

Nexus between Power Imbalance Among Intimate Partners and Gender Based Violence Among Youth in Ruiru Sub-County, Kiambu County, Kenya

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Abstract: The study sought to examine the relationship between power imbalance among intimate partners and gender-based violence (GBV) among the youth in Ruiru Sub-County, Kiambu County, Kenya. The study's literature includes a review of multiple related literature consistent with the research topic by exploring different perspectives on power imbalance factors contributing to GBV among the youth in different contexts. The study was guided by the Social Learning Theory and complemented by the Social Exchange Theory. The study employed a descriptive cross-sectional study design. The targeted population was 1,166 youths while the accessible population was 664. A sample size of 268 respondents was obtained through a stratified random sampling procedure ensuring that both male and female participants were appropriately represented in the study. Validity of the instruments was determined by experts from the Institute of Gender, Women and Development Studies. The study adhered to ethical considerations in all study processes. Primary data collection was done using interview schedules for 12 respondents and closed-ended questionnaires for 244 respondents totalling to 256. The collected data was analysed quantitatively and qualitatively using statistical methods and thematic analysis respectively. The quantitative data was analysed using Statistical Packages for Social Sciences (SPSS) version 27 through correlations and regression. The qualitative data was analysed using NVivo through thematic analysis. The study reveals that gender-based violence (GBV) among youth in Ruiru Sub-County is shaped by power imbalance among intimate partners. Quantitative statistics revealed standardised regression coefficient ($\beta=0.418$, $p=0.014$) and a robust correlation ($r=0.79$, $p<0.01$), highlighting how disparities in decision-making authority, access and financial control lead to strained relationship dynamics. These findings were supported by qualitative findings illustrating how gender expectations and economic dependency encourage patriarchal dominance. The study concludes that GBV in this peri-urban context is not merely a personal or household issue but a systemic phenomenon that is rooted in power imbalances and institutional fragility. Based on the findings, the study recommends that the County Government of Kiambu in collaboration with national agencies needs to develop and enforce gender-responsive policies promoting inter-agency coordination and resource allocation; civil society Organisations and the private sector expand youth-centred economic empowerment programs including vocational training, microfinance, financial literacy and targeted support for GBV survivors; religious and community leaders partner with youth networks and educational institutions need to lead transformative campaigns challenging gender norms through education, community dialogues and public declarations; also, healthcare and justice sectors need to strengthen their capacity in trauma-informed, survivor-centred care, deploying mobile legal and health clinics to underserved areas to ensure equitable psychosocial, legal and medical services. Future research needs to explore how cultural norms and economic insecurity structurally contribute to GBV among youth, assess the long-term impact of empowerment interventions through longitudinal studies and evaluate the effectiveness of GBV policies in culturally diverse and economically disadvantaged settings.

Keywords: Gender-Based Violence, Power Imbalance, Intimate Partners and Youth Vulnerability.

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I. INTRODUCTION

GBV can be taken to be any act of violence that results in physical, sexual, economic or psychological harm or suffering to either gender, male or female. It also includes the threats of such actions, coercion and arbitrary denial of liberty. This violence can be witnessed in both current and former spouses and partners (KDHS, 2022). Gender-based violence (GBV) significantly impacts public health and human rights. In the global space, there is at least 1 out of 3 women who has been subjected to either physical and/or sexual intimate partner or non-partner sexual violence in their lifetime. Intimate partner violence is the most common violence and is responsible for over one-third of women's homicides. Almost one-third (27%) of women aged 15-49 years who have been in intimate relationships report that they have been exposed to a form of physical and/or sexual violence by their intimate partners (WHO, 2024). Crisis and its aftermath increase the risk for GBV, while undermining women's economic and social standing (Wenham, Smith, & Morgan, 2020). According to Muluneh, Stulz, Francis and Agho (2020), eliminating GBV features among the United Nations Sustainable Development Goals alongside solutions to achieve gender equality.

GBV cases are widely underreported especially in the developing countries (Bradbury-Jones & Isham, 2021). About 34% of women in Kenya have experienced physical violence since the age of 15 while 13% of women have experienced sexual violence at some point in their lives (KNBS, 2022). Out of 8,149 victims of the sexual and gender-based violence (SGBV) crimes in Kenya in 2021, 92% were female and 8% were male. There are many unreported cases of GBV due to threat, stigma, isolation and social exclusion exposing the victims to further violence in the hands of the perpetrators. GBV occurs in families, workplaces and schools involving a wide variety of agents, from family members, friends, intimate partners to strangers. It knows no social, economic, political class or cultural confinement. According to the Kenya Demographic Health Survey (2022), 16,926 women experienced physical violence in the country with Nairobi accounting for 2,088 of the cases. The report showed that 15.8% of the total number of victims reported experiencing violence often or sometimes (Wanjala, 2023). The percentage who held this view in Nairobi stood at 13.5% while in Kiambu county which had the second highest number of victims at 1,091 had 17.9 % of them reported that they were often or sometimes abused. This concern has been raised over high cases of Gender-Based Violence in Kiambu with the County Government statistics showing that 17.7% of women in the County who were subjected to violence, 21.8 % of them were married. The main forms of GBV were emotional (82%), physical (26%) and sexual (36%), with others experiencing more than one form of violence.

