



SECTORAL BRIEF

GENDER, HEALTH AND SEXUAL AND REPRODUCTIVE RIGHTS (SRHR) AND HIV/AIDS IN KENYA



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Introduction

This policy brief is part of the Country Gender Equality Profile (CGEP), which assesses the status of gender equality and women's empowerment in Kenya based on recently produced reports and resources. The assessment aims to strengthen national understanding and data on advancing international, regional and national commitments to Gender Equality and Women's Empowerment (GEWE). As the primary source of evidence-driven advocacy and programming, the CGEP provides insights to county and national stakeholders, development partners, the European Union, and the UN System to advance gains and overcome challenges at the county and national levels.

Furthermore, the gender analysis is guided by the transformative and rights-based gender equality and women's empowerment approach embodied in the core European Union values on human rights and reinforced by the new EU Gender Action Plan 2021-2025 (GAP III). The framework recognises that gender equality is crucial in promoting democracy, good governance and sustainable development.

As a result, all EU policies and actions in Kenya contribute to the dual goal of advancing gender equality and accelerating progress toward Kenya's SDG goals and targets. Gender analysis is a starting point for gender mainstreaming and integrating gender equality and inclusion perspectives into the EU programming processes, policies, actions and dialogues.

This policy brief serves as a strategic guide for programmes and policies aimed at advancing and strengthening Kenya's integration of gender equality and women's empowerment across key stakeholders: The Government of Kenya (Ministries, Departments, Agencies [MDAs] and structures of governance: national, county and communities); development partners including the private sector and the United Nations (UN) agencies. This ensures that actions aimed at closing gender gaps and ending discrimination are informed by context-specific analysis that reflects the different realities, needs and challenges of men, women, boys and girls in all their diversity.

Background and context

The relationship between gender and health¹ is intricate because men and women experience different health conditions based on biological and socioeconomic factors. For example, women have different reproductive health needs compared to men. Acute health risks for women and girls include teen pregnancies, HIV/AIDS, gender-based violence (GBV) and Female Genital Mutilation (FGM). Maternal health is also closely linked to infant and child health. On socio-cultural and economic accounts, women suffer disadvantages that have ripple effects on accessing health care. As part of gender roles, women are also subjected to conditions that expose them to illness, e.g., caring for the sick. Although the weight of disease burden is on both men and women, women suffer extensively. Reports indicate that women bear the greatest brunt of TB and HIV infections.² For example, women had a higher HIV prevalence rate at 5.5 per cent compared to men at 2.9 per cent in 2021 despite a 4.3 per cent reduction in HIV prevalence rates.³ This is perhaps related to the harmful or dangerous cultural practices, including wife inheritance, that spread HIV/AIDS.⁴

Apart from bearing the heaviest weight of preventable infectious diseases, women in Kenya

experience reproductive health challenges. Maternal mortality rates remain high despite a decline in mortality rates from

488 DEATHS
PER 100,000 LIVE BIRTHS
IN 2008 TO

362 DEATHS
PER 100,000 LIVE BIRTHS
IN 2014.^{5,6}



Although the Constitution guarantees the right to health and reproductive health, the need is not fully met as women contend with conditions such as obstetric fistula, malaria and limited access to mosquito nets.^{7,8} Mental health has not been prioritised like other health conditions, yet 'there are specific links between mental health and women's reproductive health and sexual and gender-based violence.'⁹ The table below presents the landscape of Kenya's statistics on Sexual Reproductive Health.

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- 1 Low, W., & Binns, C. (2016). *Gender Issues and Public Health*. Asia Pacific Journal of Public Health, 28(2), 104-106. Retrieved July 21, 2021, from <https://www.jstor.org/stable/26686226>
- 2 Economic Survey 2016
- 3 World Aids Day Report. 2021
- 4 Republic of Kenya. 2019. National policy on Gender and Development. Sessional Paper No. 02 of 2019
- 5 KDHS 2014
- 6 Republic of Kenya. 2019. *National policy on Gender and Development*. Sessional Paper No. 02 of 2019
- 7 Economic Survey. 2018
- 8 Republic of Kenya. 2019. *National policy on Gender and Development*. Sessional Paper No. 02 of 2019
- 9 Ibid.

