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INFORMATION SEEKING BEHAVIOUR OF WOMEN IN KENYA TO PROTECT THEMSELVES FROM SEXUAL GENDER BASED VIOLENCE

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ABBREVIATIONS

ACORD   Agency for Cooperation Research and Development

COVAW   Coalition on Violence against Women

DEVAW   UN Declaration on the Elimination of Violence against Women

ERT   Equal Rights Trust

FIDA   Kenya Federation of Women Lawyers in Kenya

GBSV   Gender-based Sexual violence

IASC   Inter-Agency Standing Committee

KHRC   Kenya Human Rights Commission

OHCHR   United Nations Human Rights Office of the High Commissioner

PAHO   Pan American Health Organisation

PEP   Post-Exposure Prophylaxis

PEV   Post election violence

SBGV   Sexually Based Gender Violence

SOA   Sexual Offences Act

STI   Sexually Transmitted Infection

SV   Sexual Violence

VAWG   Violence against Women and Girls

VAW   Violence against Women

WHO   World Health Organisation

LIST OF CITED KENYAN STATUTES

Constitution of Kenya, 2010

Sexual Offences Act, 2006

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Abstract

Sexual gender based violence against women occurs reqularly in Kenya. Although numerous research has been conducted in the area of sexual gender-based violence, sexual gender-based violence in relation to HIV and sexual gender-based violence and legislation, the role that information plays in regards to addressing the problem has not been specifically studied. Kilonzo, Ndung'u and Nthamburi, (2009) argue that attaining the benefits of legislation and ensuring the privacy, informational and medical needs of survivors and their access to legal processes and protection still remains an enormous challenge in Kenya.

The purpose of this study is to explore how women in Kenya seek information to protect themselves from sexual gender-based violence. The study uses Wilson's 1981 second model of information-seeking behaviour to conceptualise information seeking behaviour.

Data was collected through a self-completion questionnaire administered online to a sample of Kenyan women, and 24 participants responded to the survey. The research seeks to address the following questions:

1. How do women in Kenya seek information to protect themselves from sexual gender-based violence?
2. Where do they get that information, if at all?
3. What impact does that information have on their lives, if at all?

The findings indicate that to protect themselves from sexual based-gender violence (SGBV), women in Kenya seek information and help through informal sources e.g. family, friends, and formal sources e.g. medical practitioners such as doctors, nurses, gynecologists and obstetricians. Additionally, they turn to other information sources such as radio, television, smart phones, books, newspapers/magazines, and the internet.

The findings also indicate that the internet, smartphone and books are the most turned to sources of information on SGBV due to the convenience, privacy and anonymity they offer to respondents. Therefore multisectoral programmes and policies aiming to create effective interventions can be directed through these channels.

Date:

1. Introduction

Interpersonal violence, whether it is sexual or nonsexual, remains a major problem in many parts of the world. However sexual violence against children and women brings with it long-term consequences, both psychiatrically and socially (Kalra & Bhugra, 2013).

Violence against women in its various forms is perhaps one of the most wide spread and socially tolerated form of human rights violations that occurs in every culture and country cutting right across borders, race, class, ethnicity, and religion. It is rooted in social and cultural attitudes and norms that privilege men over women, boys over girls (Garcia-Moreno et al., 2012; Organization, 2001).

Sexual gender based violence (SGBV) refers to any harmful act that is perpetrated against a person's will and that is based on socially ascribed gender differences between males and females. It includes acts that inflict physical, mental or sexual harm or suffering, threats to such acts, coercions and other deprivations of liberty whether occurring in private or public life (Aura, 2014; Committee, 2005, 2015).

Moreover, SGBV, entails widespread human rights violations and is a complex issue that is often linked to unequal power relations between genders and abuses of power. It reportedly stems from structural inequalities between men and women, which result in the persistence of power differentials between the sexes (Aura, 2014).

SGBV is a problem that has been prevalent also in Kenya. In 2011, the Ministry of Health reported that sexual violence was a serious public health and human rights concern in Kenya, affecting men and women, boys and girls with adverse physiological and psycho-social consequences.

Similarly, Masinjila and Tuju (2014) referring to sexual gender-based violence (SGBV) as gender-based sexual violence (GBSV), observed that it is a regular occurrence in the lives of women and girls. Which, they noted, increases drastically during times of political uncertainty, such as before and after elections, e.g. during the 2007-2008 Post-Election Violence (PEV) in Kenya.

However, despite the evidence of its pervasiveness, sexual violence in Africa South of the Sahara still remains an under-researched and under-resourced area. Comparing figures on sexual violence across most studies is also problematic due to variations in

definitions and concepts, such as rape, sexual assault, and sexual violence, which compound the difficulties of comparing incidence and prevalence. As well as challenges in measuring frequency and duration, including standardised timeframes against which to measure violence (e.g. in the last one year or in your lifetime). Nevertheless, scholars acknowledge that existing data provides an imperative for developing legislation and related services (Kilonzo et al., 2009).

Attaining the benefits of legislation and ensuring the privacy, informational and medical needs of survivors and their access to full legal process and protection still remains an enormous challenge (Kilonzo et al., 2009). Thus, although, based on the foregoing cited evidence, ensuring informational needs of survivors, among other key areas is highlighted as still being an enormous challenge. Nevertheless, previous studies have not adequately linked the role of information, to dealing with the problem of SGBV.

This study explores how women in Kenya seek information in order to protect themselves from SGBV. The key concepts covered in this study include sexual gender-based violence, information, information seeking and information (seeking) behaviour, information needs and information use, women, and Kenya.

1.1 Background and relevance

Kenya is signatory to the UN Millennium Development Goals whose aim is to guide development cooperation. The World Health Organisation's Sustainable Development Goals (WHO SDGs), have also been linked to Kenya's own long term development agenda, the Vision 2030. These goals are meant to promote the health and well-being of all children, women, special vulnerable groups and to eliminate all forms of violence. Including sexual violence, achieving gender equality and the empowerment of all women and girls (Abeid, 2015; MOH, 2014).

However, Kenya still faces pervasive gender-based sexual violence. The Ministry of Health (MOH) through the already mentioned report also acknowledged the pressing need to address the issue in order to find sustainable solutions (Ellsberg, Heise, & Organization, 2005; McEvoy, 2017);World health organization 2005).

Echoing the MOH report, Muturia and Nungari (2014) reported that sexual and gender violence in Kenya had attained disturbing proportions and that no single day passes without related cases being reported in the media. At the same time, however, they observed that this has been accompanied by failure by relevant authorities, i.e. the

police and the courts to execute justice for victims by prosecuting perpetrators even when they have been exposed.

The Agency for Cooperation Research and Development (ACORD) Kenya, noted it is therefore not surprising that many cases go unreported in communities. Instead, most of these cases are informally, but hurriedly resolved within the communities as a means to avoid the shame and stigma that comes with sexual violence. This, however, only aggravates the problem (Muturia & Nungari, 2014) and it is critical to find sustainable solutions to this problem.

Article 4 of the 1993 UN Declaration on the Elimination of Violence against Women stresses the importance of conducting research on the problem of sexual violence. The Article in particular declares that UN member states are charged with among other things, the responsibility to promote research, collect data and compile statistics, relating to the prevalence of different forms of violence against women.

The Article also specifically encourages research on the causes, nature, seriousness and consequences of violence against women and the effectiveness of the measures implemented to prevent and redress this kind of violence. The Article also charges that the statistics and findings of the research be made public.

Therefore, pursuant to the afore mentioned instruction, this study by exploring the information seeking behaviour of women in Kenya in order to protect themselves from SGBV, intends to heed that instruction. Thus, this study seeks to contribute to the conversation and practice addressing the problem of SGBV by investigating how women can be empowered using information as a resource or tool to enable them to protect themselves from SBGV. If already victimized, the study aims to contribute towards the conversation, on how to facilitate efficient and effective access to information and the provision of necessary support, care, help and or treatment for survivors, especially through coordinated multi-sectoral stakeholders' response.

This study seeks to highlight how information can make a difference, in particular how information access and sharing can be used to make a difference in the lives of women. The goal is to empower women and girls to protect themselves from SGBV and also to contribute to the conversation on facilitating effectively coordinated multisectoral stakeholder cooperation in the prevention of and response to SGBV, through properly co-ordinated solutions created by sharing and using information. This work as a social

innovation can contribute towards creating solutions through multisectoral stakeholders using well coordinated information in the necessary noble ultimate goal of eliminating violence against women.

1.2 Research problem, scope, purpose and research questions

Women in Kenya face SGBV on a regular basis that has reportedly reached disturbing proportions. The role that information can play or plays in regards to addressing the problem has not been specifically studied, for instance the information seeking behaviour of women in regard to protecting themselves from sexual gender-based violence. Hence, this study intends to explore how women seek information in order to protect themselves from sexual gender-based violence. The present study is expected to contribute to research on information seeking behaviour generally, and in particular on the information seeking behaviour of women in Kenya, (to protect themselves from SGBV).

1.2.1 Purpose of study & Research Questions

The purpose of this study is to explore how women in Kenya seek information in order to protect themselves from SGBV. The study seeks to answer the following questions:

1. How do women in Kenya seek information in order to protect themselves from SGBV?
2. Where do they find that information, if at all?
3. What impact does that information have on their lives, if at all?

The study uses Wilson's 1981 model of information seeking behaviour to conceptualise information seeking by women. This model is considered suitable because it looks at information seeking behaviour from within the context of an individual and information seeking behaviour is considered as occurring within a situated context or a particular environment.

Various factors present within that environment, either emanating from the individual themselves i.e personal factors, or factors at work within that environment such as interpersonal, socio-cultural, economic, environmental, are acknowledged as influencing and/or motivating the information seeking behaviour of the individual in/within that particular environment. Thus, it is also important that these factors are identified , acknowledged and understood. So that their (real/potential) negative effects

on the information seeking behaviour of the individual can be mitigated and/or eliminated altogether whenever possible (and their positive effects, if any, can be enhanced).

Although this study uses Wilson's 1981 model of information seeking behaviour to conceptualise the information seeking behaviour of Kenya women., it also acknowledged other models of information behaviour, that have been developed over the years to aid in understanding information seeking behaviour from different perspectives (Mostert & Ocholla, 2005). For instance, from the perspectives of information needs (Krikelas, 1983), information seeking (Ellis, 1989; Kuhlthau, 1991; Tom D Wilson, 1997, 1999), and information retrieval (Ingwersen, 1992, 1999).

Using Wilson's 1981 model of information seeking behaviour to conceptualise the information seeking behaviour of Kenyan women, seemed most appropriate for the previously stated objectives of the study. Because the model seeks to understand their information behaviour from an information seeking perspective. Therefore, a theoretical framework that would describe general information seeking behaviour is preferred and used in order to take individual factors into account. Factors that may take into account an individual performing a role within a certain environment (whatever the role may be, and how that individual is perceived in that environment). Also, factors that may necessitate or motivate the actual information seeking process. Also, the role of specific barriers to information seeking and the impact of the information, i.e. resulting from the use of or interaction with the information, are important (Mostert & Ocholla, 2005)..

The above mentioned is in line with Wilson's second 1981 model of information seeking behaviour because in it, the factors that are considered and outlined by Wilson as influencing information seeking i.e. the **person** performing a **role** in an **environment**, the barriers that may exist to either engaging in information seeking behaviour or in completing a search successfully, and information-seeking behaviour itself seem to fit with the objectives of this study.

This is because the individual women seeking information are situated in a particular environment, in which they live. They play particular roles in their environment by virtue of their gender, and based on how their environment perceives them. Hence, various factors are also at work and exist in that environment that may hinder (or aid) their success in seeking information, and these are considered compatible with the lived

experiences of individuals. In the case of this study, the Kenyan Women who comprise the empirical part of the study.

It is envisioned that results obtained from this research would be useful to better understand how information can be used as a resource in the interventions, response and prevention of SGBV in the Kenyan context. In particular it is envisioned, how this could be done effectively through coordinated, collaborative multisector stakeholder effort, between diverse actors involved in intervention and prevention of SGBV, such as medical and legal professionals, law enforcement, psychosocial, and community response initiatives. Including how these different actors can create synergy in their response to the problem by realising the importance of strategically leveraging their expertise and information resources (material/personnel) in interventions, response and prevention of sexual gender-based violence (Freccero, Harris, Carnay, & Taylor, 2011).

The ultimate intention is that the findings can be used to help empower women and girls to protect themselves from SGBV through information, which can also be used in helping to alter society attitudes about SGBV, for instance by engaging and involving men in the prevention/response initiatives, through education about the problem. This goal can also be reached by making information about the problem of SGBV accessible not only to the women, but to the whole community, thus encouraging/training/ enabling communities to formulate their own initiatives, which can be more effective because these initiatives are then home grown solutions from within the affected communities themselves. The study also lays a basis for further research on the same area especially with the Kenyan situation in mind.

1.2.2 Research Limitations

From the reviewed literature it is understood that given the problematic nature of SGBV, studies that seek to address this problem may also need to include a thorough explication of the legal and justice framework and legislation surrounding sexual and gender-based violence and crime (Aura, 2014; Commission for Human Rights, 2014). However, in this particular study, these areas are only dealt with on a general level, as a way to provide the context within which SGBV occurs in Kenya.

The main focus in this study is on women (and girls), although it is noted in literature that SGBV can be directed against men and boys, in a similar manner as to women and girls (Commission for Human Rights, 2014).

1.2.3 Research assumptions

This study makes the assumption that Kenyan women actually seek for ways to protect themselves from SGBV. Another assumption is that information is one important resource they seek in order to protect themselves from sexual gender-based violence, and that information is/can be one essential way and tool to protect themselves.

An additional assumption is that tailored, well-coordinated and targeted information by diverse stakeholders involved in the interventions and prevention of SGBV made accessible to women can empower them to make informed decisions that enable them protect themselves from SGBV.

Referring to surgical patients, Pritchard (2011) notes that there's evidence to support the idea that targeted information may help reduce pre-operative anxiety, and improve post-operative outcomes, thus reducing the overall cost of treatment among other benefits. In reference to patients, targeted information is defined as information that the patient wants to know, and given in a format that he or she can understand. Pritchard, further observes that it is important for that information to be provided in a format and language patients can understand so they can make informed decisions about their care.

Therefore, targeted information can be be taken to mean information that is directed to particular group with the intention of fulfilling a particular purpose in the interest and wellbeing of the group to whom it is directed. In the case of this study, targeted information is taken to mean information directed at/to the women who have to deal with SGBV and given in the format and language that they can understand in order to help them make informed decisions to protect themselves from SGBV.

In addition, Pritchard (2011) notes that people are motivated to process information when they perceive the information to be of personal importance, and that this can be achieved by tailoring information to address the patient's individual needs.

Rimer and Kreuter (2006), outlined the reasons for targeting health information, as firstly, including the ability to match content to an individual's information needs and interests. Secondly, framing health information in a context that is meaningful to the

person. Thirdly, using design and production elements that capture the individual's attention. And lastly, providing information in the amount, type and through channels of delivery preferred by the individual, thus reducing barriers for effective communication.

Tailoring means creating communications in which information about a given individual is used to determine what specific content he or she will receive, the context and frames surrounding the content, by whom it will be presented and even through which channels it will be delivered. Overall, tailoring tends to enhance the relevance of the information presented and thus produce greater desired changes in response to the communications (Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra, 2008).

1.3 Structure of the thesis

The thesis is divided into seven main sections: The introduction, literature review, research methodology, findings, discussions, and finally the conclusions and recommendations.

Chapter one begins with the introduction to the study. It then goes on to provide a brief discussion of the background and relevance of the study. This is followed by a presentation of the research problem, scope of the study, under which the purpose of the study, research limitations and research assumptions are discussed. Finally, a summary outline of the structure of the study is given.

Chapter two begins the literature review that presents and discusses the theoretical background of the two key concepts, linked together in the study, i.e. information seeking and sexual gender-based violence. The second key concept is discussed in chapter three. Chapter two begins with a short introduction. This is followed by the research gap being filled by the study. Then the relevant related terms of the study are presented, followed by an overview of the country context within which the study occurs. Thereafter the concept of sexual gender-based violence is introduced and discussed, followed by SGBV and legislation in Kenya. This is then followed by the impact of SGBV on society, responding to SGBV, identifying key actors and institutions for multi-sectoral stakeholder collaboration. And finally, coordinated multi-sectoral response is discussed.

Chapter three continues the literature review, this time dealing with the second main concept of the study, i.e. information seeking behaviour The chapter begins with a discussion on information and information behaviour, followed by information seeking behaviour and information needs. This is then followed by an application of Wilson's model of information seeking behaviour. And finally, a discussion on the contraints or barriers in information seeking behaviour ends the literature review chapter.

Chapter four introduces and discusses the research methodology, method and data collecting in the research. It outlines the research methodology/design and data analysis. The methodology is broken down into data collection, research ethics and trustworthiness, followed by the sampling and data analysis process. This is followed by a discussion on the decision for the research design and choice. As well as the advantages of choosing a self-completion questionnaire and the disadvantages of the research instrument.

Chapter five is dedicated to the presentation of the findings from the empirical study. It begins with a brief introduction and then goes on to address the five themes into which the questions in the research instrument were grouped, and which were also used to organise the data analysis and reporting of results. The themes are as follows; personal information of respondents, information need, information sources, barriers to seeking information and finally information use.

Chapter six presents the discussion of the study and at the same time answers the research questions using some of the themes used to report the results in the findings chapter, starting with information need, information sources, as well as barriers to seeking information.The chapter goes on to discuss the implications of the study and recommendations, direction for future research and finally the limitations of the research. Chapter seven presents the concluding thoughts of the study.

2. Literature review

2.1 Introduction

The literature review is based on the purpose of the study, to explore how women in Kenya seek information in order to protect themselves from SGBV, as well as the research questions. The study comprises of two main concepts that are linked together in the study, i.e. sexual gender-based violence and information seeking behaviour. As Neuman (2013) has observed, the role of the literature review is to help to build on, and learn from already existing knowledge.

Relevant literature was sourced through the Åbo Akademi University library catalogue ALMA, as well as Google Scholar searches for peer reviewed literature, i.e articles and books. Additionally, Google search was used for other relevant literature material that was not located through the ALMA database and Google Scholar.

In this study, the literature review comprises of two separate chapters, each discussing one of the two main concepts that are linked together in the study. A thematic approach is applied to organise the concepts in the literature review chapters.

This chapter begins by briefly presenting the knowledge gap being filled by the study, followed by a brief description of the terms used in the study. This is followed by a brief overview of the research context i.e. Kenya, after which SGBV in relation to Kenya is discussed and then SGBV and legislation in Kenya is dealt with.

2.2 Research gap being filled

In Kenya, numerous research has been conducted in the area of SGBV (McEvoy, 2017; Mwangi & Jaldesa, 2009). This includes research dealing with various issues related to SGBV, such as SGBV in relation to HIV(Fonck, Els, Kidula, Ndinya-Achola, & Temmerman, 2005), and SGBV and legislation (KAMAU, 2013; Kilonzo et al., 2009; Kithaka, 2008; Makau & Thuo, 2013; Ndung'u, 2011).

Additionally, studies on women's information behaviour have been done e.g. regarding information on media accessibility and utilization by Kenyan rural women (Ngimwa, Ocholla, & Ojiambo, 1997), on the access to and use of agricultural information by small scale women farmers (Odini, 2014), and in health information on rural and urban women's knowledge and attitudes regarding breast cancer (Muthoni & Miller, 2010). .

However, the role that information can play in regard to addressing the problem of SGBV has not been specifically studied. For instance, the information seeking behaviour of women in regard to enabling them to protect themselves from SGBV has not been studied. Kilonzo et al., (2009) noted that attaining the benefits of legislation and ensuring the privacy, informational and medical needs of survivors and their access to legal processes and protection still remains an enormous challenge in Kenya.

Therefore, this study intends to explore how women seek information to enable them protect themselves from sexual gender-based violence. In this study, information is conceptualised as observed by Wilson (1981), as facts, data, opinion, and advice, and other informational items or resources and seen in particular, as a resource that can be used in interventions and prevention of SGBV against women in the Kenyan context, as well as elsewhere.

2.3 Terms used in the study and definitions

In the study, the terms care, help, support, services, intervention(s), and response are used to imply the various roles informational resources, whether material or people, may play in meeting informational needs of women (and) in enabling them to protect themselves from SGBV.

Also, it is worth noting that research on violence against women uses various terms to describe sexual gender-based violence and these terms may imply and suggest different nuances in meaning used to describe particular forms of sexual violence (Aura, 2016). For example Aura (2016), uses the term SGBV, in her work and points out that a term such as violence against women and girls (VAWG), gives focus to the majority of persons affected by gender-based violence, whereas SBGV includes all genders and acknowledges that men and boys also experience sexual gender-based violence.

In this study, the term that is used primarily is sexual gender-based violence (SGBV). However, when referencing different scholars, who may use slightly different terminology to refer to the same concept, their exact terms and abbreviations are used. These include the already mentioned gender-based sexual violence (GBSV), violence against women (VAW), and also sexual violence (SV).

Gender-based violence (GBV) is an umbrella term that refers to any harmful act that is perpetrated against a person's will or directed against individuals or groups of individuals on the basis of socially assigned differences between males and females (i.e.

gender). It may include sexual violence (SV), such as domestic violence, trafficking, forced or early marriage and harmful traditional practices (Assembly, 1993; Committee, 2015).

SV also takes diverse formats, and includes rape, sexual abuse, forced pregnancy, forced sterilization, forced abortion, forced prostitution, sex trafficking, sexual enslavement, forced circumcision, castration and forced nudity (Commission for Human Rights, 2014).

SGBV, includes acts that inflict physical, mental or sexual harm or suffering, including threats of such acts, coercion, and other deprivations of liberty, whether occurring in private or public (Committee, 2005).

2.4 Overview of study context: Kenya

Kenya is located in the Eastern part of Africa, and has a land mass of 582,646 square kilometres. It is situated on the equator and bordered by five countries; Uganda to the west, Sudan to the north-west, Ethiopia to the north, Somalia to the north-east and Tanzania to the south. Towards the south east, Kenya has a sizeable coastline that connects it to the Indian Ocean. It also has a wide range of topographical features from low lying coastland, the savannahs and semiarid areas to the Great Rift Valley and the fertile highland areas, which accounts for the diverse climatic conditions within the country. (Facts about Kenya)

According to the last census in 2009, the population then stood at over 38 million people. However, the 2014 World Bank estimate put the population at over slightly 44 million. The Kenyan people are a mix of widely diverse ethnic backgrounds speaking over 42 different languages, including dialects. The official languages are English and Swahili, and more than 42 languages and dialects are spoken by the different ethnic groups that live in Kenya. In addition, Kenya has over the years hosted sizeable groups of people fleeing conflict from different neighbouring countries (KenyaInformationGuide.com, 2015; UNHCR, 2016 p.11).

2.5 Sexual gender-based violence in relation to Kenya

SGBV is a particularly disturbing phenomenon existing in all regions of the world, and which has also been historically hidden, ignored and accepted (Aura, 2014; García-Moreno et al., 2015), and Kenya is not an exception to this violence which negatively

affects women and girls in particular. Violence is also part of a historical process, which is not natural or born out of a biological determinism. Male dominance over women has historical roots and its functions and manifestations change over time (Kameri-Mbote, 2004).

Certain historical power relations are also responsible for violence against women, among these are economic and social forces, which exploit female labour and the female body. Economically disadvantaged women are more vulnerable to sexual harassment, sexual trafficking and sexual slavery. The denial of economic power to women as well as economic independence is a major cause of violence against women, as it prolongs their dependence and vulnerability. Gender inequality is, therefore, also a contributing factor to SGBV (Kameri-Mbote, 2004).

Historical power relations are also often played out in the family institution.While the family is a source of positive nurturing environment and caring values. It however, also doubles up as a social institution where labour is exploited, and male sexual power violently expressed, including being the place where socialization that disempowers occurs. The family institution is also the environment where female sexual identity is created. Hence in some cases, familial expectations may lead to negative images of self, which inhibit women from fully realizing their full potential. This also renders them vulnerable to SGBV (Kameri-Mbote, 2004).

In practise, as in many other regions of the world, issues dealing with sexuality in general, have been considered a taboo subject in the Kenyan society, and are therefore not easily discussed. The shame and stigma associated with sexual violence fuelled by cultural stereotypes, prevents women, girls and their families from reporting rape and defilement (Muturia & Nungari, 2014; Mwangi & Jaldesa, 2009).

According to Mwangi and Jaldessa (2009), a rape victim would shy away from reporting because the perpetrator could argue and try to justify his actions through commonly used sayings, that the woman was willing and thus imply that she is "loose" . An example of such a saying could be…"I just went to fetch water where everyone does." to connote that the victim is immoral and not a virgin. Hence, most ironically, survivors of sexual violence are often discriminated against, to keep them silent. This implies that the less people know about it the better, since it is assumed that the

knowledge of the rape, would reduce future marriage prospects (Mwangi & Jaldesa, 2009).

In addition to rape and domestic violence, prevailing harmful traditional practises affecting women and girls in particular, include widow inheritance, early marriages, and female genital mutilation among others (Chumo, 2017).

In 2014, the Ministry of Health in Kenya reported that sexual violence was a serious public health and human rights issue of concern in Kenya. In the same report, it was noted that sexual violence and its attendant consequences threaten the achievement of global development goals espoused in the Millennium Development Goals, and national goals in Vision 2030, including the National Health Sector Strategic Plan 2, since sexual violence affects the health and well-being of the survivor.

The same report by the Ministry of Health (MOH), also acknowledged that the National Plan for Mainstreaming Gender into the HIV/AIDS strategic plan for Kenya, had also identified sexual violence as an issue of concern in HIV Transmission, especially among adolescents. This therefore, implies the need for comprehensive measures to address issues of sexual violence, as well as significantly, meet the diverse and often complex needs of survivors and their families (MOH, 2014, p.7).

Recognizing the the devastating long term consequences for SGBV survivors, the Ministry of Health (MOH) now acknowledges that comprehensive care for sexual violence ranges from medical treatment, which includes the management of physical injuries, provision of emergency medication to reduce chances of contracting sexually transmitted infections, including HIV, and provision of contraception to reduce chances of unwanted pregnancies (MOH, 2014, p.7).

The MOH further acknowledges that comprehensive care for sexual violence also entails the provision of psycho-social support through counselling to help survivors deal with trauma and legal assistance, to help the survivor access justice, including provision of evidentiary requirements for the criminal justice system (MOH, 2014, p.7).

2.6 SGBV and legislation in Kenya

Aura (2014) notes that the oppression of women is political, and an analysis of the state's institutions and society, the conditioning and socialization of individuals and the nature of economic and social exploitation is required in any analysis of the

phenomenon of violence against women. However, an extensive analysis of these different areas is beyond the scope of this particlar study, because the study primarily seeks to focus on information seeking behaviour of women in Kenya, in order to protect themselves from SGBV. Therefore, in this study only a brief analysis on these areas is included, to enable the reader to understand the context of the problem. Thus, any reader interested in understanding these areas in detail is encouraged to read research that covers these areas extensively.

2.6.1 SGBV legislation in Kenya

The aim of sexual violence legislation is to protect the fundamental rights of persons to bodily integrity through punishing and prosecuting the offenders as an approach to preventing sexual violence and meting out justice, thus responding to the needs of the survivors of such violence. African countries south of the Sahara are increasingly responding to sexual violence with a range of legislative and health care interventions (Kilonzo et al., 2009).

The present protection environment in Kenya is fraught with challenges, but also filled with opportunities that should be carefully considered when devising responses. While the Kenyan legal framework provides a mechanism for addressing SGBV, the level to which the frameworks responds to the plight of the survivors of SGBV is currently debatable, because the legal and policy framework focuses mainly on bringing (of) the accused person to 'justice' without a corresponding obligation of alleviating the conditions of the survivor of SGBV (Aura, 2014).

The Kenyan legal framework views the survivor of SBGV as more of an alien to the criminal system, since the crime is perceived by the system to have been committed against the State, and not against the survivor of the sexual violence as an individual (Aura, 2014). There is therefore a need to consider the plight of the survivor and include that as a critical factor in the course of dispensing justice.

It is also worth noting that traditional law and informal systems of justice in many countries south of the Sahara also have greater cultural authority and hence more practical impact than national legislation. This is particularly the case for laws targeting gender-based violence. For instance, in the case of rape, common traditional punishments, e.g. compensation to the victim's family or marriage between the victim and perpetrator, often undermine legislative enactments and criminal sanctions, and

ignore the consequences of sexual violence or the wishes of the female survivor (Kilonzo et al., 2009).

There also seems to be an apparent contradiction between legislation related to children, traditional law and the law of sexual violence, i.e. the Sexual Offences Act (SOA). The Customary Law and Marriage Law allows marriage of girls below 18 years of age. On the other hand, the SOA criminalises sex with persons below 18 years with or without consent (Kilonzo et al., 2009). There is, therefore, a need to harmonise these laws in order for the judicial system to serve survivors of SGBV in the best possible way without contradictions.

2.6.2 Key contents of SGBV legislation in Kenya

In Kenya, the law on sexual offences is governed by the Sexual Offences Act (SOA). This Act was enacted in 2006 to set forth the acts that qualify as sexual offences and to establish a means of punishing offenders, in an effort to prevent such offences and protect all persons from unlawful sexual acts (KAMAU, 2013).

The SOA also set rules and regulations from the Ministry of Health, with a specific mandate to hasten court cases through collection, storage and delivery of evidence. It also provided for the setting up of a DNA data bank and Pedophile registry in Kenya. Additionally, the SOA provides a limited number of penalties and compensations for short and long-term adverse sexual and reproductive health consequences resulting from sexual violence. For example, it provides penalties for willful transmission of HIV and obliges the Ministry of Health to provide post-exposure prophylaxis for survivors (Kilonzo et al., 2009).

In addition to laying out specific offences, the SOA also provides for victim support and witness protection, publicly funded medical treatment, special rules for the judicial and prosecutorial process such as intermediaries, rape shield, intimidation of witness and withdrawal of cases only with the permission of the State, and a framework for the implementation of the Act as a whole (Ndung'u, 2011).

Rape shield refers to the provision that no evidence as to any previous sexual experience in relation to the rape victim is to be referred to in court. It further provides that no evidence in connection to which a sexual offence is alleged other than that relating to the sexual experience or conduct in respect to the crime will be cited as evidence (Lekakeny, 2015).

On the other hand, although the burden of proof of impregnation during sexual violence must be acknowledged, the SOA law does not recognise this as a potential outcome or make provisions in either compensations or obligations for health and child care. There are also no penalties attached to physical or psychological trauma, nor any obligation on the part of the Ministry of Health to provide treatment for other sexually transmitted infections, emergency contraception, or safe abortion, or address the potential long-term impact of physical and psychological trauma (Kilonzo et al., 2009).

The SOA legislation also accepts the defense of rape within marriage. This acceptability of rape within marriage as a defense presents challenges for making use of post-rape care services by married women and men who experience sexual violence from their partners (Kilonzo et al., 2009).