Gender-based violence is a grave violation of human rights and constitutes a critical public health and protection concern, disproportionately impacting women and girls. Its consequences are far-reaching, affecting physical, mental, sexual and reproductive health, while also elevating the risk of HIV infection especially in socio-economically vulnerable settings (UN Women, 2021; WHO, 2021). Survivors often

endure long-term psychological trauma, physical injuries and in extreme cases, death impacts that extend to families and communities, resulting in sustained suffering and diminished well-being (UNFPA, 2022; Opondo et al., 2023). Despite significant efforts by the Government of Kenya to include legislative reforms that criminalise various forms of these abuses and mandate the provision of medical, legal and psychosocial support for survivors, the incidence of GBV remain disturbingly high highlighting gaps in enforcement, social attitudes and systemic responses (National Gender and Equality Commission [NGEC], 2022)

The county of Kiambu is one among the 47 counties under the devolved system of governance in Kenya in the central region. According to the 2019 Kenya Population and Housing Census, Kiambu County's population was 2,417,735. The county is divided into 15 sub-counties and Ruiru is one of them. It has the highest population, 371,111 people (2019 census). It is densely populated therefore experiencing pressure on the available resources to accommodate the rising population. In Kiambu County, statistics from the County Government in 2022 indicate that 17.7% of the population experienced a form of GBV, with the youth, particularly, being increasingly affected. Media reports, such as one from Kenya Broadcasting Corporation (KBC) in February 2023, highlight concerns from human rights activists regarding the rising number of GBV cases in Kiambu, pointing to socio-economic factors like unemployment and job losses as contributors. In Ruiru Sub-County, youth are particularly vulnerable due to factors such as income disparities, power imbalances in intimate relationships and harmful cultural norms. These socio-economic issues remain poorly understood and their impact on GBV in the region has not been sufficiently explored. This study, therefore, sought to investigate the nexus between socio-economic factors and gender-based violence among youth in Ruiru Sub-County, with an aim of providing findings that can inform more effective interventions and policies to address the issue and improve the well-being of young people in the area.

These conditions render youth increasingly vulnerable to incidents of gender-based violence. Despite the prevalence of such socio-economic challenges, their influence on GBV within the region remains inadequately understood and underexplored. The study focused on exploring the relationship between power imbalances among intimate partners and GBV among youth in Ruiru Sub-County, Kiambu County, Kenya. There exist gaps in the reviewed literature on how social-economic factors contribute to Gender-Based Violence among the youth in Ruiru Sub-County. Several studies on GBV have been undertaken in the County but few, if any, focuses on the youth. In addition, Ruiru Sub County has the highest population of 371,111 in Kiambu County and majority of the population are the youth at 78% (KDHS, 2022). Concerns have been raised over the high cases of Gender-Based Violence including murder cases among the youth attributed to alcoholism and drug abuse due to joblessness and frustrations. This study's findings could help to strengthen the formulation and implementation of county gender policies which foster inclusivity for the specific needs of the youth in Kiambu County. Further, it will leverage county

structures to carry out coordination and collaboration with the national government, private sector and civil society to strengthen proactive mechanisms to address GBV among the youth.

II. LITERATURE REVIEW

➤ Gender-Based Violence

Gender-based violence is a serious problem across the world and there is global recognition that gender-based violence significantly impacts public health and human rights (Javed & Chattu, 2021). The cases of gender-based violence are high in Sub-Saharan Africa. Ethiopia is one among the sub-Saharan countries which have the highest prevalence of gender-based violence (67.7%) (Beyene, Chojenta, Roba, Melka, Loxton, 2019). According to Abdool Karim and Baxter (2016) gender-based violence takes many forms; physical, sexual, economic and psychological. Unequal gender power dynamics in relationships, men's control over women including decision-making, rigid gender roles and low negotiation skills among girls and women as well as inequitable gender and social norms are all associated with violence (Kato-Wallace et al, 2019). Carlson (2015) notes that community-level tolerance of violence against women and girls facilitates the continuation of GBV (Bhattacharjee et al, 2020).

According to the World Health Organisation, 2013, at least 30% of women worldwide have experienced physical and/or sexual intimate partner violence and 7% have experienced non-partner sexual violence in their lifetime. Among ever-partnered young women aged 15–24, the prevalence of violence is 29%. Prevalence of combined intimate partner and non-partner violence ranges from 27% in the WHO European Region to 46% in the African Region (WHO, 2013). According to the United Nations Children's Fund Kenya Country Office DoVP, National Centre for Injury

Prevention and Control, U.S. Centres for Disease Control and Prevention and the Kenya National Bureau of Statistics report of 2012, Kenya showed that violence against young women and children is a serious problem in the country with 66% of females aged 18 to 24 reporting at least one experience of sexual or physical violence respectively prior to age 18 and 49% of females aged 13 to 17 reported experiencing a type of sexual violence or physical violence respectively in the past 12 months (Olson et al, 2022). Perpetrators of sexual violence included boyfriends and romantic partners, as well as friends, classmates, strangers and family members (Stermac, Bance, Cripps, & Horowitz, 2018). The consequences of exposure to violence have long-term effects on girls, boys, youth and women, including increased risk of contraceptive non-use, unwanted pregnancies, unsafe abortions, sexually transmitted infections and low birth weight babies, increased risk of alcohol and substance abuse as well as self-harm and victimisation in later life (Temmerman, 2015).