Table 1: Selected Sexual and Reproductive Health Related Statistics from State-Gathered Data

No.	Parameter	Details	Value
1.	Under 5 mortalities	(Per 1,000 live births)	52%
2.	Maternal mortality ratio	(362 per 100,000 live birth)	-
3.	Births attended by skilled health personnel	-	89%
4.	Health expenditure	(as % of GDP)	3.5%
5.	Contraceptive prevalence rate	Modern methods	53%
6.	Unmet needs for family planning	(% of currently married women (15-49 years))	92% Men 87.8% Women
7.	Literacy level	% (15-49 years)	92% Men 87.8% Women
8.	Proportion of women who have begun childbearing	% (15-49 years)	18.1%
9.	People living with HIV & AIDS	(15-49 years) (1.6 million) (KAIS – 2012)	
10	Female Genital Mutilation	Prevalence 2022)	15%
11	Gender-Based Violence: a) Physical Violence b) Psychological Violence c) Sexual Violence	Prevalence (KDHS 2022) (15-49 years)	a) Physical Violence: Women - 15.8% Men - 10.4% b) Psychological Violence: Women-22.1% Men - 19.3% c) Sexual Violence: Women - 6.5% Men - 3.9%

Source: Various government Reports

According to the Kenya AIDS Strategic Framework 2020/21 - 2024/25, about



The country's primary mode of HIV transmission is through sexual contact, which accounts for 80 per cent of all new HIV infections. More than half (51 per cent) of all new HIV infections in Kenya in 2015 occurred among adolescents and young people (aged 15-24 years), a rapid increase from 29 per cent in 2013.

The Kenya Demographic and Health Survey (2014) shows that one in every five girls between 15 and 19 years is either pregnant or already a mother. As of 2019, the latest statistics from Global Childhood indicate that Kenya has the third-highest teen pregnancy rate, with 82 births per 1,000 births.

The Kenya Health Policy 2014-2030 aims at attaining the highest health standards.¹⁰ The policy focuses on equity, people-centeredness and participatory multi-sectoral and social accountability approaches in health service delivery. The procedure directs the country's management and health operations. It is derived from the Kenya Vision 2030, the country's long-term development agenda¹¹ and the global commitments toward realising the fundamental

10 Ministry of Health. 2014. Kenya Health Policy 2014-2030. Accessed. <https://www.health.go.ke/resources/policies/>.

11 Government of Kenya, The Kenya Vision 2030. 2007. Accessed <https://vision2030.go.ke/v2030-publications/>.

human rights as enshrined in the Constitution of Kenya 2010.¹² The Constitution establishes a devolved government system with the national and 47 county governments. The devolved system of government decentralises services, resources and decision-making in key sectors, including health, thus bringing them closer to the people.

Kenya has a youthful population of adolescents (15-19).¹³ A young population puts great demands on the provision of health services, education, water, sanitation, housing and employment.¹⁴ This is because of many challenges in transitioning from childhood to adulthood, including emotional, cognitive, and social growth and development. Adolescents also develop new habits, patterns of behaviour and relationships that may endanger their lives, for example, engaging in risky sexual behaviours. The Global Strategy for Women's, Children's and Adolescents' Health in documenting global adolescent health challenges, states that millions of adolescents die from preventable causes, including limited access to information and counselling and sexual and reproductive health services.¹⁵

The 2019 statistics from Global Childhood indicate that Kenya has the third-highest teen pregnancy rate, with 82 births per 1,000 births. According to the United Nations Population Fund Report, 2017,¹⁶ Kenya recorded 378,397 adolescent and teenage pregnancies for girls aged 10-19 between July 2016 and June 2017; specifically, 28,932 girls aged 10-14 and 349,465 girls aged 15-19 became pregnant. Concurrently, over

13,000 TEENAGE GIRLS DROP OUT OF SCHOOL ANNUALLY BECAUSE OF PREGNANCY.¹⁷



According to media reports, in 2020, about 449 girls failed to sit for their final examinations while others wrote examinations from their maternity wards.¹⁸

Findings and Current Situation

1. Legal and policy context

The National Reproductive Health Policy 2007 guides the country's planning, standardisation, implementation, monitoring, and evaluation of reproductive health services. The Parliament of Kenya has previously rejected a proposed National Reproductive Healthcare Bill.¹⁹ Currently, the Senate is due to consider the Reproductive Healthcare Bill 2019, which seeks to provide the right to reproductive health care, set standards of

reproductive health and give the right to make decisions regarding reproductive care. Some religious groups, politicians, CSOs, and lobby groups previously opposed the tabling of the draft bill.²⁰

