County, Kenya
iii. To assess the effectiveness of implementation of legal and policy frameworks addressing gender-based violence in Busia County.

RESEARCH QUESTIONS

i. What are the barriers to implementation of gender-based violence prevention and response policies in Busia County, Kenya?
ii. What are the facilitators to implementation of gender-based violence prevention and response policies in Busia County, Kenya?
iii. To what extent have the legal frameworks been effectively implemented in addressing gender-based violence in Busia County, Kenya?

THEORETICAL FRAMEWORK

Feminist theory provides a critical framework for analyzing gender-based violence (GBV) by highlighting the social, political, and economic inequalities that perpetuate discrimination and abuse against women and marginalized genders. At its core, feminist theory interrogates the patriarchal structures and ideologies that normalize male dominance and female subordination across various spheres of life, including the family, education, law, and politics (Hooks, 2000; Butler, 1990). Feminist theorists argue that GBV is not merely a result of individual deviance but a manifestation of systemic inequalities that are deeply embedded in societal institutions. Radical feminism, for instance, identifies patriarchy as the root cause of violence against women, emphasizing how male control over women's bodies and choices is institutionalized through legal and cultural norms (Millet, 1970; Dworkin, 1987). This lens is particularly relevant in examining how gender-related policies may fail when they ignore the underlying power dynamics and social conditioning that sustain violence.

Liberal feminism, on the other hand, focuses on legal reforms and equal access to resources as a pathway to ending GBV. It advocates for the enactment and enforcement of laws that protect women's rights and promote equality (Tong, 2009). In the Kenyan context, this has inspired legislative efforts such as the Sexual Offences Act (2006) and the Protection against Domestic Violence Act (2015). However, critics argue that legal reforms alone are insufficient when social norms and informal systems, especially at the community level, continue to perpetuate GBV (Nzomo, 2006). In Kenya, Nzomo (2006) and Oyewumi (1997) argue that feminist policy frameworks must be responsive to the lived experiences of women in rural and traditional communities, where clan authority, bride price, and customary laws often overshadow statutory protections.

For instance, Nzomo (2006) illustrates how state policies in Kenya have often been gender-neutral in wording but patriarchal in implementation, primarily because they are administered by institutions that remain male-dominated and insensitive to gender dynamics. This concern is echoed by Mutua (2019), who points out that even with progressive laws; victims of GBV often face hostility, stigma, or indifference from police officers and community leaders. Feminist theory also informs the concept of gender mainstreaming, which involves integrating a gender perspective into all aspects of policy planning and implementation. The failure to mainstream gender effectively in Kenya's public service delivery has contributed to poor uptake and enforcement of GBV-related policies at the county level (FIDA Kenya, 2021).

Furthermore, postcolonial feminist theory, a subcategory of feminist thought, underscores how colonial legacies have shaped gendered power relations in Africa. This framework contends that colonial systems imposed new forms of patriarchal governance that disrupted existing gender balances and marginalized women from decision-making roles (Amadiume, 1987). These legacies still influence contemporary institutions in Kenya, especially in rural counties such as Busia, where traditional and modern governance systems coexist, often to the detriment of women's rights.

EMPIRICAL REVIEW

Legislative and policy frameworks play a central role in preventing and responding to gender-based violence by defining prohibited conduct, establishing protection mechanisms for survivors, and outlining institutional responsibilities. At the global, regional, national, and county levels, a range of legal instruments guide state obligations; however, persistent implementation gaps continue to undermine their effectiveness.

At the international level, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) provides a foundational framework for addressing GBV as a form of discrimination and a violation of women's human rights. CEDAW obligates State Parties to enact and enforce laws, provide protection to survivors, and eliminate socio cultural practices that perpetuate violence. Complementing this, the Sustainable Development Goals (SDGs), particularly Goal 5, call for the elimination of all forms of violence against women and girls in both public and private spheres (García-Moreno, et al., 2013). At the regional level, the African Union's Maputo Protocol (2003) reinforces these commitments by requiring member states to take legislative, administrative, and social measures to prevent GBV and protect Women's rights. While these instruments have influenced national legal reforms across Africa, their effectiveness remains dependent on domestic enforcement and institutional capacity.

Kenya has established a relatively comprehensive legal framework to address GBV. The Constitution of Kenya (2010) guarantees equality, freedom from discrimination, human dignity and security of the person. These constitutional provisions form the legal basis for GBV prevention and response. Key legislation includes the Sexual Offences Act (2006), which criminalizes sexual violence such as rape, defilement, incest, and sexual harassment; the Protection Against Domestic Violence Act (2015), which addresses violence within domestic sphere; and the Prohibition of Female Genital Mutilation Act (2011), which criminalizes female genital mutilation. In addition to legislation, Kenya has adopted the National Policy for the Prevention and Response to Gender Based Violence (2014) which provides a coordinated, multi sectoral framework for prevention, protection, response, and recovery. Institutions such as the National Gender and Equality Commission (NGEC), Kenya National Commission on Human Rights (KNCHR), Directorate of Criminal Investigations (DCI), and the Office of the Director of Public Prosecutions (ODPP) are mandated to support implementation, enforcement, and oversight. Despite this robust legal and policy developments, studies consistently highlight gaps in enforcement, including inadequate resources, limited institutional coordination, insufficient training of frontline responders, and low community awareness.