In Kenya, the 2022 Demographic and Health Survey reports that 34% and 13% of girls and women and 27% and 7% of boys and men aged 15-49 have experienced physical and sexual violence respectively since age 15. Furthermore, the survey shows that 16,926 women experienced physical violence in the country with Nairobi accounting for 2,088 of the cases. The report said that 15.8 % of the total number of victims reported experiencing violence often or sometimes (Wanjala, 2023). The percentage who held this view in Kiambu county which had the second highest number of victims at 1,091 had 17.9 % of them report that they were either often or sometimes abused. This concern was raised due to the high cases of Gender-Based Violence in Kiambu with the County Government statistics showing that 17.7 % of women in the County were subjected to violence 21.8 % of the women are married. The main form of GBV was emotional (82%), physical (26%) and sexual (36%), while others experienced more than one form of violence.

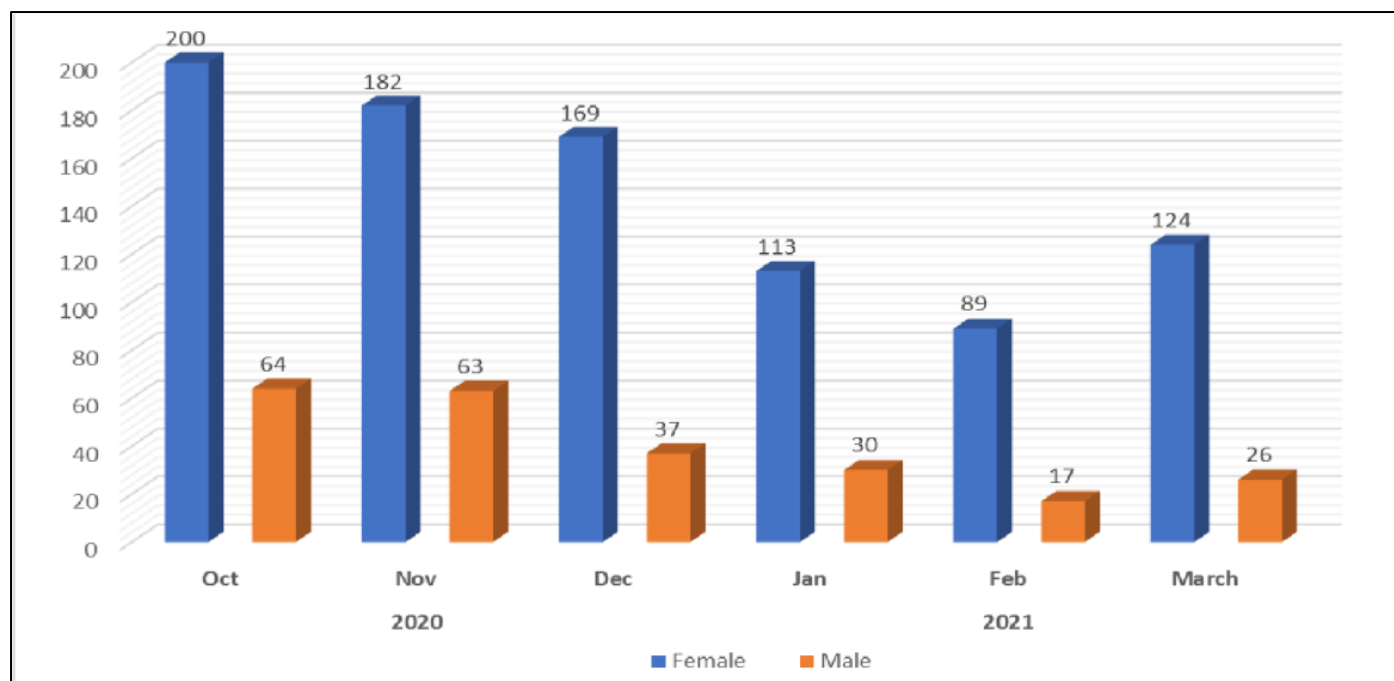


Fig 1 Kenya, October 2020 to March 2021

➤ *Power Imbalance Among Intimate Partners and Gender-Based Violence*

The violence against girls and women is a global human rights and public health issue that affects millions of girls and women (WHO, 2017). According to the World Health Organisation (2017) approximately 30% of the women globally have experienced some form of violence (physical or sexual) from a partner or non-partner in their lifetime. While the effects of gender-based violence (GBV) on the physical, mental health and social well-being of women, youth and girls are relatively well-documented, its health consequences continue to be uncontrolled due to the persistent high prevalence (WHO, 2013; Wado et al, 2021). Young women in the sub-Saharan Africa (SSA) continue to suffer high HIV infection cases due to sexual violence, poverty and social norms around marriage, gender inequalities and harmful traditional practices with unequal power dynamics with young women particularly disadvantaged (Wado et al, 2021).