The Kenya National Adolescents Sexual and Reproductive Health Policy, 2015, guides implementation to meet adolescents' emerging trends and needs and comply with global commitments. The policy promotes integrated approaches and strengthened leadership,

12 Constitution of Kenya. 2010. Kenya. Accessed <http://kenyalaw.org/ki/index.php?id=398>.

13 Kenya National Bureau of Statistics, Kenya Economic Survey. 2021. Accessed <https://www.knbs.or.ke/wp-content/uploads/2021/09/Economic-Survey-2021.pdf>.

14 United Nations Population Fund. 2020. The State of Kenya Population. Accessed https://kenya.unfpa.org/sites/default/files/pub-pdf/state_of_kenya_population_report_2020.pdf.

15 Every Woman Every Child, The Global Strategy for Women's Children's and Adolescent' Health (2016-2030). Accessed <https://globalstrategy.everywomanever-child.org/>.

16 United Nations Population Fund, Kenya Annual Report. 2017. Accessed <https://www.unfpa.org/annual-report>

17 Kenya Demographic and Health Survey. 2014.

18 Muturi Glory. 2021. Teenage Pregnancy in Kenya: Gloom And Doom In Education, Health, National Council for Population and Development. Accessed [Teenage Pregnancy In Kenya – National Council For Population and Development \(ncpd.go.ke\)](https://www.ncpd.go.ke/teenage-pregnancy-in-kenya-national-council-for-population-and-development).

19 Kenya Gazette. 2019. The Reproductive Healthcare Bill, No. 23. Kenya Gazette Supplement No. 186. Accessed [http://www.parliament.go.ke/sites/default/files/2020-02/Reproductive per cent20Healthcare per cent20Bill per cent2C per cent202019.pdf](http://www.parliament.go.ke/sites/default/files/2020-02/Reproductive%20Healthcare%20Bill%20per%20cent2C%20per%20cent202019.pdf).

20 Odhiambo Donwilson. 2020. Kenya is Having another go at Passing a Reproductive Rights Bill. What's at stake, THE CONVERSATION. Accessed <https://theconversation.com/kenya-is-having-another-go-at-passing-a-reproductive-rights-bill-whats-at-stake-142387>.

coordination and execution with a renewed political commitment to strengthen implementation and mobilise resources to ensure effective implementation, monitoring and evaluation. Adolescents face several SRH challenges that include teenage pregnancy, sexually transmitted infections (STIs), unsafe abortions, female genital mutilation, early marriages, drugs and substance abuse, sexual and gender-based violence and other adverse health, social, mental and economic consequences. Many adolescents engage in early, risky sexual initiation but lack access to SRH and HIV information and services. The Kenya Economic Survey 2020 report found that the leading risk factors that contribute to mortality and morbidity in Kenya include

29.7% UNSAFE SEX 

5.3% UNSAFE WATER, SANITATION AND HYGIENE 

41% SUB-OPTIONAL BREASTFEEDING AND 

CHILDHOOD MATERNAL UNDERWEIGHT.²¹ 

Women continue to account for a higher percentage of the disease burden in the country, including challenges associated with sexual and reproductive health. However, through various programs such as Linda Mama, the Government of Kenya offers free maternity services, which provide women with free reproductive health services. The Kenya National Health Policy, 2014-2030, speaks to the importance of gender mainstreaming in planning and implementing all health programs. The 2015 National Adolescent Sexual and Reproductive Health Policy provides a basis for combating

harmful traditional practices, especially FGM, child marriage and other forms of GBV; the Beyond Zero campaign has also attempted to address women's reproductive health.²² Nevertheless, inequality, inaccessibility, unacceptability and unaffordability of quality health remain a major barrier to women's attainment of the highest health standards in Kenya.

2. Gender and HIV/AIDS

Gender inequality is a key driver of the AIDS epidemic. Unequal power dynamics between men and women and harmful gender norms increase the HIV vulnerability of women and girls in all their diversity. It deprives them of the ability to make decisions regarding their lives and access services. Further, it increases their risks of violence or other harm and hampers their ability to mitigate the impact of AIDS.

