Achieving Gender Equality by 2030: placing adolescents at the centre

a Kenya Fact Sheet

November, 2019

ADOLESCENT DEMOGRAPHICS

Kenya's large youth population comprises 23% of the total population[1], positioning the country on the cusp of the demographic dividend. There are slightly more boys than girls with a sex distribution of 6,139,000 adolescent males to 6,063,000 adolescent females[1]. Given the significance of adolescents in upcoming decades it is essential to address the persistent inequalities between boys and girls.

MEASURING GENDER EQUALITY IN EDUCATION

- A 2014 school census showed the gender parity index (GPI) in early child development and education (ECDE) programmes was 1.05, which dropped to 0.97 at primary school level and further fell to 0.92 at secondary school level[2]. A GPI of 1.00 implies the same number of boys and girls are enrolled. So, more girls are enrolled in ECDE, but this flips so that, relative to girls, slightly more for boys, are enrolled in primary school and even more boys are enrolled in secondary school.
    - These are improvements from 2009 when the gross enrollment GPI in primary school was 0.955 and in secondary school was 0.9043.
- Disparities are linked to: a) cultural assumptions surrounding puberty as a signal in some communities as a signal for marriageability and devaluation of girls' education, b) poverty (with implications for both boys' and girls' education) and school-related costs, and c) geographical access to secondary school[4].
- Some schools show concerning trends in harmful practices. Nearly 50% of school principals report that pupil-pupil sexual harassment has occurred either 'sometimes' or 'often'[5]. Additionally, nearly 30% of school principals state that teacher-pupil harassment has occurred in their schools[5].

SEXUAL & REPRODUCTIVE HEALTH ACCESS/EQUALITY

- The gender inequality index (GII), a measure of gender-based inequalities based on reproductive health, empowerment and economic activity, was 0.55 in 2017 and ranked Kenya in the lowest quartile of countries around the world (137th out of 160 countries)[6].
    - These inequalities translate into risky sexual behaviors starting during adolescence like condom non-use, transactional sex, multiple partners and STIs. Likewise, gender inequalities give women's and girls' low negotiating powers around sexual encounters.
- Women's lack of access to care at this time is largely associated with their lack of access to and control of resources, which inherently limits their decision-making power[7]. Lack of healthcare is a significant contributor to maternal deaths.
- Moreover, women's and girls' access to SRH services such as contraception is limited by cultural and religious beliefs. Specifically,
    - Poor reproductive health information (such as family planning myths and misconceptions) and early sexual debut (first sex at age 14 or younger) were associated with greater risk of pregnancy at each age[8].
    - Other studies in Kenya have found that early sexual debut, unmet reproductive health needs[9], lack of access to education opportunities, sex education and information regarding contraceptives, and all poverty predispose adolescents to early pregnancies[10].
    - Access to SRH information and services for adolescents is also limited by health workers attitudes and perceptions towards adolescent adolescents seeking these services[11,12].

3%

Girls under 19 are in polygamous unions[8] and those in polygamous relationships are less likely to seek health care compared to those in monogamous relationships[13]

12%

Young women aged 15 – 19 years are married or living with a partner compared with less than 1% of same age men[13]

18%

Adolescent girls aged 15 – 19 years that have initiated sexual activity[13]

20 YEARS

Median age at first marriage for women, and 25 for men[13]

18%

Girls currently aged 15 – 19 years that have begun childbearing

with substantial geographic variability from 40% in Narok County to 6% in Murang'a County[13]

25%

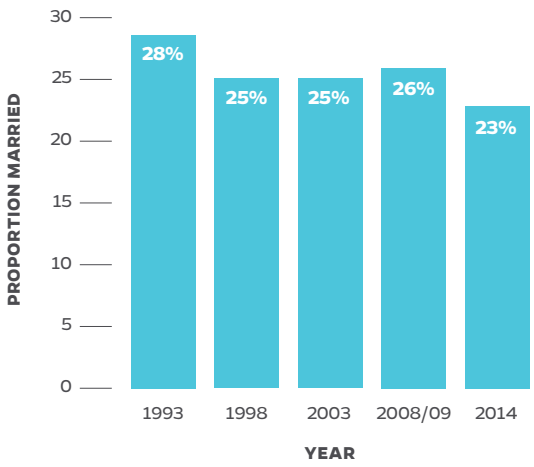
Women aged 25-49 giving birth by age 18
AND
47% gave birth by age 20[13]

HARMFUL PRACTICES DISPROPORTIONATELY IMPACT GIRLS

CHILD MARRIAGE

- Kenya has the 20th highest number of child brides in the world[14].
- A quarter (23%) of young women aged 20-24 were married before the age of 18 years, compared with only 3% of boys[13].
  - In some communities, children who get pregnant are forced into early marriage, mostly to the men/boys who caused the pregnancy, thus prematurely obligating them to adult responsibilities and denying them basic protection and social status as children.
  - Starting at about age 16, child marriage begins to rise and over the next couple years there is a steep increase where up until recently it was legal[9].