Gender inequalities continue to increase the risk of violence against women and girls while discouraging those affected from seek protection (Decker et al, 2018). Adolescent girls and young women (AYW), particularly those married to older men and/or married as children or adolescents, may be disproportionately at risk of being exploited and violated because they have less bargaining power within their relationships (Brown, Meinhart, Poulton, & Stark, 2022). Data from the WHO (2021) violence against women surveys show that 30% of adolescent girls (aged 15 to 19 years), globally, have experienced physical and/or sexual violence by an intimate partner in their lifetime. A study that used Demographic and Health Survey (DHS) data from 30 developing countries estimated that 28% of adolescents (15 to 19 years) and 29% of young women (20 to 24 years) experienced physical or sexual intimate partner violence (Decker et al, 2015). According to the World Health

Organisation multi-country study (2021) on violence against women, the lifetime and current (within 12 months) prevalence of physical or sexual intimate partner violence ranged from 15 to 71% and 4 to 54%, respectively and the prevalence of emotional violence ranged from 20 to 75%. In another study conducted by the World Health Organisation (2018), it was estimated that the lifetime prevalence of intimate partner violence among female youths aged 15 to 19 was 29.4 and 31.6% for ages 20 and 24. The highest prevalence of intimate partner violence was reported in Sub-Saharan Africa (65.64%) (Shannon et al, 2015). More research on the determinants of IPV against women has been informed by an ecological framework that outlines multiple factors operating at different levels, individual, relationship, community and societal levels, that explain why some groups of people are at a higher risk (Smith Slep, Foran, Heyman, 2014).

Benebo, Schumann and Vaezghasemi (2018) noted that socio-economic inequalities and sociocultural norms such as male dominance contribute to the high prevalence of GBV in SSA. Findings of a systematic review also show that individual characteristics such as age, age difference with the partner and education level are risk factors of GBV (Semahegn et al, 2019). Moreover, there are various contextual and country-specific drivers of violence in SSA. There is a strong link between poverty and violence among young women with those from poor households and communities being at greater risk (Ahinkorah, Dickson & Seidu, 2018). Low education, exposure to violence in childhood, unequal power in intimate relationships and attitudes and norms accepting violence and gender inequality also increase the risk of experiencing IPV and sexual violence (Smith Slep, Foran & Heyman, 2014). This study intended to examine how intimate relationships influence gender-based violence among youth in Ruiru Sub County in Kiambu County.

Table1 Operationalisation of the Study Variables

Type of Variable	Variable	Indicators
Independent	Power Imbalance in Intimate Relationships	<ul style="list-style-type: none"> Decision-making power Access to and control over resources Conflict resolution patterns
Dependent	Gender-Based Violence	<ul style="list-style-type: none"> Prevalence of GBV cases Reporting and intervention rates

III. METHODOLOGY

This study adopted a descriptive cross-sectional research design which allowed for the collection of both qualitative and quantitative data in a one-time investigation. This design was appropriate for exploring the relationship between socio-economic factors and gender-based violence among youth in Ruiru Sub-County, enabling the researcher to draw inferences based on a snapshot of prevailing conditions. This study was carried out in Ruiru Sub-County in Kiambu County which is a densely populated area with an active presence of civil society and government interventions targeting GBV. Ruiru's cosmopolitan and youthful demographic (78% of its 371,111 residents) made it a strategically relevant location for exploring youth-related GBV dynamics.

The target population comprised male and female youth aged 18 to 35 years residing in Ruiru Sub-County, across five administrative wards. From an accessible population of 664 youths, a sample size of 268 respondents was determined using an online sample calculator at a 95% confidence level and 5% margin of error. This included 244 youth to be selected using stratified random sampling for the questionnaire survey and 24 key informants purposively sampled for interviews. Key informants consisted of service providers such as health workers, security personnel, psychosocial support staff, legal actors, community and religious leaders and representatives from NGOs and the Ministry of Gender. Stratified random sampling ensured gender-balanced representation among youth, while purposive sampling enabled the selection of experienced stakeholders who possessed in-depth knowledge

on GBV. This dual approach facilitated triangulation of qualitative and quantitative data.

Two instruments were employed: a semi-structured interview schedule for key informants and a Likert-scale questionnaire for the youth. The questionnaire was structured into three sections covering demographic information, intimate partner dynamics and availability of GBV services. These instruments were pre-tested on 26 respondents in a neighbouring sub-county, representing 10% of the sample, to assess their clarity and reliability. The validity of the tools was confirmed through expert review by gender and research specialists from Egerton University, focusing on content, construct and face validity. Reliability was measured using the Cronbach's Alpha, with an acceptable threshold of 0.70 to determine internal consistency. Items that were ambiguous or unclear were revised accordingly therefore improving the instrument's utility and accuracy.