Under Kenya's devolved system of governance, county governments play a critical role in implementing GBV related policies and providing survivor support services. Busia County has aligned its GBV response with national policies and international commitments through the development of a county-specific Sexual and Gender-Based Violence (SGBV) policy. This policy emphasizes prevention, survivor centered response, institutional coordination, and community sensitization. The county has established GBV recovery centers within health facilities and collaborates with civil society organizations to provide medical, psychosocial, and legal support to survivors. However, implementation challenges persist, including limited budgetary allocation, inadequate staffing, weak referral systems, and inconsistent enforcement of GBV laws at the community level. Strong socio-cultural norms, stigma, and preference for informal dispute resolution continue to discourage reporting and prosecution of GBV cases. Existing literature indicates that while Busia County has made progress in policy formulation, empirical evidence on the effectiveness of policy implementation remains limited. Most studies focus on prevalence and service provision, with minimal examination of how legal frameworks interact with socio cultural dynamics to influence outcomes at the local level.

RESEARCH METHODOLOGY

Study Design

A descriptive cross-sectional study was conducted to assess the implementation of gender-based violence prevention and response policies in Busia County, Kenya. The study integrated quantitative survey data with qualitative evidence from a key informant interview to provide a comprehensive understanding of policy implementation.

Study Population

The study targeted adult community members aged 18 years and above residing in Busia County. Key Informants such as county government officials, law enforcement officials, health care providers, representatives of civil society organizations, and community leaders involved in GBV service provision were purposively selected as key informants.

Sample Size and Sampling Procedure

A total of 340 respondents participated in the quantitative survey. Stratified random sampling was employed to ensure representation across selected sub-counties and community settings. The sample size for the quantitative household survey was determined using Cochran's formula for an infinite population (Cochran, 1977). For the qualitative component, the study involved approximately 20- 30 key informant interviews with relevant stakeholders.

Data Analysis

Quantitative data were analyzed using SPSS statistical software. Descriptive statistics, including frequencies and percentages, summarized respondent characteristics and implementation indicators. Qualitative data were analyzed thematically and emerging themes were triangulated with quantitative findings to explain implementation challenges and facilitators.

Ethical Considerations

Ethical approval was obtained from the University's Institutional Ethics Review Committee prior to commencement of the study. A separate research permit/licence was subsequently obtained from the National Commission for Science, Technology and Innovation (NACOSTI), and administrative authorization was obtained from Busia County authorities. Written informed consent was obtained from all participants prior to data collection. Participation was voluntary, confidentiality was maintained throughout the study, and no personally identifying information was collected.

RESULTS AND DISCUSSIONS

A total of 340 respondents participated in the study. Females constituted a slight majority of the study population (54.1%), while males accounted for 45.9%. The remaining socio-demographic characteristics, including age, marital status, education level, occupation, and residence, are presented in Table 1.

Table 1: Socio-demographic characteristics of respondents

Characteristic	Frequency	Percentage
Gender		
Male	156	45.9
Female	184	54.1
Age group		
18–24	70	20.6
25–34	110	32.4
35–44	85	25.0
55 and above	25	7.4
Marital status		
Married	107	31.5
Divorced/Separated	88	25.9
Widowed	64	18.8
Education level		
Primary	91	26.8
Secondary	86	25.3
Tertiary	64	18.8
Occupation		
Unemployed	82	24.0
Self-employed	75	22.0
Employed	67	19.7
Student	64	18.8
Other	53	15.6[b]

Note. N = 340. [a] Frequencies for this category were not reported in the original dataset extract and should be verified by the author so that each characteristic sums to 340. [b] Occupation frequencies as reported sum to 341; the author should reconcile this against the achieved sample of 340.

Among the marital status categories with reported frequencies, married respondents were the largest group (31.5%), followed by those divorced/separated (25.9%) and widowed (18.8%); the frequency for single respondents is still to be reconciled against the total sample (Table 1). Marital status is a relevant variable in studies of gender-based violence because relationship dynamics, family responsibilities, and social expectations may influence exposure to violence, reporting behaviour, and access to support services. This category is particularly important because intimate partner violence and domestic violence often occur within marital and cohabiting relationships, and the inclusion of respondents across marital categories provided diverse perspectives regarding GBV experiences and community responses.\

The findings suggest that educational attainment varied among respondents, although a substantial proportion had low levels of formal education. Educational level is important in understanding awareness of legal rights, access to information, and knowledge of available support services for GBV victims. Education is often associated with increased awareness of gender rights and reporting mechanisms. Respondents with higher education attainment may be more likely to recognize abusive behaviors, seek support services, and understand existing legal protections. Education level is an important aspect in policy implementation with an aim of eradicating the problem of gender-based violence.