A lot more still needs to be done, especially in the training of medical staff to preserve the chain of evidence and to inform the general public, majority of whom know that a law was passed, but remain largely ignorant of the content of that law (Ndung'u, 2011).

Despite the draw back components of the SOA, some of its most important achievements are that it provided an inbuilt regulatory mechanism for a national framework for its implementation, as well as a multi-sectoral set up to address the cross-cutting issues affecting matters on sexual violence. Section 47 of the SOA provides for the effective engagement between the respective Ministries charged with the responsibility of police, provincial administration, prisons, health, education, justice, social services and prosecutions, in order to ensure effective and efficient delivery of services under the Act (Ndung'u, 2011).

Worth noting is that after the introduction of the Sexual Offences Act (SOA) in 2006, the office of the attorney general formulated a reference manual that explained the Act, and also set standards and regulations on best practices to different key service providers. This reference manual targets not only the police investigators and prosecutors, but also medical practitioners, civil society, gender activists, and general consumers of criminal justice services (Kithaka, 2008).

If used well, the reference manual holds the potential to become an essential tool in accomplishing the aims set up in the preamble of the Act, and in sensitising communities through outreach programmes, if these were implemented (Kithaka, 2008). The preamble reads.., " An Act of Parliament to make provision about sexual offences,

their definition, prevention and the protection of all persons from harm from unlawful sexual acts, and for connected purposes (Kenya Law, 2012, Section 1 of 2006)."

In order to get the Sexual Offences Act approved in Parliament, certain concessions had to be made. It was however argued that these so called "losses" can/could still be revisited through amendments. This, in practice, implies that full implementation of the Sexual Offences Act will need to occur progressively. But, because the structural mechanism and framework to ensure full implementation is already available, what is then required will be a concerted and consistent follow-up to ensure that this is done (Ndung'u, 2011).

An example of such follow-up occurred during the 9th parliament, when other laws were passed as follow up to the Sexual Offences Act. This includes the criminalization of sexual harassment under the Employment Act 2006 and the Public Ethics Act 2004. Trafficking in persons, also became outlawed under the Employment legislation, which added to the provisions under SOA on trafficking for sexual exploitation and sex tourism (Ndung'u, 2011).

Further amendments to the law are still being periodically made, to ensure full compliance with the requirements of the SOA. Such amendments have included, a taskforce that was set up by the Attorney General in 2014, to ensure that implementation is comprehensive across all security, judicial, education, health, social services, and prison sectors. Including to ensure that proper engagement is forged between them to safeguard effective and efficient delivery of services under the SOA. Training of criminal investigators, medical personnel, prosecutors, and judicial officers has also been undertaken in order to ensure a coordinated and effective response to sex crimes (Ndung'u, 2011).

Additionally, the Kenyan Constitution 2010 provides for the right of every adult person to marry a person of the opposite sex, based on the free consent of the parties, and also declares that parties to a marriage are entitled to equal rights at the time of the marriage, during the marriage, and at the dissolution of the marriage. This therefore renders harmful societal customs, such as early or forced marriages or widow inheritance, illegal under the law (KAMAU, 2013).

Also, under Article 2 of the Constitution, all international treaties or conventions ratified by Kenya, are now part of Kenyan Law, which implies that international

instruments, such as the 1979 Convention on the Elimination of All kinds of Discrimination against Women (CEDAW), are now legally binding in Kenya as well. Additionally, since the Constitution is the supreme law of the land, any law that is inconsistent with the Constitution, including customary law, is void to the extent of that inconsistency. Thus, in principle, the new Constitution 2010 lays a firm foundation for the protection of equal rights of women and girls in Kenya, including their bodily integrity and dignity (KAMAU, 2013).

However, despite the existence of a comprehensive new Constitution, ensuring the coordinated enforcement from and at all government levels, i.e. the judiciary and law enforcement, still remains problematic, such that practice has demonstrated poor implementation and enforcement of existing laws (Aura, 2014; Masinjila & Tuju, 2014).

The Equal Rights Trust (ERT) and the Kenyan Human Rights Commission (KHRC), report the reason for this poor implementation and enforcement comprises of a host of factors, which includes low awareness of individual rights and obligations among both rights holders and duty-bearers. This includes financial and other barriers preventing access to justice for victims. This is evident, for instance, in cases of discrimination, abuse or violence, and the apparent lack of progress, tackling discrimination and inequality by public officials, which implies that even in cases where legal protections exist, these are still not effectively enforced (ERT & KHRC, 2012).

Therefore justifiably, Mukabi and Kameri-Mbote (2016) acknowledge that in no country has gender representation in politics been achieved through the passing of laws alone. This is because the entrenchment of rights in the constitution is not sufficient to ensure that they are afforded to the citizens. This therefore, highlights the need for the development of effective implementation mechanisms; i.e. incentives for actors to follow through; and also sanctions (meted out) against those who fail to comply (Mukabi & Kameri-Mbote, 2016).

Similarly, Aura (2016) observes that measures to reduce SGBV, include prevention, identifying risks and responding to the needs of survivors. The scholar argues that in order to do so effectively a coordinated multi-sectoral response is essential. Effective legislation requires functioning medico-legal linkages to enable both justice to be done

in cases of sexual violence and in the provision of health services for the survivors of sexual violence (Kilonzo et al., 2009).

2.6.3 Challenges with the legislation

Although, according to Aura (2016), Kenya has greatly improved its legal and policy framework to respond to survivors of SGBV. Table 1 below provides a timeline of key gender policies that have been enacted over the years in Kenya. On the other hand implementation and effectiveness in securing justice are mixed. Factors contributing to this include law-enforcement officers and justice system agents being largely undertrained to handle such matters.

Also, despite the fact that civil society organisations have done the bulk of raising awareness and taken lead in training, the infrastructure for addressing SGBV is still inadequate. This is evidenced by a lack of DNA laboratories and too few gender violence recovery centres (Aura, 2016).

Nevertheless, the Sexual Offences Act provided an inbuilt regulatory mechanism for a national framework for implementation, as well as a multi-sectoral set-up to address the cross-cutting issues affecting matters on sexual violence. This is important, since many African countries south of the Sahara (Kenya included) do not yet have comprehensive post-rape care services, nor substantial co-ordination between HIV and sexual and reproductive services, the legal and judicial systems, and sexual violence legislation. These need to be integrated by cross-referrals, using standardised referral guidelines and pathways, treatment protocols, and medico-legal procedures (Kilonzo et al., 2009).

Additionally, common training approaches and harmonised information across sectors and common indicators, would facilitate government accountability. Therefore, joint and collaborative working at a country level, through sharing of information and data between different systems remain key to achieving this (Kilonzo et al., 2009).

Table 1: Timeline of the key gender policies that have been enacted over the years in Kenya.

2001	Children's Act provides for the protection of child sexual violence survivors
2003	Sexual Offences Act: protection of women and girls from SGBV and prohibits child trafficking, prostitution and sex tourism; Ministry of Gender, Sports; Culture and Social Services established
2004	National Commission on Gender and Development established
2006	Sexual Offences Act; Witness Protection Act
2007	Employment Act outlaws sexual harassment and all forms of discrimination by or against sex/gender
2007	Gender in Education Policy mainstreams specific issues related to boys and girls; Ministry of Gender Children and Social Development established
2008	National Action Plan to implement the Gender Policy (2008-2012)
2009	National Guidelines on the Management of Sexual Violence; National Framework toward Response and Prevention of Gender Based Violence in Kenya
2010	Reformed Constitution includes quotas in parliament and local government and allows women to confer citizenship to their foreign husbands and children; Counter-Trafficking in Persons Act
2011	Female Genital Mutilation Act criminalizes the practice; National Gender Equality Commission established; Kenya Citizenship and Immigration Act, Articles 6 and 7 allow married and unmarried women to confer citizenship to their children
2012	Sexual Offences (Medial Treatment)Regulations
2013	The Gender Directorate in the Ministry of Devolution and Planning took over coordination of gender mainstreaming; Matrimonial Property Act; Vision 2030 Mid Term Plan (2013-2017) seeks to establish one-stop centres for SBGV and campaigns to end harmful traditional practices
2014	Marriage Act
2016	Parliament fails to pass a bill regarding compliance to two thirds gender quota in Article 27 of the Constitution

2.7 Impact of SGBV on society

2.7.1. Society and community level impact

The negative effects of SGBV to the individual, together with the mental and physical health implications of gender-based violence, have an impact on the ability of a state or region to develop and to construct a stable, productive society, or reconstruct a country in the wake of conflict have been well documented (Aura, 2014; Garcia-Moreno et al.,

2012). According to Krug and colleagues (2002), sexual violence can profoundly affect the social wellbeing of the victims in that individuals may also be stigmatised and ostracised by their families and others as a result.

While the prevalence and the forms of violence against women in low and middle-income countries may differ from those in higher-income regions, the health outcomes or consequences appear to be similar across all settings. It is worth mentioning that the severity and or nature of the effects of violence on society can be further influenced by context-specific factors, such as poverty, gender inequality, cultural and religious practises, access to health, legal and other support services, conflict or natural disaster, HIV/AIDS prevalence, and legal and policy environments (Garcia-Moreno et al., 2012).

2.7.2 Economic impact

In addition to human costs, research has also indicated that gender based violence has huge economic costs, such as the direct costs to health, legal, law enforcement and other services. For instance, in low resource settings even though few women may seek help from formal services, the overall costs are still substantial due to the high prevalence of violence (Garcia-Moreno & Watts, 2011).

2.7.3 Inequality

Violence against women and girls is a barrier to equal participation of women and men in social, economic, and political spheres. Additionally, violence against women and girls hampers gender equality, and the achievement of a whole range of development outcomes (Gennari, Arango, McCleary-Sills, & Hidalgo, 2014).

Furthermore, the cost to women, their children, families and communities is a significant obstacle to reducing poverty, achieving gender equality, the achievement of development outcomes and ensuring peaceful transition for post-conflict societies (Aura, 2014; Gennari, Arango, Urban, & McCleary-Sills, 2015).

2.7.4 Health impact

It has been reported that the impact of SGBV is devastating, and individual women who are victims of such violence often experience life-long emotional distress, mental health problems and poor reproductive health, including being at higher risk of acquiring HIV and also intensive long-term users of health services (Aura, 2014).

Sexual violence can result in negative long and short-term health outcomes. The resulting psychological trauma can have a negative effect on behaviour and relationships, the ability to negotiate safer sex, and increased potential for drug abuse. Research has also observed that the experience of coerced sex at an early age reduces a woman's ability to see her sexuality as something over which she has control (Committee, 2015; García-Moreno et al., 2015; Kilonzo et al., 2009; Krug et al., 2002).

Violence during pregnancy has also been associated with the increased risk of miscarriage, premature delivery and low birth weight (Garcia-Moreno and Watts, 2011), while female genital mutilation (FGM) is associated with prolonged labour, obstetric lacerations, haemorrhage, difficult delivery, and even maternal death. Additionally, exposure to violence in childhood has been reported to have many long-term effects, e.g. increased risk of alcohol and substance abuse, self-harm and further victimisation later in life (García-Moreno et al., 2015; Krug et al., 2002).

Biomedical evidence has, in addition, suggested that long-term effects result from the combined effects of chronic stress, trauma-related responses and accelerated cellular aging. Further, and unsurprisingly, women exposed to violence make more use of health services than non-abused women, even years after the violence has stopped (García-Moreno et al., 2015). Violence against women also denies women peace of mind, bodily integrity and a sense of development, curtailing their very contribution to a nation's development (Kithaka, 2008).

The World Health Organization in 2005 even underlined that GBSV has far deeper impact than the immediate harm caused, with devastating consequences for the women who experience it and a traumatic effect on those who witness it, particularly children. Also, violence against women is a violation of basic human rights that must be eliminated through political will, and by legal and civil action in all sectors of society (Ellsberg et al., 2005).

2.8 Responding to sexual violence

The specific context in which sexual violence occurs determines how it can and should be addressed by individuals and organisations. For instance, responses during armed conflict differ from community-led initiatives in post-conflict situations. Infrastructure, access to resources, and political will, vary in each case. Also, a community's ability to respond to sexual violence depends on several factors; firstly, institutions in the areas of

medicine, law and psychosocial services must be identified. Secondly, barriers to effective response, whether institutional, cultural or financial must be addressed. Lastly, the interlinking (of) and mutually supportive approaches must be established to ensure that survivors can navigate the system with dignity and respect. This implies, therefore, that addressing violence requires cooperation between diverse sectors, including health, education, welfare, criminal justice system and others (Freccero et al., 2011).

There is therefore a need to build the capacity of multi-sector stakeholder service providers, i.e. health care providers, legal services, law-enforcement agencies, pyscho-social personnel services and others, in order to strengthen the community information access/sharing strategy, promote GBSV services, and conduct widespread community education programs aimed at prevention, ensuring survivors know how and where to access services, and addressing stigma and cultural barriers (Njuki et al., 2012).

It is also crucial to understand that sexual violence is a multi-pronged problem influenced by the interaction of personal, situational, and socio-cultural factors. Heise (1998) posited an ecological approach to sexual violence, which acknowledges that the underlying cultural, social and gender norms of a community render it difficult for a survivor to receive support or achieve redress. Wilson's second model of information seeking behaviour that has been used in this study to conceptualise the information seeking behaviour of women in Kenya, in order to protect themselves from SGBV also considers that various personal and environmental factors contribute to the success or failure of information seeking.This collectively implies that in order to effectively address sexual violence and provide appropriate support for survivors, the socio-cultural context in which such crimes are committed, must be considered. Including the profound effect that sexual violence has on the individual and her community (Freccero et al., 2011; Wilson, 1999).

Heise's ecological approach to sexual violence can be related to Wilson's model of 1981 that has been used in this study to conceptualise the information seeking behavior of women in Kenya in order to protect themselves from SGBV. Wilson's model also considers that various personal and environmental factors contribute to the success or failure of information seeking. While Heise's ecological approach to sexual abuse conceptualizes violence as a multifaceted phenomenon grounded in the interplay among personal, situational and sociocultural factors and further suggests that the underying

cultural social and gender norms of a community usually make it difficult for any SV victim to receive redress.

Tarana Burke, an African American grassroots activist and the principal founder of the METOO movement noted that she does not even try to define what healing looks like for everybody. Nevertheless, she believes that when we start sharing stories of healing, it changes the conversation (Kestler-D'amours, 2017). The reason Tarana Burke begun METOO was to support young women of colour and amplify the voices of survivors of sexual violence, assault and abuse, but today METOO has become a global movement against sexual harassment and assault (Kestler-D'amours, 2017; Pandevski & Rorby, 2018).

2.8.1 Attitudes, values, social norms

The oppression of women is political, and an analysis of the state's institutions and society, the conditioning and socialization of individuals and the nature of economic and social exploitation is required in any analysis of the phenomenon of violence against women (Aura, 2014).

It is therefore no surprise that devising interventions for prevention and response necessary to create sustainable solutions to combat SGBV is reportedly further complicated, by social norms. For instance, norms that have dictated discussions regarding sexuality be considered as taboo in the society. Even though for instance, in the Kenyan SGBV situation, it has also been widely acknowledged by the Ministry of Health and others, that immediate and sustainable interventions clearly need to be found (Ministry of Health, 2014; Women, 2017).

Therefore, any analysis of violence must recognize the primacy of culturally constructed messages about the proper roles and behaviour of women and the power disadvantage women bring into relationships by virtue of their lack of access to resources. Male dominance is a foundation for any realistic theory of violence. However, experience suggests that as a single factor explanation, it is inadequate (Heise, 1998).

The ecological approach to abuse conceptualies violence as a multifaceted phenomenon grounded in the interplay among personal, situational and socio-cultural factors. This social ecological approach suggests that there are underlying cultural, social and gender

norms of a community that usually make it difficult, for an SV victim to receive redress (Heise, 1998). Therefore, to address sexual violence and at the same time provide appropriate support for the victims, the socio-cultural context in which the crimes are perpetrated must be considered, including the profound effect that sexual violence has on the individual and her community. The health and well-being of an individual cannot be separated from the community context in which they live (Freccero et al., 2011; Nilsen, 2006).

Nilsen (2006 p.140) notes,

> "Humans live in and are shaped by, and in turn shape the environment in which they live. Therefore, individuals cannot be considered separately from their environment. People's health and safety related knowledge, attitudes, behaviors, and skills reflect their life experiences and these experiences are in turn determined by broader institutional structures, cultural forces and social relations within the community."

Therefore, it is imperative for any community-based approaches to sexual violence to acknowledge the importance of relationships between individuals and groups within a community, as well as to find ways to incorporate the participation of community members in finding solutions, both at the individual and organisational level. For instance, in the case of this study creating and making available information and other support resources (Freccero et al., 2011).

2.8.2 Societal structures and legislation

It must be realized that attitudes and beliefs play a significant role in how communities respond to cases of sexual violence. Among them, there are three major facets of socio-cultural influence that often occur coincidentally. These include the notion of male entitlement to sex, the perception of females as symbols of honour and purity, and sex as a taboo topic of discussion (Freccero et al., 2011).

Firstly, when sex is considered as an individual man's right, the concept of mutual consent is nonexistent. Rape may also be considered as a woman's fault, suggesting she has the power to seduce the man into an illegal act. Secondly, where women are considered symbols of purity, their violation is thought to bring shame to the family, hence remedies seek to overlook individual harm, and to instead atone for the dishonour brought to the family (Freccero et al., 2011).

Where sex is a taboo topic, it is extremely difficult for individuals to discuss sexual violation with law enforcement or public health professionals, let alone seek public acknowledgement and accountability in a court of law. Thus, under such conditions, sexual violence is considered a private affair. Moreover, when sexual violence is situated in the private domain, there is then little basis for passing criminal legislation criminalising such behaviour (Freccero et al., 2011).

Furthermore, it has been observed that violence against women and girls is not just a story of unhealthy individuals, families or relationships, but about unhealthy social norms, and often the damaging consequences of poverty. Therefore, part of the solution lies in addressing the drivers of gender inequality and other forms of discrimination (García-Moreno et al., 2015). In addition, the effects of gender-based sexual violence can be diminished by effective professional responses (Freccero et al., 2011).

Also, the key factors that would help in addressing inequality in society comprise legislative, economic, and cultural structures. In addition to legal, educational, workplace, law enforcement, family, religious, sports, media and other institutions that might fuel inequalities in women's and girls' access to education, social and political participation. Moreover, research notes that transforming of those structures into mechanisms that promote women's rights will require persistent and undaunted government, local and other leadership (García-Moreno et al., 2015).

2.8.3 Health programmes

Although approaches to resolve sexual violence have previously primarily focused on the criminal justice system, now there is a general movement toward a public health approach,which recognises that violence does not result from a single factor, but is caused by multiple risk factors that interact at individual relationship and community/society levels. The aim of the public health approach is to extend care and support to whole populations, and focus on prevention, while at the same time ensuring that those who experience sexual violence have access to relevant services and support (García-Moreno et al., 2015).

Alongside the social and legislative revisions, direct and consistent investment in community programming is necessary. Well designed and delivered interventions can achieve notable results when implemented in the timeframe of programmes e.g. two to three years (García-Moreno et al., 2015).

Theorists have only recently begun to concede that a complete understanding of gender abuse may require acknowledging factors operating on multiple levels. Also, health facilities can greatly improve their staff's sensitivity to gender-based violence by introducing training and standardised protocols on how to respond to abuse and sexual violence (Heise, 1998).

The health sector and associated actors have an important role to play in combating violence such as SGBV against women, through increased research, and screening, referral of victims, and behavioural interventions. Nevertheless, any strategy to confront violence must address the root causes of abuse, in addition to meeting the needs of the victim (Heise, 1998).

Health-related programmes that incorporate a gender-transformative approach and promote gender-equitable relationships between men and women are more effective in producing behaviour and attitude change than narrowly focused interventions, as are programmes which reach beyond the individual level to the social context (Barker, Ricardo, Nascimento, Olukoya, & Santos, 2010).

It is also worth noting that in the publication Researching Violence against Women: Practical Guidelines for Researchers and Activists, the scholars referred to the goals of the manual as being to advance an ethic of research that is action oriented, accountable to the anti-violence movement, and responsive to the needs of women living with violence (Ellsberg et al., 2005). Thereby, implying that any research into this area is supposed to feed back into providing solutions.

In addition, the specific context within which sexual violence (SV) occurs determines how it can and should be addressed by individuals and organisations. For instance, responses during armed conflicts and in refugee settings often differ from community-led initiatives in post-conflict situations, such that infrastructure, access to resources, and political will, may vary in each of these cases. It therefore follows that any community-based approaches to deal with sexual violence must recognize the importance of relationships between individuals and groups within the community, including finding ways to incorporate the participation and involvement of community members in finding the solutions, both at the individual and organisational level (Freccero et al., 2011).

2.9 Identifying key actors and institutions for multi-sectoral stakeholder collaboration

As noted in the previous section, the devastating effects of sexual violence can be mitigated not only by professional responses, but also by contribution from para-professionals and community-based organisations. Considering that ideas about gender and the acceptability of sexual violence are embedded in the processes, practices, images, ideologies and distribution of power in the various sectors of social life (Acker, 1992; Freccero et al., 2011). Consequently, Governmental and Non-governmental institutions, including the police force, health centres, churches and religious centres, and schools, play significant roles in perpetuating or countering attitudes about sex and sexual violence in any given community. Therefore, for change to be sustainable, community-based interventions must specifically target or incorporate these institutions into interventions (Freccero et al., 2011).

2.9.1 Police and law enforcement

In many societies police officers play a gate-keeping role when deciding whether or not a crime took place and, if so how to classify and investigate it. Police are in charge of filing sexual violence related claims, including the necessary paperwork, and protecting the victim (survivor) and witness, if applicable (Freccero et al., 2011).

In addition, they are also responsible for identifying, collecting, transporting and storing evidence and have the power to drive a case through the necessary channels toward prosecution, or they can prevent it from being initiated at all. It has been reported that police often consider a rape claim legitimate based on the survivor's credibility (Freccero et al., 2011).

However, the perception of a survivor's credibility is often influenced by pre-existing bias or lack of training of police and other key professionals in the response system. In places where women have very little social status, it is essential that police are educated about sexual violence and the rights of survivors, if women's access to justice for sexual crimes is to become a reality (Seelinger, Silverberg, & Mejia, 2011).

2.9.2 Health providers/professionals

Health providers are often the first responders in cases of sexual violence. Even if survivors are unaware of their right to bring legal charges, they will still seek medical care (Freccero et al., 2011). Health professionals have a huge role to play in supporting

victims of sexual violence, both medically and psychologically, including collecting evidence to assist in prosecutions (Jewkes, Sen, & Garcia-Moreno, 2002).

While some health facilities have teams of nurses trained in techniques to collect forensic evidence and are aware of the delicate issues of sexual violence, they are usually the exception to the rule. Also, whether or not to collect forensic evidence often depends on the attitudes and training of health care providers. For example, during the post-election violence in Kenya, some doctors refused to carry out necessary medical or forensic examinations on rape survivors from other ethnic groups due to ethnic prejudice (Freccero et al., 2011).

Additionally, the health sector is considerably more effective in countries where there are protocols and guidelines for managing cases and collecting evidence, where staff are well-trained and where there is good collaboration with the judicial system. Ultimately, however, the unwavering strong commitment and involvement of government and civil society, together with a coordinated response across a range of sectors, are necessary to end sexual violence (Jewkes et al., 2002).

2.9.3 Religious institutions

Churches and religious centers can shape community attitudes towards sexual violence. For instance, religious leaders who profess dogmas that strongly support male dominance and entitlement can have a negative influence on sex roles and indirectly perpetuate gender discrimination. Religious leader are often seen as moral authorities in communities and their attitudes can greatly influence followers. Thus, religious leades can play a major role in educating people to take a stand against gender-based violence by reporting instances and discouraging stigmatization of survivors (Freccero et al., 2011).

Moreover, churches and other religious centers can also play a role in sheltering and counselling survivors. For example, during the 2007 post-election violence in Kenya, the Catholic Church in Eldoret was the first place that people fled to escape the violence. Sister Macrina Cheruto, a nun at the church, counselled several women who had been raped, and referred them to the nearest hospital for treatment. She noted that it would have been helpful to have some formal training on the exact steps a victim should take to get medical and legal attention (Freccero et al., 2011).

2.9.4 Schools and educational establishments

Education about sexuality and gender-based violence at a young age tends to have a long-term impact on attitudes and behaviour (Binder & McNiel, 1987). Additionally, raising awareness about sexual violence at a formative stage in a young person's life is critical to changing cultural norms. Thus schools can provide students with objective and clear information about issues that are either treated with bias or seen as taboo within their families or communities (Freccero et al., 2011). Furthermore, incorporating such issues into the curriculum can also alert students to their own vulnerability to sexual harassment and assault by teachers also, an occurrence which is common in some countries (Stein, 1995).

Schools are also ideal for reporting cases of sexual assault. For instance, in the United States, teachers who witness or believe an assault has occurred are obligated to report it to the appropriate authorities. Since teachers or counsellors are often the only adults with whom a child interacts with daily outside the home, it is important for professionals in the education system to receive training on the proper steps for identifying, confronting and reporting cases of sexual violence, including the options available for shelter and protection, if necessary (Freccero et al., 2011).

2.9.5 Formal Courts

Courts can play a critical role in bringing perpetrators of sexual violence to justice. However, they may be impossible to navigate for those unfamiliar with court proceedings or those who are illiterate. Moreover, courts can be geographically distant from where the crimes were committed, and many survivors may find it difficult to make numerous trips to attend proceedings. Also, the costs associated with proceedings, including retaining a lawyer and missed wages, can also be prohibitive for survivors (Freccero et al., 2011).

Countries approach these resource issues differently. For example, some have public prosecutors, while others mandate that legal organisations, such as bar associations dedicate a certain amount of their members' time to pro-bono cases. However, in both cases, it behoves the survivor to take responsibility for gathering the necessary evidence for her case. This information will greatly assist the lawyers working on the case, especially if they have little time or motivation to collect the information themselves (Freccero et al., 2011).

Moreover, in communities where sexual violence is seen as routine or unworthy of prosecution, biases against survivors permeate all levels of the judiciary, including the judges and juries. For example a lawyer at Federation of Women Lawyers-Kenya (FIDA-Kenya) described the challenge in presenting a sexual violence case by noting that most judges do not really see that there is any problem with what the perpetrator did, and therefore they let them "off the hook." (Freccero et al., 2011)

2.9.6 Traditional and Customary Judicial Systems

It has been reported that parallel traditional, customary and religious accountability systems also manage and modify community attitudes about sexual violence. However, these formal systems are often not a comprehensive cohesive system, but a set of processes and traditions governed by a range of individuals that resolve disputes based on local concepts of justice or subjective ideas of what constitutes an appropriate outcome (Freccero et al., 2011). These processes may be conducted without explicit reference to state, religious or traditional law (Stephens & Clark, 2008).

However, these informal systems often form the locus for codifying cultural norms, which may serve to create or perpetuate gender inequality, rendering accountability for sexual violence unachievable. Furthermore, since the restoration of social harmony is the main imperative for these non-state systems, individual interests are often undervalued (Freccero et al., 2011).

These informal systems may also be the only available form of justice for the majority of the population, and because the pursuit of a formal judicial solution for a given crime, including sexual violence, may be perceived as a rejection of one's community, culture, or value system. This is a perception that can increase the pressure to settle a given dispute locally (Freccero et al., 2011).

However, many victims of sexual violence will turn to the informal judicial systems, whether because they are the only accessible solution or due to cultural and communal pressure. These traditional systems must therefore be considered and engaged with, in order to develop effective responses to sexual violence (Wojkowska, 2007).

Traditional systems are important, considering the numerous barriers that victims of sexual violence may face in accessing formal judicial systems. Such that the formal legal system and the authority figures within it may be feared or distrusted because of

corruption, domination by one group, or a general lack of legitimacy (Freccero et al., 2011).

2.9.7 The Media in different forms

The media offer one of the most important community-based intervention due to their potentially vast impact, both geographically and demographically. However, determining the most effective medium depends on the country and the context. In Kenya, for example, the Nairobi-based Peace Pen Communications is one media group that works to establish a proactive journalism culture in conflict and social unrest. The director, Mildred Ngesa, believes the importance of media has been overlooked in regard to creating accountability for sexual violence and emphasises the importance of incorporating the media into the discussion of intervention and response to SGBV (Freccero et al., 2011).

The internet, for instance, has been used for health purposes for reasons such as convenience, privacy, confidentiality, and ease of accessing information (Asibey, Agyemang, & Dankwah, 2017). Especially, the advantages of using the smartphone in improving health communications in developing countries have been specifically noted (Mayes & White, 2016).

It has also been reported that the use of technology can be a way to break the silence that surrounds the issue of sexual violence, including its potential to empower vulnerable groups of women, by also giving a voice to victims, survivors, and by-standers, thus permitting healthy dialogue around what is sometimes an extremely taboo subject. Additionally, providing women with access to mobile devices allows them to move towards economic independence which reduces their vulnerability to violence (Burns, 2013; Dimovitz, 2015).

A research study on using media for economic empowerment, surveyed more than 2000 women from four low to middle-income countries (Bolivia, Egypt, India and Kenya). Forty-one percent of the women reported increased income or professional opportunities as a result of owning a mobile, 85% noted higher independence, and 93% observed feeling safer because of mobile ownership (Hayes, 2014).

Findings from research on the use of smartphones in Kenya, indicate that smartphones have the potential to impact existing gender inequalities in access to information, entrepreneurial activity and social participation (Kenya & Cowell, 2018). It has also

been reported that the smartphone is one of the most ubiquitous and dynamic trends in communication, in which an individual's mobile phone can also be used for communication via email, performing internet searches, and using specific applications (Ozdalga, Ozdalga, & Ahuja, 2012).

The mobile phone is the single most common denominator for sharing information and for connecting individuals at scale, and this mobile explosion has a particularly great potential in regard to to gender-based violence. Mobile phones offer a level of autonomy and emancipation never previously enjoyed by women, leading to greator empowerment for those who possess them (Burns, 2013).

One of the ways that non-governmental organisations and other organisations help women avoid danger is through new mobile applications, most of which follow a similar format, i.e., they offer users multiple options for alerting family and friends in times of danger via SMS, i.e., short message service, automated phone calls, e-mail, and/or social media platforms such as Facebook. The mobile appications also use online forms for submitting reports, pinpointing locations of attacks, and uploading photographic evidence where feasible and appropriate. They enable GPS functionality to aggregate and map real-time locations of violence. Also, many of them employ Ushahidi, which is a free and open source visualization and information collection platform (Burns, 2013).

Ushahidi means testimony or evidence in Kiswahili. As an organisation, the platform was set up in Kenya in January 2008, to monitor the 2007 Post Election outbreaks of violence and unrest. The Project was initiated by Kenyan Harvard-educated lawyer Ory-Okolloh, who used her blog to document reports of escalating violence received through her network. She was concerned about the amount of violence that was happening undocumented, and she opened up the site so that people could submit comments about what they were observing and where. She was quickly inundiated with information. Perceiving the need for a website where people could report directly and where these reports could be located on a map, Ory-Okolloh introduced her idea of a so called mash-up with Google Maps on her blog. Erik Hersman read her post and contacted a Kenyan friend, David Kobia, and together they developed what became the early Ushahidi platform and an important innovation in the evolving field of crisis mapping (Norheim-Hagtun & Meier, 2010).

