



Deconstructing Gender-Based Violence from Kenyan Soap Narratives: Unveiling The Nexus Between Syndemics, Women's Health, and Transformative Change

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Abstract

This research aimed to provide a comprehensive and nuanced understanding of the interplay between media narratives, women's health issues, and gender dynamics through an analysis of two selected soap operas. The study reveals alarming trends within the narratives, indicating that soaps mirror social stereotypes and beliefs regarding gender and culture. These include trivialisation and normalisation of Gender-Based Violence (GBV), victimisation, objectification, gender imbalance and perpetuation of harmful gender stereotypes. Data analysis demonstrates a stark contrast in gender roles, with men portrayed as dominant, women as subordinate and victims as helpless, revealing stratifiers in GBV depictions. The exclusion of various faces of GBV such as Female Genital Mutilation (FGM) and the erasure or underrepresentation of marginalised groups from the narratives denotes the omission of an intersectionality lens to the portrayals. Moreover, the socioeconomic disparity between female actresses and male actors is evident, reinforcing gender inequalities off-screen and indicating syndemics influencing GBV. These findings underscore the significant impact of soap narratives in entrenching harmful gender stereotypes and normalising violence, indicating a syndemics perspective in GBV construction. The portrayal of GBV in a trivialised manner perpetuates a culture of violence, which has severe implications for women's well-being and empowerment. This article raises critical concerns regarding the potential negative consequences of media portrayals on societal attitudes and the perpetuation of violence which impacts women's health. It highlights the urgent need for responsible and empowering media representations to challenge marginalization and harmful gender norms towards transformative change. By addressing the complexities within soap narratives, the study aims to pave the way for a more equitable and empowering media landscape that uses a syndemics perspective in pursuit of social change.

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Disclosure Statement

The authors report that there are no competing interests to declare.

1.0 Introduction

In the realm of entertainment media, soap operas are a powerful medium of storytelling (Ford, et al, 2011). Kenyan soap operas wield considerable influence, serving not only as a source of entertainment but also as a reflection of societal values, norms, and attitudes (Akwala, et al, 2021). Within this captivating world of fiction, the portrayal of GBV and gender dynamics “*becomes a critical aspect that shapes perceptions of women's roles and influences societal attitudes*” (Akwala, et al, 2021, p. 154).

This research embarked on a journey to delve into the intricate tapestry of Kenyan soap narratives, with a primary focus on the representation of GBV and its connection to syndemics that impact gender relations and women's health. Through an analysis of purposively selected soap operas, the study endeavoured to unveil the underlying themes, dynamics, and messages conveyed through these narratives.

Beyond the fictional realm, this research also illuminated stratifiers behind the scenes (WHO, 2020), wherein female actresses face socioeconomic challenges in contrast to their male counterparts and gender imbalances in directors and composers (Smith, et al, 2023). Such imbalances in the media industry serve as a microcosm of broader gender inequalities, warranting a closer examination of how media representations influence and reflect societal values.

The study sought to ignite critical dialogue and advocate for responsible and empowering media representations, urging for transformative change that challenges damaging gender portrayals and fosters positive societal attitudes. Through this investigation, the study aspired to contribute to the broader discourse on the power of media narratives in shaping societal attitudes and the urgent need for more inclusive, empowering, and non-violent representations.

1.1 Research Gap

While previous studies have examined the portrayal of Gender-Based Violence in various media formats, there is a notable research gap regarding the intersection of syndemics, women's health, and media narratives of GBV in Kenyan soap operas. Existing literature focuses on individual health issues or single aspects of GBV representation, but there is limited research that comprehensively analyses the co-occurrence and interaction of multiple health challenges within the context of GBV portrayals in the soap opera genre. Additionally, few studies have explored how these portrayals may influence social perceptions of GBV, thereby hindering transformative change and women's empowerment in the Kenyan context. This research gap justifies the study as well as its contribution to epistemology and existing literature.

1.2 Objectives

The research objectives of the study were to:

- a) Analyse the portrayal of Gender-Based Violence in Kenyan soap operas, examining its frequency, nature, and context;

- b) Examine the co-occurrence and interaction of multiple health issues in the narratives of GBV within the selected soap operas;
- c) Explore the depiction of syndemics and their impact on women's health and well-being in the context of GBV portrayals;
- d) Propose recommendations for responsible and transformative media representations that challenge harmful gender norms, promote women's empowerment, and contribute to positive social change.

2.0 Literature Review

2.1 Gender-Based Violence in Media Narratives

Gender-Based Violence, a pervasive and deeply rooted social issue, has been a subject of growing concern across various societies (Klugman et al., 2014). Within the context of media, numerous studies have investigated the portrayal of GBV, particularly in soap operas, and its potential impact on audience perceptions and attitudes (Phiri, 2024; Sinalo & Mandolini, 2023; Information Resources Management Association, 2023). Scholars have underscored the significance of media narratives in shaping societal norms (Bliuc & Chidley, 2022) and have called for critical examinations of GBV representations in popular culture (Cuklanz, 2019).

2.2 Gender Dynamics and Women's Health in Media

In exploring the intersection of gender dynamics and media representations, researchers have highlighted how gender roles are reinforced and constructed through soap operas (Ahmed & Khalid, 2012; Allen, 2001). These studies have identified the perpetuation of traditional and stereotypical gender norms within soap narratives (Smith, et al, 2023; Mcquail, et al, 2005). Such portrayals perpetuate harmful stereotypes that contribute to syndemics that impact women's mental health, perceptions of access to health care, self-esteem, and agency⁴ (Bennett, 2016; Klugman et al., 2014).

2.3 Media Representations and Women's Empowerment

A significant body of literature has examined the relationship between media portrayals and women's empowerment (Klugman et al., 2014; Brown & Smith, 2020;). Scholars conclude that empowering media representations has the potential to challenge traditional roles and inspire positive social change (Information Resources Management Association, 2022). However, the media's perpetuation of harmful stereotypes may hinder women's empowerment efforts (Klugman et al., 2014; Okello-Orlale, 2006).

2.4 Gender-Based Violence in Kenyan Soap Narratives

Studies have revealed concerning trends of GBV trivialisation and normalisation in Kenyan soap operas, as well as the reinforcement of traditional gender roles (Akwala, et al, 2021; Kung'u & Gathigi, 2023; Mueni, 2013). These portrayals have been linked to potentially harmful implications for women's health and well-being (Ali & Rogers, 2023). The exclusion of crucial issues, such as Female Genital Mutilation (FGM), from the soap narratives has also been a topic of scholarly inquiry, indicating the need for equitable and empowering constructions of GBV (Association of Media Women in Kenya, 2019).

3.0 Definitions and Limitations

3.1 Syndemics and Women's Health

Syndemics as a concept was coined by the medical anthropologist Merrill Singer in the 1990s to describe the complex interplay of health problems that are often interconnected and mutually

⁴ Agency refers to the capacity of individuals to act as independent agents, making choices and taking responsibility for their actions, within the context of their personal beliefs, values, and circumstances.

reinforcing (Singer, 2009). The syndemics framework recognizes that women's health involves the co-occurrence of multiple health challenges such as reproductive health issues, mental health disorders, infectious diseases, and chronic conditions (WHO, 2020) which are at times magnified and multiplied by poverty and lack of education (Ali & Rogers, 2023). Rather than addressing health issues in isolation, a syndemics perspective calls for comprehensive and multifaceted interventions that consider the interconnected nature of health problems and the underlying social determinants of health (WHO, 2020; Singer, 2009). Social and environmental factors influence the clustering and interaction of multiple health issues in women.