Before data collection, relevant approvals were obtained from the National Commission for Science, Technology & Innovation (NACOSTI) and the Egerton University Ethics Committee. The researcher conducted site visits to introduce the study to key stakeholders and ensure community buy-in. Data collection was conducted personally by the researcher to avoid misinterpretation of questions and to ensure confidentiality. Quantitative data from the questionnaires were analysed using SPSS version 27 employing descriptive, correlation and inferential statistics. Qualitative data from interviews were subjected to thematic analysis and presented thematically using themes and verbatim quotes. Ethical considerations included informed consent, voluntary participation, confidentiality and anonymity of respondents. No personal identifiers were collected and all data were securely stored with password protection. These measures ensured the ethical integrity and credibility of the study.

Table 2 Reliability Test

Variable	Number of Items	Cronbach Alpha
Power Imbalance	7	0.79
Gender-Based Violence	11	0.78

IV. RESULTS

The Cronbach's alpha values for Power Imbalance (0.79) and Gender-Based Violence (0.78) exceed the commonly accepted threshold of 0.70 which indicate good internal consistency reliability, suggesting that the items within each scale consistently measured the same underlying construct (Howard, 2016).

➤ Response Rate

The researcher targeted 268 respondents, comprising 244 accessible youth, as well as multi-sectoral service providers for GBV survivors including health professionals (3), security personnel (2), psychosocial support providers (4) and legal actors (3). Additionally, other key stakeholders were included: youth representatives (4), county representatives (2), religious

and community leaders (2), staff from international and national NGOs (3) and a representative from the Ministry of Gender (1). A total of 256 respondents participated in the study therefore giving a response rate of 95.52%. According to Baruch and Holtom (2008), a response rate exceeding 50% is considered acceptable, 60% is deemed good and 70% or above is regarded as very good within the context of social research surveys.

➤ Normality Test

The Shapiro-Wilk test was conducted to assess whether the variables follow a normal distribution. All variables returned *p*-values greater than 0.05, indicating no significant deviation from normality. With this satisfaction, parametric statistical methods were appropriate for analysis.

Table 3 Response Rate

Category	Target Population	Response Rate	Response Rate (%)
Accessible Youth Respondents	244	244	91
Health Professionals	3	2	0.7
Security Personnel	2	2	0.7
Psychosocial Support	4	1	0.4
Legal Actors	3	1	0.4
Youth Representatives	4	2	0.7
County Representatives	2	1	0.4
Religious/Community Leaders	2	1	0.4
International/National NGOs	3	1	0.4
Ministry Of Gender	1	1	0.4
Total	268	256	95.52%

Table 4 Shapiro-Wilk Normality Test

Variable	N	Mean	Std. Deviation	Shapiro-Wilk Test	p-value
Power Imbalance	244	3.897	0.426	0.997	0.923
Gender-Based Violence	244	3.541	0.329	0.995	0.612