Ushahidi is a free and open source platform that allows interested individuals to create live interactive maps. The platform can be used to combine citizen reporting with mapping and visualization tools to create a crisis map, i.e. a real-time, dynamic multifaceted snapshot of how a crisis is developing. The Ushahidi platform was used during the 2007-2008 Post Election Violence in Kenya, to collect information on the violence and to map the crisis as it unfolded. The plafform has also been used in Haiti to (collect crisis information) to report and map on crisis for disaster management (Meier, 2010, 2012).

Maps created using the Ushahidi platform need not necessarily relate to crisis or particular events. For instance, MapKibera's use of Ushahidi includes information on housing, education, and water facilities. Whereas, in Haiti, Ushahidi platform was used to address a crisis of epic proprotions following the 2004 earthquake. A distributed global network of about 1000 voulunteer translators and 300 students used the platform to help launch an effort that connected Haitian citizens in need of aid with the humanitarian responders providing that aid. The tool quickly became a go-to place tool to update crisis information, with a range of military, UN and NGO actors using the map as part of their assessment process. Preliminary feedback from these responders suggests that the project saved hundreds of lives (Norheim-Hagtun & Meier, 2010).

A study on the American television drama ER lends support to the notion that Americans pick up information while being entertained. While viewers may not consciously watch fictional programmes to learn about health information, cultivation theory suggests that health information presented in entertainment media could affect their ideas about health related issues. Dramatically depicting health related issues through entertainment television may be a mechanism to inform the public about key issues (Brodie et al., 2001).

However, the focus on the vast majority of television channels is on ratings and profits, not necessarily on educating the viewers (Wilkin et al., 2007). For instance, in the United States, entertainment intiatives (EE) on primetime television that provide public health education are at risk of having diminished impact due to the media-saturated environment within which they must compete (Hether, Huang, Beck, Murphy, & Valente, 2008).

Television claims to report reality but creates its own reality, since there is very little autonomy, largely because the competition for the market share is so intense. The pressure to fill the space is, furthermore, so strong that there must be something for everyone. This leaves everyone looking over their shoulder to see what their rivals are saying. To know what to say, there is a need to know what everyone is saying, which leads to homogenisation and political conformity and, in turn, politics and economics lead to an internal censorship. Therefore, 'news' becomes selective, favouring the extremes, blood, sex, crime, riots, not what ordinary people experience, and hence television calls for dramatisation and the exaggerations of the importance of events (Bourdieu, 2001).

In debates, the fast superficial thinker is favoured over the original and profound. Therefore, there is a desire to be seen that is exploited, which leads one to wonder whether fictional television as an entertainment media is an appropriate mode of information dissemination for communication of health information (Bourdieu, 2001; Brodie et al., 2001).

2.10 Coordinated multisectoral response

The devastating effects of sexual violence can be mitigated not only by professional responses but also by contribution from para-professionals and community-based organisations. Therefore, for instance preventing and responding to SV requires a multi-sectoral approach in which survivors receive support and perpetrators are brought to justice as an outcome of coordinated activities across multiple sectors (Freccero et al., 2011).

Aura (2016), emphasises the vital necessity for leveraging and maximizing the synergies of the multi-sector response in a coordinated way by noting that since the various expertise lies in different sectors and organisations, then there is a need to bring these organisations together collaboratively. Also, the most successful interventions, use multiple approaches, engage with many stakeholders over time and seek to address various risk factors underlying violence (Ellsberg et al., 2005). Similarly, successful intervention models require the engagement of key actors linked into a mutually reinforcing system across the medical, legal, and psychosocial sectors (Freccero et al., 2011).

Community-based approaches take diverse forms and are most effective when they reflect the local setting, as well as the specific needs of the survivors. It is also important for them to include education for the local populations and service providers, to support survivors and reinforce institutional capacity (Freccero et al., 2011).

Intervention programmes that are multi-sectoral, and consider the multiple systems and relationships that influence individuals rather than single-issue programmes, may prove more likely to produce lasting effects leading to changes in behaviours and attitudes (Barker et al., 2010 p.5).

The guide Researching Violence against Women: Practical Guidelines for Researchers and Activists, strongly encourages collaboration between researchers and those working directly on violence, as activists and/or practitioners. It, further, emphasises that addressing violence requires cooperation between diverse sectors, including health, education, welfare, criminal justice system and others (Ellsberg et al., 2005).

Evidence from different countries shows that powerful synergies can be achieved from partnerships between researcher(s) and advocates. In particular, it has been noted that whereas researchers help to ensure that the endeavour is grounded in the principles of scientific inquiry, the involvement of advocates and service providers helps to ensure that the right questions are asked in the right way, and the knowledge generated is used for social change (Ellsberg et al., 2005).

For instance, in education, and in particular in economics education, research has demonstrated that cooperation among different stakeholders to develop and ensure better teaching methods has culminated in some landmark achievements reflecting both a cooperative effort in the implementation of programmes and a comprehensive effort that eliminates conflicting objectives by these organisations, as a result of which a national or local approach has been adapted (Gatabaki, 1985 p.2).

Regarding SGBV interventions, the goals for the multi-stakeholder or multi-sectoral collaborative enterprise would also be to come up with interventions that empower women, to prevent and to protect themselves from SGBV, including to mitigate its effects.

The health sector is at the nexus of prevention, treatment and rehabilitation following sexual violence (SV) and should provide clinical treatment, preventive therapy,

psychological support, information and advice, also commonly known as post-rape care services. Moreover, these services/interventions need to interface with HIV services for HIV testing and counselling, and HIV post-exposure prophylaxis (PEP) administration and adherence counselling (Kilonzo et al., 2009).

The preceding services also need to interface with reproductive health services for treatment of physical/genital trauma, emergency contraception, abortion and STI (Sexually Transmitted Infections) prophylaxis and treatment. The health sector should collect, store and analyse evidence of the effects of violence and deliver that evidence to the justice criminal system, for purposes of investigation and use in trial. Thus, the legislation alone cannot effectively offer justice to survivors without clearly articulated and functioning linkages between the medical and legal systems. This kind of interface requires a policy framework, implementation systems, and structures (Kilonzo et al., 2009).

Likewise, any effective response to sexual violence requires the coordination of multiple institutions and professions, including medical service providers, police and security forces, formal and traditional judicial systems, NGOs, schools, psycho-social service providers and religious centres (Freccero et al., 2011).

Although the existence of these institutions according to documented evidence does not necessarily ensure that victims of sexual violence will receive sufficient treatment or redress. For instance, many developing countries are hampered in their efforts to improve accountability for sexual violence because of shortages of financial and human resources and weak institutional capacity (Freccero et al., 2011).

Nevertheless, in order to work effectively, these institutions must be linked and work in harmonious collaboration (Freccero et al., 2011). Victims/survivors of SV must be able to navigate through an institutional labyrinth that is often confusing and demoralizing (Campbell, 1998). Failing to link key institutions increases the risk that a victim's legal case will be overlooked at some point in the process (Bott, Morrison, & Ellsberg, 2005).

Hence, there is a clear imperative for multi-sectoral stakeholder collaboration, since that would ensure and facilitate integrated cross-referrals, using standardized referral guidelines and pathways, treatment protocols, and medico-legal procedures. This includes for information (to be) provided in the health sector and justice system. This requires common training approaches and harmonized information that is relayed across

the different sectors, including common indicators that bridge the interface of legislation and health services, which would enable government accountability (Kilonzo et al., 2009).

Strengthened research capacities and additional research are necessary. To achieve this, joint and collaborative planning and working at national level, through sharing of information and data between the different systems and sectors, such as the criminal justice system, the legal system, and health sectors, including other relevant stakeholders and sectors in the community, is of strategic importance (Kilonzo et al., 2009).

3. Information seeking behaviour

This chapter presents the second main concept in this study, information seeking behaviour. To bring more clarity to the related information concepts covered in this study, the chapter begins with a brief discussion that also defines the concepts of information and information behaviour. This is followed by an examination of information seeking behaviour, and information needs. The importance of understanding information seeking, under which an application of Wilson's model of information seeking beaviour is presented and finally the constraints or barriers in information seeking behaviour are discussed.

3.1 Information and information behaviour

According to Wilson (1981), information can mean different things in different contexts, but in the context of user-studies research, information denotes a physical entity; for instance in the case of questions relating to the number of books read within a period of time. Information also means the channel of communication through which messages are transferred, e.g. when people refer to an incidence of oral as compared to written information.

Information also signifies the factual data, empirically determined and presented in a document or transmitted orally. Distinctions may or may not be made between facts, advice and opinion. However, for instance in the case of information exchange, it can be said of an individual that they are looking for facts, advice or opinions, and they may receive any of these either orally or in writing (Wilson, 1981). By attaching meaning to information it becomes a contributor towards problem solving and decision–making (Ikoja-Odongo & Mostert, 2006).

At the highest level of generality, human information behaviour is the broadest domain, addressing all aspects of human information interactions with various forms of information. Information behaviour is defined as "the totality of human behaviour in relation to sources and channels of information, including both active and passive information seeking, and information use." (Wilson, 2000, p. 49). Hence, it includes face-to-face communication with others, as well as passive reception of information, for instance watching TV advertisements, without any intention of acting on the information given.

Information behaviour comprises information seeking as well as the totality of other unintentional or passive behaviours such as glimpsing or encountering information, as well as purposive behaviours that do not involve seeking such as avoiding information (Case, 2007 p.5).

In addition, some relevant information behaviour related concepts include: reducing uncertainty, decision-making and browsing. Reducing uncertainty involves identifying issues, setting goals, and designing suitable courses of action. On the other hand, decision-making involves evaluating and choosing among alternatives, whereas browsing involves either unplanned or informal information seeking, which includes aimless versus goal-oriented seeking, scanning and serendipity. Serendipity refers to finding important information by chance (Case, 2007, p.32).

At a middle level, information seeking behaviour is a subset of information behaviour, which encompasses the range of information seeking employed in discovering and accessing information resources (both humans and systems) in response to goals and intentions (Savolainen, 2016).

Finally, at the micro level, information searching behaviour is a subset of information seeking, referring to actions involved in interacting with an information search system, including information retrieval (IR). It consists of all the interactions with the system, whether at the level of human computer interaction, e.g. use of a mouse and clicks on links, or at the intellectual level, e.g. determining the criteria for deciding which of two books selected from adjacent places on a library shelf is most useful. This will also involve mental acts, such as judging the relevance of data or information retrieved. The boundary of information seeking and information searching has been blurred due to the increasing popularity of networked sources (Savolainen, 2016; Wilson, 2000).

3.2 Information seeking behaviour

Information seeking behaviour can be broadly defined as being concerned with determining user's information needs, searching behaviour and subsequent use of information (Ikoja-Odongo & Mostert, 2006). Also, information seeking behaviour is referred to as any activity of an individual that is undertaken to identify a message that satisfies a perceived need. In this context information is seen as any stimulus that reduces uncertainty. Information seeking behaviour also refers to those activities that a person may engage in when identifying his or her own needs for information, searching

for such information in any way and using or transferring that information (Wilson, 1981).

At the same time information seeking is defined as the purposive seeking for information as a consequence of a perceived need to satisfy some goal and that in the course of seeking, the individual may interact with manual information systems, e.g. a newspaper or a library or with a computer-based system such as the World Wide Web, or alternatively seek information from other people. Information seeking behaviour also identifies those aspects of information related activity that appear to be identifiable, observable and hence researchable. Moreover, information seeking behaviour results from the recognition of some need, perceived by the user (Wilson 1981, Wilson 1999, 1994, 2006).

Information seeking is described by Case (2007, p.5) as a conscious effort to acquire information in response to a need or gap in your knowledge. Need, in this context, is defined as a "recognition of the existence of this uncertainty in the personal or work-related life of an individual" (Krikelas, 1983, p. 6).

Thus, information behaviour involves interaction with different sources of information, actively or passively. However, it differs from information seeking behaviour based on the intent that information is interacted with, i.e whether or not the information will be acted on. Hence, information behaviour can be referred to as the top layer concept, because in information seeking behaviour the seeker of the information deliberately carries out activities with the intent to satisfy a perceived need by making use of or transferring the information they acquire (Wilson, 1981).

With information behaviour there is no deliberate intent to make use of information one finds, but it involves the totality of human behaviour in relation to sources and channels of information. Hence, it can be perceived as a top layer concept that also encompasses other associated concepts or terms such as information need, information seeking, and information use (Wilson, 2000).

3.3 Information needs

At the root of information seeking behaviour is the concept of information need. However, because need is a subjective experience and only occurs in the mind of the

person in need, it is therefore not directly observable, except in the case of extreme physiological need, e.g. hunger. Thus, the experience of need can only be discovered by deduction from behaviour or through the reports of the persons in need (Wilson, 1997).

The subjective nature of need is evident in a definition by Burnkrant (1976), which proposes that need is a cognitive representation of a future goal that is desired. Morgan and King (1971), suggest that needs emerge from three different motives, namely: physiological motives e.g. hunger and thirst; unlearnt motives such as curiosity and sensory accumulation, and social motives, which include the desire for affiliation, approval, or status or aggression. The latter agrees in part with Wilson's (1981) analysis of needs as being cognitive, affective, or physiological.

In the study of information seeking behaviour, the concept of motive may be of general use, if it is assumed that for whatever reason a person experiences an information need, there must be an attendant motive to actually engage in such behaviour (Wilson, 1981). It has also been suggested that 'information needs' is not a fundamental need such as the need for shelter or the need for sustenance, but rather a secondary order need, which arises out of the desire to satisfy the primary needs. Similarly, many writers on the topic of information needs suggest that it is not a basic human need, comparable to those for food, shelter, security, or companionship (Case, 2007; Wilson, 1981).

3.4 Importance of understanding information/help seeking

Because this study explores the information seeking behaviour of women in order to protect themselves from SGBV, which is an issue that relates to their overall health, i.e. physical and psychological/mental well-being. The concept of information seeking is also connected to, understood to include and to imply seeking care, help, services support that also contributes to overall health and well-being (Freccero et al., 2011).

The importance of understanding help seeking is recognised by service providers across sectors. For instance, in healthcare, understanding how individuals use and access either social network or professional based supports, may inform healthcare providers in planning for services that maximize multiple supports (Dickerson & King, 1998). Help seeking is in this context likened to information seeking.

Research on the the importance of the relationship between help-seekers and help providers has observed that helpers are judged most positively if they are readily available, in addition to being knowledgeable in areas important to the help-seeker, and being good listeners who are willing to spend time with the persons in need of assistance (Dickerson & King, 1998).

Situational variables have also been being repeatedly found to be more powerful predictors of information use than differences in the personal characteristics of help-seekers' according to Dervin's analysis (Dervin, 1983). Studies such as that by Savaya (1998), on associations among economic need, self-esteem and Israeli Arab women's attitudes towards using professional services, point to the importance of knowing the situational contexts in which people find themselves, in order to properly understand how they seek and use information.

Individuals do not seek information in a vacuum, but are influenced by many factors related to their situation when the information need occurs, including their social, psychological, political, economic, physical and work environments. Research focusing on the social factors affecting information behaviour has stressed the importance of interpersonal communication and the quality of social networks in facilitating access to information (Johnson, 2007).

Help-seeking is also affected by factors unique to each person's situation and the decision whether to seek help or not to seek help, is affected by numerous variables. This implies for instance, that strictly using demographic variables as a predictor of help-seeking behaviour among abused women will be ineffective, and therefore it is helpful to see it as a situational context, where abused women turn to informal and formal resources like other information seekers (Harris & Dewdney, 1994; Harris et al., 2001).

One major barrier to seeking information that has been reported in research, is that the women often knew what kind of help they wanted, but were unable to find this kind of help from within their communities. Using an extensive set of interviews as a basis, scholars constructed a set of six principles regarding information seeking behaviours of domestic violence survivors. They observed that these principles, were broad enough to be applied to other ordinary information seekers as well (Harris & Dewdney, 1994).

The six principles were as follows: firstly, information needs arise from the person's situation. Secondly, the decision to seek information/help or not to seek information/ help is affected by many factors. Thirdly, people tend to seek information/help that is most accessible. Fourthly, people tend to first seek help or information from interpersonal sources, especially from people, like themselves: Fifthly, information seekers expect emotional support; and lastly, people follow habitual patterns in seeking information (Gondolf & Fisher, 1988; Harris, 1988; Harris & Dewdney, 1994; Skinner & Gross, 2017).

Information seeking in health contexts, enhances coping by helping individuals to understand the health threat and the associated challenges that it brings (Clark, 2005; Davison et al., 2002; Flattery, Pinson, Savage, & Salyer, 2005; Henman, Butow, Brown, Boyle, & Tattersall, 2002). Information seeking, for instance, helps to evaluate what is at stake (Flattery et al., 2005; Molem, 1999), and also contributes to attaching appropriate meaning to events (Rees & Bath, 2001; Rees, Sheard, & Echlin, 2003; Shiloh, Mahlev, Dar, & Ben-Rafael, 1998).

In addition, health information seeking, helps individuals to rehearse or work through their experiences (Rees et al., 2003). This provides ways of managing the stressors (Davison et al., 2002; Feltwell & Rees, 2004; Huber & Cruz, 2000), and helps to determine what resources are available to manage the stressors (Molem, 1999), and to make informed decisions (Henman et al., 2002; Loiselle, 1995; Rees & Bath, 2001). It also helps to increase predictability and feelings of control over situations (Andreassen, Randers, Näslund, Stockeld, & Mattiasson, 2005; Case, Andrews, Johnson, & Allard, 2005; Henman et al., 2002; Sheard, Markham, & Dick, 2003).

Overall, information seeking efforts, serve to manage or alter the relationship between the individual and the source of stress, potentially contributing to positive health outcomes and psychosocial adjustment (Molem, 1999).

3.4.1 Application of Wilson's model of information-seeking behaviour

A model may be defined as a framework for thinking about a problem and may evolve into a statement of the relationships among theoretical propositions. Most models in the general field of information behaviour are a framework of thinking about a problem (Wilson, 1999).

Information seeking models diagrammatically represent complex tasks of an information seeking process. A number of models have been designed from time to time globally by various authors and researchers relevant to information needs and seeking behaviour of users in various academic institutions. For instance, models have been developed from an information need perspective (Krikelas, 1983), from an information seeking perspective (Ellis, 1989; Kuhlthau, 1991; Wilson, 1997, 1999) and from an information retrieval perspective (Ingwersen, 1992, 1999). Wilson's later models made further improvements on his own original 1981 information seeking model.

Information models aim to describe the process a user follows to satisfy an information need. Researchers reveal that various models depict information seeking behaviour arises as a result of a need perceived by an information user, who in order to fulfil that need, makes demands upon formal and informal information sources or services, that result in success or failure to obtain/retrieve related information. If successful, the user makes use of that obtained/retrieved information, and may either be fully or partially satisfied to meet his need. If it fails to satisfy the need, the user has to repeat/reiterate the search/seeking process. Hardly ever do information seeking models progress to the stage of specifying relationships among theoretical propositions: rather they are at a pre-theoretical stage, but may propose relationships that may be fruitful to investigate or test (Case, 2007; Ganguly, Bhattacharya, Roy, Shukla, & Deepa, 2016 p.996; Ikoja-Odongo & Mostert, 2006; Wilson, 2000; Wilson, 1997, 1999).

It has been noted that information seeking "models are statements, often in the form of diagrams that attempt to describe an information seeking activity, the causes and consequences of that activity, or the relationships among stages in information seeking behaviour"(Wilson, 1999, p.3). Similar to a theory, a model describes relationships among concepts, but is tied more closely to the real world (Cappella, 1977). Wilson suggests that a general model can be constructed supporting the needs of all the respective disciplines (Wilson, 1997).

In this study, Wilson's 1981 second model of information seeking behaviour (see Figure 1) is used to conceptualise the information seeking by women in Kenya, in order to protect themselves from SGBV. The model was chosen because Wilson conceptualises information seeking in a way that incorporates the lived experience (or the user-in their own context), i.e., status in life, environmental, and other circumstantial factors in the

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lives of the individuals seeking information or group under study. This is illustrated in particular when Wilson's 1981 model articulates and outlines the set of circumstances that may give rise to information seeking behaviour, the environment within which that information seeking occurs and how those environmental factors influence information seeking, by way of setting barriers to engaging in information seeking or enabling and facilitating that information seeking. This includes the successful completion of the search for information in that particular environment.
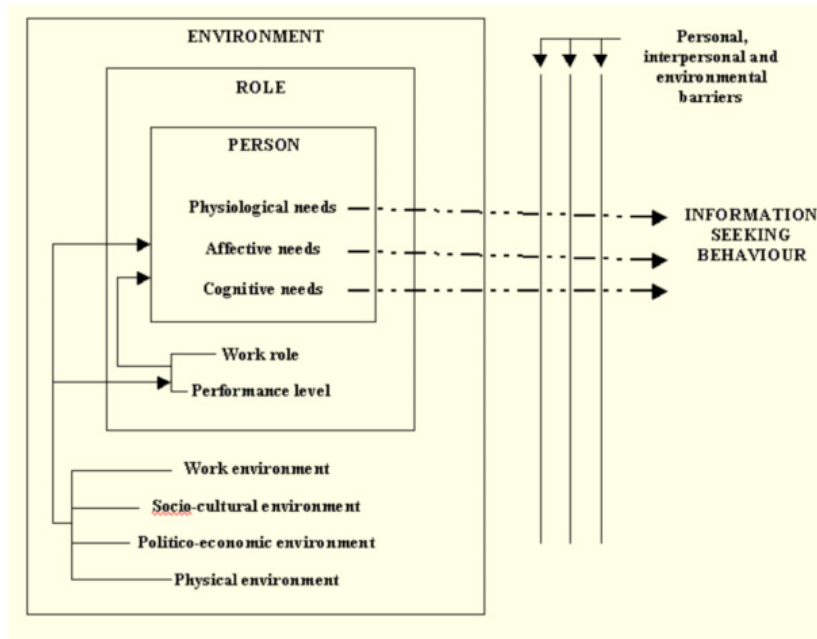

Figure 1: Wilson's second model of information seeking behaviour from 1981

Source: informationr.net

As shown in Figure 1, Wilson's second model of information seeking behaviour from 1981, illustrates how the probable interrelationships among personal needs and other factors such as socio-cultural environment, politico-economic environment and physical environment interact and influence information seeking. The aim is to suggest that in referring to information needs, we should not have in mind some conception of a fundamental, innate, cognitive, or emotional "need" for information, but rather a conception of information as facts, data, opinions, advice, being one means towards the end of satisfying such fundamental needs. It is also recognised that needs arise out of the roles an individual fills in social life (Wilson, 2006). In this particular study it is important to mention that the sample group comprised of women in an environment

where by virtue of their gender, they were potential victims or survivors of the reported alarming rate of SGBV (Masinjila & Tuju, 2014; Mwangi & Jaldesa, 2009).

Also, Wilson's second 1981 model of information seeking was used in the study since as with most general models of information behaviour it recognises the fact that a user in need of information may use a variety of sources, services, systems or even contact individuals in an effort to solve their problem (Ikoja-Odongo and Mostert, 2006). In figure 1, the drive to seek information is postulated to be some more basic need in the individual. This draws attention to the fact that information could be used to aid the satisfaction of affective (emotional) needs, not only cognitive needs (Wilson, 1994). For instance, this fact was observed in an earlier study of social workers (Wilson, 1979).

Wilson's model of information seeking has also been combined and extended with other models, such as the one by Ellis (Ellis, 1989; Wilson, 1999) and also developed upon and used in studies such as Mostert and Ocholla (2005) and Osman and Agye (2014) and Azadeh and Ghasemi (2016). Motivating their use of Wilson's 1996 model in researching information seeking behaviour of parliamentarians in South Africa, Mostert and Ocholla (2005) observe that Wilson's 1996 model proved to be the most applicable. Since the group under study, and the objectives, suggested a theoretical framework that would describe general information seeking behaviour cognisant of the user-in-context factors necessitating information seeking, the actual search process, the role and influence of specific variables and the use of the retrieved information. A similar comparison can be drawn in this present study, whereby Wilson's second 1981 model of information seeking behaviour has been applied to better understand the information seeking behaviour of the women in the study.

And although different models by Wilson have been applied in the study by Mostert and Ocholla (2005) and in this particular study, certain similarities can still be made. This is because, Mostert and Ocholla's (2005) study aimed to determine the information sources and systems and services used in South Africa by parliamentarians. This particular study sought to establish how women in Kenya seek information in order to protect themselves from SGBV. This also implies that the study involves finding out what information channels, sources or services are available, where the group under study gets information on SGBV if at all, and what information sources and formats

exist. As well as how the information acquired influences their lives, if at all i.e implying information use.

Therefore, in this particular study, since women are exposed to the experience of SGBV in their daily lived lives, a model of information seeking that incorporates the lived experience i.e the person, seeking information living in or situated within a particular environment, as well as how that environment affects their information seeking, also seems appropriate for this study. It can also be said that this study on Kenyan women touches on their everyday information seeking behaviour in regard to seeking information to protect themelves from SGBV, and hence a general model of information seeking behaviour that incorporates general information seeking as postulated by Wilson (1997), is also considered suitable in this study.

In addition, studies have reported that in order for models to be theoretically valid and practically applicable, they need to move away from studying the elitist information of users making information decisions in their workplace, and begin doing significant research into people's daily information behaviour, as this is how it becomes easier to understand that information seeking is a complex process of actions and interactions which people engage in when seeking information (Ikoja-Odongo & Mostert, 2006; Julien & Michels, 2000).

Wilson (1999) proposed a set of circumstances that give rise to information seeking behaviour, the main elements of which are; the situation within which a need for information arises, in other words, the **person** performing the **role** in an environment, the barriers that may exist to either engaging in information-seeking behaviour or in completing a search successfully, and information-seeking behaviour itself. Wilson's second model of 1981 is based upon two main propositions: first, that information is not a primary need, but a secondary need that arises out of needs of a more basic kind; and second that, in an effort to discover information to satisfy a need, the enquirer is likely to meet with barriers of different kinds. Drawing upon psychology, Wilson proposes that the basic needs can be defined as physiological, cognitive and affective. The context of any one of these needs may be the person him- or herself, or the role demands of the person's life or work, or the environments (political, economic, technological, etc.) within which that life or work takes place. The barriers that hinder the search for information will also arise out of the same set of contexts (Wilson, 1999).

Wilson's model may also be described as a model of the gross information-seeking behaviour. It suggests how information needs arise and what may prevent and by implication aid the actual search for information. The actual search is the micro-level behaviour employed by the searcher in interacting with information systems of all kinds. Whether at the level of human-computer interaction: e.g. use of mouse and clicks on links or at the intellectual level: e.g determining the criteria for deciding which two books selected is most useful. Whereas, information seeking behaviour is the purposive seeking for information as a consequence of a need to satisfy some goal. In the course of seeking, the individual may also interact with information systems e.g newspaper or library or with computer-based system such as the World Wide Web. Wilson's model also embodies a set of hypothesis about information behaviour that are testable (Wilson, 2000; Wilson, 1997, 1999). For instance there is a proposition that information needs in different work roles will be different, or that personal traits may inhibit or assist information seeking. Thus the model can be regarded as a source of hypothesis, which is a general function of models of this kind (Wilson, 1999).

Wilson observes that the weakness in the model is that all hypotheses are only implicit and are not made explicit. Neither is there any indication of the processes whereby context has its effect upon the person, nor of the actors that result in the perception of barriers, nor of whether the various assumed barriers have similar or different effects upon the motivation of individuals to seek information. However, Wilson argues that the very fact that the model is lacking in certain elements, stimulates thinking about the kinds of elements that a major complete model ought to include (Wilson, 1999). The author notes that in applying this model to serve the purpose(s) of conceptualising information seeking behaviour of the women in this study, the outcomes are inferred.

Wilson's model considers various personal and environmental factors as contributing to the success or failure of information seeking. The model can be related to the earlier mentioned Heise's (1998) social ecological approach to abuse that conceptualises violence as a multifaceted phenomenon grounded in the interplay among personal, situational and sociocultural factors. Additionally, also suggests that there are underlying cultural, social and gender norms of a community that usually makes it difficult for a SV victim to receive redress, and can therefore also act as barriers to seeking information (Heise, 1998; Wilson, 1999).

3.5 Constraints or barriers in information seeking behaviour

Barriers to information seeking are significant contextual factors because they determine the extent in which people can access sources of information (Savolainen, 2016). In general, barriers can be understood as physical or immaterial obstacles hindering or delaying or preventing access to information, i.e. to information seeking, searching and using (Świgoń, 2011). These barriers can be internal or external to information seekers. Internal barriers can arise from inside of an individual, and they can be divided into two main categories: affective and cognitive. Affective barriers typically stem from negative emotions such as fear of facing unpleasant facts. For example, while seeking health information, cancer patients tend to prefer self-protection and guard themselves from aversive information by avoiding all information sources or venture in information seeking, only to obtain positive information while still avoiding negative information. Thus, preferring the strategy of not knowing is better (Lambert, Loiselle and Macdonald, 2009; Savolainen 2016)

Cognitive barriers include among others, unwillingness to see one's needs as information needs, inability to articulate one's information needs to other people such as health professionals, unawareness of relevant information sources, low-efficacy and poor search skills (Savolainen, 2015). For instance, Harris et al. (2001) reported that many of the barriers faced by abused women arose from the fact that they simply did not know which agency to contact in order to call for help. Also, among older people over 85 years, the ability to formulate information needs and seek information is often inhibited by declining cognition and loss of plasticity (Asla & Williamson, 2013).

Cognitive barriers play a crucial role in situations in which people make decisions to identify, select and access sources of information. The impact of cognitive barriers is mainly negative because they block, limit or hamper information seeking, or give rise to negative reactions such as frustration. However, cognitive barriers can also impact positively, by helping the individual to concentrate on a few, good-enough sources of information (Savolainen, 2015).

Understanding cognitive barriers is important because research findings deepen understanding about the factors that give rise to failure of information seeking. Also with practical implications, knowledge about the origin, features and impact of

cognitive barriers can be used to develop instruction on information literacy (Savolainen, 2015).

On the other hand, external barriers originate outside an individual and are thus imposed. Such barriers may be spatial, e.g long distance to a library, temporal, e.g an absolute deadline limiting the time available for information seeking, or socio-cultural, e.g bureacratic inertia (Lambert, Loiselle, & Macdonald, 2009; Savolainen, 2016).