3.2 Social Determinants of Health and Syndemics in Women

3.2.1 Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work, and age. They include a range of factors such as socioeconomic status, education, employment opportunities, access to healthcare, social support networks, and exposure to discrimination and violence (WHO, 2020; Ali & Rogers, 2023). These determinants are not only influenced by individual choices but also reflect broader societal structures and inequalities.

3.2.2 Syndemics in Women

In the context of women's health, syndemics can involve the combination of various health challenges, such as reproductive health issues, mental health disorders, chronic diseases, and infectious diseases, all of which may be influenced by social determinants (Nakamura et al. 2023) or stratifiers (WHO, 2020).

3.2.3 Intersectionality

Intersectionality is an analytical framework that explores how different social stratifiers such as gender, class, race, education, ethnicity, age, geographic location, religion, migration, socioeconomic status, ability, disability, and sexuality interact to create different experiences of privilege, vulnerability and/or marginalisation (WHO, 2020). The concept of intersectionality recognizes that women's experiences of health and well-being are shaped by multiple intersecting factors or stratifiers. (Crenshaw, 1991). Intersectionality unveils how social determinants compound health disparities for marginalised women (Nakamura et al. 2023).

3.2.4 Poverty and Access to Healthcare

Poverty and limited access to quality healthcare services can lead to a higher prevalence of health issues in women (Singer, 2009). For example, women from low-income backgrounds may face challenges in accessing sexual and reproductive healthcare, mental health services, and chronic disease management, which can contribute to the clustering of health problems (Mendenhall, 2019; Nakamura et al. 2023).

3.2.5 Gender-Based Violence

GBV is a critical social determinant of health that disproportionately affects women. Survivors of GBV are at an increased risk of HIV/AIDS transmission, physical injuries, gynaecological problems, complications during pregnancy and childbirth, access to healthcare, disruption of education or employment, mental health issues, sexual and reproductive health challenges, stigmatisation and social isolation, and chronic diseases (Wood, 2007; Nakamura et al. 2023, p. 143). GBV can also exacerbate existing health conditions and lead to long-term health consequences (Ali & Rogers, 2023).

3.2.6 Social Support and Community Networks

Studies indicate that strong social support networks and community cohesion can function as protective factors against health challenges (Wood, 2007). Conversely, the lack of social support can contribute to increased vulnerability to syndemics (Singer, 2009). Supportive communities can help women cope with health issues and access resources for health promotion and disease prevention (Ali & Rogers, 2023).

3.2.7 Discrimination and Stigma

Discrimination and stigma related to gender, race, and other identities can negatively impact women's health and well-being (Funk & Funk, 2021; Nakamura et al. 2023). For example, the voices of disabled people are not invited into political and institutional processes, thereby exacerbating their poverty, abuse, and lack of voice and agency (Ali & Rogers, 2023). The stigmatisation of certain health conditions may deter women from seeking care, exacerbating the clustering of health issues. For example, child victims of diseases with visible manifestations like leprosy, TB, Ebola, Leishmaniasis⁵, and Lymphatic filariasis⁶ are not educated due to the economics of begging. This has an impact on the home and can cause chronic mental issues (WHO, 2020).

Addressing syndemics in women requires a comprehensive approach that considers the social determinants of health (Singer, 2009). Integrating an intersectional and gender-sensitive lens into health policies and interventions can help break the cycle of syndemic health challenges and promote better health outcomes for women (WHO, 2020).

3.2.8 Intersectionality and Syndemics

The combination of intersectionality and syndemics acknowledges that health disparities and syndemic health burdens are not uniform across all populations. Instead, they are shaped by the intersection of multiple identities and social determinants (Singer, 2009). Different populations may experience unique and compounded health challenges based on their specific social identities and lived experiences (Ali & Rogers, 2023). For example, migrant women workers are particularly vulnerable as the intersection of race, migrant status, work sector, caste, class, gender, and other social dynamics might amplify the discrimination and marginalisation they face (WHO, 2020; Ali & Rogers, 2023, p.353). Understanding the intersections between various identities and health issues is essential for identifying and addressing health disparities effectively (WHO, 2020).

4.0 Theoretical Grounding

The theoretical frameworks employed in this article are social constructivism, intersectionality theory and Critical media studies.

4.1 Social Constructivism

Social constructivism posits that meaning is produced (constructed) through interactions, shared understandings, and cultural norms rather than simply found (Hall, 1997). Individuals construct their understanding of reality through interactions with their social and cultural environments (Scheufele, 1999). Through the lens of social constructivism, we interpret the portrayal of GBV in Kenyan soap operas as socially constructed representations that reflect and perpetuate prevailing gender norms, power dynamics, and societal values (Akwala, et al, 2021).

In the context of GBV portrayals in soap operas, this theory guided the study to investigate how audiences actively engage with media narratives and interpret them based on their own experiences, beliefs, and cultural backgrounds (Ali & Rogers, 2023).

4.2 Intersectionality Theory

Developed by Crenshaw (1991), the intersectionality theory highlights the interconnected nature of social identities and power dynamics. It provides a valuable lens for understanding the complex relationship between syndemics and GBV portrayals in soap operas and their implications for women's health. According to the theory, health outcomes are not solely shaped by individual health issues but are influenced by the intersection of various social determinants and identities (WHO,

⁵ Leishmaniasis is a vector-borne disease caused by parasites of the *Leishmania* genus. It is transmitted to humans through the bites of infected female sandflies. It is prevalent in tropical and subtropical regions and is considered a neglected tropical disease and primarily affects people living in poverty. Symptoms include skin lesions, fever, and weight loss.

⁶ Lymphatic filariasis (Elephantiasis) is a parasitic tropical disease caused by filarial worms and transmitted through infected mosquitoes. It is prevalent in tropical and subtropical regions in parts of Africa, Asia, the Pacific Islands, and the Americas. It is also considered a neglected disease because it affects people in impoverished conditions.

2020). Intersectionality emphasizes how individuals' experiences and vulnerabilities arise from interactions between multiple identities, including gender, race, class, ethnicity, sexuality, and ability (Crenshaw 1991). In the context of syndemics and GBV portrayals, intersectionality examined how the convergence of multiple social identities can exacerbate health challenges and impact women's health in distinct ways. Applying the intersectionality theory to this study revealed how various social factors contribute to differential health outcomes and the perpetuation of harmful gender norms (Nakamura et al., 2023).

4.3 Critical Media Studies

Critical media studies offer a transformative perspective, inviting us to critically analyse the power structures and ideologies embedded within media representations (Funk & Funk, 2021; Ott & Mack, 2014). By adopting this theoretical approach, we deconstruct the soap operas' portrayal of GBV and examine the underlying messages, representations of violence, and power dynamics (Akwala, et al, 2021). Critical media studies question the motives behind the construction of such narratives (Akwala, et al, 2021; Ott & Mack, 2014) and their impact on women's health and empowerment (Klugman et al., 2014; Wood, 2007).