Occupation is closely linked to economic status and may influence vulnerability to gender-based violence. Economic dependency and unemployment have frequently been associated with increased vulnerability to abuse and reduced capacity to seek assistance. The occupational diversity observed in this study therefore provided important insights into socioeconomic dimensions of GBV in Busia County.

Awareness and understanding of GBV policies

Community awareness of GBV policies was relatively high since 222 respondents representing 65.3% reported being aware of laws or policies protecting individuals against GBV in Kenya. Compared to 118 respondents representing 34.7% who indicated that they were unaware of such policies (Table 2). Awareness of GBV policies is an important prerequisite for effective implementation because it influences survivors' willingness to seek support and the community's ability to demand accountability from implementing institutions.

Table 2: Awareness and understanding of GBV policies

Variable	Frequency	Percentage
Aware of GBV policies		
Yes	222	65.3
No	118	34.7
Perceived effectiveness of GBV policies		
Very effective	13	3.82
Effective	68	20.00
Somewhat effective	74	21.80
Not effective	125	36.76
Don't know	60	17.65

Access to GBV Policy Mechanisms

According to the findings, only 132 respondents representing 38.8% reported that they or someone close to them had sought assistance through existing GBV policy mechanisms, while 208 respondents representing 61.2% had never sought help (Table 3). The relatively low utilization of formal support mechanisms suggests that awareness alone does not necessarily translate into service utilization and may reflect broader implementation challenges, including fear, stigma, and limited confidence in existing institutions.

Table 3: GBV Help Seeking

Variable	Frequency	Percentage (%)
Sought help through GBV mechanisms		
Yes	132	38.8
No	208	61.2

Perceived Barriers to Implementation of GBV Policies

Respondents identified numerous barriers that hinder effective implementation of GBV policies in Busia County (Table 4). The most frequently reported challenge was corruption (66.2%), followed closely by inadequate resources (65.9%) and lack of trust in implementing institutions (65.6%). More than three-fifths of respondents also cited family pressure (62.6%) and cultural resistance (60.6%) as major obstacles. Other frequently reported barriers included poor coordination among stakeholders (55.9%), cultural taboos (52.6%), and limited public awareness (49.1%). These findings demonstrate that implementation challenges extend beyond legislation itself and involve institutional and other social barriers that affect both prevention and response.

Table 4: Reported Barriers to Implementation of GBV policies

Barrier	Frequency	Percentage (%)
Corruption	225	66.2
Inadequate resources	224	65.9
Lack of trust in institutions	223	65.6
Family pressure	213	62.6
Cultural resistance	206	60.6
Poor coordination among stakeholders	190	55.9
Cultural taboo	179	52.6
Limited awareness	167	49.1

One of the most important findings of this study was the identification of multiple barriers affecting policy implementation. Corruption emerged as the most frequently reported implementation challenge, followed closely by inadequate resources and lack of trust in institutions. These findings suggest that institutional governance plays a central role in determining the effectiveness of GBV policy implementation. Weak accountability systems may discourage survivors from reporting cases because of concerns regarding confidentiality, delayed investigations, or perceived impunity for perpetrators. Similarly, inadequate financial and human resources limit the capacity of implementing institutions to provide comprehensive prevention, protection, investigation, and rehabilitation services.

CONCLUSION

The study demonstrates that implementation of GBV prevention and response policies in Busia County remains constrained by institutional, financial, and socio-cultural barriers despite relatively high community awareness of existing policies. Corruption, inadequate resources, lack of institutional trust, family pressure, cultural resistance, poor coordination, and persistent stigma continue to limit effective implementation and reduce utilization of formal GBV response mechanisms. The findings further demonstrate that successful implementation requires more than legislative reform; it depends upon coordinated multisectoral action, adequate financing, effective

referral systems, community participation, and sustained transformation of harmful gender norms. Strengthening implementation at the county level will require increased investment in survivor-centred services, improved institutional accountability, enhanced inter-sectoral coordination, continuous community awareness programmes, and systematic monitoring of policy implementation. Addressing these implementation challenges will contribute substantially to reducing the burden of GBV and improving access to justice, healthcare, and protection services for survivors.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed:

1. Strengthen county financing for GBV programmes by allocating dedicated resources for prevention, survivor support, referral systems, and community awareness activities.
2. Enhance multisectoral coordination among health facilities, law enforcement agencies, the judiciary, county governments, community health promoters, and civil society organizations through formal referral mechanisms and regular coordination meetings.
3. Expand community awareness programmes targeting harmful gender norms, stigma, cultural resistance, and available reporting mechanisms to improve help-seeking behaviour.
4. Improve accessibility of survivor-centred services by strengthening psychosocial support, legal aid, emergency medical care, and safe referral systems, particularly in underserved rural communities.
5. Strengthen institutional accountability through regular monitoring of policy implementation, transparent reporting systems, and measures to reduce corruption and improve public confidence in implementing institutions.
6. Build capacity of frontline service providers through continuous training on survivor-centred care, trauma-informed approaches, documentation, and inter-agency collaboration.