Similarly, although in somewhat different terms, Ikoja-Odongo and Mostert (2006) report that barriers can present themselves in a variery of forms; psychological, physical or emotional, including that even the physical characteristics of an information source can be percieved as a barrier. Additionally, Swigon (2011) suggests that a universal typology of information barriers consists of four groups, as follows:

- Barriers connected with personal characteristics: unawareness barrier, lack of information skills, language barrier, terminology barrier, lack of time, psychological resistence to computer or intenet use, psychological resistance to asking questions, educational level barrier, passive attitude, barriers connected to demographic variables, i.e. age, sex and other factors
- Interpersonal barriers: lack of help from people who are the source of primary and secondary information
- environmental barriers: legal barriers, financial barriers, geographical barriers, political barriers and cultural barriers
- Barriers connected with information resource: libraries, internet or barriers by authors of information

Wilson's second 1981 model of information seeking behaviour that has been applied in this study, suggests three sets of barriers which are related to the dimensions of the situation in which the person finds himself or herself. These may be personal barriers, socio or role-related and environmental barriers (Godbold, 2006). The following section discusses in more detail the barriers/constraints to seeking information applicable to general everyday information seeking that is applicable to this particular study as well. The discussion therefore draws from diverse literature with various conceptualisations of barriers/constraints to information seeking that seemed (appropriate to) serve the purpose of this study (Savolainen, 2015, 2016; Świgoń, 2011; Wilson, 1981, 1999).

Caroline Muthoni

3.5.1 Personal characteristics barriers

Cognitive Dissonance

The concept of cognitive dissonance as a motivation for behaviour has been reported in literature on psychology such as (Festinger, 1957). Cognitive dissonance implies the presence of conflicting cognitions that make people uncomfortable as a result of which they seek to resolve that sense of conflict in one way or another. One of the ways of seeking to resolve the conflict may be by seeking information either in support of existing knowledge, values or beliefs, or to find enough reason to change these factors.This is also referred to a selective exposure. Selective exposure theory is one of the most frequently cited theories to illustrate the pattern of how people find political information. Seletive exposure to information refers to the phenomenon during information seeking whereby people tend to select information that is biased towards their own opinion (Festinger, 1957; Fischer, Jonas, Frey, & Schulz- Hardt, 2005; Lee, 2017; Carmen G Loiselle, Lambert, & Cooke, 2006; Savolainen, 2015, 2016; Wilson, 1997).

For instance, previous research on advertising has observed that where an advertisement matches the belief held by a person they are more likely to advance supporting arguments for choosing the product. However, in cases of inconsistencies between the communication and the previously held belief, the person is likely to bring forward counter arguments to the claims being made in the advertisement. (Rajeev, Myers, & Aaker, 2008)

On the other hand, it has also been reported that many people are simply not interested in finding information about themselves or the world, do not conduct causal searches nor do they care about resolving discrepancies or the inconsistencies about the self (Sorrentino & Short, 1986). This idea lends credibility to the notion of people having different levels of cognitive need, which may be the ultimate motivation of information behaviour (Wilson, 1997).

Physiological, cognitive and emotional characteristics barriers

Among the physiological variables are outlook on life and system of values, political orientation, knowledge, style of learning, emotional/affective constraints like fear of incompetence while seeking information from outsiders, attitude toward innovation, stereotypes, preferences, prejudices, self-perception i.e self evaluation of knowledge

and skills, including interests, and knowledge of the subject, task, information or search system. (Godbold, 2006; Savolainen, 2016).

Knowledge has been explored as an intervening variable by a number of researchers. A knowledge construction process is often involved and intricate, it draws on background notions activated from memory and local information from the immediate context (Kruglanski & Webster, 1996). The more knowledgeable the individual, the easier they would find it to encode information, thus rendering the acquisition of further information easier (MacInnis, Moorman, & Jaworski, 1991). Earlier knowledge structure influences the way the individual receives and understands new information. The same piece of information is consequently perceived differently depending on the person's pre-understanding of the topic (Bandura, 1999; Heinström, 2003).

In a study of the information seeking behaviour of cancer out-patients, Borgers et al., (1993) found that certain characteristics of the patient could act as barriers to seeking information during a consultation with the doctor, such as hearing problems, a physiological feature; lack of medical knowledge, a cognitive feature; and verbal limitations as well as nervousness which is an emotional characteristic. Other similar research has reported similar findings. (Dilworth, Higgins, Parker, Kelly, & Turner, 2014; Rutten, Arora, Bakos, Aziz, & Rowland, 2005; Taber, Leyva, & Persoskie, 2015).

Additionally, previous research on cancer patients has concluded other diverse factors that determine the information seeking behaviour of the patients, namely the characteristics and perceptions of the patient, certain features of the person accompanying the patient and the characteristics of the organisation and situation (Arora et al., 2002; Borgers et al., 1993; Friedrichsen, 2002; Leydon et al., 2000; Muusses, van Weert, van Dulmen, & Jansen, 2012).

3.5.2 Socio-cultural barriers

Primarily, socio-cultural barriers have been approached by researchers as human made constructs stemming mainly from social norms, normative expectations as well as social values. In general, socio-cultural factors can be defined as a set of values, norms, roles, language symbols, customs, moral and religious beliefs, taboos, perceptions, and preferences acquired by people as members of society. Such barriers can appear in societal, institutional, and organisational contexts, but they may also be specific to local communities or small groups (Giddens, 1989; Prinz, 2011; Savolainen, 2016).

Social norms are external factors internalised by members of a community during the socialisation process, and they function as standards defining the boundary between what is acceptable and unacceptable behaviour. Norms can also play a crucial role in individual choice because they serve as criteria for selecting among alternatives (Bicchieri, 2005; Chatman, 2000).

Socio-cultural factors have double roles in that they both facilitate and constrain human action. In the facilitating role, socio-cultural factors enable people to interact and live together, whereas, in the constraining role, they appear as barriers delimiting the range of choices available to the people at the individual and community levels. In particular, regarding information seeking, these barriers mainly impact information seeking adversely, by restricting access to information sources and giving rise to negative emotions (Savolainen, 2016).

Questions dealing with socio-cultural barriers are not new, and there are a number of investigations describing their features in diverse contexts of information seeking. Early contributions include Tom Wilson's (1981) framework identifying inter-personal constraints of information seeking, which is also part of Wilson's model that is used in this study. In addition, since the 1990s, the picture of socio-cultural barriers has been enriched by new features such as restrictive cultural norms (Chatman 1992) and lack of social capital (Johnson 2007).

Socio-cultural barriers to information seeking have also be characterised in diverse contexts, for instance, in organisational decision-making (Johnson, 1996), among various groups of people, e.g. abused women (Harris & Dewdney, 1994) and international students (Mehra & Bilal, 2007). Thus, social norms can form invisible barriers to information seeking, such norms and expectations suggest which information sources or types should be ignored or avoided because they are not valued by the community members (Savolainen, 2016).

Interpersonal problems

Wilson (1997) argues that interpersonal problems are likely to arise whenever the information source is a person, or where interpersonal interaction is needed to gain access to other kinds of information sources. For instance, Borgers et al. (1993) identified several barriers to successful information seeking during cancer patient-

doctor consultations. These included the attitude of the specialist, and the presence of other people, e.g. clinical assistants during the consultation.

The issue of confidentiality is particularly relevant in regards to sensitive issues such as reproductive health, pregnancy, contraception and even sexual health. This has been reported as a barrier in information seeking especially for young women. Lack of anonymity may prevent them from seeking health information due to fear that their friends or even parents will specifically know about sensitive personal issues (Murphy, Murphy, & Kanost, 2002)

Barriers related to social stigma and cultural taboo
Cultural taboo can be referred to as strong prohibitions relating to an area of hueman activity or custom that is sacred or forbidden based on moral judgement or religious beliefs (Savolainen, 2016). Barriers of this type can concern people across social strata. Common barriers of this kind are the sense of being an outsider, lack of social support and mistrust of others. People classified in this way carry social stigma. Social stigma can also result from one's low social status, e.g due to being a refugee (Caidi, Allard, & Quirke, 2010). This is a lable that associates a person with a set of unwanted characteristics that form a stereotype. Barriers of this type have primarily been conceptualised in studies focusing on health information seeking (Savolainen, 2016).

Various studies that have also examined barriers faced by individuals with HIV/AIDS, who are considered a stigmatised group, have observed barriers to seeking information, manifested by participants selectively disclosing their problems to others depending on the trust they had in them, e.g to health professionals for the treatment and care they needed. The selective disclosure has resulted from the taboo HIV held in the culture. For instance, the participants avoided the topic in conversation, and tried to seek information without disclosing their HIV status. The main reasons, amongst others, reported for this selective disclosure was fear of stigma and discrimination, shaming, rejection and violence (Arrey, Bilsen, Lacor, & Deschepper, 2015; Kennedy et al., 2013; Savolainen, 2016).

The fear of gender-based violence within a society, or the stigma associated with having been victimised can also be an obstacle to accessing information. The stigma associated with sex and sexuality, may also deter women, girls and lesbian, gay, bisexual, transgender and intersex people from seeking medical services. This is especially true

for adolescent girls who are assumed not to need sexual health services, because according to cultural norms they are not expected to be having sex (Masinjila & Tuju, 2014; Mwangi & Jaldesa, 2009; Onyango M. a., ToolKit, 2015). Additionally, the implications of unequal medical treatment related to membership in a stigmatised groups can result in feeling a sense of helplessness or lack of control (Atrash & Hunter, 2006; Warren et al., 2010).

Institutional barriers

Information seeking can also be hampered by institutional barriers. The term institution is generally applied to customs and behaviour patterns important to society, and to particular formal and established organisations of the government and public services. Institutional barriers to information seeking arise when organisations such as government offices and libraries consciously or unconsciously prevent individuals from obtaining the information that is needed. For instance, Institutional barriers can manifest themselves in excessive bureaucracy (Dervin, 1976; Savolainen, 2016). A study on information seeking among socially disadvantaged people reported that bureaucratic complex language hampered information seeking from local authorities (Hayter, 2007).

Institutional barriers may also manifest in the form of authoritarian control.This refers to any situation in which individuals, agencies, or society at large deliberately or inadvertently restrict an individual's information seeking. Examples of various subtypes of authoritatrian barriers are censorships (including restrictive information systems), and bureaucratic inertia. Thus, institutional barriers can slow down the information seeking significantly, and often restrict access especially to financial and legal information (Houston & Westbrook, 2013; Savolainen, 2016). Results from a study that examined the impact of institutional barriers on information seeking among abused women, reported the women's least helpful experiences were encounters with institutional service providers such as police officers, whom they perceived to have a negative attitude toward them or who denied or minimised the severity of the abuse. Such responses may have a chilling effect on help-seeking efforts, aggravating a woman's sense of isolation, and potentially exposing her to more risk (R. Harris et al., 2001; Savolainen, 2016).

Institutional barriers to information seeeking can often be traced to the insufficient resources allocated to libraries and archives. These barriers manifest themselves in the

unavailability of certain information resources such as printed books and the lack of access to databases (Savolainen, 2016). For example, a study on the information seeking barriers in a Polish University found that 41% of users had faced barriers related to lack of materials (Świgoń, 2011). In another study on information seeking by high school students, a common barrier was that the material located in the library did not contain desired content (Shenton, 2007). Also, information seeking may be rendered more difficult if information available in a public library is outdated or scattered (Pettigrew, Durrance, & Unruh, 2002).

Institutional barriers can negatively affect the efforts to seek information from human sources, as well. Two major consequences of these barriers have been identified by researchers: failure of access to an information resource, and a slow-down on the information seeking process. An example of such research reported that abused women failed to obtain help because police departments did not have the interpreters to respond to calls from non-English speaking people (R. Harris et al., 2001; Savolainen, 2016)

Organisational barriers

Socio-cultural barriers can also be organisation-specific. An organisation may generally be taken to mean the planned, coordinated, and purposeful action of human beings working through collective action to reach a common goal or construct a tangible product. Viewed from this perpective, organisational barriers to information seeking primarily interfere in the ways employess work and communicate (Savolainen, 2016).

Organisational barriers differ from the way institutional barriers, create constraints between help seekers or clients, and service providers, in that organisational barriers hinder information seeking within individual organisations such as university departments and arms of government. Previous studies have identified a range of organisational barriers in the form of strong hierarchies, internal competition between work teams, lack of trust among colleagues, restricted access to information classified as confidential, and narrow specialisation of tasks. Such barriers emerge in various forms, e.g. team-based cliques and not-invented-here syndrome. The not-invented here syndrome (NIH) Syndrome is defined as "a negative attitude to knowledge that originates from a source outside the own institution." It affects the complete knowledge cycle in or between organizations, leading to severe disturbances in knowledge transfer

(Johnson, 1996; Kathoefer & Leker, 2012; Lichtenthaler & Ernst, 2006 p. 368; Savolainen, 2016).

Other studies have approached organisational barriers from an information sharing perspective, rather than information seeking (Riege, 2005). In this sense, organisational barriers may arise in the difficulty of getting access to information created by competing teams. Employees may also avoid seeking additional information about possible consequences of a risky decision to avoid conflict within a department or save the face of the decision maker. Such constraints can also arise between organisations in cases where decision-makers ignore or discount external sources of information because of the not-invented-here syndrome, i.e. the reluctance to value the work of others (Johnson, 2007; Savolainen, 2016).

In addition, as individual departments are inclined to prioritise their internal needs while organising information resources, colleagues coming from other departents of the same organisation frequently face barriers that hinder information seeking (Kraaijenbrink, 2007; Savolainen, 2016).

Social and economic capital barriers

Social and economic barriers are here combined and discussed together in line with Savolainen's (2016) study, which observed that economy is not an area isolated from society and culture, and also for the sake of simplicity.

Social-cultural barriers emerge at the individual level due to the shortage of social and economic capital (Savolainen, 2016). In this sense, capital refers to command over resources (Bourdieu, 2011). Since economic resources are not distributed equally across the population, people with less are more likely to face economic barriers to information seeking (Savolainen, 2016). Traditionally, such barriers have been associated with socially and economically disadvantaged people referred to as information poor (Dervin, 1999). Other research that has identified a variety of charateristics attributed to such people, has noted that the information poor tend to engage in a limited range of information practices in local, confined settings; involving limited literacy, information and analytical skills, which can also be viewed through the lense of barriers arising from lack of social and economic capital (Savolainen, 2016; Yu, 2010).

Social capital can be understood to mean resources to which individuals have access through their social relationships (Johnson, 2007). From this viewpoint, in essence, poor

contact networks also constrain one's opportunities to access useful information, since in general, people prefer other people as the source of their information (Lin, 2002). Lack of social capital occurs when individuals cannot obtain information from another person or setting because of an apparent disparity in socio-economic status (SES). This disparity manifests itself as behaviours ranging from shyness to mistrust to fear by the person of the inferior SES, and behaviour ranging from ignoring to condescending to overt attacking from the person of the superior SES. As a result, neither person attempts to share information, or if the attempt occurs, it is fruitless (Houston & Westbrook, 2013).

Lack of economic capital can arise in the stringency of household budgets rendering it impossible to for instance buy computing equipment or pay for access to networked sources (Chowdhury & Gibb, 2009; Yu, 2010). Since the 1990s, barriers to seeking information resulting from lack of economic capital have been discussed in terms of the digital divide, thus suggesting that unequal access to the internet creates a barrier to digital information (Salinas, 2008), since the internet has become essential in the way people access information, those who cannot afford internet conection are doubly disadvantaged. Despite the growing number of people with access to the Internet, socio-economic gaps persist in the use of networked information between majority and minority populations, e.g lower income African Americans (Warren et al., 2010). Moreover, lack of economic capital can keep an abused person from visiting a friend, or the public library or accesing the internet, any of which could provide information on escaping abuse (Houston & Westbrook, 2013).

3.5.3 Environmental/Situational barriers

Research shows that the immediate situation of information-seeking activity can include elements that present barriers to carrying on that activity. In addition, the wider environment can also present challenges (Wilson, 1997).

Time

Previous research has found that information exchange between patients and doctors was hindered by the lack of time available, the stress of the situation and the use of unfamiliar technology. Less active patient involment is likely to leave little time for psychosocial exchange, which may compromise patient's psychological state and satisfaction, not to mention the ability of providers to detect social problems. This has

been a concern of some telemedicine observers who have suggested that with less time available, stress is placed on efficiently gathering appropriate information, and that perhaps at the expense of relationship building that is vital to the patient's wellbeing (Miller, 2003).

In telemedicine teleconsultations, the amount and quality of patient-doctor interaction will be further diluted if technical problems occur, and attention is diverted if the doctor has to consult with technicians. Doctors often fail to elicit patients worries or reasons of consultation, or allow them time to express their concerns. Also, doctors spend little time informing their patients, approximately 1 minute in a 20 minute encounter, while overestimating the time they spend to give information (Miller, 2003).

Similarly, Hannay, Usherwood and Platts (1992) observed that a doctor's consultation lasted between 12 and 15 minutes, during which examination, diagnosis, and explanation of treatment had to be made. This left little or no time for the doctor to act as a source of other forms of health information. A study on information-seeking by cancer outpatients (Borgers et al., 1993) also found that the duration of a consultation and various interruptions such as telephone calls were barriers to information-seeking.

National Cultures

Differences in national cultures are also significant for the transfer of innovation and the associated information, and may also affect the way members of different cultures view the possibility of information acquisition (Wilson, 1997).

In addition, Hofstede (1980) suggested and tested four dimensions in which cultures differ. These are: power distance which implies the acceptance of unequal distribution of power in organisations; uncertainty avoidance or the extent to which a society feels threatened by uncertain or unknown situations and thus tends to avoid similar situations; individualism-collectivism and finally masculinity-femininity or the prevalence of masculine values such as the importance of material things, aggression, etc., versus that of feminine values such as caring for others. Another dimension was long-term versus short-term orientation of life (Hofstede, 1991). Based on studies by Hofstede and others it can be argued that these are crucial aspects of cultural differences. Hence, it might also follow that differences in informationseeking behaviour and information use across cultures would differ in relation to these aspects (Hofstede, 1991).

For instance, it can be inferred that in cultures with high power-distance measures, the information exchange or transfer within organisations is likely to be hindered because of the hierarchical power distance. On the other hand, information exchange and transfer is likely to be enhanced in cultures with high collectivism measures. Also, it seems likely that cultures with high uncertainty avoidance measures, are likely to foster information seeking behaviour. For instance, such cultures have been reported to have a tradition of library development (Virkus & Metsar, 2004; Wilson, 1979; Zurkowski, 1974).

4. Research methodology, method and data analysis

4.1 Introduction

The chapter begins by highlighting the purpose of the research. It goes on to outline the type of research methodology and method that has been used and continues by describing what was taken into consideration in the choice, design and administration of the research instrument, i.e. the online self-completion questionnaire, including "deciding about" participants (respondents) and the sampling method used to obtain them. The advantages and disadvantages of the administration method chosen for the survey questionnaire are also discussed. Finally a description on how the data was analysed is given, including the software/programme that was used in the analysis.

4.2 Methodology

Research methodology is the scientific way to systematically solve the research problem, including the rationale for why the method used or research design was chosen. The research methodology also answers the following questions concerning a study or a research problem: Why was the research undertaken? How has the research problem been defined? In what way and why has the hypothesis been formulated, i.e. if there is one? Additionally, what data have been collected, what particular method has been adopted, and why has a particular analysing technique been used? (Kothari, 2004). Moreover, research strategy refers to the general or broad orientation to the conduct of social research, such as qualitative or quantitative which are the widely used distinctions in social sciences (Bryman, 2012).

The purpose of this study was to explore how women in Kenya look for information in order to protect themselves from sexual gender-based violence. In this study, a qualitative approach was used. A qualitative approach seemed most appropriate since firstly, the analysis of data and research strategy, would put more emphasis on words than quantifications. The interpretations of the respondents are more important. In addition, the study wanted to emphasise how the women intepreted their social world i.e their lived experiences or a person in an environment/ user-in context (Ikoja-Odongo & Mostert, 2006; Niedźwiedzka, 2003; Wilson, 2000; Wilson, 1981).

Furthermore, qualitative research can be constructed as a research strategy that usually emphasises words rather than quantifications in the collection and analysis of data. Additionally, qualitative research is a research strategy that has rejected the norms and

practices of the natural scientific model and of positivism in particular in preference for an emphasis on ways that individuals interpret their social world, and also embodies a view of social reality as an ever shifting emergent property of individuals' creation (Bryman, 2012). In this study words rather than quantifications are emphasised in the collection and analysis of data.

Wilson (1981), argues that qualitative research seems particularly appropriate to the study of needs underlying information-seeking behaviour because the concern is with uncovering the facts of everyday life of the people being investigated. In addition, Wilson claims that by uncovering those facts we aim to understand the needs that exist which press the individual towards information seeking behaviour. And by better understanding of those needs we are then better able to understand what meaning information has in the everyday life of people. And finally, by all the foregoing, Wilson argues that we should have a better understanding of the user and be able to design more effective information systems. Since the study inevitably also deals with the underlying needs which motivate information seeking. Therefore a qualitative approach seems appropriate.

Also qualitative approach is concerned with the subjective assessments of attitudes, opinions and behaviour and it also enables different aspects of the problem to be considered (Kothari, 2004). In this study, the analysis of data involves an assessment of the participant women's attitudes, opinions and behaviour, in relation to their information seeking behaviour, to protect themselves from SGBV. Also, Kothari (2004) observes that a flexible research design provides an opportunity for considering many different aspects of a problem if the purpose of the research study is explorative, as is the case in this study.

Additionally, it has been noted that qualitative research can help researchers to access the thoughts and feelings of research participants, which can enable the development of an understanding of the meaning that people ascribe to their experiences. Whereas, quantitative research methods can be used to determine how many people undertake particular behaviours, qualitative methods can help researchers to understand how and why such behaviours take place (Sutton & Austin, 2015).

4.2.1 Data collection and trustworthiness

According to (Bryman, 2012 p.89), a research method is simply a technique for collecting data. It can involve the use of a specific instrument such as a self-completion questionnaire, participant observation etc. In this study, in order to collect data for the empirical study, a self-completion questionnaire was administered online to a sample of Kenyan women, selected through a snowball sampling approach. The author designed the study questionnaire and developed and refined it through feedback. The first version was tested for validity among friends and friends of friends, and their suggestions were included in the final version of questionnaire. The online version of the questionnaire was hosted on webpages designed and maintained by the author's university. The questionnaire was divided into five sections each with its own theme (see appendix 1).

The sampled group of Kenyan women were drawn from different walks of life (i.e. students, employed, married, unmarried etc.). An online questionnaire was administered to them through a link attached to an email sent to them introducing the research. The email message contained a cover letter for the research, (see appendix 1). The cover letter contained details about what the study was about and also informed the potential respondents that their participation was voluntary, explained what participation meant, and finally requested the women's participation. In addition, the introduction email message contained the researcher's email which potential respondents were instructed to contact in case they had any queries about the research. The email included an active and direct hyperlink to a World Wide Webpage that held the questionnaire. The respondents were instructed to click on the link in order to complete the survey questionnaire online.

A decision was made to eliminate the need for using a password by respondents to access the online questionnaire, so as to encourage direct and easy access for potential respondents, by simply clicking on the hyperlink. This also served to eliminate an unnecessary hurdle for potential respondents, and was expected to facilitate and encourage a higher response rate. At the end of the online questionnaire, respondents were instructed to click on a button that directed their responses onto an electronic database (also a webpage), where all the responses were collected in preparation for final data analysis. A limitation with the online delivery method for the questionnaire is that it required the sample population to have internet access, which implied that the sample population would only include potential respondents with access to the internet.

According to (Crawford, 1997), in designing the survey questionnaire, one does not begin by writing the questions, but must first determine exactly what things one needs to know from the respondent in order to meet the objectives of the research. Therefore, in that regard, the research questions outlined in the introductory chapter, have been an important guide in deciding and determining what question items would be appropriate to include in the research instrument. The questions comprised both open-ended and closed-ended questions, and were designed to collect data from respondents about their personal, social and economic background, their experiences regarding sexual gender-based violence, how they sought for information (to protect themselves from SGBV), including their experiences with the different sources of information/help.

In the questionnaire, these data were collected through questions that were grouped under the following five themes: personal information of respondents (age, civil and marital status, educational qualifications, living arrangements); information need; information sources; barriers to information seeking and, finally; information use. The themes will also be used in the reporting of the results, in the results chapter.

Prior to publishing the final version of the online questionnaire, a pilot test was administered on a small sample of five respondents who were identified and selected by their relevance to the research. The pilot test was done to establish the suitability, clarity, and appropriateness of the questions to potential respondents regarding this type of research (Bryman, 2012; Fulu, Warner, Miedema, & Liou, 2013). Five respondents took part and the estimated time of completion of the questionnaire was tested and verified to be between 20-30 minutes.

Based on the feedback received from the pilot test, several changes were made in order to reflect a line of questioning that would generally be acceptable in this kind of research. In particular clear, unambiguous questions, and which according to test pilot respondents, had lacked before. In reference to similar kind of research, Fulu et al. (2013), observe that violence against women and other matters covered in such surveys are sensitive and stigmatised issues. Therefore, particular care needs to be taken to ensure that all questions are asked sensitively, in a supportive and non-judgemental manner.

Additionally, during the pilot test, the issue of whether enough respondents would be willing to complete the questionnaire become apparent. It emerged that especially given

the practical time constraints of the study, there might be some level of difficulty in obtaining sufficient data for analysis from respondents. However, a similar finding observing low response rate has also been reported in previous studies on sexual and gender-based violence. For instance, Ruiz-Perez, Plazaola-Castano, and Vives-Cases, (2007) observed that the difficulties associated with obtaining responses for this kind of research were among other things: taboos, fears, and feelings of guilt and shame, which also account for a non-response rate, and of hiding the truth.

This realisation reiterated what Fulu et al. (2013) observed to be a critical need in this kind of research. Namely, to also ensure that the research would effectively be able to connect potential respondents to sources of support, whether agencies or individuals, from where respondents would be able to receive further help if necessary, in order to minimise any distress or other negative feelings that might result from participating in the research, and in the spirit of not causing more harm to potential respondents. Thus being socially responsible in carrying out this kind of research (Bryman, 2012).

The cover letter informed the participants of their consent in participating in the study. There are a number of considerations to be made when conducting research on violence among women. For instance, the International Research Network on Violence and Women and the World Health Organisation, stipulate the prime importance of: confidentiality and safety; the need to ensure that the research does not cause any participant further harm; the importance of ensuring that the participant is informed of available sources of help, and; the need for the interviewers to respect an interviewee's decisions and choices (Fulu et al., 2013).

For this study, the data was collected cross-sectionally. Gilbert (2008 p.36) observes that a typical survey is cross-sectional; all respondents are asked the same questions at the same time. In practice, there may be differences of a few days between the first and the last responses, but the design assumes that this time period is irrelevant. Data for this study was collected over a period of a period of 7 months (April 2017 to November 2017).

4.2.2 Sampling

Sampling is the process of selecting a few from a larger group known as the sampling population, to become the basis for estimating or predicting the prevalence of an unknown piece of information, situation or outcome regarding the larger group. A

sample is therefore a subgroup of the population of interest (Kothari, 2004). Moreover, (Bryman, 2012 p.230) observes that a sample refers to the segment of the population selected for investigation or a subset of the population.

The population of interest is a population of women in Kenya, and to reach the targeted group for this study, purposive sampling was used. The goal of purposive sampling is to sample cases or participants in a strategic way, such that those sampled are relevant to the research questions being posed. The investigation's research questions are placed at the forefront of the sampling considerations to provide guidelines as to what categories of people need to be the focus of attention (Bryman, 2012). The purpose is to ensure that there is a good variety in the resulting sample, so that the samples differ from each other in key characteristics relevant to the research question. However, because it is a non-probability sampling approach, purposive sampling does not allow the researcher to generalise the sample to the population (Bryman, 2012).

For this study, the researcher initially purposively sampled key people within her contact circle in Kenya, who had access to relevant potential women respondents from different social and economic backgrounds - e.g. educational institutions, government and non-governmental organisations in Kenya. Thereafter, as a result of a snowballing process other potential women respondents were identified through these contacts. The snowball sampling technique consists of other individuals, including previously identified participants, knowing of and recommending additional potential participants (Rudestam & Newton, 2014). This is in line with Bryman (2012 p.470), who argues that it is quite common for snowball sampling to be preceded by another form of purposive sampling. Thus, in effect the process entails sampling initial participants without using the snowball approach, and then using these initial contacts to broaden out through the snowballing method.

In this study individuals were initially selected because they occupied a position relevant to the investigation, and this primary sample was then used to suggest further participants to expand the research. That means that a generic purposive sample that was based on individuals who met a criterion, i.e. occupancy of structural positions relevant to the research, was selected, and then a snowballing approach was employed (Bryman, 2012 p.471).

In addition, since the data collection instrument was an online questionnaire this also dictated/predetermined that prospective participants selected would also need to have access to the internet, to gain access to the self-completion questionnaire online.

There may be bias in computer access for the participants. However, computer access might also lead to geographically heterogenoues samples while distance is not a barrier, and computer access might also give the respondents a higher level of trust in the anonymity afforded by the computer, rather than when anaswering the researcher directly (Rudestam & Newton, 2014), a factor which is especially significant when studying senstivive topics like SGBV (Fulu et al., 2013).

Also, it does seem clear that researchers can obtain large numbers of responses efficiently over the internet and collect data in a form that allows for relatively painless analysis (Rudestam & Newton, 2014). In this study, respondents' answers were saved directly onto a webpage hosted by the researcher's university and the data could be saved onto different formats such as SPSS or Microsoft Excel, ready for analysis.

Nevertheless, this particular study did not yield as large number of respondents as expected. An initial sample size of at least 50 women had been projected, but it turned out in the end that it was a great challenge to recruit that many respondents. The final number of respondents who completed the survey was 24, however, this sample of 24 Kenyan women was, nevertheless, representative as they belonged to different socio-economic background and age groups.

Previous research has reported that several factors may influence the response rate in both postal and e-mail surveys, namely survey length, respondent contacts, design issues, research affiliation, compensation and issue salience, as well as pre-notification and post-notification of a follow-up contact (Sheehan, 2001).

It has also been suggested that salience has more influence on response rate than survey length Bean and Roszkowski (1995 p.25), argued that "if a person attaches little interest or importance to particular content of a survey, then it will not matter if the survey is short; the person still is unlikely to respond."

4.2.3 Data Analysis

The data was analysed using Microsoft Excel pivot tables. A complete and more detailed reporting on the data analysis is presented in chapter 5 in this thesis, which is the results/findings chapter.

4.3 Decision for design and choice of online self-completion questionnaire

The study uses qualitative data collection method through the use of a standardised self-completion questionnaire administered online. The decision for the design and the use of an online survey questionnaire was reached based on the reality of the geographical distance involved between the researcher and the target population sample, the relative ease of reaching them, and the assurance of maintaining confidentiality and anonymity required for the respondents (Rudestam & Newton, 2014), especially owing to the sensitive nature of the research topic (Fulu et al., 2013).

The advantage of an online questionnaire is that the data from respondents/participants is saved directly onto a database and is therefore easier to analyse. This is in line with what is noted in literature (Rudestam & Newton, 2014). Additionally, a significant methodological issue lies in the belief that violence against women is too delicate a subject to be studied through population-based studies, and therefore, self-administered questionnaires represent a major achievement in researching this problem (Ruiz-Perez et al., 2007).