Through critical media studies, the researchers also scrutinized the social and political contexts that influence media content (Ngwanainmbi, 2019) and how GBV is depicted within soap operas (Cuklanz, 2019; Kung'u, 2023). This theoretical grounding encourages them to challenge the normalization of abusive behaviours, gender imbalances, and harmful stereotypes presented in the narratives. By critically engaging with media representations, the study aimed to contribute to broader societal conversations on GBV and foster positive social change.

5.0 Methodology

5.1 Research Design

This study adopted a mixed-methods research design, incorporating content analysis of two selected Kenyan soap operas and six focus group discussions to triangulate data from diverse sources.

5.1.1 Sampling

For content analysis, two popular Kenyan soap operas, *Makutano Junction* and *Mother-in-law* were purposively selected. Probability and systematic sampling were done on all the episodes of the two soaps. The sample size was therefore 24 episodes of *Makutano Junction* and 114 episodes of 7 ½ minutes for *Mother-in-law*.

For Focus Group Discussions, probability sampling was used to identify a cluster sample of diverse groups of soap opera viewers from two universities. They were undergraduate students in the communication field. Quota sampling was used to identify an age stratum of 18–25-year-olds. Purposive sampling was then done to identify a homogeneous sample based on the gender and age of the participants. Six groups, evenly split by gender, with eight participants in each (24 males and 24 females), were identified.

5.1.2 Data Collection

A comprehensive coding scheme was developed by two coders based on the research objectives and relevant literature. The coded categories were pretested for intercoder reliability. The coder pretest was evaluated for inter-coder consistency using Cohen's kappa coefficient. Once agreement was grasped, and the coding classifications embraced, two coders completed the data coding individually. For the FGDs, after obtaining consent from all participants in each group, they were reminded of their ethical freedom and each discussion proceeded using an FGD guide.

5.1.3 Data Analysis

The coded data from content analysis was entered in Excel, cleaned, and imported into the SPSS for both descriptive and inferential analysis. The summary of individual variables and the correlation of variables were linked to the research questions. Data from the FGDs (notes, video,

and audio recordings) was transcribed, coded, and cleaned on Excel. It was then imported into NVivo software for narrative and discourse analysis. Content analysis was used to identify the main themes that emerged from the discussions and responses given by the respondents. Main themes were identified for all the discussions and integrated into the text of the research report.

5.1.4 Ethical Considerations

The researchers sought and obtained an ethical permit No. P624/07/2021 from the institution's Ethical Board (KNH-UoNERC) as well as a research permit No. NACOSTI/1/P/22/15220 from the National Commission for Science, Technology, and Innovation (NACOSTI). This study was conducted according to International ethical codes and research standards. The rights of human subjects were protected. Data results were neither fabricated, falsified nor misrepresented. They also avoided plagiarism at all levels and have honoured copyrights, patents, and other forms of intellectual property.

6.0 Findings and Discussion

6.1 Portrayal of GBV forms

The findings presented in Figure 1 show that the most dominant GBV form was gender discrimination, which had 305 instances, accounting for 55% of the total cases observed. It was followed by IPV at 20.8%. Out of 554 gender-based violence instances in the soap episodes, only 27 depicted harmful traditional practices, with minimal portrayal of child abuse.

Portrayals of GBV forms in these soaps convey the comprehensive implications of GBV on women's lives, including social and economic impacts that contribute to syndemic health burdens. It also amplifies vulnerabilities related to women's health. When portrayed with other health challenges, it can shape how the audience perceives the interconnectedness of these issues in real life.

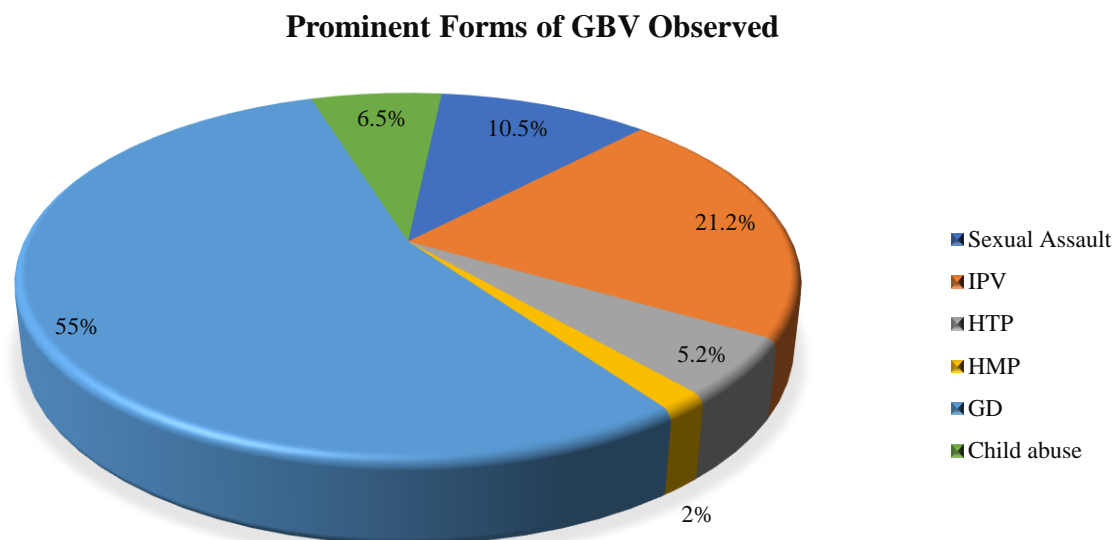


Figure 1: Prominent forms of GBV

Key:

- GD : Gender Discrimination
- HMP : Harmful Modern Practices
- HTTP : Harmful Traditional Practices
- IPV : Intimate Partner Violence

6.2 Forms of Harmful Traditional Practices Portrayed

Harmful traditional practices which had been conceptualised as Female Genital Mutilation (FGM), early marriage, forced marriage, infanticide and/or neglect, widow inheritance and disinheritance were observed in 27 of the 554 incidences observed in the two Soap operas, indicating that these practices have a cultural context and are portrayed as part of social narratives. However, FGM was erased together with widow inheritance and disinheritance. Even FGD participants did not mention FGM in the soap opera themes they discussed as viewers. Nevertheless, they did note a portrayal in the local soap *Selina*, where Selina’s sister is betrothed to an elderly man reflecting a tendency by soaps to overlook or downplay these practices. The erasure also underscores the disconnect between media portrayals and reality because about two million girls every year (meaning 16,000 a day) undergo female genital mutilation (Wood, 2007; United Nations Statistics Division, 2015). The alarming statistics highlight the urgency of addressing this issue despite its absence from media representation. FGM is also a global issue (BBC, 2019), with estimates suggesting over two hundred million females are affected by it (Wood et al. 2021; Ali and Rogers 2023). This accentuates the scale and impact of FGM on women’s health and well-being. In Kenya, it accounts for 27% of women aged 15- 49 (KNBS & ICF, 2023). The producers of *Mother-in-law* admitted that they have never considered portraying it for the audience. Figure 2 illustrates the portrayal.