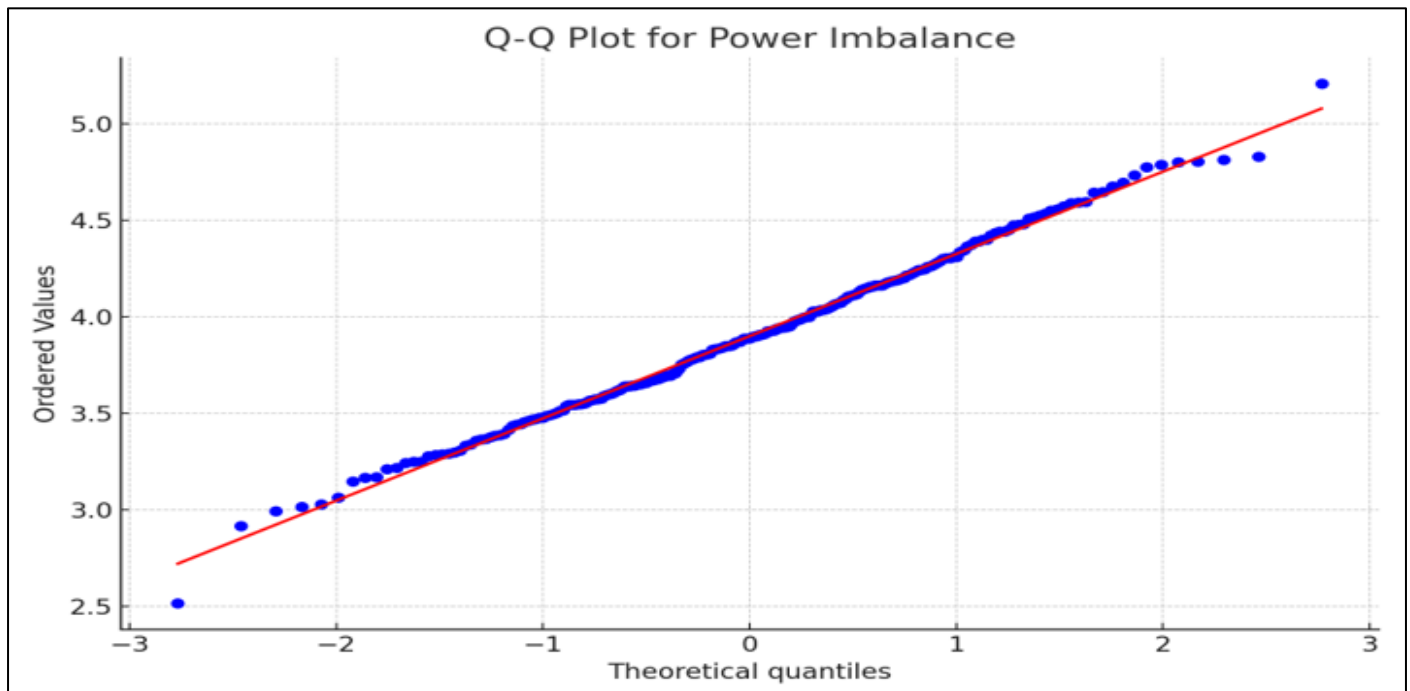


Fig 2 Descriptive Analysis

➤ Power Imbalance and Gender-Based Violence

The descriptive analysis of power imbalance as a contributing factor to gender-based violence among youth in

Ruiru Sub-County reveals widespread agreement among respondents, with all seven statements recording relatively high mean scores ranging from 3.78 to 4.02.

Table 5 Power Imbalance and Gender-Based Violence

Statement	Mean	Std Dev
Unequal decision-making power in relationships contributes to GBV.	3.90	1.06
Limited access to financial and social resources affects individuals' ability to leave abusive relationships.	3.82	1.16
When one partner controls financial resources, the other is at higher risk of GBV.	3.98	1.03
Power imbalance in relationships discourages victims from reporting GBV.	3.86	1.09
Gender norms that favour male dominance increase the likelihood of GBV.	3.93	1.09
Women with lower levels of education are more likely to experience power-related GBV.	4.02	1.04
Relationship conflicts often escalate into violence due to power struggles.	3.78	1.14

The highest mean score (4.02) was attributed to the statement suggesting that women with lower levels of education are more likely to experience power-related GBV, indicating a strong perception that educational attainment is closely linked to individual empowerment and vulnerability to abuse. Closely following was the belief that financial control by one partner increases the risk of GBV (mean=3.98), which highlights the role of economic dominance as a mechanism of coercion within intimate relationships. Gender norms favouring male dominance (mean=3.93) and unequal decision-making power (mean=3.90) were also identified as key contributors highlighting the socio-cultural structures that perpetuate male authority and female subordination. The perception that power imbalances discourage survivors from reporting GBV (mean=3.86) and that limited access to financial and social resources hinders individuals from leaving

abusive relationships (mean=3.82) further emphasises the restrictive nature of unequal power relations. Although the lowest mean score (3.78) was reported for the idea that conflicts in relationships often escalate into violence due to power struggles, it still indicates general agreement. These findings reveal a consensus that power inequalities, especially from financial control, education and entrenched gender norms are significant drivers of GBV, thus necessitating holistic interventions that empower individuals and challenge existing patriarchal systems.

➤ Gender-Based Violence Prevalence

The descriptive analysis of gender-based violence among youth in Ruiru Sub-County reveals an understanding of its prevalence, manifestations and the effectiveness of interventions.

Table 6 Gender-Based Violence Prevalence

Statement	Mean	Std Dev
<i>Prevalence of (GBV)</i>		
Gender-based violence is common among youth in Ruiru Sub-County.	3.66	1.10
GBV cases have increased in the past five years.	3.69	0.97

GBV is a significant public concern that needs urgent intervention.	3.99	1.00
<i>Types of GBV Experienced</i>		
Physical violence (e.g., beating, slapping) is a common form of GBV among youth.	3.59	1.00
Psychological and emotional abuse (e.g., threats, humiliation) significantly impact victims.	3.84	1.08
Sexual violence (e.g., harassment, assault) is a major problem among youth in this area.	2.59	1.20
<i>Reporting and Intervention Rates</i>		
Most GBV survivors do not report incidents due to fear of stigma or retaliation.	3.00	1.09
Law enforcement officers in Ruiru respond effectively to GBV cases.	3.20	1.02
GBV survivors receive adequate medical and psychological support in the community.	3.57	0.97
Existing policies and laws are effective in addressing GBV among youth.	3.85	1.10
Community support systems (e.g., family, local leaders) play a role in GBV intervention.	3.96	1.01

The responses to statements on the prevalence of GBV yielded moderate to high mean scores, with the belief that GBV is a significant public concern requiring urgent intervention receiving the highest score (3.99), indicating strong recognition of its severity. The perception that GBV has increased over the past five years (mean = 3.69) and is common among youth (mean = 3.66) further affirms the perceived escalation and pervasiveness of the issue. Regarding the types of GBV, psychological and emotional abuse was acknowledged as highly impactful (mean = 3.84), while physical violence was also seen as common (mean = 3.59). Interestingly, sexual violence recorded a notably lower mean (2.59), suggesting possible underreporting, normalization or discomfort in disclosing such experiences despite its known prevalence in similar contexts. On reporting and intervention, findings highlight significant barriers: the belief that most survivors do not report due to fear of stigma or retaliation yielded a moderate mean (3.00), reflecting uncertainty or a split in respondent experiences. Similarly, perceptions of law

enforcement responsiveness (mean = 3.20) and the adequacy of medical and psychological support (mean = 3.57) suggest only partial confidence in institutional mechanisms. However, there was relatively stronger agreement on the effectiveness of existing policies and laws (mean = 3.85) and the role of community support systems (mean = 3.96) in GBV intervention. Collectively, these findings point to a consensus that while GBV is widely recognized as a critical issue among youth in Ruiru, there remain gaps in reporting, institutional trust and survivors support, necessitating both systemic reform and community-led approaches to GBV and response.