Participants may seem to trust and appreciate the anonymity they have by addressing the machine, rather than the researcher directly. It also seems clear that researchers can obtain large numbers of responses efficiently over the internet, and collect data in a form that allows for relatively painless analysis. Furthermore, a self-completion questionnaire can be administered to a wide population and thus the population can be surveyed cheaply. Since costs are lower as there are no interviewers used, it is also possible for respondents to complete the questionnaire at a time suitable for them (Gilbert, 2008 p.186; Rudestam & Newton, 2014).

For this study, the types of the questions used in the survey questionnaire are mixed, consisting of open-response, open and closed-ended questions. With open-ended

questions, the respondent is asked to give a reply to a question in his/her own words and no ready answers are suggested. The advantage of these types of questions is that they also allow respondents to reveal issues that are most important to them and may reveal new findings that were originally not anticipated when the survey was initiated. Furthermore, respondents can qualify their answers or emphasise the strength of their opinions (Crawford, 1997).

On the reverse side, respondents may find it difficult to properly and fully explain their attitudes and motivations in their responses. In addition, the data given is in the form of verbatim or word by word statements, and therefore it has to be coded and reduced to manageable categories, which could be time consuming for the analysis. Further, on the reverse side, there could be numerous opportunities for error in interpreting the answers given (Crawford, 1997).

On the other hand, the advantage of closed-ended questions is that they provide respondents with an easy method of providing an answer, since they do not need to think about how to articulate it. Moreover, responses can be easily classified, thereby making analysis straightforward. Also, these questions allow respondents to specify the answer categories that are most suitable for their purposes. Although, closed-ended questions do not allow respondents to give different responses to the ones suggested. They may nevertheless, as an additional advantage, further, suggest answers that respondents may not have considered before (Crawford, 1997).

This particular study included both open-ended and closed-ended questions so they could complement each other. In addition, the study had a few open-response questions.

Crawford (1997), suggests that open-response questions eliminate the disadvantages of both open and closed-ended questions. He posits that an open-response option is a type of question that is both open-ended and also contains specific response alternatives as well. This enables the researcher to steer away from potential problems caused by poor articulation, i.e. the inability to properly and fully explain own attitudes and motives. But, at the same time, subsequently, it means being able to guide the respondent into considering specific response options, such that answering the questionnaire is straightforward.

Open-ended questions require the researcher to have good previous knowledge of the subject in order to generate realistic or probable response options prior to sending out

the questionnaire. If this understanding is achieved, then the data collection and subsequent analysis can be made significantly easier. Mixed types of questions would be advantageous in most instances where potential response alternatives are known; where unprompted and prompted responses are valuable, as well as where the survey needs to allow for unanticipated responses (Crawford, 1997).

Because this study investigated how women seek for information in order to protect themselves from SGBV, the study also inevitably covers their access to information resources on SGBV. The occupations included in the questionnaire were chosen based on their relationship to different information sectors such as health, law, government, and finance (Johnson, 2007).

4.3.1 Advantages of questionnaire delivery method

The internet offers rich possibilities for conducting research, such as the possibility of accessing geographically dispersed, heterogenous groups of respondents and locating local samples to address rare topics that may not be available using traditional data collection strategies. On the other hand, the need for caution exists in relation to the bias that internet data can produce due to bias in computer access for participants. (Gilbert, 2008 p.305; Rudestam & Newton, 2014).

This particular study on information seeking behaviour of women in Kenya, benefits from the aforementioned possibilities, such as enabling the researcher to access a geographically dispersed group of respondents. Since the sample population targeted had a considerable geographical distance from the location of the researcher, the internet offered an effective and efficient method to reach them in regard to ease, feasibility, practicality, time and costs.

Additionally, the use of an online self-completion questionnaire, ensured as mentioned in Rudestam and Newton (2014) that the questionnaires and measures for the study are available on a website and presented in a clear and systematic way, which allows participants to complete them on their home computers or also other mobile devices such as smartphones etc., at a time of their choosing.

There are many software packages available that assist in the creation of online questionnaires Fisher (2010 p.210). For this research, the survey questionnaire was

created online, using Åbo Akademi University eLomake (eForms) software for creating web-based questionnaires. This software was chosen for practical reasons, including the fact that no extra technical skills were necessary on the researcher's part, in order to design the questionnaire. Also, no extra monetary costs were involved, since the eLomake software was provided by the researcher's university. This further implied that relevant technical help would be readily available for any technical or design and administration problems that the researcher would encounter.

This, furthermore, eliminated the need to seek another web site to host the link to the survey, as well as costs that would have been involved in hosting it. Additionally, since the eLomake software is web-based, the questionnaire could be created online without the need to download any software. Similar to other online surveys and questionnaires mentioned in Gilbert (2008), eLomake ensures the automatic generation of computer-readable output; therefore, it is possible to upload results automatically into formats legible by statistical packages for data analysis, such as SPSS, Microsoft Excels formats etc.

4.3.2 Disadvantages of research instrument

According to Gilbert (2008 p.309), the disadvantages of using internet surveys include inadvertent sample bias, implying that it is very hard to evaluate how many people have seen the internet survey, and how the nonresponse might be patterned.

Secondly, the self-completion nature of the internet survey implies that the respondent fills the online survey without help from the researcher, meaning they may have little motivation to complete the questionnaire, and/or they may give up in case they encounter problems.

Thirdly, required design skills, it is implied that more complex designs of the online survey questionnaire will need appropriate technical skills, in order to get the most from the possibilities offered by the internet.

However, these particular disadvantages were not experienced by the researcher for reasons mentioned, i.e. that the software used was web-based and hosted by the researcher's university. Nevertheless, the issue concerning the nature of the self-completion of the questionnaire by the respondents without the help of the researcher, would remain a challenge beyond the researcher's control.

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5. Findings

5.1 Introduction

For the empirical study, the sample consisted of 24 women who fitted into different social categories, e.g. marital status, i.e.single, married, and separated, as well as civil status, i.e. employed, self-employed and students. All of the women had completed secondary school education and quite a high number of them, 22 (i.e. 92%) had a university or college education. The rest had a secondary education.

In this chapter, the results are reported and presented thematically following five broad themes. These themes also marked the different sections by which the questions in the questionnaire survey were subdivided and grouped. The themes included: personal information of respondents, information needs, information sources, barriers to information seeking and lastly, information use. (For the questionnaire, see appendix 2).

Although different themes were used to organise and group questions in the research instrument, in the analysis of data collected, and in the reporting of results in this chapter it is however, worth noting that the themes turned out not strictly "stand-alone" themes that only collected data for one specifically designated theme. Instead, it turned out that the themes became intertwined, such that data important for one theme were also collected through another theme. This worked out well overall, in supplying important additional and complementary information that might have been missed in questions under specific themes.

For instance, data on barriers to information seeking were also generated and collected through other themes so that questions that fell under the information sources theme, on whether respondents faced any difficulties in looking for and getting information from different sources, also yielded useful data on barriers to information seeking.

Thus, in the empirical study, data collected under one theme complemented and supplemented data that were collected from other themes as well. This turned out to be an important element in the empirical study, especially for the purposes of compensating for any shortcomings in the wording of the questions, because relevant data could still be collected under another theme, even if it might have been missed out in questions under a particular theme.

The first section of the questionnaire contained five questions that collected data on the personal information of respondents. It included questions on age, civil and marital status and living arrangements. In the second section, questions 6 to 11 were designed to collect data on the information need of the respondents. It included questions on whether they had encountered any kind of sexual gender-based violence and what particular information needs they had. The third section, containing questions 12 to 26, was designed to gather data on information sources. It included questions on information/help seeking, the availability and accessibility of information, usage and effectiveness of information/help, while the fourth section with questions 27 to 33 was designed to collect data on barriers to information seeking. This section included questions on whether respondents knew where to look for information/help, as well as what information/help to look for, including what obstacles they faced, and the period of time it took for them to get information/help.

Finally, the fifth section comprised of questions 34 to 39 that collected data on the information use of respondents. This section included questions on usage of information and benefits derived from the information

The data analysis was carried out using Microsoft Excel pivot tables and charts. Therefore the results are reported using pivot tables and charts, accompanied by brief explanation text.

5.2 Personal information of Respondents

Table 2 presents the personal information of the respondents by age, civil status, marital status, and education.

Table 2: illustrates personal information of respondents

	Age	Civil Status	Marital Status	Education
1	44	Student	Single	College/University
2	37	Employed	Married	College/University
3	36	Employed	Single	College/University
4	19	Student	Single	College/University
5	31	Employed	Single	College/university
6	29	Self-employed	Married	College/University
7	31	Employed	Married	College/University
8	31	Employed	Married	College/University
9	27	Employed	Single	College/University
10	30	Employed	Single	College/University
11	46	Employed	Single	College/University
12	30	Employed	Married	College/University
13	19	Student	Single	Secondary
14	47	Self-employed	Single	College/University
15	59	Employed	Married	College/University
16	30	Employed	Married	College/University
17	59	Employed	Married	College/University
18	33	Employed	Single	College/University
19	34	Employed	Separated	College/University
20	40	Self-employed	Married	College/University
21	21	Employed	Single	College/University
22	23	Employed	Single	College/University
23	19	Student	Single	Secondary
24	39	Self-employed	Married	Secondary

The sample size that answered the online self-completion questionnaire consisted of 24 respondents. The sample size in the pivot charts is represented by n=24.

Out of a total sample of 24 women, the majority or 16 (67%) were employed, 4 (17%) were self-employed and 4 (17%) were students. Figure 2 presents the results of the civil status representation of the respondents by percentage.

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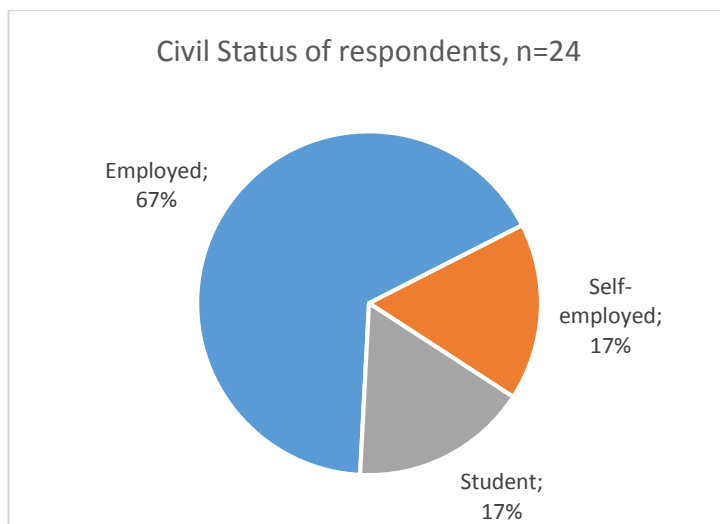
Figure 2: Civil status of respondents

Out of a total sample of 24 respondents, 10 (42%) of the women were married, 13 (54%) were single and 1 (4%) was separated. Figure 3 presents the results of the marital status representation of respondents by percentage.
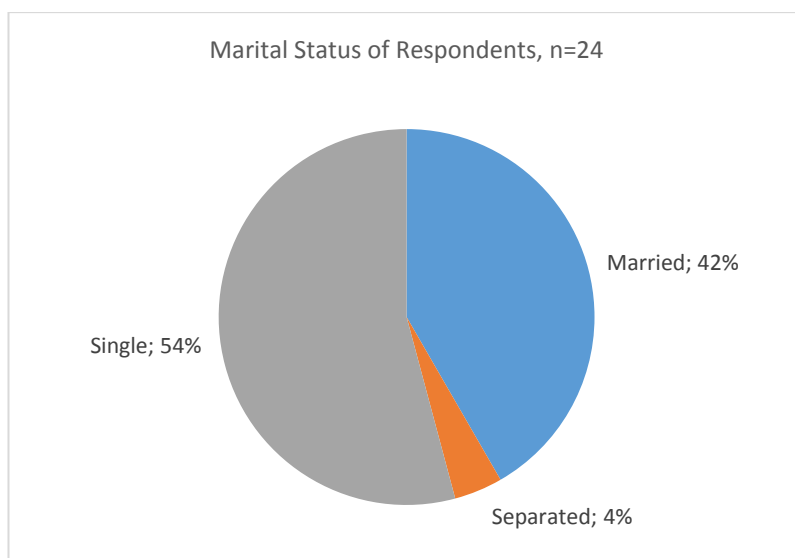

Figure 3: Marital status of respondents

Out of a total sample of 24 women, 22 i.e a majority of 92% reported having a university/college education and only 3 (8%) women reported having a secondary school education. Figure 4 illustrates the results of the educational level representation of respondents by percentage.

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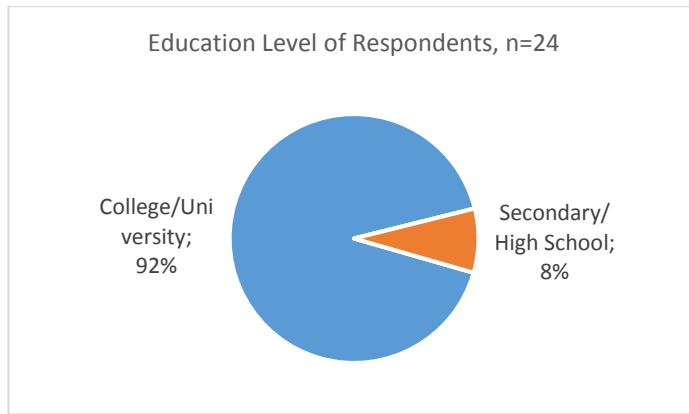
Figure 4: Education level of respondents

5.3 Information Needs

In this study respondents who reported having experienced SGBV are referred to as survivors and not as victims. This is because this study also aims to represent hope to the respondents. In line with the reviewed literature such as e.g. (Saeed, Qaid; Hikmat, Ruba; Mikuel, Jennifer; Ian, 2016), who noted that the use of the term survivor is preferred because it represents hope and resilience.

The figure 5 below, illustrates the results of the respondents who were SGBV survivors, meaning respondents who had experienced one or more forms of SGBV in their lives. Out of a sample of 24 women respondents who answered the questionnaire, nearly half of the women ie.e 10 (40%) reported having experienced/survived SGBV, and are referred to as SGBV survivors in this study. The other 14 (i.e 60%) of the respondents reported not having experienced any form of SGBV.
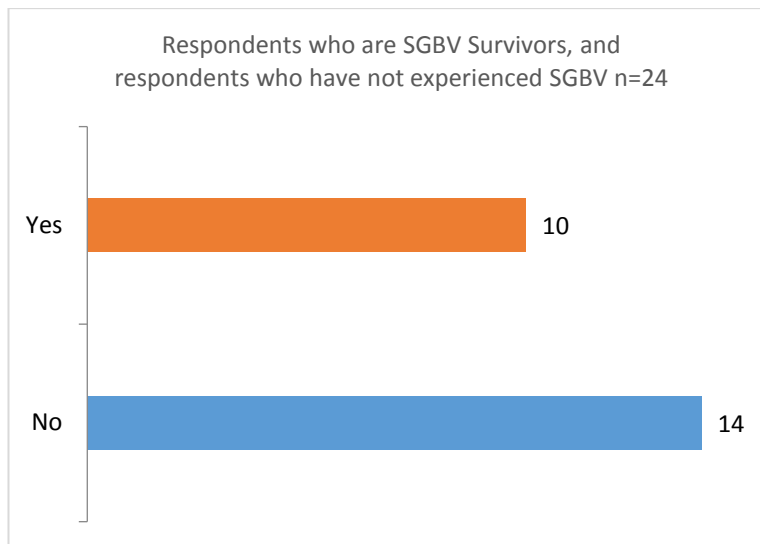
Figure 5: Respondents who are SGBV survivors and respondents who did not experience SGBV

Based on the results on information need, the majority of the respondents reported that their need for information was extremely important on the different types of SGBV queried i.e. on rape, sexual abuse/defilement, forced circumcision, forced pregnancy, forced abortion, sexual harassment.

Figure 6 below illustrates the results for all the respondents about information seeking on SGBV. Out of the 24 respondents who answered the questionnaire, 15 (63%) a majority of the women reported having looked for information on SGBV, whereas 9 (37%) i.e less than half of the respondents reported that they had not. It is worth mentioning that it is not only SGBV survivors who looked for information on SGBV, but also respondents who reported they had not experienced SGBV themselves.
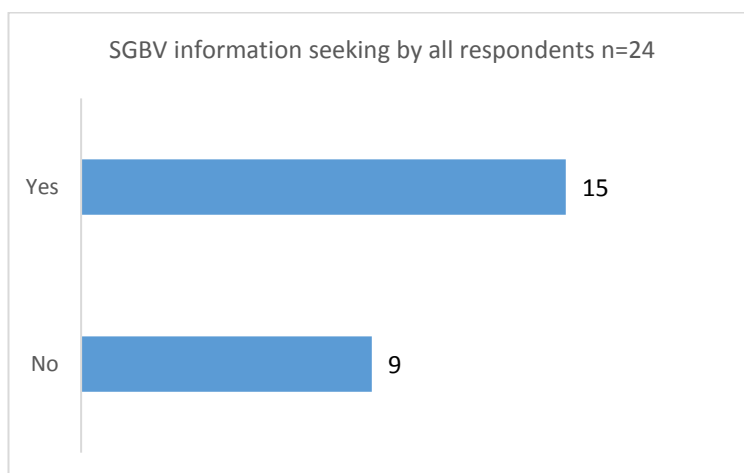
Figure 6: Information seeking by all respondents on SGBV

The following charts presents the results on the information need of the respondents for selected forms of SGBV:

Figure 7 illustrates the information need on rape. Out of a total of 24 respondents, 17 (71%) indicated that seeking information on rape was extremely important while 4 (17%) respondents considered that it was very important. 2 (8%) repondents indicated information seeking on rape as moderately important while only 1 (4%) indicated it was not important. It is worth noting that this one respondent was not a SGBV survivor.
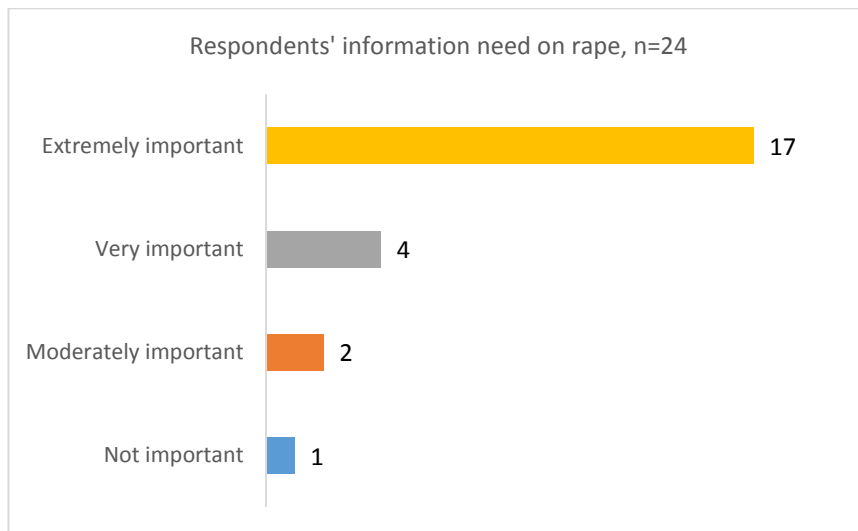
Figure 7: Respondents' information need on rape

Figure 8 below illustrates the repondents information seeking on sexual abuse/defilement: Out of the 24 respondents, a majority of respondents i.e. 16 (67%) reported that was extremely important, while 6 (25%) indicted it was very important. 1 (4%) respondent said it was moderately important whereas only 1 (4%) respondent reported it was not important.

Respondents' Information need on sexual abuse/defilement n=24

Category	Value
Extremely important	16
Very important	6
Moderately important	1
Not important	1
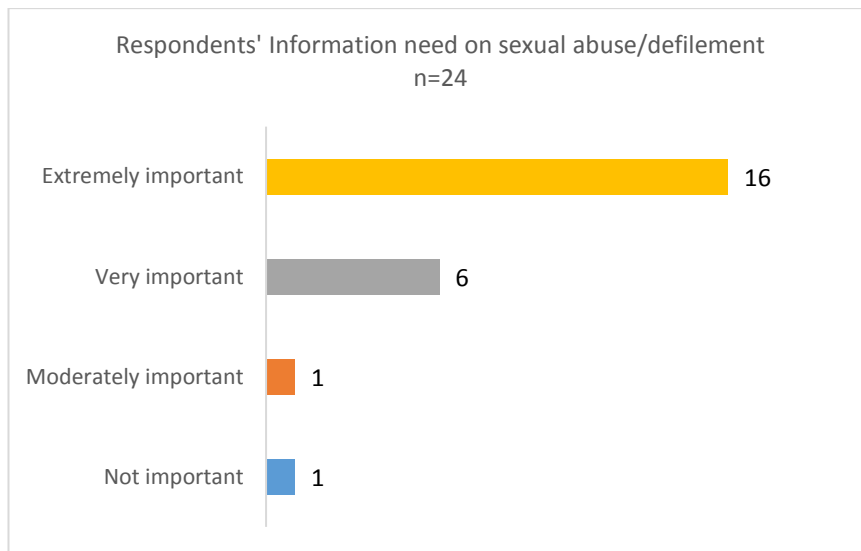
Figure 8: Respondents' information/help need on sexual abuse/defilement

Figure 9 below illustrates the information seeking need on forced circumcision. From a sample of 24 participants, a majority of 13 (54%) reported it was extremely important, 2 (8%) indicated it was very important, while 2 (8%) also indicated it was slightly important. 4 (17%) indicated it ws moderately important and 3 (13%) considered it was not important.

Respondents Information need on forced circumcision, n=24

Category	Value
Extremely important	13
Very important	2
Slightly important	2
Moderately important	4
Not important	3
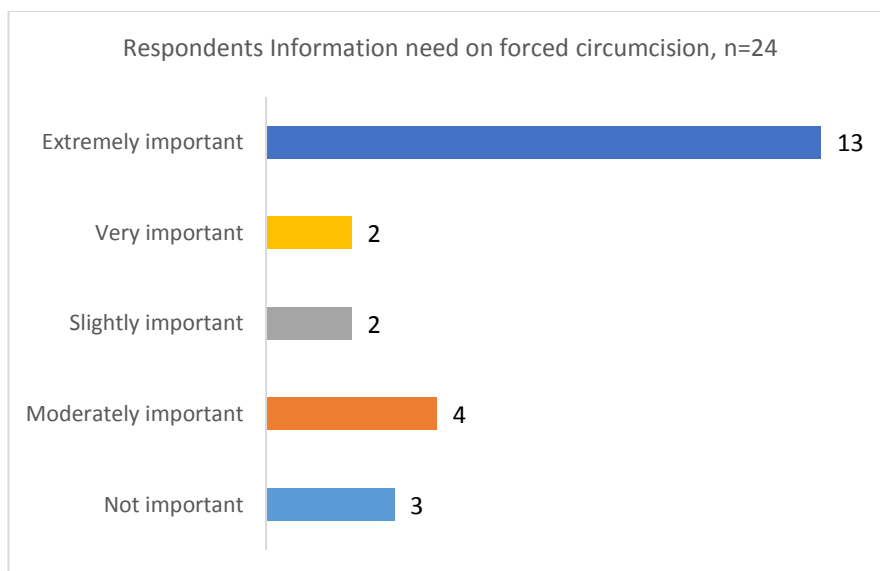
Figure 9: Respondents' information need on forced circumcision

Figure 10 below illustrates the information need on forced prostitution. Out of a sample of 24 respondents, a majority of 14 (58%) considered it extremely important, 4 (17%)

considered it very important, and 5 (21%) reported it was moderately important, while only 1 (4%) reported it was not important.
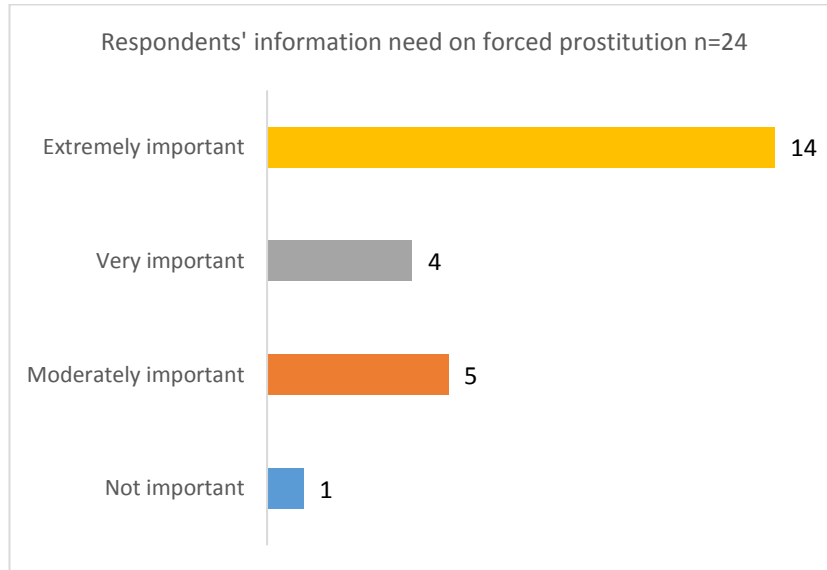
Figure 10: Respondents' information need on forced prostitution

Figure 11 below illustrates the information seeking need by respondents on forced pregnancy. Of the 24 participants 14 (58%) reported it was extremely important. 4 (17%) respondents reported it was very important, while 1 (4%) reported it was slightly important. 2 (8%) reported it was moderately important, while 3 (14%) reported it was not important.

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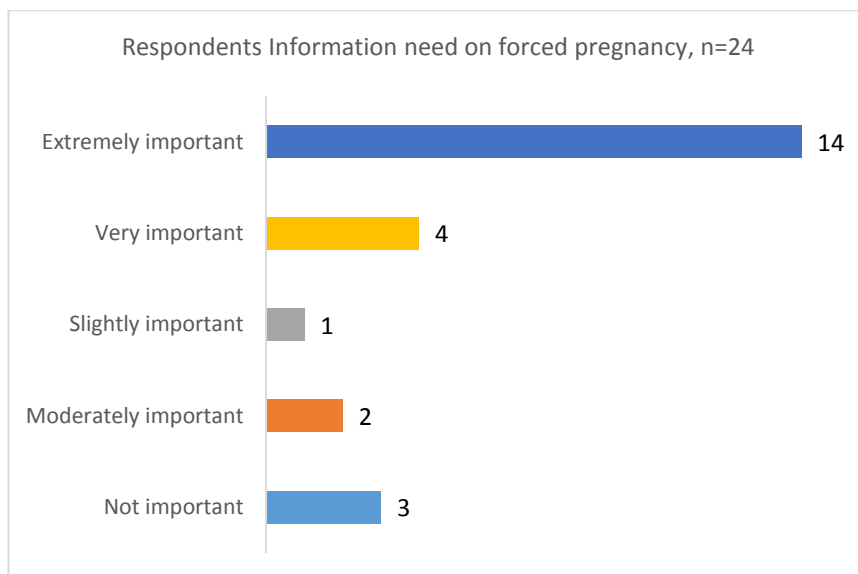
Figure 11: Respondents' information seeking need on forced pregnancy

Figure 12 below illustrates the information seeking need on forced abortion. Out of a sample of 24 participants, a majority of 15 (63%) indicated it was extremely important. 4 (17%) reported it was very important, while 2 (8%) reported it was moderately important and 3 (12%) reported it was not important.
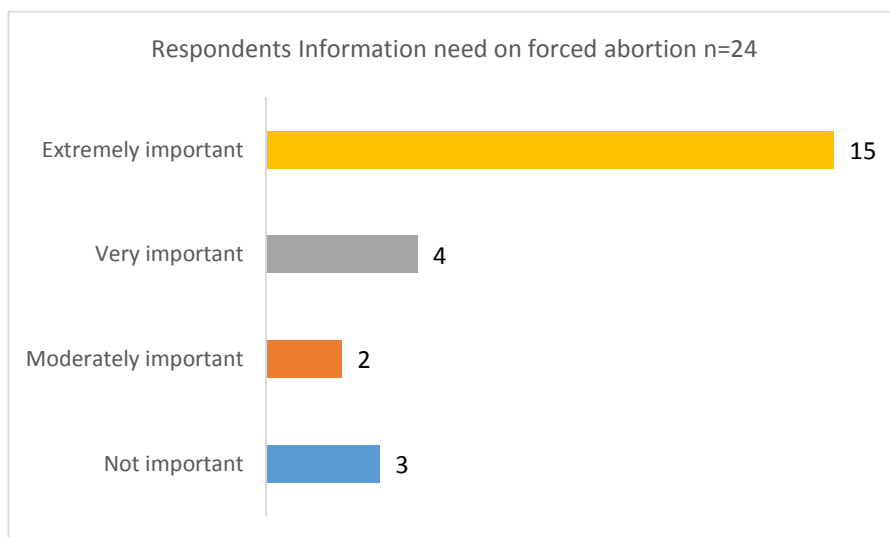
Figure 12: Respondents' information seeking need on forced abortion

Figure 13 below illustrates the information seeking need on sexual harassment. Out of 24 respondents, a large majority of 20 (83%) reported it was extremely important. 1

(4%) indicated it was very important, 2 (9%) indicated it was moderately important while I (4%) reported it was not important.