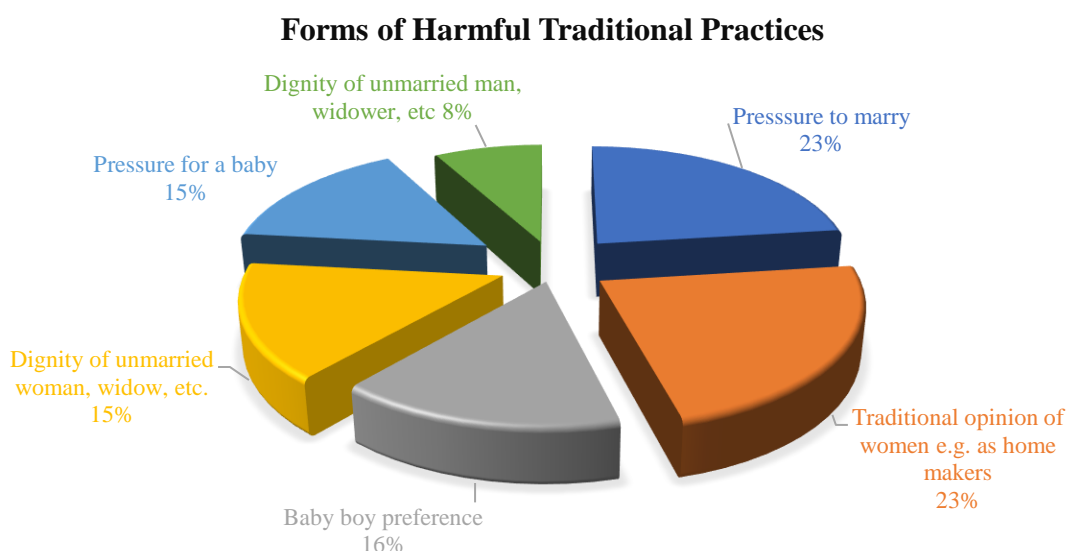


Figure 2: Forms of harmful traditional practices portrayed

6.3 Framing of the Violence

Of the frames observed, male dominance/aggression was the most frequent frame as it was portrayed in sixty instances (24.1 %). The production team and cast of the two soaps had more men than women. The same was reflected in the analysis of data from FGDs where participants noted that men are also dominant and professionals: all husbands are always in offices or away on business. These findings reflect the participants’ observation that soaps mirror social stereotypes and beliefs regarding gender and culture. Figure 3 illustrates the framing.

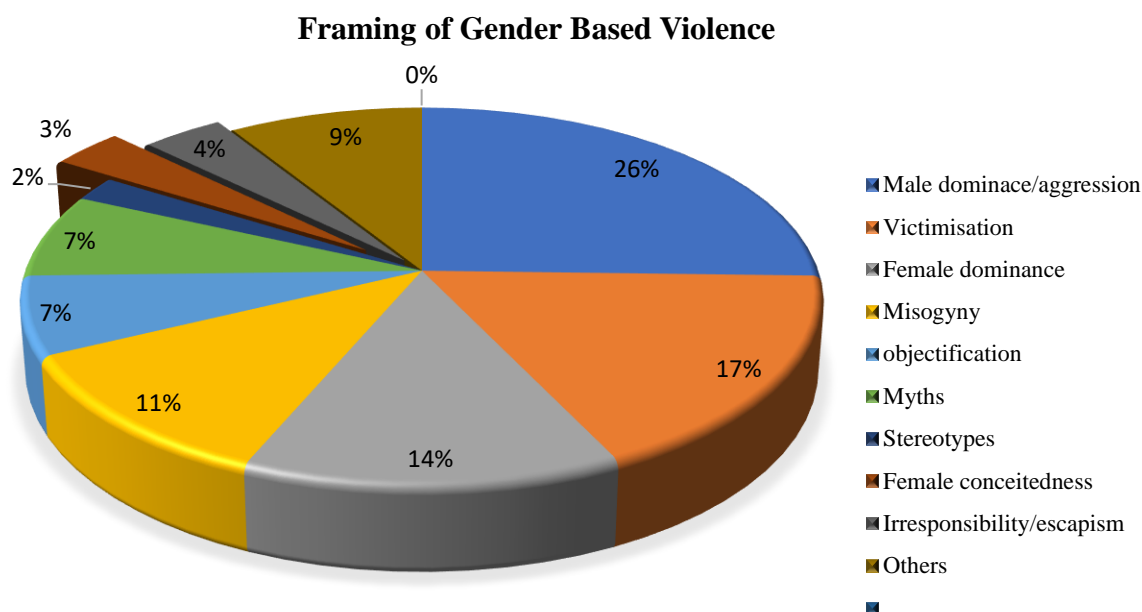


Figure 3: Framing of gender-based violence in the soaps

When the soaps frame GBV from the angle of male dominance, they are normalising traditional gender roles and inviting the audience to perceive male dominance as the acceptable and expected behaviour in real life. This framing is perpetuating unequal power dynamics. Portraying women in subordinate roles and perpetuating male dominance may limit the representation of women's empowerment and agency whose implication for women is different due to other social stratifiers like race, ethnicity, class, or disability.

Victimisation was used to frame the incidences of violence 17% of the time, indicating that these two soaps entrench the belief that victims are to blame for the violence that befalls them. Male participants in FGDs also blamed the victims for the violence. They gave an example that men work under pressure because of women, and *'if you cannot keep her, another man will.'* They concluded that women (the victims) were, therefore, to blame for the violence inflicted on them.

According to the intersectionality theory, these soap operas are marginalising survivors of GBV, particularly those from intersecting marginalised identities, when they perpetuate harmful gender norms and victim-blaming narratives. This can affect their mental and physical well-being. Notably, women from marginalised backgrounds, such as racial or ethnic minorities, LGBTQ+⁷ and nonbinary⁸ individuals, or those with lower socioeconomic status, face multiple intersecting health challenges. Smith, et al (2023) scrutinized 1600 popular films from 2007 to 2022, highlighting the substantial underrepresentation of marginalized groups. Their findings indicated that merely 2.1% of speaking or named characters in the top 100 grossing films identified as LGBTQ+, though the average was 1.1%. Astonishingly, 84 out of 100 films entirely omitted LGBTQ+ girls/women. Similarly, characters with disabilities constituted a mere 1.9% of the representation, primarily male. More than half erased characters with disabilities. For these women, the emotional and psychological impact of GBV can intersect with other health issues, leading to compounded health burdens often overlooked in media portrayals. Furthermore, these women have also been excluded from the soap operas.

⁷ Lesbian, Gay, Bisexual, Transgender and Queer or Questioning which describe distinct groups within the gay culture (and sometimes Two spirit thus LGBTQ2+)

⁸ A gender identity that does not exclusively align with the traditional binary categories of male or female.

6.4 Portrayal of Victim Characteristics

The results further show that victims were classified as either helpless⁹ or empowered¹⁰. The results showed that 286 (52%) of the victims were helpless whereas 265 (48%) were empowered.

FGD participants concurred with this portrayal in Kenyan soaps that a substantial number of victims are depicted as helpless. However, they stressed that producers should create characters that victims can confide in, like influential figures who advocate for justice. This is because victims do not report or speak out about violations and if they do, it is after many years (Crenshaw, 2013).