REFERENCES

African Union. (2003). *Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa*.

Amadiume, I. (1987). *Male daughters, female husbands: Gender and sex in an African society*. Zed Books.

Banarjee, S., & Sikder, M. R. (2026). Lived experiences of domestic violence survivors in Bangladesh: a socio-cultural examination. *International Criminology*, *6*(2), 252-265.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. Routledge.

Call to Action: Confronting the Alarming Rise of Gender-Based Violence. (2025). Unesco.org. https://www.unesco.org/en/articles/call-action-confronting-alarming-rise-gender-based-violence-and-femicide-kenya

Calmerry. (2023, March 23). *The effects of gender inequality on women's mental health*. https://calmerry.com/blog/self-care/how-gender-discrimination-and-inequality-affect-womens-mental-health/

Cochran, W.G. (1977). *Sampling Techniques.* (3rd Edition). New York; John Wiley & Sons

Dworkin, A. *Intercourse (Volume 1 of 2)(EasyRead Super Large 18pt Edition)*. ReadHowYouWant. com.

Enaifoghe, A., & Adekola, A. P. (2026). The Health-Related Consequences of Gender-Based Violence Against Women in South Africa. *International Journal of Environmental Research and Public Health*, *23*(3), 298.

FIDA Kenya. (2021). *Access to justice for survivors of gender-based violence in Kenya*. Nairobi: Federation of Women Lawyers

García-Moreno, C., Pallitto, C., Devries, K., Stöckl, H., Watts, C., & Abrahams, N. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.

Hooks, B. (2000). *Feminist theory: From margin to center.* South End Press

Howard, L. M., Wilson, C. A., Reilly, T. J., Moss, K. M., Mishra, G. D.,

Coupland-Smith, E., ... & Oram, S. (2025). Women's reproductive mental health: currently available evidence and future directions for research, clinical practice and health policy. *World Psychiatry*, *24*(2), 196-215.

Kageyama, M., Verani, A., Patel, P., Hegle, J., & Saul, J. (2023). Gender-based violence laws in ten African countries with high HIV prevalence and incidence among adolescent girls and young women. *UC Davis journal of international law & policy*, *29*(2), 59.

Kant Kushwaha, A. (2025). A Project Report on Gender-Based Violence and Community Level Administrative Response in Nepal. *Available at SSRN 5659790*.

Mali, M. A. A., Martins, N., Seran, N. D. P. S., Laot, P. A. M., Amaral, B. V., de Neri Machado, F., ... & Soares, N. G. (2025). A Comprehensive Review of Women's Exposure to Gender-Based Violence in Timor-Leste: Insights Applied from Feminist, Intersectionality, and Health Determinants Theory.

Millet, K. (1970). Sexual politics Doubleday. *New York*.

Mutua, M. (2019). Law and policy implementation challenges in addressing gender-based violence in Kenya. *Kenya Law Review, 9*, 102–118.

Nzomo, M. (2006). *Kenyan women in politics and public decision-making*. Nairobi: Heinrich Böll Foundation

Oyewumi, O. (1997). *The invention of women: Making an African sense of Western gender discourses*. University of Minnesota Press.

Republic of Kenya. (2006). Sexual Offences Act, No. 3 of 2006. Government Printer.

Republic of Kenya. (2010). Constitution of Kenya. Government Printer.

Republic of Kenya. (2015). Protection Against Domestic Violence Act, No. 2 of 2015. Government Printer.

Tong, R. (2009). *Feminist thought: A more comprehensive introduction* (3rd ed.). Westview Press

United Nations. (2024). *Goal 5: Achieve gender equality and empower all women and girls*. Sustainable Development Goals. https://www.un.org/sustainabledevelopment/gender-equality/.

Wijamuni, N., Elneil, S., Phiri, P., Sundarapperuma, T., Warushahennadi, J., Pathiraja, V., ... & Delanerolle, G. (2026). Intersecting inequities: a systematic review of socio-cultural, economic, and legal determinants of violence against women and girls in Asia (ANULA project-WP1 Evidence Synthesis). *BMC Public Health*, *26*(1), 873.