Figure 13:Respondent' information seeking need on sexual harrassment

Respondents reported having experienced various forms of SGBV from the types of SGBV queried in the survey questions. From a sample of 24 women, the highest incidences reported were of sexual harassment; by half of the participants, i.e 12 (50%) and sexual abuse/defilement by 5 respondents (20%). These results are illustrated in the figures below: Figure 14 presents the numbers of respondents who experienced sexual harassment and figure 15 respondents who experienced sexual abuse, respectively.
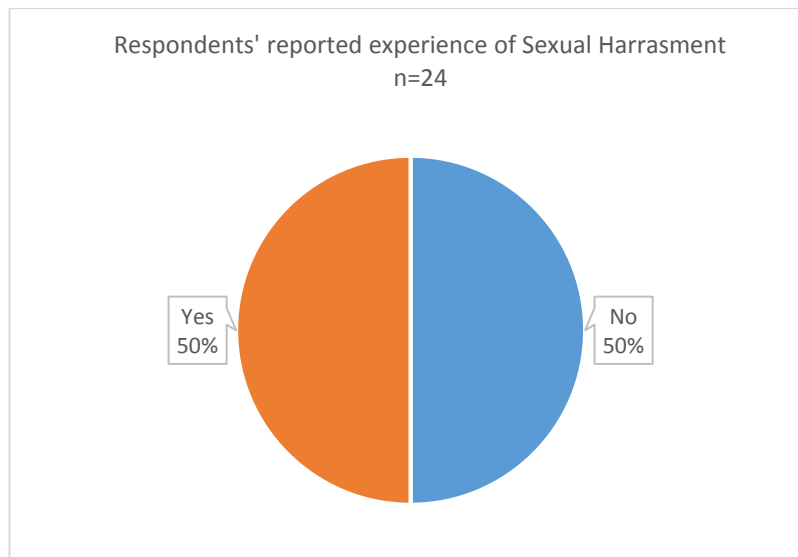
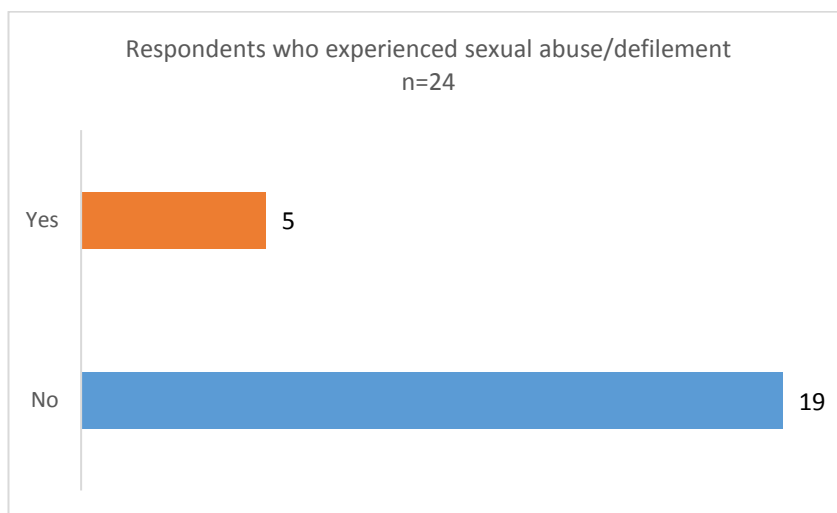*Figure 14: Respondents' reported experiences of sexual harrassment*

Figure 15: Respondents' reported experience of sexual abuse/defilement

5.4 Information sources

Respondents were asked about the frequency of seeking information from various sources, such as family, friends, doctor/nurse, gynaecologist/obstetrician, radio, television, smart phone, internet sources, books, and newspapers/magazines. Additionally, respondents were given an open ended option question to report if they had other sources of information that had not been included in that list, to which none of the participants responded.

Although the respondents sought information from all the sources listed, the overall results indicated that the most turned to or frequented sources of information about SGBV comprised the smart phone, the internet and books. The reasons reported by participants for this were convenience, privacy, and anonymity offered by these sources.

The results are presented in Figure 16 using pivot charts to report the results on the frequency of information seeking on SGBV by respondents through the different information sources listed. Text is also included to report results on the open ended questions on whether it was hard or easy to use particular information sources, and why, including why respondents did not seek information on SGBV from that particular information source.

Figure 16 below depicts the respondents information seeking from family sources. From a sample of 24 women, only 1 (4%) reported seeking information from family sources extremely often, 2 (8%) very often, 3 respondents (13%) slightly often, and 5 (21%) moderately often. The majority of 13 (54%), however, indicated that they do not at all use this source.
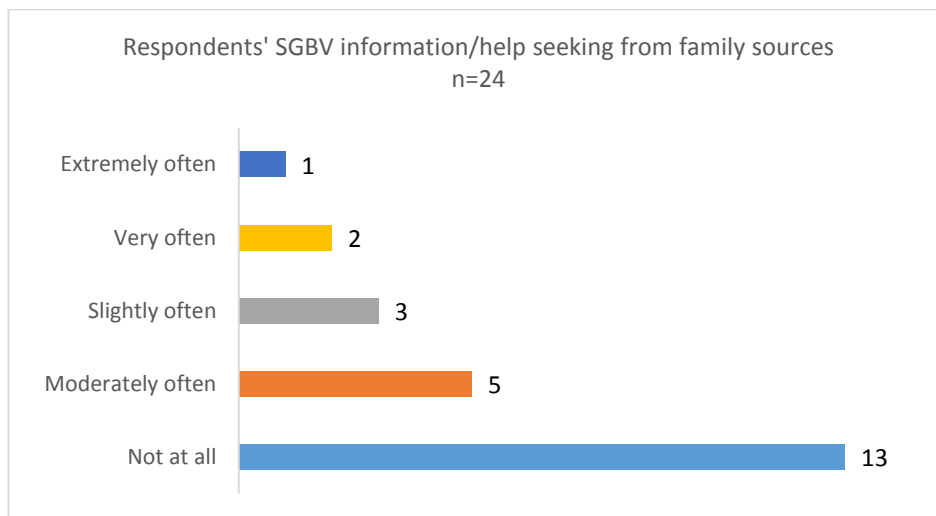

Figure 16: Respondents' information seeking from family sources

Respondents who indicated it was easy to seek information on SGBV from family sources cited the following reasons:

- Culturally, older women are available for information regarding reproductive health, like aunties
- I am open to my mum

- I trust my family
- My mum is a trained counsellor
- They understand me; we are close
- This is because they are well educated they know much of what happened in the past and most parents might have undergone because of their beliefs during that time. i.e. if a girl was not circumcised she would not be a good wife or maybe she could not be married.

On the other hand, the respondents who reported that it was difficult to seek information about SGBV from family, cited the following reasons:

- It is hard to talk to parents about sexual matters
- It is hard to talk about it

Moreover, respondents who reported they did not seek information/help from family cited the following reasons:

- Couldn't talk about it for fear of being blamed for the harassment
- I prefer handling my own issues on my own without involving my family
- No time, we live far apart; not available for discussions, most of them are busy with no time to spare
- Some issues are not easy to discuss with family
- Fear of being condemned or reprimanded for seeking information
- Lack of openness
- I did not want to be judged by my family.

Figure 17 presents the results on the frequency of information seeking about SGBV from friends. From a total of 24 respondents, 4 (17%) reported seeking information from friends extremely often, 3 (13%) very often, 3 (13%) slighty often, 3 (13%) moderately often and the largest share of 11 respondents (46%) reported not at all. One respondent did not indicate how often she sought information from friends.
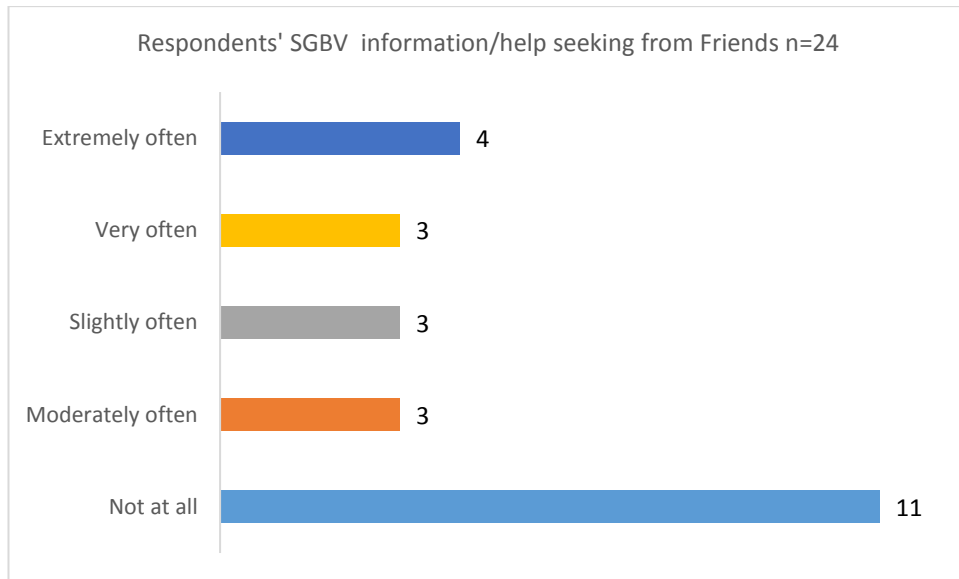
Figure 17: Respondents' information seeking from friends

Moreover, respondents who reported it was difficult to seek information about SGBV from friends cited the following reasons;

- Friends have little time to sit and listen
- I don't like to talk to people about my problems
- Confiding in friends on such matters takes time
- Most times people find it difficult to talk about it

On the other hand, certain respondents indicated that they did not seek information on SGBV from friends citing the following reasons:

- I could not talk about it
- Friends do not always give good advice
- I did not have any friends whom I trust on sharing information with
- I could not open up
- I did not use friends because I assume they would talk about me behind my back
- It is sometimes difficult to disclose sexual abuse because of your fear of uncertainty, you just don't know the kind of reaction to expect.

Figure 18 below presents the results on the frequency of seeking for information/help on SGBV from a doctor or nurse: Out of a sample 24 women, only 2 (9%) reported seeking information from doctor/nurse extremely often, 2 (9%) very often, 3 (13%) slightly often. While 6 (26%) sought information moderately often and the largest share of

respondents 10 (43%) reported they did not seek information at all from nurses/doctors. One respondent did not indicate how often she sought information.
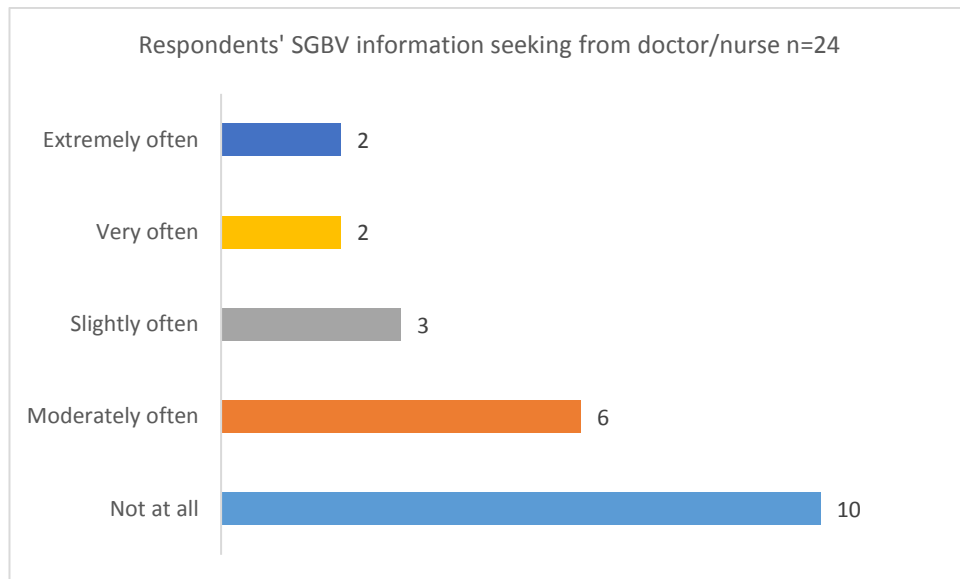

Figure 18: Respondents' information seeking from doctor/nurse

Respondents who reported that it was easy to seek information on SGBV from doctor/nurse cited the following reasons:

- Adoctor is always willing to listen;
- A nurse will listen readily and knows where to get help if necessary;
- He gives professional advice.

Those respondents who reported it was difficult to seek information on SGBV from doctor/nurse cited the following reasons; cost and time; I did not talk to any; the general doctor is hard to open up to as it is someone you are not used to; the doctor available was male; some may not be specialists, not easy to open up to.

Moreover, respondents who reported they did not seek information /help about SGBV from doctor/nurse at all reported the following reasons:

- Access to doctors is very expensive;
- Never really needed to;
- No access at the time;
- No time;
- None was available then and I did not know one could actually consult;

- One needs money for consultation and sometimes one has no money to pay for consultation
- Time, you only see a doctor when you need his services
- They were strangers I did not know
- Cost and time
- I did not need to

Figure 19 presents the results of the respondents frequency of information seeking on SGBV from a gynaecologist/obstetrician: Out of the 24 participants, 2 (9%) reported seeking information on SGBV extremely often, 2 (9%) very often, 5 (22%) moderately often, and 3 (13%) slightly often. Nearly half of the respondents 11 (48%) reported not at all. One respondent did not indicate how often she sought information.
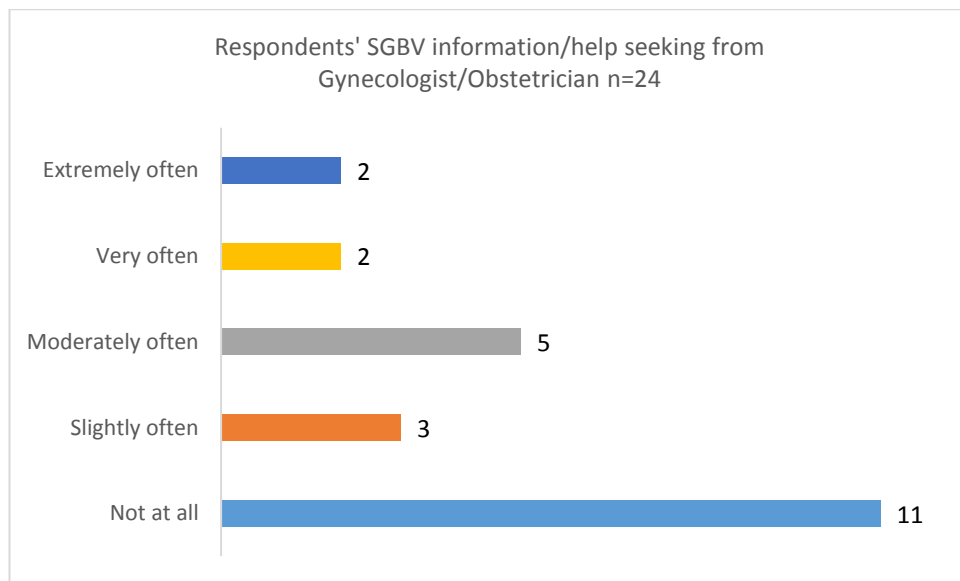

Figure 19: Respondents' information seeking from gynecologist/obstetrician

Respondents who reported it was easy to seek information/help on SGBV from a gynaecologist/obstetrician cited the following reasons:

- Because I was able to get the information I wanted
- Doctor was female, she understood
- He has solutions to everything I needed
- I go for gynaecological check-ups and I raise any issues I have then
- They are specialists

One respondent who reported it was difficult to seek information/help on SGBV from a gynaecologist/obstetrician, reported they did not have the courage to see one as they thought the situation would erupt into something else.

Those respondents who reported they did not seek information/help about SGBV from a gynaecologist/obstetrician, cited the following reasons:

- No time
- Because it is not easy to find them
- Had no reason to
- I did not have access to a gynaecologist/obstetrician
- It was not necessary
- Never experienced violation
- Never had reason to
- No access at the time, I was young
- None was immediately accessible
- Seeing a gynaecologist/obstetrician one needs to pay consultation
- Was not available

Respondents who indicated it was easy to seek information on SGBV from the radio cited the following reasons:

- Discreet
- I work as I listen
- Information is readily available
- It's easy to comprehend and it is private, multitasking, working and listening at the same time.

The respondents who reported they did not seek information on SGBV from or through radio, cited the following reasons:

- Although radio was easily available, there was no programming that covered such topics
- I hardly listen to radio
- Information is not tailored to my needs
- No content in the stations I listened to
- No information available

- Sometimes I am not aware when (at what time) programmes that have to do with sexual abuse are aired.

Respondents who indicated it was easy to seek information on SGBV from television noted the following reasons:

- It was discreet
- Easy to comprehend and you feel like you are not alone
- Educative programmes or news focus; information is readily available
- TV is easily accessible
- You get to hear other people's experiences and compare with yours and also get to learn how they overcame it.

On the other hand, respondents who reported it was difficult to seek information on SGBV through television, gave the following reasons:

- Sometimes I am not aware when (what time) the programmes that have to do with sexual abuse are aired
- Because I did not get detailed information
- It is not easy to find such information on TV
- Limited time
- Because it is at rare cases that I use the television.

Respondents, who indicated they did not seek information on SGBV from television cited the following reasons:

- It was not easily available
- It's hard to get television programme that is educational and addressing issues of sexual abuse, they only report on cases of sexual abuse, but not what can be done to prevent the occurrence.
- Limited time
- No content on TV at the time
- There was no information about harassment on TV by then
- Information is not tailored to my needs

Figure 20 below presents the results of the frequency of seeking for information on SGBV by respondents through a smartphone. Out of a sample of 24 women, 7 (29%)

reported seeking information from radio extremely often, 5 (21%) very often, 3 (13%) moderately often, 1 (4%) slightly often and 7 (29%) not at all. One (4%) respondent did not indicate how often she sought information on SGBV.
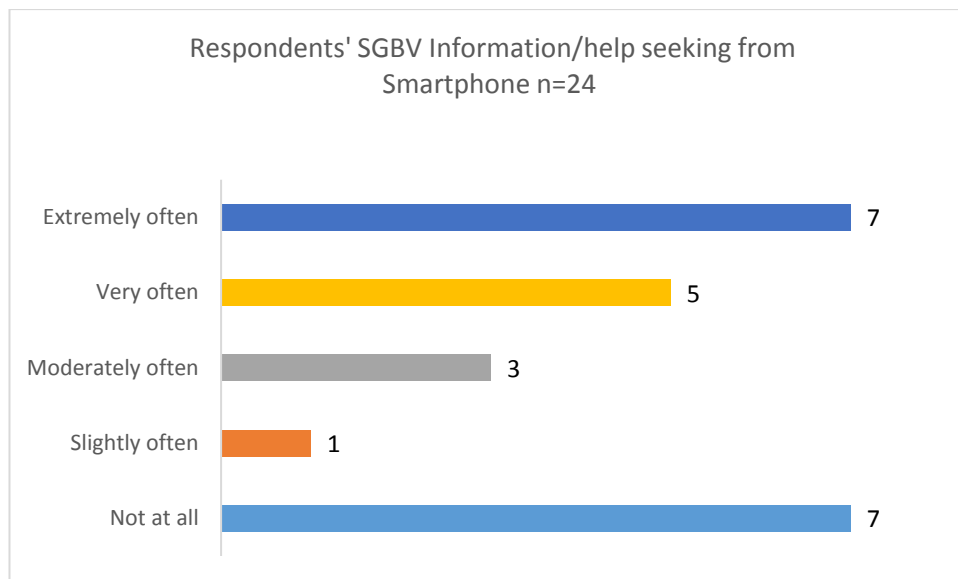

Figure 20: Respondents' SGBV information seeking/help seeking from Smartphone

Respondents who indicated that seeking information on SGVB through smartphones was easy, noted the following reasons:

- Easy to use and has all features, saved on time and energy
- Because it is available to me as long as I have internet bundles, it is easy to search for information
- Easy access to internet and privacy, there is also a wide variety of information on internet
- I can easily browse from any location
- I can use my phone at any place
- I get to ask all questions without getting ashamed
- information readily available
- It's easy because I can easily access my phone every time and get to the internet and learn more
- No restriction as it is mine, but the problem is internet access
- There's a lot of information and personal stories that one can relate to
- You can get answers; you have access to your phone

On the other hand, one respondent who reported that it was difficult to seek information on SGBV through smartphones observed that it was not easy to find such information on a phone. Respondents who reported not seeking information on SGBV through smartphones cited the following reasons:

- At that time there were no smart or ordinary mobile phones available
- The ordinary home telephone was not easily available because of the price of making calls
- No internet
- Preference

Figure 21 below presents the results of the frequency of seeking for information/help by respondents on SGBV from the internet: Out of the 24 respondents, half of the respondents, 12 (50%) reported seeking information on SGBv from the internet extremely often, 4 (17%) very often, 2 (8%) moderately often, 2 (8%) slightly often and 4 (17%) not at all.
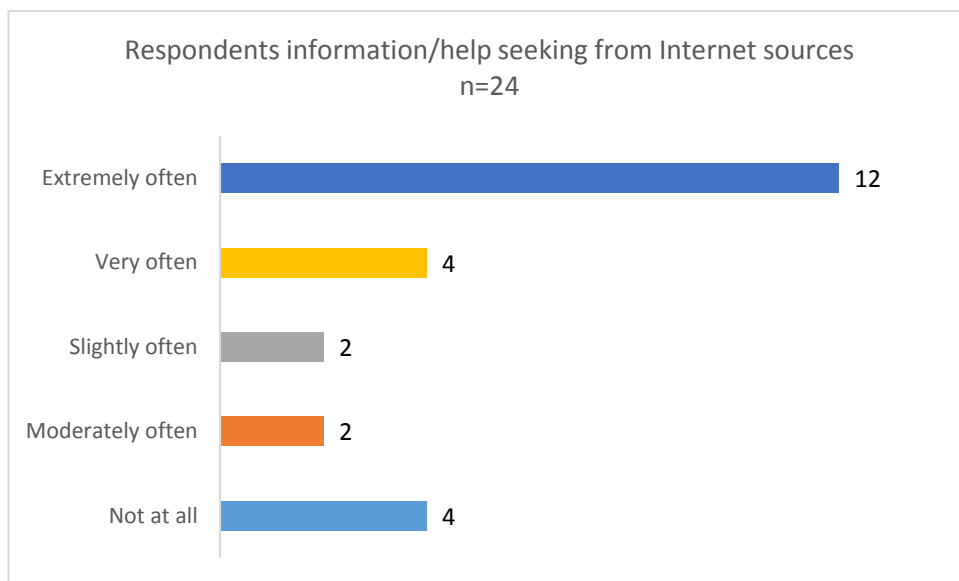

Figure 21: Respondents information/help seeking from Internet sources

Additionally, respondents who reported seeking information on SGBV from the internet cited the following reasons:

- I am always on the computer and it is easier to do it when I am free

- Because I get to use it more often and I get the news from an app called tuko news
- Experts get to answer me
- Good internet access
- Google
- I can be able to access the information I need and also there's privacy
- Information is readily available
- Internet is full of information from different sources
- It gives a wider scope of information, is accessible and keeps my identity anonymous
- One can get information on the internet easily
- The internet can be very informative
- There's ready information and anonymity
- You get answers as you ask

On the other hand, respondents who reported seeking information on SGBV from the internet as difficult, gave the following reasons:

- No internet
- Internet restriction
- You have to have internet bundles to access the internet

One respondent who reported she did not seek information through internet noted that at the time the internet was not easily accessible for her

Figure 22 below illustrates the results of the information seeking by respondents on SGBV from books: From a sample of 24 women, 5 (21%) reported seeking information on SGBV extremely often, 6 (25%) very often, 6 (25%) moderately often, 2 (8%) slightly often and 5 (21%) not at all
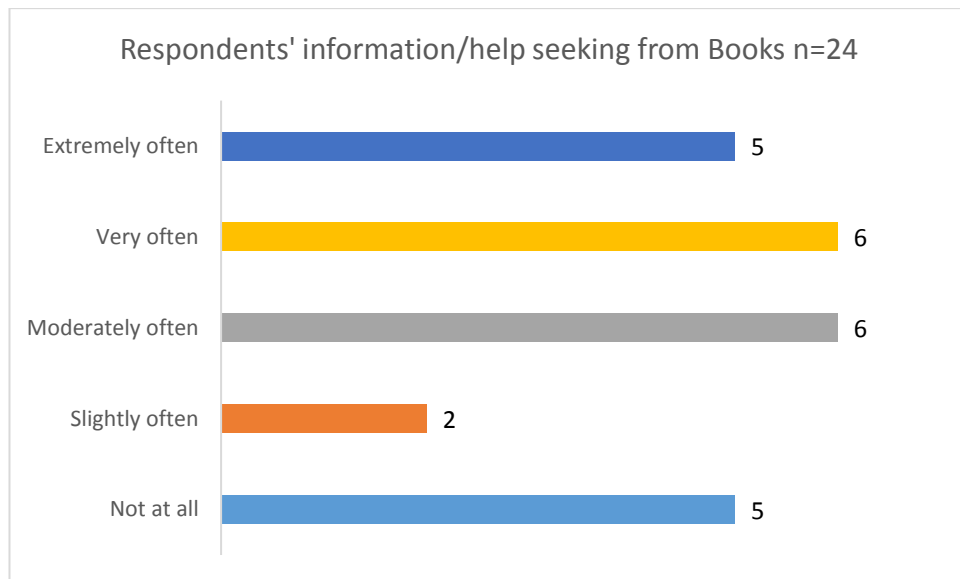
Figure 22: Respondents' information/help seeking from Books

Respondents who indicated that it was easy to seek information on SGBV from books cited the following reasons:

- Access to books plus I love reading any material
- Because I can access them on the library, books on human rights
- Because they are available
- Easy access to books for the library or online
- I like to read
- I love to read and books are easily available
- I use books as a source of encouragement most of the time
- Information is readily available
- Library available
- Most books are more detailed
- One can get information by reading books
- Reference books are easy to get in libraries

On the other hand, respondents who reported that it was difficult to seek information from books, cited the following reasons:

- Time, access and expenses
- Accessibility and the cost of books

Whereas, respondents who reported they do not seek information from/through books noted the following reasons:

- hard to find relevant information, not readily available, info outdated in some cases
- I did not quite know where to get books that covered sexual violence, even though they might have been available somewhere
- None I knew about, not interested
- They were not available when I needed

Below, figure 23 presents results on the information seeking on SGBV by respondents from newspapers /magazines: From a sample of of 24 women respondents, 4 (17%) reported seeking information on SGBV from newpapers/magazines extremely often, 4 (17%) very often, 5 (22%) slightly often, 4 (17%) moderately often and 6 (26%) not at all. One respondent did not indicate how often she sought information.
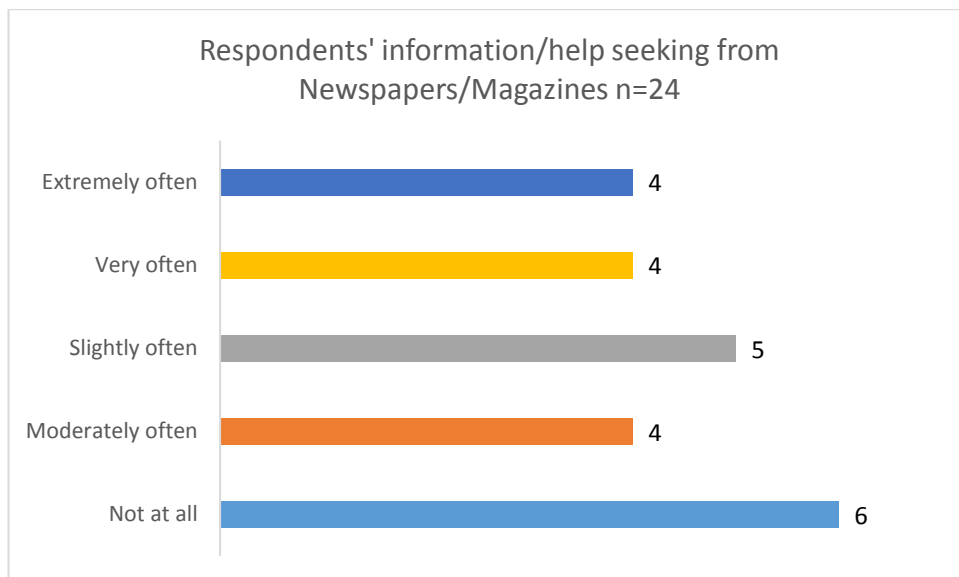

Figure 23: Respondents' information/help seeking from Newspapers/Magazines

Figure 24 below presents results on the use of WebApplications (WebApps) by respondents to seek information on SGBV: Out of a sample of 24 female respondents only 4 (17%) reported having used a WebApp to look for information on SGBV,whereas a vast majority of 19 (83%) reported not having used any WebApplication to seek information on SGBV.
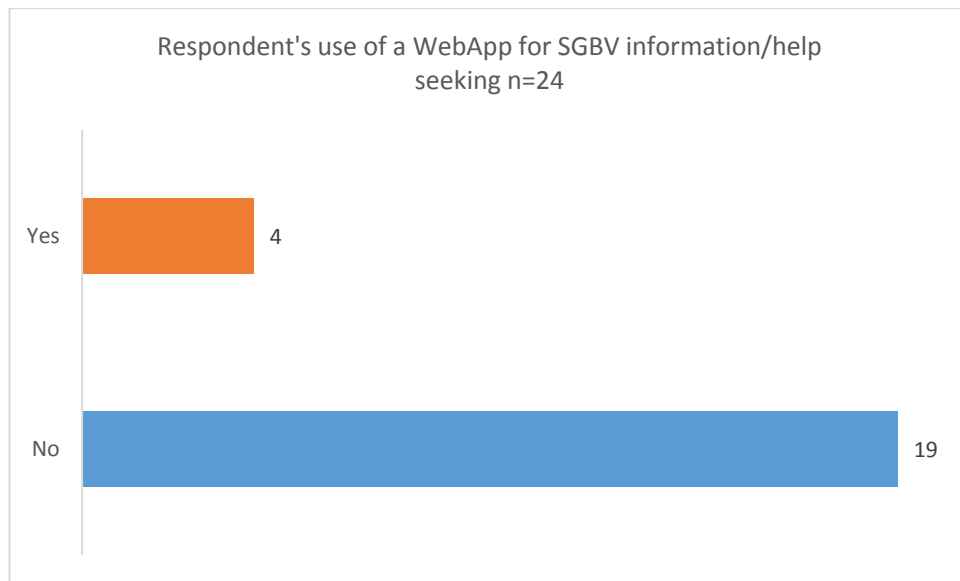
Respondent's use of a WebApp for SGBV information/help seeking n=24

Yes	4
No	19

Figure 24: Respondents' use of WebApp for SGBV information/help seeking

5.5 Barriers to information seeking

In the survey questionnaire, questions 27 to 33 collected data on whether respondents had encountered any barriers or obstacles while seeking for information on SGBV and what these were. The closed–ended questions included questions on whether respondents knew what particular information/help on SGBV to look for and where. The period of time it took to find the information/help, if that was found was inquired as well. The open-ended questions on the other hand asked respondents to give their opinion on why they thought it took the period of time to get information/help that they had reported.

Figure 25 below presents results indicating whether respondents knew **where** to look for information on SGBV. Out of 24 respondents a vast majority of 15 (65%) reported knowing/being aware of where to look for information/help on SGBV, whereas, about one-third i.e.8 (35%) respondents reported they did not know. One respondent did not give any answer.
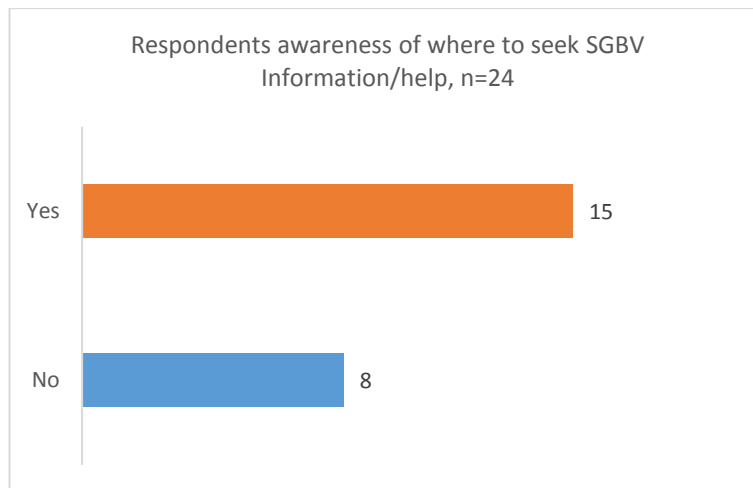
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Figure 25:Respondents' awareness of WHERE to seek SGBV information/help

Figure 26 below presents the results by percentage of whether or not respondents knew **what** SGBV information to look for. Out of a sample of 24 women, slightly more than half 14 (58%) reported knowing what SGBV information to look for, while slighty less than half 9 (38%) reported not knowing what SGBV information to seek. One respondent did not give any answer.