Portraying victims as helpless and weak, and even unprofessional like Mama Mboga¹¹ in *Makutano Junction* is misogynistic and is meant to undermine the agency and resilience of victims. Again, if media narratives perpetuate victim-blaming or fail to address the root causes of gender-based violence, it can contribute to the stigmatisation of survivors.

Empowered versus helpless victim

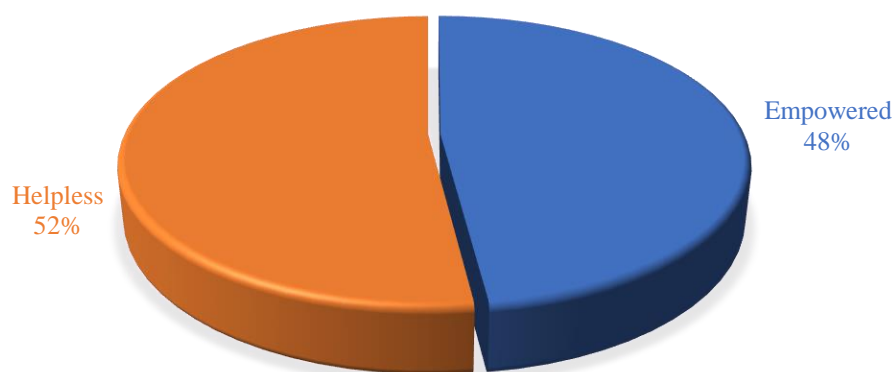


Figure 4: Empowered versus helpless victim

There are depictions of violence can trigger psychological distress, anxiety, and depression. This perpetuates stereotypes about the vulnerability of victims, hindering empowerment and social change. Moreover, this portrayal ignores multiple intersecting factors that contribute to women's vulnerability.

6.5 Physical Injuries Associated with the Violence

Results indicate that only 4% of the instances of violence across all GBV forms portrayed in the dramas indicated physical injury, and 96% did not.

This portrayal trivialises the crime of gender-based violence, that it is painless, and it is insignificant. Characters who exhibit no visible injuries portray to viewers a perception of invulnerability making them underestimate the severity and impact of the violence. Viewers fail to recognize the long-term consequences such as physical and psychological trauma, pain, and suffering experienced by victims of violence. Research conducted by Johnson et al. (2020) indicates that survivors of non-physical GBV may face stigma and encounter additional barriers to seeking help or support, as their experiences might be invalidated or dismissed due to the absence of visible injuries.

⁹ Helpless victims exhibit a lack of capacity or resources to protect themselves or control their circumstances. They can't navigate challenging situations because they're vulnerable and powerless.

¹⁰ Empowered victims exhibit a sense of control and strength. They may access resources, support systems and opportunities to overcome challenges and advocate for themselves.

¹¹ A market woman or vegetable vendor who sells cabbages and other groceries in an open market.

Portrayal of Physical Injury

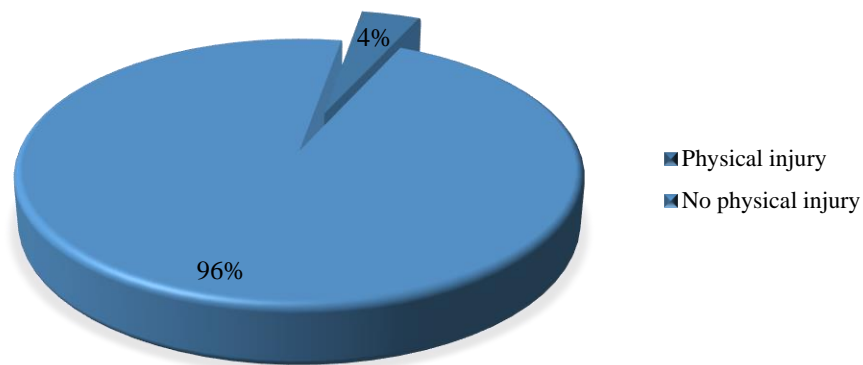


Figure 5: Portrayal of physical injury in the episodes

This normalization can contribute to the acceptance of abusive behaviours in real-life relationships, hindering efforts to combat GBV and promote gender equality. GBV portrayals that lack physical injury may still have significant emotional and psychological implications for women's health. They can inflict deep emotional scars, leading to anxiety, depression, post-traumatic stress disorder (PTSD), and other mental health issues. The emotional impact of GBV, when combined with other life stressors, may exacerbate syndemic health burdens, affecting women's overall well-being.

6.6 Portrayal of Justification for Violence

On the justification of the violent actions, only 15% of the violent incidences were justified, and 85% were not. The 15% provided some form of rationale or explanation for the violent actions within the narratives, while 85% lacked any explicit justification. While there can be no justification for violence whatsoever, the analysis explores the soaps' portrayal of violence without endorsing real-life justification for such acts.

Participants were also unanimous that no one is justified to be violent, no matter what has been done to them, and that people need to control their anger. Their perspective was that men overreact disproportionately in response to minor errors. This portrayal exacerbates syndemic health burdens for women in multiple ways. To begin with, it desensitizes viewers to its severity whereas the emotional toll of suffering violent acts can lead to anxiety, fear, and trauma, potentially contributing to syndemic health burdens.

Instances of Justified and Unjustified Violence

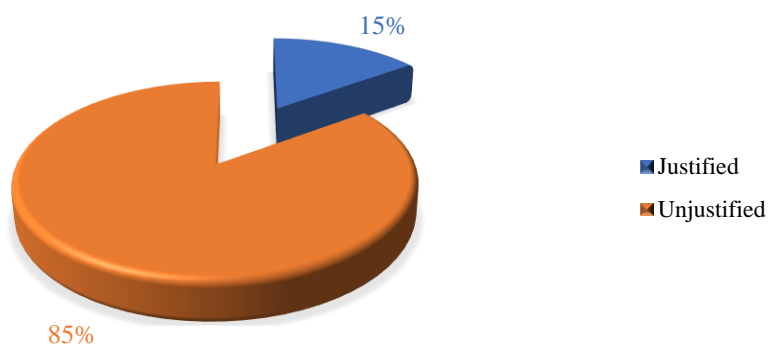


Figure 6: Instances of justified and unjustified violence

In addition, the representation perpetuates harmful gender norms and attitudes towards women by reinforcing the belief that women are deserving of mistreatment or that violence is an acceptable way to handle conflicts or disagreements. Furthermore, the intersectionality of women's identities can magnify the health impact. Lastly, Soap operas that consistently portray unjustified violence against women may lack diverse narratives that challenge harmful stereotypes and offer alternative representations of respectful and non-violent relationships.

6.7 Portrayal of Consequences for Violence

In relation to consequences related to violent acts, the results showed that among the 552 GBV cases, only 20 (4%) had consequences while the majority, 96% did not. Participants noted that perpetrators get away with violence very easily.