According to the Kenya HIV Estimates 2020, HIV prevalence among females was at 5.7 per cent compared to 3.1 per cent among males, showing a double epidemic burden among girls and women. Further, the 2021 Kenya World Aids Day Report indicates that the HIV prevalence among women is at 5.5 per cent compared to men at 2.9 per cent. The prevalence among key populations such as sex workers is as high as 29 per cent. The epidemic's impact is more prominent among adolescent girls and young women (AGYW); for example, AGYW aged 15-24 account for 41 per cent of the total new HIV infection. AIDS remains one of the top causes of death for women aged 15-49. Women who belong to key populations and are partners of key population members experience alarming high risks of acquiring HIV and are less likely to access services.

Policy barriers and inconsistent laws on the age of marriage, age of consent for accessing HIV testing, or sexual and reproductive health services hinder adolescent girls from making decisions about their sexual and reproductive health. The social stigma associated with using SRHR and HIV services affects these populations' health and HIV outcomes.

21 Ministry of Health. 2014. Kenya Health Policy 2014-2030. <https://www.health.go.ke/resources/policies/>.

22 Federation of Women Lawyers. 2017. Shadow Report on Kenya's 8th Periodic Report Scheduled to be reviewed during the CEDAW Committee's 68th Session.

Significant recent developments and progress have created strategic opportunities to have gender-sensitive HIV responses that work for women and girls in their diversity. Notably, there has been progress in expanding women's access to HIV treatment, with women comprising 68 per cent of all people on Antiretroviral Therapy (ART) in 2020. New biomedical prevention tools such as injectable Pre-Exposure Prevention (PREP) offer women increased options for making informed decisions about their sexual lives and reproductive health. These biomedical innovations should be

evidence-based, gender transformative, and have community-led interventions that involve women, girls, men and boys in transforming unequal gender norms and attitudes and behaviours in increasing demand and uptake of HIV services. Kenya pledged its commitment to implement the Global AIDS Strategy 2021-2025²³ and 'Political Declaration on HIV and AIDS: Ending Inequalities' to end AIDS.²⁴ Some priorities include reducing gender inequality, eliminating gender-based violence and ensuring women's empowerment.

Conclusions

Despite the centrality of gender issues in well-being and development, women and girls continue to be under-represented. Women continue to face maternal health complications due to poor access to health facilities, leading to high morbidity and mortality rates. The implications of GBV on women

and girls' health leads to mental and physical injuries. Similarly, FGM poses a health risk to women and girls and may lead to poor participation in socioeconomic activities. The Government should enforce existing laws and frameworks to safeguard women's and girls' health.

Recommendations for the Government of Kenya

- Review the National Reproductive Policy 2007 to align it to international standards on SRHR and the international and regional human rights conventions ratified by Kenya.
- The government should reconsider introducing age-appropriate sex education in schools. Kenya also needs to consider implementing the CEDAW concluding observations and Maputo protocol concluding observations in line with Article 26(4) of the Constitution.
- Conduct gender analysis, generation and effective use of age, sex and gender disaggregated data to develop, implement and monitor national gender transformative HIV policies, strategies, programmes, monitoring framework and budgets.
- Implement policies aimed at empowering women economically and socially across all sectors.
- Engage local community actors and opinion leaders in developing interventions aimed at eradicating harmful practices such as FGM.

Recommendations for Other Stakeholders and Partners

- Support capacity building of county governments to increase access to quality and affordable SRH services for women and young people.
- Support gender-responsive programmes that engage and mobilize young people and community leaders in tackling teenage pregnancies, early marriage and parenthood, SRHR, HIV/AIDS and eradicating FGM.
- Support programmes that promote multi-sectoral leadership and coordination across sectors for integration of initiatives to improve gender equality and well-being of women and girls in the context of sexual reproductive health and rights and HIV/AIDS.

²³ Global AIDS Strategy - End Inequalities. End AIDS 2021-2026

²⁴ Political Declaration on HIV and AIDS Ending inequalities and getting on track to end AIDS by 2030. Accessed https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf

Acknowledgements

The brief was developed under the overall guidance and leadership of Anna Mutavati-UN Women Country Representative to Kenya and Dan Bazira-UN Women Deputy Country Representative to Kenya.

It was developed by Diana Karua-International Consultant; Sebastian Gatimu-UN Women

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