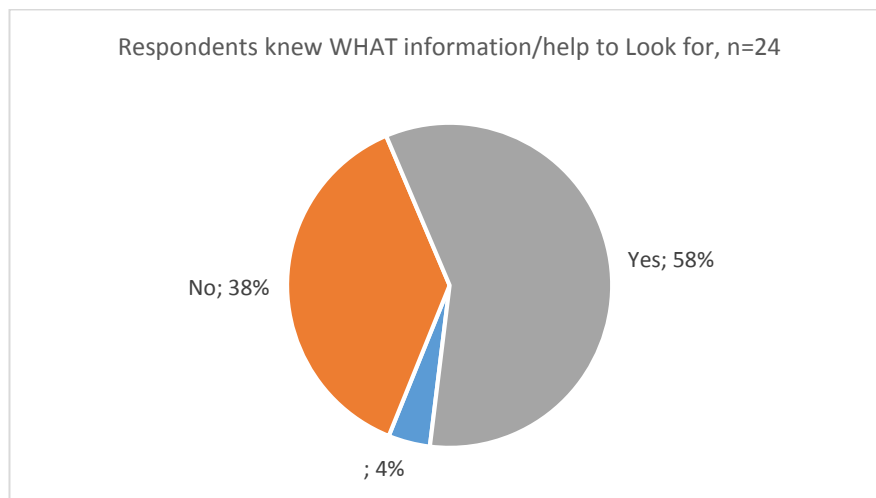*Figure 26: Respondents' knew WHAT SGBV information/help to seek*

Figure 27 below presents results indicating **whether or not** the respondents found the information/help on SGBV they (sought) were looking for. Out of 24 respondents, a majority of 17 (71%) reported that they found the SGBV information/help they needed. While four (17%) reported that they did not, and 3 (12%) respondents did not give any answer.
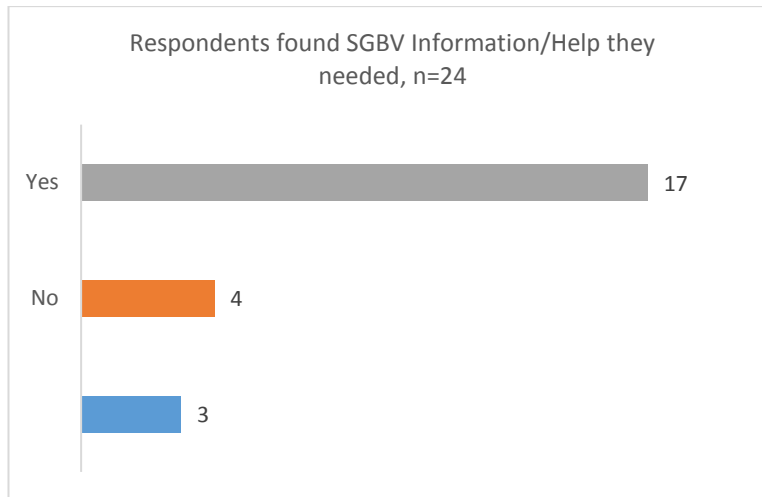
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Figure 27: Respondents' found GBV information/help they needed

Additionally, this section of the questionnaire contained several open ended questions. Question 30, an open-ended question, inquired from respondents what action was taken when no information/help was found. Respondents reported the following: consulting a doctor, friends or asking around. One browsed the internet randomly, while another indicated that they did nothing as they did not know what to do.

Question 31 inquired what barriers were encountered by respondents while seeking for information/help on SGBV. The barriers/obstacles to seeking information on SGBV listed by respondents were as follows:

- I did not know who to talk to and what to say, because I blamed myself for what happened, and felt that others would blame me too
- Lack of a smart phone at the time, a 13 year old child 10-15 years ago would need to use their parents smart phone
- Lack of information for fear of stigmatisation; time and language barrier

Question 32 asked about the duration of time it took for respondents to find information/help on SGBV. The respondents who answered the question noted widely differing time periods, ranging from days, hours, months, and even years. One respondent noted 2 years, and another respondent 5 months. Other respondents who answered the question reported that it took years.

Question 33 which was a follow-up question to question 32 asked why it took the duration of time to find information/help on SGBV that the respondents had answered

in question Q32. The shortest duration reported was two weeks, while the longest duration reported was an unspecified number of many years.

Respondents who indicated shorter periods of time, i.e weeks, noted the following reasons:

- Accessibility
- I had access
- Because information was available
- I know where to get it
- I sometimes get access to the internet
- My level of education
- When doing the search I have prior knowledge on the information I need to search for

On the other hand, respondents who reported it took longer periods (i.e. months and years), to obtain information/help on SGBV cited the following reasons:

- Because it was much later on, that I had access to the internet at almost any time
- Because of studies at school and it made me busy thus slowing the rate at which I looked for information (i.e lack of time)
- I had to attend to studies first; being occupied by other matters
- I had to battle with myself before sharing it out
- Lack of information; sometimes you need time to analyse
- The sense of shame, self-blame and having to cover it all up and keeping it a secret
- Time limits as I am usually on duty

5.6 Information use

Information use was the last theme in the self-completion questionnaire and consisted of questions 38 to 39, which collected data from respondents on how they were able to use the information/help they were able to get (if any or if at all), and how this impacted on their lives. The section consisted of both open-ended and closed-ended questions.

In response to question 36, Out of 24 respondents, half of them i.e. 50% did not give any answer. However, five (22%) reported that they have been able to use the information they got, although they did not specify how. One respondent (4%) reported

that she did not use the information. While, six respondents (26%) indicated using the information in the following ways as illustrated in table 3 below:

Table 3 illustrates the results from question 36 on how the respondents have been able to use the information acquired and how that has impacted their lives. Out of a sample of 24 women, half of the respondents 12 (50%) did not respond, 5 respondents (22%) simply replied yes, without elaborating further, while one respondent (4%) simply reported no, without further explanation. Nevertheless, data collected from the remaining 6 respondents (26%) who answered the question, yielded valuable insights about how the information/help they acquired, impacted their lives. This is illustrated in table 3 below, which shows how the respondents have been able to use SGBV information/help they were able to find, and how this information/help impacted their lives.

Table 3 How respondents have been able to use information/help found: How this information/help has impacted their lives

How have you been able to use the information?	
36. How have you been able to use the information?	Total
Counselled those who come to report such cases	1
i try to pass it on to others as well as protect myself	1
I understand what the law says. Also I stand for my rights and for other people more strongly. For example at my workplaces.	1
No.	1
own consumption and with the knowledge I can be able to assist.	1
To get a sense of closure, that it wasnt my fault and that i wasnt to blame	1
used it to guide others	1
Yes	5

Question 38 was an open-ended question that asked respondents to give their opinion on how they thought information/help made available would impact their lives. Nine (37%) respondents out of 24 did not respond to the question. However, data collected from fifteen (63%), a vast majority of the women yielded important insights.

What stood out from the responses as the key themes, included respondents gaining awareness about how sexual violence occurs and the critical issue regarding their own ability to protect themselves, and to empower other women and girls to do the same. Another key issue emerging from the responses was that of respondents gaining understanding of their own individual rights in order to be able to curb violation of their own rights as women, and those of other women and girls. Including a raised awareness on how to protect themselves and others. These particular themes were reflected in responses such as:

- I will be more cautious on ways in which sexual violence can occur
- I will know my rights and inform others
- It would make it easy for me to know what to do for others and myself
- I will be able to assist victims
- know how to deal with such cases and protect women around me
- I will become more aware of the things that I do know. And I use my rights more wisely to fight the perpetrators of the sexual violence.

Additional key themes higlighted in the responses were that information would contribute to raising the women's self-confidence and self-esteem, and enable them to deal with the pyschological trauma of the abuse experienced, and to live a more fulfilling life without shame. One respondent stated: "Had that information or help been available way back when the sexual abuse took place, it would have spared me years of shame and self-blame, self-hate and the psychological damage that ensued and went on for many years unresolved."

For question 39 respondents were asked to give feedback, additional information or suggestions regarding any issues they felt had been raised by the questions in the questionnaire survey. Of the 24 respondents, a majority of 16 (64%) did not respond. Nevertheless, data received from the remaining 6 (26%) respondents yielded important insights, such as giving pointers to what kind of information messaging about SGBV would be most appropriate. For instance, one respondent stated: " the information should include ways to prevent future sexual harassment, as well as guidance on where victims should go for psychological help not just physical." Additionally, another respondent stated that they could not answer all the questions since "…answering this still feels painful."

6. Discussion

6.1 Introduction

This study used Wilson's model of information seeking behaviour to conceptualise the information seeking behaviour of the sample group of women in Kenya in order to protect themselves from SGBV. Wilson's model as a general information seeking behaviour model recognises that a user in need of information may use a variety of information sources, services, and manual information systems, e.g. newspaper or a library or computer-based system, e.g. the World Wide Web or even contact people in an effort to solve a problem (Ikoja-Odongo & Mostert, 2006; Wilson, 1981, 1999). This is confirmed by the results from the current study, since similarly, the group under study in their information seeking contacted various information sources. These included newspapers/magazines, books, radio, TV, the World Wide Web, i.e the internet, and computer-based systems such as the smartphone. Also professionals and individual people, such as medical professionals (e.g. doctors and nurses), family members and friends were contacted in varying degrees.

The questions the research sought to answer were: How do women look for information in order to protect themselves from SGBV? Where do they find that information if at all? And what impact does that information have in their lives, if at all? Since the study dealt with a sample of women seeking for information, that also implies that there was a need that motivated the endeavour to seek information. According to Wilson (1999), information seeking behaviour arises as a consequence of a need perceived by an information user. Hence, the theme of information need is considered important here, and introduces the discussion, followed by information sources and barriers to information seeking.

6.2 Information needs

Based on the results of the study, assumptions suggested at the beginning of this study were verified. This study begun with the assumption that Kenyan women actually seek information/help to protect themselves from SGBV and that information can be one essential tool to use to protect themselves, which further confirms the need for information on SGBV. This also supports, previous research in SGBV (Kilonzo et al., 2009) which mentioned that information needs of SGBV survivors were an issue of concern. Which lends further support that in this study information is an essential

resource that women need and therefore seek in order to protect themselves from sexual gender-based violence.

The findings confirmed that women in Kenya look for information to protect themselves from SGBV from various sources available to them. Such as friends, family, doctors, nurses, gynaecologists, obstetricians, radio, television, smart phone, internet sources, books, and newspapers/magazines

The study results illustrate that the information needs of the women reflect their lived context, for even though 15 out of the 24 (i.e. 60%) respondents had not personally experienced sexual gender-based violence, the overall results indicated that getting information on all the different forms of SGBV queried on, i.e. rape, sexual harassment, forced circumcision, forced marriage, forced prostitution, forced abortion, and forced pregnancy, was extremely important. This overall high need for information on SGBV could most likely be tied to the fact that all respondents also reported that they knew someone close to them (friend or family) who had experienced SGBV. These findings support what is reported by Detlor (2010) that information can be used to meet a need and solve problems. This substantiates the need for the women to find information to protect themselves and other other women as well. These findings also corroborate what is reported in other studies (Aura, 2014, 2016; Masinjila & Tuju, 2014; McEvoy, 2017; MOH, 2014) regarding the alarmingly high rate of SGBV in Kenya. This again supports what is reported in research (Gondolf & Fisher, 1988; R. M. Harris & Dewdney, 1994) about information needs arising from a person's situation. In turn these results confirm Wilson's (1999) observation that the need for information arises as a consequence of a need perceived by the information seeker. Including that information seeking behaviour arises as a consequence of a need perceived by an information user, who in order to satisfy that need, makes demands upon formal or informal sources or services. This is also confirmed by the manner in which the sample under study looked for information from various sources both formal and informal as previously noted.

Based on the results of the study respondents also reported varying degrees of success in obtaining information on SGBV. These findings also corroborate Wilson's (1999) observation that making demands upon informal or informal sources results in success or failure to find relevant information. The findings also substantiate Wilsons's second model of information seeking behaviour, as Wilson proposed a set of circumstances that

give rise to information seeking, the main elements being the situation within which a need for information arises, i.e a **person** performing **a role** within **an environment**, the **barriers** that exist to either engaging in that information seeking behaviour or in completing a search successfully and the **information seeking behaviour itself**.

Based on the results of the study, it is also clear that information needs arise out of the roles an individual fills in social life or the position they occupy. Although notably, Wilson's conceptualisation of role was related primarily to work (Wilson, 1999). This author goes on to add the women's position or (status) within society as being a role played out in that society, because the women's role in society will also determine what informational needs the women will have and under what circumstances. As well as what sources of information will be available to them, and what level of success or failure they may have in their information seeking. In this study, the role of the women was also connected to their gender as women, since that renders them more vulnerable to SGBV as they live in an environment that respondents also reported to have high prevalence of SGBV. These results also support what is reported in previous literature (Aura, 2012; McEvoy, 2017; MOH, 2014; Mwangi & Jaldesa, 2009) that notes the high rate of SGBV, the role women's gender status in the society plays in influencing vulnerability to SGBV and how gender also determines how effectively resulting SGBV cases are resolved. Kameri-Mbote (2004) observed that economically disadvantaged women are more vulnerable to sexual harassment, sexual trafficking and sexual slavery. Also, the denial of economic power to women as well as economic independence is a major cause of violence against women, as it prolongs their dependence and vulnerability. Gender inequality is, therefore, also a contributing factor to SGBV. Therefore, to a certain significant degree the social and economical class occupied by women in society may also be a crucial factor that may or may not guarantee access to information and other key resources that mitigate particular women's level of vulnerability to SGBV.

6.3 Information sources

As is already noted in the previous section, the findings indicate that the sample of women in the study used a variety of information sources and services to satisfy their information needs. These included formal and informal sources (e.g medical personnel such as doctors, nurses and family), oral and electronic information sources, and services and systems (e.g friends, smartphones, WebApplications etc.). Having applied

Wilson's second 1981 model of information seeking in the study to conceptualise the information seeking of the participants in the study, these findings also corroborate what is reported in the literature concerning Wilson's model. As with general models of information behaviour, this model recognises the fact that a user in need of information may use a variety of sources, services, systems or even contact individuals in an effort to solve their problem (Ikoja-Odongo & Mostert, 2006).

Additionally, the results of the study support findings in previous studies about information seeking behaviour of different groups of people, such as by parliamentarians in South Africa by Mostert and Ocholla (2005), who reported that the information environment of parliamenterians included formal and informal, oral and electronic information sources, services and systems.

Also, based on the results, although the respondents sought information from all the sources listed in the questionnaire (both formal and informal), the overall results indicated that the sources most turned to for information on SGBV by the respondents, included the smartphone, the internet and books. Including that use of internet, smartphone, and books by the women to seek information was extremely important. The reasons given for this choice was the convenience, privacy, anonymity, reliability and more details, these choices afforded the women in looking for information on sexual gender-based violence.

This is also understandable based on the cultural reasons mentioned by respondents, such as fear of stigmatisation and blame from others as also reported earlier (Mwangi & Jaldesa, 2009; Ruiz-Perez et al., 2007). This was an insightful finding as it gives direction to where interventions need to be directed, through communications, messaging and information resources by multisector stakeholders involved in the intervention, response and prevention of SGBV. Including in proactive information resources that empower women themselves to become proactive in protecting themselves from SGBV.

Additionally, these particular information sources (i.e internet, smartphone and books) were reportedly used because the respondents felt they were familiar with/to them, and could also use them anywhere. These findings corroborate what is also reported in previous research (Mostert & Ocholla, 2005) that observed that familiarity with the source/system might influence its selection. Both familiarity with the sources, easy

access and use whenever needed, play a big role in the ultimate choice of a certain source of information, although the kind of information contained in the source might also influence its choice.

Moreover, the finding that respondents reported they could use their smartphones at any place without restrictions since they owned the smartphones, also corroborates findings in previous research (Ozdalga et al., 2012), showing that the smartphone is one of the most ubiquitous and dynamic trends in communication, in which an individual's mobile phone can also be used for communication via email, performing internet searches, and using specific applications.

Also, based on the results of the study, the respondents felt that when using these souces (i.e the smartphone, internet) they could ask questions without being ashamed. These particular sources of information also contained a wider scope of information from which they obtained answers. Respondents also reported that they felt that the internet can be very informative. These findings corroborate what is reported in various reviewed literature (Asibey et al., 2017) observing that the Internet can be used for health purposes because of the convenience, privacy, confidentiality, and ease of accessing information. Mayes and White (2016) specifically noted the advantages of using the smartphone in improving health communications in developing countries., while Dimovitz (2015) noted that the use of technology could be a way to break the silence that surrounds the issue of sexual violence, as well as helping to empower vulnerable groups of women. This includes that providing women with access to mobile devices allows them to move towards economic independence, which reduces their vulnerability to violence. In addition, Cowell (2018), observed that smartphones have the potential to impact existing gender inequalities in access to information, entrepreneurial activity and social participation.

It is worth noting that although, there is a high reported use of the internet, smartphones and books in the study, as the most used and preferred sources of information on SGBV, only four respondents out of twenty-four reported having used a WebApplication to seek for information on SGBV. This finding corroborates what is reported by Burns (Burns, 2013), who observed that for instance the adaption of new reporting techniques is uneven. Despite having the highest rates of violence against women in the world, and

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a faster mobile growth than any ther region, Africa remains widely untapped for the deployment of these technologies, and only South Africa and Egypt have witnessed considerable attention in preventing gender-based violence through mobile solutions. It may also be the case in Kenya as Burns (2013) noted that more user-centric design is needed, and therefore understanding the wants and needs of mobile users is absolutely necessary. This principle, which as Burns also noted, seems to have been ignored, despite the explosion of mobile apps in low- and middle-income countries.

Furthermore, from the study, respondents reported that they often used books as a source of encouragement, or because they loved to read books, and that books were easily available. They also felt that most books are more detailed and informative. Also, reference books were reported as easy being to get in libraries. These findings corrorate what previous studies have found, such as that there are still many people who prefer to use traditional channels such as a library, books, or magazines/borchures (Baker, Wagner, Singer, & Bundorf, 2003; Cotten & Gupta, 2004; Dutta-Bergman, 2005; Rains, 2007).

Although reviewed literature has reported that people prefer personal sources when seeking information, the results of this study show that women did not use family and friends as sources of information/help on SGBV, as would have been expected based on their availability, since these are the closest relations. This can be explained from what is reported by the women themselves as well as recorded in literature (Mwangi & Jaldesa, 2009; Ruiz-Perez et al., 2007), regarding fear of being stigmatised, reprimanded or blamed for the SGBV.

The findings also showed that women did turn to medical professionals like doctors and nurses, gynaecologists and obstetricians as sources of information /help, as much as would have been expected in such cases. The results indicate this was due to lack of availability of these medical professionals or access to them, as well as lack of money to pay for consultations. There was also fear of interacting with male medical professionals. The latter is understandable because the victimiser is usually male, as well.

6.4 Barriers to seeking information

The identification of possible barriers Kenyan women face in seeking information on SGBV may contribute towards finding solutions in terms of information service delivery and in appropriate information formats. Identifying the barriers to information from the study is important because if we can specify the extent to which and the ways barriers hinder, delay or prevent access to information, the negative impact can be reduced by offering alternative routes to information. For instance, cognitive barriers play a crucial role in situations in which people make decisions to identify, select and access sources of information. Therefore, understanding cognitive barriers - the author of this thesis adds understanding all barriers - is crucial because the research findings deepen our understanding about the factors that give rise to failure of information seeking. The development of networked services is especially important in this regard as they make it possible to circumvent many barriers that have previously hampered seeking information (Savolainen, 2015, 2016).

From the study, barriers or constraints to seeking information/help were reported by the respondents involving all the sources of information both formal and informal that had been included in the questionnaire. These results confirm and support the second proposition upon which Wilson's second model of 1981 that was used to conceptualise the information seeking behaviour of the respondents in this study, is based. Namely that in an effort to discover information to satisfy a need, the enquirer is likely to meet with barriers of different kinds. Including that the barriers that hinder the search for information will also arise out of the same set of contexts (political, economic environmental etc) within which the individual finds himself/herself (Wilson, 1999).

For instance, respondents who reported facing difficulties/constraints while seeking information from books, noted the high cost of books, lack of time, difficulty in finding relevant information, difficulty accessing books that dealt specifically with SGBV when they needed them, or that the information found was not packaged in formats tailored to meet the needs of the respondents and was therefore insufficient. These results confirms those of Pritchard (2011), who in reference to patients observed that it is important for information to be provided in a format and language patients can understand so they can make informed decisions about their care. Referring to the respondents in this study, the same can be said of providing information in a format and language they can understand so they can make informed decisions about how to protect themselves from SGBV.

Also Hawkins and colleagues (2008) note that overall, tailoring tends to enhance the relevance of the information presented and thus produce greater desired changes in response to the communications.

Additionally, the results from the study show that barriers faced by respondents while seeking information/help on SGBV from medical professionals such as doctors, nurses, gynaecologists, and obstetricians, included lack of access to or unavailability of these medical professionals, and the high cost of consultation services. In addition to the already experienced trauma from SGBV, respondents reported as particularly difficult, the inner conflict of having to deal with male medical/health professionals, who were not only strangers, but also represented the gender of the perpetrator in a position of power but whose help they needed. Respondents also raised the issue of confidentiality, and lack of knowledge that one could actually consult a doctor in cases of SGBV. Additionally, the barriers reported by respondents to seeking information/help from friends and family, included fear of being condemned or reprimanded for seeking information. The fear of being blamed for the sexual harassment and or SGBV itself, including feelings of shame, guilt and self-blame for what had happened. These led to the need to hide the SGBV experience in order to protect themselves. Furthermore, respondents reported feeling uncertain about how their friends would react, the fear of being talked about behind their backs and stigmatised, as well as feeling that friends had little time to listen to them.

These results corroborate previous research (Murphy, Murphy, & Kanost, 2002) that acknowledges that the issue of confidentiality is particularly relevant in regards to sensitive issues such as reproductive health, pregnancy, contraception and even sexual health, and that this is a barrier in information seeking especially for young women. Including lack of anonymity that may, furthermore, prevent these women from seeking health information due to fear that their friends or even parents will know especially about sensitive personal issues.

The study results also confirm research by Muturia and Nungari (2014), who noted that it is then not surprising that most SGBV cases go unreported or are resolved informally, but which also creates problems, and others (Mwangi & Jaldesa, 2009; Ruiz-Perez et al., 2007), who also observed low reporting of SGBV cases due to social shaming and

social stigma associated with sexual violence, fuelled by cultural stereotypes that prevent women, girls and their families from reporting rape and defilement.

Additionally, these results also corroborate what is noted earlier (Muturia & Nungari, 2014; Mwangi & Jaldesa, 2009; Ruiz-Perez et al., 2007) that most ironically, survivors of sexual violence are often discriminated against, because the knowledge of the SGBV, such as rape, is also seen as a being a deterrent to a woman's future marriage prospects. This implies that the less people know about it, the better. This might also explain why one of the respondents reported she did not know who to talk to or what to say, since she also blamed herself for what happened. Even if survivors still needed to seek information/help to resolve the crisis SGBV brought into their lives, they were at the same time afraid to talk to someone about it. Since they also had to navigate through issues such as the fear of being condemned or reprimanded by others for seeking information/help, in addition to dealing with their own SGBV trauma itself. This also also implies that the respondent most probably did not have the psychosocial support necessary to create confidentiality and trust, which again emphasizes the need for confidentiality, because that creates an atmosphere of trust and safety for SGBV survivors to seek information/help that they need. This also supports previous research findings (Murphy et al., 2002).

Furthermore, the study results also corroborate previous research by Freccero et al. (2011), who noted that discussing of sexual matters has been considered a taboo subject. Which further complicates seeking information /help for SGBV survivors, because talking about SGBV inevitably involves discussing sexual matters. The results also support what Rogers and Shoemaker (1983) observed that established behaviour patterns for the members of a social system, may also act as a barrier to change, and in particular as a barrier to information seeking leading to change, which confirms previous research (Savolainen, 2016; Wilson, 1997), that acknowledged that social factors may also act as barriers to access information and thus frustrate an information seeker. These social norms can form invisible barriers to information seeking, including that such norms and expectations suggest which information sources or types should be ignored or avoided because they are not valued by the community members. The author of this thesis adds that these social norms cause emotional and psychological discomfort, more pain and shame to survivors of SGBV, which is evidenced in the study results through what one respondent described as a pervading ever present feeling

of distress and badness about oneself while at the same time not knowing what to do with oneself, which in turn signals an ongoing life long crisis caused by SGBV. This study result also confirms previous research (Aura, 2014; Committee, 2015; García-Moreno et al., 2015; Kilonzo et al., 2009; Krug et al., 2002) reporting that the impact of SGBV is devastating, and individual women who are victims of such violence often experience life-long emotional distress, mental health problems, and poor reproductive health. The resulting psychological trauma can have a negative effect on behaviour and relationships, the ability to negotiate safer sex, and increased potential for drug abuse. The experience of coerced sex at an early age, furthermore, reduces a woman's ability to see her sexuality as something over which she has control. This author adds that the emotional distress and mental health problems and all these other issues individually or combined can of/in themselves become or create a barrier to seeking information/help that one needs as a SGBV survivor.

Additionally, the results of the study especially in reference to the respondent who reported not knowing who to contact, also confirm what is reported in Ndung'u (2011), who acknowledged a critical lack of information /knowledge about the Kenyan law and the Sexual Offences Act. Including that a lot more still needs to be done, especially in the training of medical staff to preserve the chain of evidence and also to inform the general public, majority of whom know that a law was passed, but remain largely ignorant of the content of that law.

The study's findings also confirm constraints/barriers to seeking information that have also been noted in previous research on information seeking such as Wilson (1997), who observed that factors such as time, accessibility to resources and expenses can act as barriers to seeking information, including that the economic issues related to information seeking fall into two categories, i.e. direct economic costs, and the value of time. These may apply either to the process of information seeking itself or to the subsequent actions. Also, the study results support previous research (Ikoja-Odongo, 2002; Ikoja-Odongo & Mostert, 2006; Mchombu, 1999; Mostert & Ocholla, 2005) that has also identified lack of time, and lack of access to information sources as barriers to seeking information.

At the same time, based on the results, respondents who faced constraints in seeking information on SGBV from radio, reported lack of content or information available in

the stations they listened to when they needed it and the available information was not tailored to their needs, either. Also from the study, respondents who faced difficulties in seeking SGBV information from TV, reported difficulty in finding educational television programmes that addressed issues of sexual abuse. Instead, respondents reported that they felt that TV programmes only reported on cases of sexual abuse, but not on solutions to prevent their occurrence. Other constraints to seeking information from TV were similar to those reported in seeking information from Radio such as limited time and lack of content at the time when needed. Therefore, the results also verified the second assumption suggested at the beginning of the study. This additional assumption was that tailored, well-coordinated and targeted information by diverse stakeholders involved in the interventions and prevention of SGBV made accessible to women can empower them to make informed decisions that enable them protect themselves from SGBV.

These findings also confirm research by Mostert and Ocholla (2005), who observed that for the information to be appropriate and relevant, it needs to be reliable, accurate and understandable, comprehensive, close to the user, and current. It should also be in a format that is applicable to specific information needs. Wilson (1997), furthermore, noted that access to some source of information is a fundamental necessity for information seeking, since the lack of an easily accessible source may inhibit information-seeking altogether or alternatively impose higher costs than the seeker is prepared or unable to pay.

The findings of the study also corroborate what is reported in the study by Wilkin et al. (2007) who observe that the focus on a vast majority of television channels is on ratings and profits, not necessarily on educating the viewers. Hether and colleagues (2008), noted that in the United States, entertainment intiatives (EE) on primetime television that provide public health education are at risk of diminished impact due to the media-saturated environment within which they must compete. Bourdieu (2001), on the other hand, observes that television claims to report reality but creates its own reality.

Additionally, from the empirical study, the duration of time it took to get the information/help by respondents seems directly linked to whether respondents reported having encountered difficulties or barriers in seeking information/help on SGBV, and what these were. The respondents reported varying lengths of time it took them to get

information/help on SGBV. For some it took years, or months, while others reported that it took days and weeks. Those respondents who reported it took the longest periods of time (i.e. years) also reported they had found it difficult to disclose what had happened to them and therefore kept it to themselves the longest. This is unfortunate because it also meant they would never receive justice, but understandable also, since these respondents also reported having experienced fear of being stigmatised and being blamed for what had happened to them and or also blaming themselves for the same. Again this confirms previous research (Muturia & Nungari, 2014; Mwangi & Jaldesa, 2009; Ruiz-Perez et al., 2007). Concurrently, from the results these respondents who reported having taken the longest time to disclose their SGBV experience, also consequently took the longest time to get information/help they needed.

Overall the study had a much lower response rate than was expected. It must also be appreciated that despite the already reported sensitive nature of this kind of study, twenty four brave women dared to participate and made their perhaps previously silenced or silent voices heard through out their responses. These results also support previous research findings (Ruiz-Perez et al., 2007) that observed the difficulty associated in obtaining responses for this kind of research as being, among other things: taboos, fears, and feelings of guilt and shame, which also account for a non-response rate, the author of the thesis adds low response rate, and hiding of the truth as possible factors. It can also be noted that most likely these same reasons were also responsible for and contributed to the significantly varying lengths of time respondents reported it took them to disclose their SGBV experience or alternatively may have led others to never disclose the same.

On the other hand, from the study results, respondents who reported that it took shorter periods to get information/help regarding SGBV, also either reported not ever having personally experienced SGBV, having access to information/help on SGBV, or that they knew where to look for information /help on SGBV. The reasons given for this were having prior knowledge on the information they needed to search for, or the social capital that enabled them to get the information/help they needed, i.e. being closely connected to medical/health or other knowledgeable professionals in their social circles. Respondents also attributed knowing where to get information/help to their own level of education. These results corroborate previous research by MacInnis, Moorman and Jaworski (1991) who suggested that the more knowledgeable the individual, the easier

they would find it to encode information, thus rendering the acquisition of further information easier. Also Johnson (2007), noted that research focusing on the social factors affecting information behaviour has stressed the importance of interpersonal communication and the quality of social networks in facilitating access to information.

6.5 Impact of information/help on the respondents

From the results of the study, respondents indicated that the information/help obtained about SGBV impacted their lives in positive ways and made a positive difference in their lives. It however took varying periods of time for different repsondents to access the information /help on SGBV they needed, so this may have also affected the quality of their lives, as well. It can also be said that the ones who were able to obtain the information/help they needed much sooner may have been empowered to cope better with the already mentioned negative effects of SGBV. One respondent who mentioned it took many years to finally get information/help on SGBV also reported that she wished that the information/help would have been available to her when she needed it, as she felt that the emotional distress she went through for many years, i.e. low self esteem, self hate and self blame for what had happened to her, could have been avoided or alleviated, had this information/help been available to her after her own experience of SGBV. This also implies that the period of time taken to access information/help on SGBV impacted on the quality of the women's lives. For example, enabling those who were able to access information/help quicker to become empowered much sooner, to live a fuller life despite having experienced SGBV. Since they were able to get the help/information they also needed sooner.