They also noted that women were the victims of male violence, poverty, beauty, of sacrifice for people, and society. For example, society blames women in case they are unable to conceive boys *ndio hawapati wavulana*.¹²

Participants noted that rarely were perpetrators held culpable for the violence because the soaps portrayed them as drunks (blame the drink or drugs) and were, therefore, not portrayed as accountable though judicially liable. For example, Charlie of *Mother-in-law* is always drunk, in another Kenyan soap, *Zora*, Fera rapes Alma when she is drunk. In *Maria*, Victor rapes Lornah when he was drunk. Participants also observed that GBV is trivialised because rape victims reconcile, fall in love, and marry their violators. Yet this is the exception, not the reality. A participant wondered: "*Mtu anakurape then unampenda. Mbona unampenda na amekurape?*"¹³

Just as the review of literature had indicated earlier, (NCRC, 2014), analysis of data indicated that victims do not report or speak out about violations (Crenshaw, 2013) and if they do, it is after many years. Many times, they are 'found.' For example, in *Mother-in-law*, Betty did not disclose the rape until Alpha, the son, was a teenager. In *Maria*, Lorna did not report the rape by Victor.

Moreover, the long-term consequences of violence on the victims were not portrayed. The instances of the types of violence portrayed indicated the violations as acceptable behaviour because the perpetrators were most frequently not penalised for the violations within the soap opera's narrative. Participants noted that in another soap, *Maria*, Kwame got away with killing his wife, Alma. Just like portrayal without justification, this portrayal of violence without realistic repercussions may lead to anxiety, fear, and trauma, potentially contributing to syndemic health burdens. It also normalises and trivialises the effect of GBV on victims and desensitises viewers to the seriousness of violence. The portrayal reinforces the belief that women's safety and well-being are not a priority, further entrenching power imbalances in relationships.

6.8 Gender of Script Writers and Directors

The findings indicated that most scriptwriters were male (16) while the females were only twelve, although gender parity was noted among directors. These observations highlight a significant gender gap in creative roles within the media industry. The higher number of male scriptwriters might contribute to gender biases in soap narratives, while equal director representation suggests the potential for balanced perspectives. These findings emphasize the role of gender dynamics in media production, affecting gender-based violence depictions and themes in soap operas. Notably, the gender ratio in the Smith, et al, 2023 study was 10.3 male directors for every one female director and one-woman screenwriter for every five male screenwriters highlighting a substantial gender disparity in the field of media production. This mirrors the broader context of gender inequality underscoring the imperative to address these gaps for more inclusive narratives.

Nonetheless, this study did not analyse casting directors, a stereotypically female role in Hollywood (Lauzen & Dozier, 2005), with a ratio of 4.4 females for every male (Smith, et al, 2023).

¹² They are the ones who fail to give birth to male offspring.

¹³ Someone has raped you, yet you love them. Why should you love your rapist?

Additionally, casting directors often reinforce stereotypes and rely on a limited talent pool, rather than reflecting the diversity of our real world. This omission underscores the multifaceted nature of gender dynamics within the media industry. Furthermore, previous research has demonstrated that such gender imbalances can significantly impact the narratives and representations portrayed in media (Frisby, 2015). For instance, films directed by women more often spotlight female characters and their narratives on screen than those solely directed by men (Smith, et al, 2023). As media holds the power to shape perceptions and influence societal norms, addressing gender disparities in the industry not only advances women's empowerment but also contributes to transformative change by fostering more inclusive narratives that reflect the complexities of the syndemics women face in today's world.

6.9 Portrayal of Actors by Gender

According to the intersectionality theory, GBV persists through power structures like traditional leaders, elders, religious figures, and sometimes healthcare providers within communities. These influential figures wield power dynamics that enforce and perpetuate harmful practices. Therefore, the researchers aimed to identify patriarchy indicators by examining gender role allocation. Findings were that of the 449 incidences analysed, the major characters were mostly male at 57.3% while female major characters were at 42.6%. Male minor characters were 49.8% while female minor characters were 50.1%. Figure 7 below illustrates the number of actors by gender.

This overrepresentation of men reinforces traditional gender norms and roles, depicting men in more dominant and powerful positions, while women are relegated to supporting or stereotypical roles. According to Smith, at al, 2023 study, the representation of girls and women on screen has remained constant at 32.8% since 2008. In the selection of the top 100 films in 2022, a mere 15% exhibited a balanced cast in terms of gender. Surprisingly, out of 1,600 films, 82 completely omitted white females from their screen, highlighting a pervasive issue of invisibility that extends to girls and women of colour. Furthermore, the ratio of speaking characters reflected a stark imbalance, with 1.89 male characters for every female character, despite women and girls comprising 50.4% of the US population.

Summary no. of cast members by gender

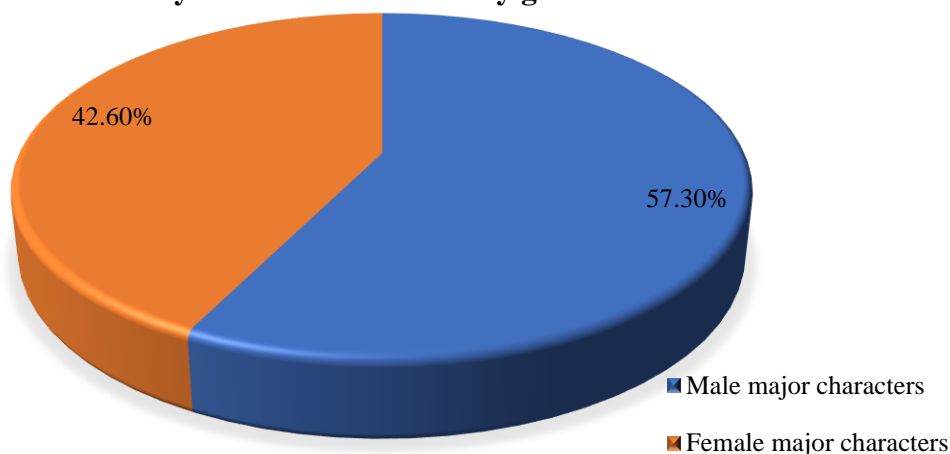


Figure 7: Summary number of major actors by gender

The underrepresentation of women and marginalized groups in media, both on and off screen, along with the persistently skewed gender ratios, mirror broader societal inequalities. Such disparities can contribute to the emergence of syndemics – interconnected health issues – by perpetuating harmful norms, stereotypes, and biases. These factors collectively influence women's health outcomes, as they shape attitudes, behaviours, and perceptions surrounding health, body image, and roles. The lack of equitable representation reinforces existing power dynamics and hinders progress towards gender equality and women's empowerment.

6.10 Allocation of Roles by Gender

The soap operas displayed traditional gender stereotypes, notably favouring male characters as professionals and achievers compared to females. In contrast, female roles emphasized interpersonal interactions like friendships and familial roles (mothers, daughters, wives). Remarkably, female actors took on main roles focused on interpersonal responsibilities (68.4%), while 45.6% of instances involved professional roles among fifty-two captured. Professional or business careers for women were at 22.8%, and subordinate roles appeared in 31.6% of instances. In minor roles, women mostly portrayed interpersonal roles (84.3%) and held subordinate positions (29.4%). These patterns mirror studies suggesting women often occupy caregiving roles more than men (Smith, et al, 2023).