➤ Inferential Statistics

➤ Correlation Analysis

The Pearson correlation analysis demonstrates statistically significant positive relationships among all the key constructs under study.

Table 7 Correlation Analysis

Variables	Power Imbalance	Gender-Based Violence
Power Imbalance	1	0.79**
Gender-Based Violence	0.79**	1

The correlation between income levels and gender-based violence is moderately strong ($r=0.71$, $p<0.01$), suggesting that economic instability and financial dependency are associated with increased GBV among youth. This supports the literature indicating that poverty and lack of financial autonomy heighten exposure to abuse (UN Women, 2022). Power imbalance shows a strong correlation with gender-based violence ($r=0.79$, $p<0.01$), affirming that unequal power dynamics, such as control over financial or social resources and decision-making, significantly influence the prevalence of GBV. This is consistent with feminist theories of power and coercion, which highlight the role of structural inequality in perpetuating violence (Stark, 2007). The relationship between cultural norms and GBV is also significant ($r=0.69$, $p<0.01$), indicating that traditional beliefs, gender roles and societal expectations have a measurable influence on GBV occurrence. This supports earlier findings from both Kenyan and global contexts showing that socio-cultural environments that tolerate or normalise violence contribute to its persistence (Garcia-Moreno et al., 2015). Furthermore, the strong intercorrelations among the independent variables themselves, such as power imbalance and cultural norms ($r=0.73$) and income levels and power imbalance ($r=0.67$), suggest a

compounded effect, where socio-economic and cultural dimensions together increase the vulnerability to violence.

➤ Regression Analysis

The study employed simple linear regression analysis on quantitative data obtained from respondents (youth in Ruiru) to examine the relationship between socio-economic factors and gender-based violence among the youth in Ruiru sub-county Kiambu county in Kenya.

➤ Model Summary

The regression analysis sought to determine the influence of power imbalance in intimate relationships on gender-based violence among youth in Ruiru Sub-County. The Model Summary indicated a strong positive correlation ($R=0.802$) between the independent variable and GBV. The R Square value of 0.643 revealed that approximately 64.3% of the variance in gender-based violence can be explained by the three predictors combined. The Adjusted R Square of 0.639, which accounts for model complexity and sample size, further affirmed the strength of the model. Standard error of the estimate (0.189) signified a relatively low margin of error, suggesting high predictive accuracy.

Table 8 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.802	0.643	0.639	0.189

- *Predictors: (Constant), Income Levels, Power Imbalance in Intimate Relationships and Cultural Norms)*

➤ *Analysis of Variance (ANOVA)*

The Analysis of Variance (ANOVA) further confirmed the model's statistical significance, with an F-value of 200.85

and a corresponding p-value of < 0.001 , indicating that the overall regression model is highly significant. This suggests that the set of predictors used in the study meaningfully explains variations in the occurrence of GBV among the youth. The substantial gap between the regression sums of squares (21.511) and the residual sum of squares (11.961) also reinforces the explanatory power of the model.

Table 9 Analysis of Variance (ANOVA)

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	21.511	3	7.170	200.85	0.000
Residual	11.961	240	0.050		
Total	33.472	243			

- *Dependent Variable: Gender Based Violence*
- *Predictors: Power Imbalance in Intimate Relationships*

➤ *Coefficients*

The regression coefficients provided more detailed insights into the relative contribution of each independent variable. The constant term ($B=1.129$) represents the baseline

level of GBV when the predictor is held at zero. The predictor was found to be statistically significant at the 0.05 level. Power imbalance in intimate relationships emerged as an influential predictor with a coefficient ($B=0.451$, $p=0.014$) and a high standardised beta ($\beta=0.418$), suggesting that disparities in financial control and decision-making power strongly drive GBV.

Table 10 Coefficients

Model	Unstandardized Coefficients	Std. Error	Standardized Coefficients	t	Sig.
(Constant)	1.129	0.089		12.685	0.011
Power Imbalance in Intimate Relationships	0.451	0.039	0.418	11.564	0.014

V. DISCUSSION OF THE FINDINGS

The findings of this study reveal compelling evidence that power imbalance in intimate relationships significantly influences the prevalence and dynamics of gender-based violence among youth in Ruiru Sub-County, Kiambu County, Kenya. Guided by the study's thematic dimension (power imbalance in intimate relationships), the data reveals interrelated factors that increase vulnerability to GBV. These findings echo contemporary global research highlighting the need for holistic, multi-level interventions to address the structural and interpersonal roots of GBV (UNFPA, 2023; WHO, 2021).