However, regardless of how long it took for the women to obtain the information/help on SGBV, when they got it, the information/help still impacted their lives in empowering ways since the respondents reported that the information/help benefitted their lives as well as those of others. For instance, respondents mentioned that they were able to pass their knowledge foward by counselling other women who disclosed their own experience of SGBV and to share with them about how to protect themselves. These results confirm what is reported earlier (Detlor, 2010; Ikoja-Odongo & Ocholla, 2004; Wilson, 1999) that information facilitates decision-making and/or problem-solving.

This study on Kenyan women, sought to research on people's (i.e. women's) everyday information seeking behaviour, and similar to what is noted by Ikoja-Odongo and Mostert (2006), it also demonstrates that information seeking is a complex process of actions and interactions which people engage in when seeking information, and that context be it geographical, social, educational or professional is influential in information seeking behaviour.

6.6 Impact of SGBV on society, SGBV legislation, and multisector stakeholder collaboration in responding to SGBV

The results of the study have highlighted the adverse short term and long term effects of SGBV on the survivors, even long after the SGBV has taken place, such as the shame, self blame and psychological trauma caused by SGBV reported by respondents, as well as the reluctance to disclose the occurrence of SGBV, due to fear of being blamed for the SGBV itself. One respondent also mentioned experiencing emotional distress while she answered the questionnaire for this study, which was long after she experienced SGBV. These results confirm the results of previous studies on SGBV (Aura, 2012, 2016; Krug et al., 2002) noting the far reaching consequences and long term effects of violence on the lives of women and girls, precisely that the impact of SGBV is devastating, and individual women who are victims of such violence often experience life-long emotional distress.

Therefore the study results confirmed by the evidence from literature clearly undercore the urgency required in altering the current Kenyan legal framework. Aura (2014) noted about this that although it provides a mechanism for addressing SGBV, the level to which the frameworks responds to the plight of the survivors of SGBV is currently debatable. The legal and policy framework focuses mainly on bringing (of) the accused person to 'justice' without a corresponding obligation of alleviating the conditions of the survivor of SGBV. There is an urgent need to proactively consider the plight of the survivor(s) and to recognise that as a critical factor in the course of dispensing justice.

Also, according to Aura (2014), the Kenyan legal framework views the survivor of SGBV as more of an alien to the criminal system, because the crime is perceived by the system to have been committed against the State, and not against the survivor of the sexual violence as an individual. Thus, there is a critical need to humanise the survivor

in the whole course of dispensing justice, to ensure that justice is duly and holistically served for the survivor. This can be done by intentionally ensuring that survivors of SGBV receive the necessary psycho-social help and medical care, through the seamless coordination of services from/by the relevant multisector stakeholders involved in dealing with and preventing SGBV, i.e medical, law enforcement agencies, legal and justice systems, which has not been the case in the past.

Practically, this needs to be done by ensuring the actual consistent implementation of a holistic multisectoral response to SGBV for the survivor that is in principle, already in place. As Kilonzo et al.(2009) noted, the Sexual Offences Act provides an inbuilt regulatory mechanism for a national framework for implementation, as well as a multi-sectoral set up to address the cross-cutting issues affecting matters on sexual violence. This is important, since many African countries south of the Sahara (Kenya included) do not yet have comprehensive post-rape care services, nor substantial co-ordination between HIV and sexual and reproductive services, the legal and judicial systems, and sexual violence legislation. Thus, all these sectors and services need to be integrated by cross-referrals, using standardised referral guidelines and pathways, treatment protocols, and medico-legal procedures. Additionally, common training approaches and harmonised information across sectors and common indicators, would facilitate government accountability. Therefore, the joint and collaborative working at a country level, through sharing of information and data between different systems remain key to achieving this, as the effects of gender-based sexual violence can also be diminished by effective professional responses. The unwavering strong commitment and involvement of government and civil society, together with a coordinated response across a range of sectors, are necessary to end sexual violence (Freccero et al., 2011; Jewkes et al., 2002).

The results of the study also indicate it is also imperative for any community-based approaches to sexual violence to acknowledge the importance of relationships between individuals and groups within the community, as well as to find ways to incorporate the participation of community members in finding solutions, both at the individual and organisational level (Freccero et al., 2011), such as in the creation and making SGBV information and other support services/resources available, and incorporating the contributions from the community into the professional responses and engagement. The devastating effects of sexual violence can be mitigated not only by professional responses but also by contribution from para-professionals and community-based

organisations. This further underscores that preventing and responding to SGBV requires a multi-sectoral approach in which survivors receive support and perpetrators are brought to justice as an outcome of coordinated activities across multiple sectors (Freccero et al., 2011).

Also, since it has been observed from previous research that violence against women and girls is not just a story of unhealthy individuals, families or relationships, but about unhealthy social norms, and often the damaging consequences of poverty. Part of the solution lies in addressing the drivers of gender inequality and other forms of discrimination in the Kenyan society. Key factors that would help in addressing inequality in society comprise legislative, economic, and cultural structures, including legal, educational, workplace, law enforcement, family, religious, sports, media and other institutions that might fuel inequalities in women's and girl's access to education, social and political participation. Therefore, particular efforts need to be directed through these structures so that they can also be transformed to promote gender equality. However, research has also noted that transforming of these structures into mechanisms that promote women's rights will require persistent and undaunted government, local and other leadership (García-Moreno et al., 2015). This will need to happen in Kenya for real transformation to occur.

As results from the study also indicated that health professionals were among the barriers reported by respondents to receiving information/help for SGBV, these results confirm previous research, because theorists have only recently begun to concede that a complete understanding of gender abuse may require acknowledging factors operating on multiple levels. Therefore, health facilities in Kenya can also greatly improve their staff's sensitivity to gender-based violence by introducing training and standardised protocols on how to respond to abuse and sexual violence (Heise, 1998). Health-related programmes that incorporate a gender-transformative approach and promote gender-equitable relationships between men and women, including programmes which reach beyond the individual level to the social context, have been reported to be more effective in producing behaviour and attitude change than narrowly focused interventions (Barker et al., 2010).

Community-based approaches take diverse forms and are most effective when they reflect, the local setting, as well as the specific needs of the survivors. It is also

important for them to include education for the local populations and service providers, to support survivors and reinforce institutional capacity. Likewise, it is crucial to understand that certain practices that disadvantage women have cultural value. Therefore, effectively ending them needs a collective and holistic approach, which, in addition to the already mentioned coordinated professional multisectoral, i.e. medico-legal educational and law enforcement agencies response, must further ensure it engages everyone in the community in continuous educational dialogue regarding specific SGBV issues such as early/forced marriages, female genital multilation and so on. This continuous dialogue needs to include men, whose authority matters in decision-making in the community, the youth who can collectively decide to change how their daughters grow up, and religious leaders whose authority also matters. At the same time it is crucial to use culturally sensitive language, imagery and symbols to communicate and advocate for alternative forms of culturally significant rituals of passage into adulthood that incorporate the healthy aspects of culture and also involve key players in the community working together to ensure success (Freccero et al., 2011; Rubadiri, V; Osman, E; Bosire, Stella; Wachira, 2019). Intervention programmes that are multi-sectoral, and consider the multiple systems and relationships that influence individuals rather than single-issue programmes, may prove more likely to produce lasting effects leading to changes in behaviours and attitudes (Barker et al., 2010 p.5).

Evidence from different countries shows that powerful synergies can be achieved from partnerships between researcher(s) and advocates. In particular it has been noted that whereas researchers help to ensure that the endeavour is grounded in the principles of scientific inquiry, the involvement of advocates and service providers helps to ensure that the right questions are asked in the right way, and the knowledge generated is used for social change (Ellsberg et al., 2005). Therefore, this particular study is important in that regard. In addition to providing women a unique voice, it also adds to the ongoing dialogue and research on SGBV in Kenya and from a unique perspective of information seeking it investigates and reports on finding ways to end the problem of SGBV. The study also provides a unique contribution in regard to how information and other resources can be coordinated for effective professional multisectoral stakeholder and community reponse to SGBV. It also raises important concerns/questions for further discussion especially about multisector stakeholder collaboration that may not have

been exhaustively addressed in this particular study that could be addressed more comprehensively by future research.

The study results also indicate that a lot more still needs to be done in order to effectively end SGBV. It also underlines as noted by previous research that therefore strengthened research capacities and additional research on this area are necessary. To achieve this, joint and collaborative planning and working at national level, through sharing of information and data between the different systems and sectors involved in responding to and preventing SGBV such as criminal justice system, the law enforcement system, and health sectors, including other key players in the community such as service providers, educators, and media is of strategic importance (Kilonzo et al., 2009).

6.7 Important specific areas of contribution by this study

By studying the problem of SGBV from an information perspective, this study is a social innovation, as it makes a very concrete contribution to previous knowledge and towards finding solutions. In reality many different stakeholders are involved in the interventions, response to and preventing SGBV in their respective individual capacities, i.e. health agencies, law enforcement, criminal justice, service providers, educators, the media, social workers, and the community itself. Although varying levels of collaboration exist between them, previous research (Freccero et al., 2011; Kilonzo et al., 2009; Ndung'u, 2011) indicates that it is not enough, and that the level of collaboration between them needs to be strengthened, especially in order to serve survivors more humanely, in providing them the resources care/help they need to seek redress and on the journey towards healing. The information perspective bridges the different fields working with SGBV and highlights the importance of right information, proactive information and access to information for all these fields that largely work separately, while simultaneously, ensuring that necessary proactive information is easily available to enable women that are potential SGBV victims to make informed decisions to protect themselves from SGBV.

The knowledge in this study contributes to the field of information seeking behaviour, as it highlights that information is part of a bigger picture in creating solutions to deal with this problem, from preventing SGBV to planning response and responding to this

problem. Therefore, an information point of view in the study helps to significantly bridge the gaps between multisector stakeholders in preventing and responding to SGBV in Kenya and elsewhere.The study highlights that information is an all essential part of the bigger picture in creating effective solutions to deal with this problem as well as bridging the gap between/for those involved in dealing with the SGBV problem in Kenya.

It is worth noting that the empirical study provided an important opportunity for women respondents to have their voice heard by engaging them in the study through the questionnaire. Also based on the results of the study and the actual number of responents who answered the questionnaire, it was evident how challenging it was to find respondents for this kind of study related to difficult life experience. Although, most respondents had not experienced this kind of violence themselves, they knew friends and family who had. This might be especially because of the related trauma and the time necessary for healing, thus confirming previous studies (Fulu et al., 2013) that observed the same. The study was thus fortunate to have 24 respondents, some who were actual SGBV survivors and were still willing to share their own experiences. In this way, the study created an opportunity to engage with the women who often do not have a voice and also provided them an important platform where their voice could be heard.

The study also emphasises the significance of collaboration on how information about SGBV can be shared and used by those involved in creating, directing and managing policy and programmes aimed at interventions for helping women in dealing with the problem of sexual gender based violence in Kenya. Likewise, the study illustrates that any effective response to sexual violence requires the coordination of multiple institutions and professions, including medical service providers, police and security forces, formal and traditional judicial systems, NGOs, schools, psycho-social service providers and religious centres (Freccero et al., 2011).

Hence, there is a clear imperative for multi-sectoral stakeholder collaboration, since that would ensure and enable integrated cross-referrals, using standardised referral guidelines and pathways, treatment protocols, and medico-legal procedures, and for information (to be) provided in the health sector and justice system (Kilonzo et al., 2009).

6.8 Limitations of the research

The fact that in the empirical study the research instrument was administered exclusively online implied that the internet was the sole medium used to contact prospective participants/respondents. This implies that only women respondents with access to the internet could be included in the sample for this study.

In addition, since the language used in this study was English, this implied that only respondents who have completed basic education could participate in the study. This therefore implies that a future study would need to include Swahili and other locally spoken languages, which would facilitate a more inclusive and diverse sample of respondents that was lacking in the present study.

Also, the nature and sensitivity of the research, given that it involved investigating individual experiences of abuse and trauma, may have contributed to the low response rate, confirming what previous research such as (Fulu et al., 2013) has also reported about studies of this kind involving SGBV. It is, however, hoped that based on the lessons learnt, this issue could also be resolved in a future follow-up research, and the response rate could be improved based on a larger set of data, similar to what is reported in Julien and Michels (2000). Also, because this particular study was based on a small number of participants, the findings may require confirmation with a larger set of data.

6.9 Direction for Future Research

This study underlines the critical need for further research in this area to fully understand the problem, and be able to address the issue effectively, especially focusing on the Kenyan situation, so that locally relevant solutions can be found, as well.

Given that the sample in this study comprised of highly educated women, it is crucial for future research to draw upon a larger and preferably more socially diverse sample of women than was the case with this particular study, that is, in terms of civil status and educational status which might give a more well-rounded picture of how socio-cultural, economic and political barriers to information seeking can and do affect the information seeking of different categories of women, based on the unequal access to sources of information/help as a result of the roles and positions the women occupy in the society. As it is also noted previously (Harris & Dewdney, 1994; Johnson, 2007), a gendered

position can also be mitigated by social and economic class/status, which in turn socially/economically enables access differentially to different sources of information/help.

Also, in looking forward, it would be important to take note of the lessons learnt in the course of this initial research. Considering that the study dealt with what is clearly a highly sensitive subject of SGBV, which became more evident in the course of the study, that the research involved investigating individual experiences of abuse and trauma. These are factors that were beyond the researcher's control, but were nevertheless critical and would inevitably affect the response rate. It is however possible based on the lessons learnt from the issues encountered, especially regarding low response, that this issue could be resolved in a future follow-up research, and the response rate greatly improved upon, based on a larger set of data. Similar to what is reported by Julien and Michels (2000), since this study was based on a small number of participants, the generalisability of results is uncertain, and the findings require confirmation with a larger set of data.

Additionally, since according to the results of the study, the internet, smartphone and books were rated as extremely important sources of information for SGBV, they also support what previous studies have reported, namely that these platforms are now increasingly being used to create awareness of SGBV because of their convenience and ubiquity (Burns, 2013; Kenya & Cowell, 2018). Therefore, further research should investigate how these channels could be further exploited for effective delivery of tailor-made solutions, especially since from the study results, certain respondents reported not being able to find the information they needed on/from these platforms, or that the information available was packaged in a format that was not tailored to meet their needs and was therefore insufficient. This study, therefore, recommends further research involving the active participation of women so that the research is informed by the population that is most affected. Accordingly, women's participation is recommended in the research in the identification, definition, and formulation of their information needs as noted by Huyer (1997).

Also, based on the results of the study, although more than half of the respondents had not personally experienced SGBV, a majority of the respondents reported they knew friends or relatives who were SGBV survivors. Therefore, although not included in this

present study, it is recommended that in a future follow-up research, the research instrument would include an inquiry on whether respondents need follow-up services such as counselling or other help, and of what kind. Including related contact information regarding who to contact, i.e. medico-legal, psycho-socio and other relevant professionals. Such an inquiry would specifically target respondents that are SGBV survivors and who might individually need medical, legal or psychosocial follow-up/support, to effectively deal with issues that may be triggered by participating in the study, and also towards respondents who may be aware of someone in their circles in need of similar support. Additionally, including this kind of inquiry in the research instrument would serve the purpose of facilitating a socially responsible and ethical continuity to the study, aimed at providing practical help to SGBVsurvivors and support their healing process. Especially, since for some respondents, participating in such a study would be their first instance of disclosure and of recalling their SGBV experience, and subsequently (as was the case in this study) having to deal with painful memories triggered by responding to the research instrument, for which they were completely unprepeared. This is in line with what is noted in literature about carrying out such sensitive research responsibly, with the least harm to particpants (Fulu et al., 2013).

The need to be prepared to help SGBV survivorsis has also been pointed out by Tarana Burke, an African American public speaker and community activist and principal founder of the METOO movement, who noted the critical need for follow-up services after women survivors have disclosed their abuse, noting this as more important than a one-moment in time disclosure. She observes,

> "What happens when these people open themselves up? What happens when they start talking about things they've possibly never talked about in their lives? Where do you point them, what direction do they go in, how do you support them? " (Kestler-D'amours, 2017 para. 4)

During the last months of writing of this study, the thesis author followed with keen interest the world news headlines regarding renewed conversations about sexual harassment, abuse and rape, all forms of sexual gender-based violence (Kantor & Twohey, 2017). This renewed global conversation about sexual harassment and sexual abuse underderlines the importance of this kind of study. It could also be an indication that slowly, society's attitude towards victims of SGBV is changing for the better, and a

signal that perpetrators will no longer be tolerated and supported by society as has been the case in the past. If this is the case, then there is hope that effective, workable, and sustainable solutions can be found through research and collaborated stakeholder involvement, creating and ensuring that information/resources on SGBV are easily accessible, making society aware of the problem and enabling everyone - men and women alike - to unite and speak out, in order to create social reform and an environment that is safe for women and girls in particular, and the whole society in general.

7. Conclusion

This study has explored the information seeking behaviour of women in Kenya in order to protect themselves from SGBV. Understanding how the female respondents seek information has implications that can inform the communication approach of different multisector stake-holders, charged with intervention, response and prevention of SGBV. On how to collaborate in planning, creating and sharing critical information between themselves and making relevant information/help accessible to women in particular, and society in general. These stakeholders as mentioned earlier, include medical/health practitioners, psychosocial services, law enforcement, legal practitioners and others.

The study has demonstrated that women use a variety of information sources and services to satisfy their information needs. These range from informal sources such as family and friends to formal sources like medical professionals e.g. doctors, nurses, gynecologists. Including formal services and channels such as libraries, print sources e.g. newpapers, magazines, books. Also, electronic information sources such a smartphones, television and radio are used.

The study revealed that once acquired, the information/help impacts the lives of the women in positive life changing and empowering ways, by creating awareness of the things they did not know before, about SGBV. For example, knowing their rights, being able to inform others who are victimised, giving them confidence, and a sense of empowerement. This might enable them to take their place in society confidently and ensure they make positive contribution and are able to help themselves and others, as well.

What this study contributes into the field of information seeking behaviour, is that it highlights that information is part of a bigger picture in creating solutions to deal with SGBV. The study also emphasises the significance of multisector stakeholder collaboration in skillfully using information in creating, directing and managing policy and programmes aimed at interventions for and prevention of SGBV. It underscores how right and timely information can be used resourcefully by the multi-stakeholders or multi-sectoral collaborative enterprise to come up with interventions which apart from preventing SGBV and or mitigating its negative effects, would proactively empower women, to protect themselves from SGBV in Kenya.

7.1 Recommendations and perspectives

Since the study revealed that the internet, smartphones and books were extremely important sources of information, and previous research has noted these platforms are now increasingly being used effectively elsewhere to create awareness of SGBV. This study recommends that these platforms and (re)sources be specifically targeted for interventions by the multisectoral stakeholders collaboration in Kenya, through relevant communication and messaging to provide information services and support on SGBV.

The study also underlines that the dissemination of research findings on SGBV in Kenya is crucial, including, societywide education and sensitisation to change negative cultural norms that curtail being able to talk openly about SGBV, so that stigma, fear and shame of talking about SGBV are eliminated. This study underscores this will involve requiring participation of men, women, children and the whole society in general in creative and innovative ways, as fresh and innovative ideas are required to make information provision to women a reality.

This study also recommends that sex education that includes information on SGBV and how both boys and girls can protect themselves, be made a compulsory ingredient in the school curriculum. To educate young girls and boys while still young about the inviolability and sanctity of their own bodies and their sexuality, including what is acceptable and not acceptable behaviour,

Additionally, this study recommends a streamlining of services offered by multisector actors involved with formulating policies and programmes in the intervention, response and prevention of SGBV in Kenya, such as, government and non-governmental agencies, health agencies, medical professionals, law enforcement, criminal justice, community-based intervention, service providers, development partners, educational institutions and other interested actors. That each actor comprise a critical part of the whole, and be sufficiently knowledgeable, to recommend relevant information, help/support, offered by another stakeholder that they may not necessarily specialise in or offer themselves, that the women may need.

This study has taken place with the backdrop of an increasingly vocal global hashtag METOO movement, which further confirms the relevance of this kind of study and highlights the necessity of further studies in order for sustainable solutions be found to address this problem effectively at both the local and global levels.

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Appendices

Date:

Dear Participant:

I am a master's degree student at Åbo Akademi University in Finland. I am conducting a study on information seeking behaviour among women in Kenya in order to protect themselves against sexual violence. The study is part of the requirements for the award of Master of Science in Information and Knowledge Management. Therefore your participation by completing the online questionnaire will contribute towards accomplishing that goal.

The survey questionnaire will require approximately between 20 to 30 minutes to complete. Your participation in answering the questionnaire is **voluntary** and any information you give will be used for this purpose only. Your participation is completely anonymous and there will be no way to connect the answers to the respondent.

Thank you for taking the time to assist in this research. Your participation as a woman is important as the data collected will be of tremendous benefit in contributing to the expansion and further development of health information services in this critical area. If you require additional information or have further questions, please contact me (or my supervisor) at the email address indicated below.

Sincerely,

Caroline Muthoni

cmuthoni@abo.fi

Caroline Muthoni

Supervisor

Professor Gunilla Widén

Information Studies Department

gunilla.widen@abo.fi

Caroline Muthoni

Information-seeking behaviour_Fn

Thank you for participating in this survey. Your feedback is important!

The purpose of this questionnaire survey is to find out how women in Kenya look for information in order to protect themselves from sexual gender-based violence.

Personal Information of Respondent

1. What is your age?

2. Choose your civil status

	Student	**Employed**	**Self-employed**	**Other**	Other, please specify
Civil status	○	○	○	○	

3. Choose your marital status

	Single	**Married**	**Separated**	**Divorced**
Marital status	○	○	○	○

4. Choose your highest attained education level

	Primary school	**Secondary/High School**	**College/University**	**Other**	Other, please specify
Educational level	○	○	○	○	

5. Choose your living arrangements

	With parents	**With family/husband**	**Alone**	**Other**	Other, please specify
Living arrangements	○	○	○	○	

Information Needs

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6. Has someone close to you experienced upsetting sexual experiences in childhood, adolescence or adulthood? Upsetting sexual experiences include: rape, sexual abuse or being pressured to have sex by use of threats or force

Yes No

Upsetting sexual experience ○   ○

7. Have you experienced any upsetting sexual experiences in childhood, adolescence or adulthood?

Yes No

Upsetting sexual experience ○   ○

8. Have you looked for information on sexual violation, at any time in your life?

Yes No

Looked for Information ○   ○

9. How important if at all, is it for you to have information on the areas listed below? Use the following scale, where 1= Not Important 2= Slightly important 3= Moderately important 4= Very important 5= Extremely important

	1	2	3	4	5
Rape	○	○	○	○	○
Sexual abuse / defilement	○	○	○	○	○
Forced circumcision	○	○	○	○	○
Forced or early marriage	○	○	○	○	○
Forced prostitution	○	○	○	○	○

Forced pregnancy   ○ ○ ○ ○ ○

Forced abortion   ○ ○ ○ ○ ○

Sexual harrasment   ○ ○ ○ ○ ○

10. Has your husband / boyfriend, ever pressured you or forced you to have sex when you did not want?

                    Yes No

Pressured/ forced ○   ○

11. Have you experienced violation in any of the areas listed below?

                           Yes No

Rape   ○   ○

Sexual abuse / defilement ○   ○

Sexual harrasment   ○   ○

Forced circumcision   ○   ○

Forced or early marriage ○   ○

Forced prostitution   ○   ○

Forced abortion   ○   ○

Forced pregnancy   ○   ○

Information Sources

12. How often, if at all did you seek help/information from the sources listed below? Use the following scale, where 1= Not often 2= Slightly often 3= Moderately often 4= Very often 5= Extremely often

	1	2	3	4	5
Family	○	○	○	○	○
Friends	○	○	○	○	○
General doctor / nurse	○	○	○	○	○
Gynecologist / obstetrician	○	○	○	○	○
Radio	○	○	○	○	○
Television	○	○	○	○	○
Smartphone / phone	○	○	○	○	○
Internet sources	○	○	○	○	○
Books	○	○	○	○	○
Newspapers / magazines	○	○	○	○	○
Other, specify below	○	○	○	○	○

If you chose "Other" above, please specify the source of information / help:

13. How available to you, if at all were the sources of information listed below? Use the following scale, where 1= Not available 2= Slightly available 3=Moderately available 4= Very available 5= Extremely available

	1	2	3	4	5
Family	○	○	○	○	○
Friends	○	○	○	○	○
General doctor / nurse	○	○	○	○	○
Gynecologist / obstetrician	○	○	○	○	○
Radio	○	○	○	○	○
Television	○	○	○	○	○
Smartphone	○	○	○	○	○
Internet sources	○	○	○	○	○
Books	○	○	○	○	○
Newspapers / magazines	○	○	○	○	○
Other, specify below	○	○	○	○	○

If you chose "Other" above, please specify the information source:

In the following sets of questions please outline how access to the sources of information affected how you looked for information/help?

14. Did you use friends as a source of information?

     Yes No

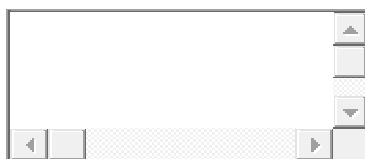**Friends** ○   ○

If yes, was it easy or difficult?

Easy Difficult

To use ○   ○

If it was easy, why?

If it was difficult, why?

If you did not use friends, why not?

15. Did you use family as a source of information?

Yes No

Family ○   ○

If yes, was it easy or difficult?

Easy Difficult

To use ○   ○

If it was easy, why?

It it was difficult, why?

If you did not use family, why not?

16. Did you use a general doctor / nurse as source of information?

Yes No

General doctor/nurse ○   ○

If yes, was it easy or difficult?

Yes No

To use ○   ○

If it was easy, why?

It it was difficult, why?

If you did not use a general doctor / nurse, why?

17. Did you use a gynecologist/ obstetrician as an information source?

Yes No

Gynecologist / obstetrician ○   ○

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If yes, was it easy or difficult?

Easy Difficult

To use ○   ○

If it was easy, why?

It it was difficult, why?

If you did not use a gynecologist / obstetrician, why not?

18. Did you use television as a source of information?

Yes No

Television ○   ○

If yes, was it easy or difficult?

Easy Difficult

To use ○   ○

If it was easy, why?

It it was difficult, why?

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If you did not use television, why not?

19. Did you use radio as a source of information?

Yes No

Radio ○   ○

Was it easy or difficult?

Easy Difficult

To use ○   ○

If it was easy, why?

It it was difficult, why?

If you did not use radio, why not?

20. Did you use a smartphone / ordinary mobile phone as a source of information?

Yes No

Smartphone / ordinary phone ○   ○

If yes, was it easy or difficult?

Easy Difficult

To use ○   ○

If it was easy, why?

It it was difficult, why?

If you did not use a smartphone / ordinary phone, why not?

21. Did you use internet sources to look for information?

Yes No

Internet sources ○   ○

If yes, was it easy or difficult?

Easy Difficult

To use ○   ○

If it was easy, why?

It it was difficult, why?
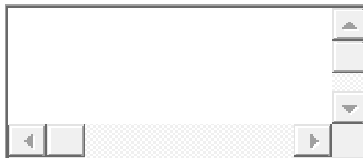
If you did not use internet sources, why not?

22. Did you use books to look for information?

Yes No

Books ○   ○

If it was easy, why?

It it was difficult, why?

If you did not use books, why not?
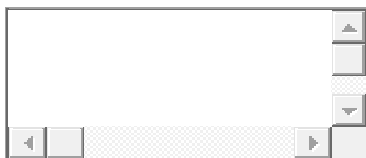
23. Have you used any web applications while searching for information on sexual violence? (e.g. MedAfrica web app that brings health and medicine information to all phones not just smartphones)

Yes No

Web App ○   ○

If you chose "Yes" above, please specify the web application:

24. How helpful was the web application mentioned in question 23. to you? On the following scale 1=Not helpful 2=Slightly helpful 3=Moderately helpful 4=Very helpful 5=Extremely helpful

1   2   3   4   5

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Web App ○ ○ ○ ○ ○

25. Of the information resources available to you, what suggestions do you have that would make them more useful, practical and or user friendly? (You may select several options)

☐

Content e.g. topic covered

☐

Layout or design

☐

Language used

☐

Other, specify below

If you chose "Other" above, please specify your suggestion:

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26. What additional information sources and resources would be necessary to support women to look for information on sexual violence effectively?

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Barriers to Looking for Information

27. Did you know where to look for help / information you needed?

Yes No

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Know where ○   ○

28. Did you know what information /help to look for?

               Yes No

Know what ○   ○

29. Did you find the information /help you needed?

               Yes No

Information /help found ○   ○

30. If you did not find the information/help you needed, what action did you take?

31. If at all, did anything prevent you from looking for information/help?

               Yes No

Anything prevent ○   ○

If yes, what?

32. How long did it take for you to find the information you needed?

       Days Weeks Other Other, please specify

Time ○   ○   ○

33. Why do you think it took the time you indicated above?

Information Use

34. How helpful, if at all did you find the information/help from the sources listed below? Use the following scale, where 1=Not helpful 2=Slightly helpful 3=Moderately helpful 4=Very helpful 5=Extremely helpful

	1	2	3	4	5
Family	○	○	○	○	○
Friends	○	○	○	○	○
General doctor / nurse	○	○	○	○	○
Gynecologist / obstetrician	○	○	○	○	○
Radio	○	○	○	○	○
Television	○	○	○	○	○
Smartphone	○	○	○	○	○
Internet sources	○	○	○	○	○
Books	○	○	○	○	○
Newspapers / magazines	○	○	○	○	○
Other, specify below	○	○	○	○	○

If you chose "Other" above, please specify:

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35. How much, if at all have you benefitted from the information on the areas listed below? Use the following scale, where 1= Not at all 2= Slightly 3= Moderately 4= Very much 5= Extremely

	1	2	3	4	5
Rape	○	○	○	○	○
Sexual abuse / defilement	○	○	○	○	○
Forced circumcision	○	○	○	○	○
Forced or early marriage	○	○	○	○	○
Forced prostitution	○	○	○	○	○
Forced pregnancy	○	○	○	○	○
Forced abortion	○	○	○	○	○
Sexual harrasment	○	○	○	○	○

36. How have you been able to use the information?

37. Has anything prevented you using the information for your benefit?

Yes No

Reason not to use ○   ○

38. If information on sexual violence were continuously made easily available to you,

what difference would it make in your life?

39. Any suggestions or additional information regarding questions raised in the survey

that you want to give?

Proceed

Once you click "Save" you will not be able to make any more changes to your answers.

Thank you for taking the time to fill the survey!

Caroline Muthoni