Notably, focus group discussions revealed further insights. Actresses were often depicted as beautiful yet economically disadvantaged housewives, mirroring characters in *Mother-in-law*. In *Makutano Junction*, they embodied *Mama Mboga* roles, while men were shown in office jobs. A recurring theme emerged, depicting women as reliant on men and incomplete without them, actively seeking male partners. Another notable finding was the frequent portrayal of men as more successful than women in soap operas. Successful men appeared in 13.2% of instances, while successful women only in 3.6% of cases. Figure 8 illustrates the allocations.

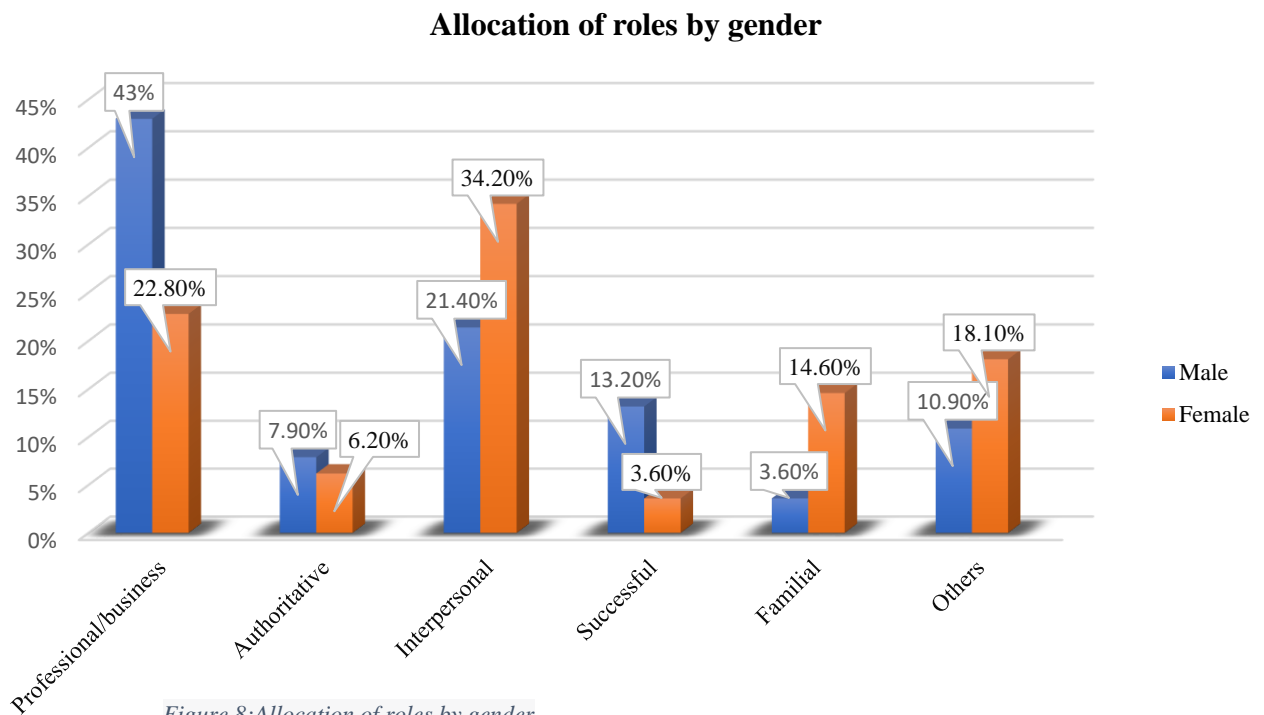


Figure 8: Allocation of roles by gender

The portrayal of traditional stereotypes of men and women leads to emotional and psychological distress for viewers. When women are depicted as submissive, dependent, or solely focused on relationships, it reinforces limiting beliefs and expectations, potentially leading to anxiety, depression, and other mental health challenges. It also reinforces rigid gender roles and social norms which can restrict women’s agency and opportunities, affecting their ability to pursue education, careers, and overall self-empowerment. Portrayals of women as passive or subordinate may limit discussions on consent, reproductive choices, and sexual health, potentially influencing real-life decisions and behaviours. The depiction of narrow beauty standards and traditional gender roles in soap operas can influence viewers’ self-esteem and body image contributing to syndemic health burdens, especially if women feel pressured to conform to unrealistic and harmful ideals.

6.11 Framing of Male versus Female Actors

Of the 53 incidences that were analysed, male characters were mostly stereotyped an average of 48.2 % of the time while objectification occurred 2.8% of the time. The study had operationalised stereotypes of men as slender (lean), good-looking, tall, well-built, successful/ rich, and sexually assertive.

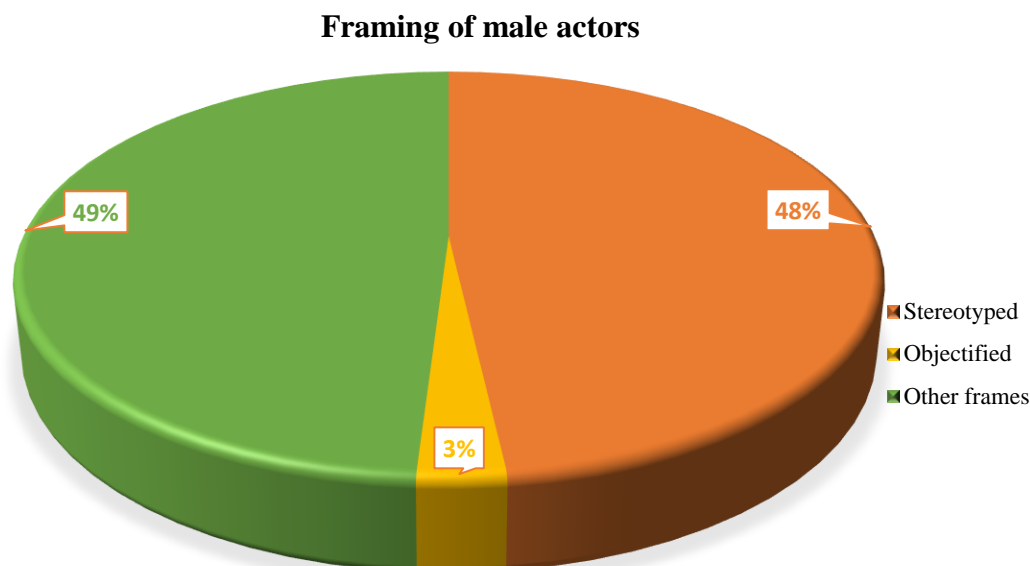


Figure 9: Framing of male actors

Male participants criticized the soaps for displaying exclusively handsome men, lacking ‘*sura personal*’ (ordinary-looking folk). Most male actors were affluent; in *Mother-in-law*, Charlie hails from a wealthy family, *Makutano Junction*’s Karis is a politician’s son, and *Maria*’s Kwame and Victor are well-off. This portrayal prompts inquiries into societal views of masculinity. On-screen, strength and success are spotlighted, yet real men exhibit diverse attributes like resilience and varying levels of success. While dramatic depictions have merit, they must not eclipse men’s multifaceted real experiences. Men experience violations and poverty as well. Furthermore, research has linked exposure to media’s unrealistic standards of attractiveness with body dissatisfaction and the risk of eating disorders in susceptible individuals (Benowitz-Fredericks et al., 2012). Such portrayals also affect women’s relationship perceptions and partner preferences, causing discontent with real partners.