The study's objective examined how power imbalances within intimate partnerships relate to GBV. The descriptive findings indicated that most respondents agreed that when one partner holds disproportionate control over decision-making or financial resources, the other is more susceptible to violence. Notably, the statement that women with lower levels of education are more likely to experience GBV received the highest mean score (4.02), pointing to education as a key dimension of power and vulnerability. The correlation between power imbalance and GBV is strong ($r=0.79$, $p<0.01$) and regression analysis confirmed its significance with a standardized coefficient of 0.418 ($p=0.014$). These findings resonate with feminist theoretical perspectives, which emphasize that GBV is often rooted in patriarchal norms that

legitimize male control and suppress female autonomy (Stark, 2007). They also affirm the role of relational power imbalance, especially in resource allocation and social authority, in creating conditions conducive to abuse. Addressing this issue requires not only legal frameworks that protect individual rights, but also educational and psychosocial programs that promote gender equity within relationships.

➤ *Thematic Analysis*

Through the qualitative interviews with key stakeholders, including police officers, healthcare providers, NGO workers, legal advocates, religious leaders, youth representatives, local government administrators and Ministry of Health officials, the research has revealed that GBV among youth is not merely a matter of individual or familial conflict but is deeply rooted in broader socio-economic pressures, cultural traditions and institutional shortcomings. The study highlights that youth in Ruiru face compounded vulnerabilities shaped by power imbalance that condone or silence violence. The study focused on assessing how power imbalances between intimate partners relate to GBV among youth and the findings reveal that unequal power relations are both a driver and a product of abuse. Police officers described how perpetrators often use their dominance, whether financial, physical or emotional, to exert control over their partners. One officer noted, "Power imbalances often result in dominance and control by the perpetrator, which fuels abuse and reduce the likelihood of reporting." Importantly, this control goes

beyond overt acts of violence; it includes intimidation, isolation and the strategic use of financial or social leverage to ensure the survivor feels powerless and dependent. Youth representatives elaborated that these imbalances are intensified in youth relationships because of age, social standing and cultural expectations that teach young women, in particular, to be submissive or tolerant of mistreatment.

Healthcare workers provided insights into how these imbalances manifest in clinical encounters. Survivors often arrive at health facilities hesitant to disclose the full extent of their abuse or fearful of retribution. As one health practitioner explained, “Abusers frequently exploit power imbalances and economic dependency to maintain control and perpetuate abuse.” This control is sometimes so pervasive that survivors internalize feelings of worthlessness or shame, making them less likely to seek help even when they are in desperate need of support. NGO and legal workers pointed out that power imbalance is not only an individual or household issue but a reflection of broader structural inequalities. An NGO staff member emphasized, “Power imbalances allow abusers to maintain dominance and control, leaving survivors feeling powerless to escape abuse or seek justice.” This feeling of disempowerment is compounded when survivors believe the justice system will fail them or when community leaders minimize the abuse. Young survivors, in particular, are vulnerable to both the personal dominance of their abuser and the institutional neglect or bias they encounter when trying to access help. Breaking this space requires empowering survivors not only emotionally but also socially, legally and economically.

VI. SUMMARY OF KEY FINDINGS

Power imbalance within intimate relationships emerged as a statistically influential dimension. Quantitative data revealed a high standardised regression coefficient for this factor ($\beta=0.418$, $p=0.014$), with correlation analysis affirming a robust association with GBV ($r=0.79$, $p<0.01$). Respondents consistently identified unequal decision-making authority, educational disparities and financial control by one partner as core drivers of abuse. Qualitative data expanded on these findings, illustrating how power imbalance often led in gender biased expectations and reinforced by economic dependency enable perpetrators to maintain coercive control. These insights validate feminist theoretical models that locate GBV within a framework of patriarchal domination and structural inequality.

VII. CONCLUSIONS

The study concludes that GBV among youth in Ruiru Sub-County is a complex and deeply embedded issue. Power imbalances in intimate relationships serve to perpetuate coercion and oppression, particularly when reinforced by educational and income disparities. Cultural norms, although less powerful in predicting outcomes, are still essential for understanding why society accepts and stays quiet about GBV. This factor is not just a personal or family problem, but a bigger issue built into the system, caused by unfair structures and weak institutions. Kenya has taken steps forward with

laws like the Sexual Offences Act and plans to fight gender-based violence. However, these laws are not always put into action properly. The gap between what is written and what happens is made worse by a lack of funding, poor training and cultural beliefs that resist change. The fight against GBV in Ruiru and by extension in similar peri-urban and rural Kenyan contexts, requires a multidimensional response that simultaneously addresses economic empowerment, gender equity, cultural re-socialisation and institutional accountability. Sustainable change will only be realised when these factors are confronted collectively, rather than in isolation.

RECOMMENDATIONS

➤ *This Study Recommends the Following:*

- Enforce youth-focused, gender-responsive GBV policies through coordinated county and national efforts.
- Expand economic empowerment programs for youth, especially GBV survivors.
- Promote anti-GBV campaigns via schools, communities and religious leaders.
- Strengthen GBV response systems with mobile, trauma-informed services.

AREAS FOR FURTHER RESEARCH

Further studies need to explore how cultural norms and economic insecurity structurally drive GBV among youth. Also, longitudinal research are needed to assess the impact of empowerment interventions, while implementation studies should evaluate the effectiveness of GBV policies in culturally diverse and economically disadvantaged communities.

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