In comparison, actresses were stereotyped 33.4% of the time and objectified 40.4% of the time. This portrayal reinforces unrealistic beauty and success standards, setting unattainable expectations for men and women alike. Moreover, physically attractive individuals are frequently perceived more positively than less attractive ones on dimensions that may have weak or no direct connection to physical appearance, including intelligence, sociability, and morality (Smith, McIntosh & Bazzini, 1999). This can lead to social comparison and a constant striving for an ideal that may not align with reality, affecting mental health and overall well-being.

Framing of females (actresses)

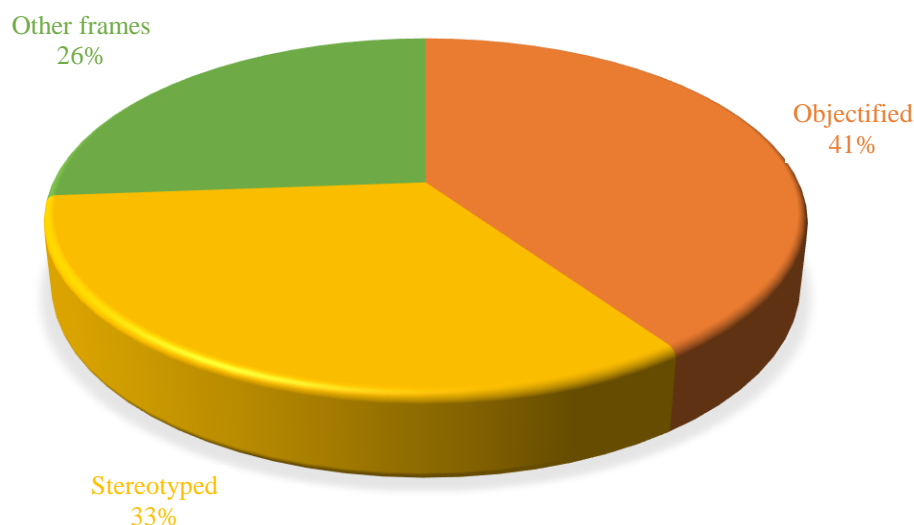


Figure 10: Framing of females (actresses)

It is worth mentioning that women stereotypes were operationalized as young (below 30 years), slim, fair, attractive and behaving like ladies publicly. Participants in FGDs opined that soaps mirror social stereotypes and beliefs regarding gender and culture. They pointed out that in the soaps producers use objectified or stereotypical images of video vixens in shades, colours, and shapes, like the actress Celina in *Mother-in-law*. Again, it was found that only women are evil and that dark people are victims. Exposure to idealized images of women may lead to body dissatisfaction and emotional distress, potentially contributing to syndemic health burdens. It also reinforces unrealistic beauty standards which can lead to social comparison and a constant striving for an ideal that may not align with reality. It can also contribute to body dissatisfaction and may be a risk factor for the development of eating disorders in some individuals thus affecting mental health and overall well-being. Additionally, the focus on young women perpetuates ageism and devalues the experiences, perspectives, and contributions of older women. This can impact women's self-esteem as they age and may influence societal attitudes towards ageing and age-related health concerns.

The researchers noted the prevalent erasure of older women characters in media, except for cases like Charity in *Mother-in-law*. Smith, Neff, and Pieper's (2023) study from 2007 to 2022 found only 1.2% of female-identified leads and co-leads were aged forty-five and above. In the top 100 films, 23.9% of speaking characters aged 40 + were women, creating an imbalanced 3.2:1 ratio of older male to female characters. This exclusion shapes audience views on ageism, marginalization, and appearance, potentially fostering skewed beliefs. Excluding older women limits addressing their unique health concerns and experiences, reducing role model opportunities and awareness of age-related health issues. Such portrayals reinforce ageist attitudes, marginalizing older women in real-life contexts. The intersection of ageism with other determinants like ethnicity and disability compounds health challenges, making them vulnerable to syndemics. Moreover, reinforcing certain images affects perceptions of beauty and femininity affecting women's perceptions of their worth and value.

7.0 Conclusion

In conclusion, this study reveals the dynamic interplay between media narratives of GBV and women's health issues, identifying trends with transformative potential. An analysis of Kenyan soap operas uncovers the troubling normalization and trivialization of GBV, alongside persistent traditional gender roles and exclusion of vital gender concerns. Furthermore, the research has highlighted the underrepresentation of women and marginalized groups both on-screen and off-

screen. Notably, a pronounced gender imbalance favouring men persists in shaping media narratives. In addition, focus group discussions have provided valuable insights into the impact of GBV portrayals on audience attitudes. Therefore, the study advocates for an equitable media landscape merging intersectionality and a syndemics approach for societal change and women's empowerment. Equal representation not only addresses visibility but reshapes cultural narratives enhances empathy, and embraces diversity. Finally, by amplifying women's voices the media can drive transformative change, challenge harmful norms, improve women's health, and counter syndemic conditions.

8.0 Recommendations

Based on the research findings and conclusions, and considering the fourth objective of this study, the researchers propose some recommendations towards transformative change in media construction of GBV and women empowerment. To begin with, responsible media should promote content that avoids trivialising or normalizing GBV in soap operas through a collaboration between media practitioners, regulatory bodies, and advocacy groups to create guidelines that uphold ethical standards.

Moreover, enhancing character diversity in soap operas to authentically depict the intersectionality of GBV is crucial. Collaborative efforts between writers, content creators, producers, and experts can yield multi-dimensional characters from various backgrounds, fostering a more inclusive representation of GBV and fostering deeper comprehension of its intricate dynamics. Furthermore, it is essential to ensure that the progress in providing access and opportunities to women behind the camera will lead to lasting and impactful transformation. Achieving this requires guidance and consultation from experts, given the barriers certain groups face due to the glass ceiling prevalent in the media industry.

Equally important, policy makers can introduce ethical media awards to recognize and celebrate soap operas that demonstrate responsible representations of gender issues and promote women's empowerment. These awards can serve as incentives for media creators to prioritize responsible storytelling and accurate portrayals of GBV.

In addition, the provision of educational opportunities for media professionals can enhance their understanding of gender issues, women's health, and the potential impact of their portrayals. This can be done through collaboration with experts and organizations to develop accessible workshops, seminars, or training programs that offer valuable insights and tools for creating more informed and sensitive media content. In addition, there should be media literacy programs in schools and communities to equip individuals with the skills to critically analyse media content.

Moreover, there should be establishment of partnerships between media stakeholders and gender empowerment organizations to provide guidance and insights on developing empowering narratives that reflect women's agency, leadership, and resilience. There should be a policy framework that incorporates continuous research and monitoring of media portrayals to track progress in responsible representation.

Lastly, media companies should employ transparent criteria in hiring and casting procedures, such as interviews and auditions, to enable them to circumvent implicit and explicit biases that limit opportunities for marginalized individuals. This way, biases that consistently lead to the exclusion of talented individuals from diverse backgrounds can be avoided. Rectifying casting disparities for underrepresented women swiftly enhances the overall representation of marginalized groups.

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