PROPORTION OF YOUNG WOMEN AGED 20 -24 WHO WERE MARRIED BY THE AGE OF 18 YEARS
(KDHS, 1993, 1998, 2003, 2008-09, 2014)[13]



- Among women aged 25-49, a quarter 25% gave birth by age 18 contributing to an overall median age at first birth of 20. For several decades, there has been little to no change in the median maternal age at first birth[13]. Data for men are not available.

TRENDS IN MEDIAN AGE AT FIRST SEX, AT FIRST MARRIAGE AND AT FIRST BIRTH AMONG WOMEN AGED 25-49 YEARS AND MEN 20-54[13]

	WOMEN			MEN		
YEAR	First Sex	First Marriage	First Birth	First Sex	First Marriage	First Birth
1993	16.6	18.8	19.1	—	—	—
1998	16.7 (20-49)	19.2	19.4	16.8	24.8	—
2003	17.6	19.7	19.8	17.1	25.1 (30-54)	—
2008/09	18.2	20.0	19.8	17.7	25.1 (30-54)	—
2014	18.0	20.2	20.3	17.4	25.3 (30-54)	—

MAIN FACTORS ASSOCIATED WITH CHILD MARRIAGE:[14]

POVERTY/ECONOMIC STATUS Girls are seen as assets providing economic value to the family when they are married; alternatively, they are also seen as an economic burden to the family which can be relieved through marriage.

EDUCATION LEVEL Girls who drop out of school are more likely to be married. Some parents withdraw a girl from school and marry her off once she begins menstruating.

TEEN PREGNANCIES Girls who become pregnant out-of-wedlock are likely to be married off for three primary reasons: to protect family name and honor; to receive dowry; to give the expected child a 'home'.

NATURAL DISASTERS Girls are married off as a survival tactic during prolonged droughts.

UNMONITORED SOCIAL AND RECREATIONAL ACTIVITIES Unsupervised and social interactions may result in sexual activity leading to pregnancy, dropping out of school and early marriage.

FAMILY FACTORS Parental monitoring, orphanhood and parental negligence force girls into early marriages.

CULTURAL PRACTICES FGM/C in communities such as Maasai, Turkana and others signifies readiness for marriage and tends to occur between 9 and 17 years. In Samburu, *beading*, a traditional practice signifying temporary engagement, allows the beader to engage in sex with the girl. Girls as young as 6 years old can be beaded.

- Oftentimes, beading involves a close family relative approaching a girl's parents with red Samburu beads and placing them around her neck. In the context of a temporary engagement the relative can then have sex with her.

VIOLENCE[16]

- Based on the 2010 Violence Against Children Study, experiences of violence in Kenya are far from uncommon for adolescents. Reports of lifetime violence before age 18 indicated the following:
    - 32% of females and 18% of males experience sexual violence, 66% of females and 73% of males experienced physical violence, 26% of females and 32% of males experience some form of violence as a child, and 13% of females and 9% of males experienced all three types of violence.
- The most common perpetrators of sexual violence were romantic partners for women (47%) and men (43%) followed by neighbors (27% for women, 21% for men). Parents were the most common perpetrators of physical violence by family members, whereas for males teachers and police were the most common perpetrators of physical violence by authority figures.
- Reports of current violence (within the 12 months before the study) among adolescents aged 13-17 demonstrated sexual violence levels of 11% for girls and 4% for boys and physical violence levels of 49% for girls and 48% for boys.
    - The most common perpetrators of sexual violence differed between sexes. For girls they were boyfriends/romantic partners (25%), neighbors (20%) and friends/classmates (20%). For boys they were friends/classmates (35%), girlfriends/romantic partners (30%), and neighbors (23%).
    - Again, partners were the most common perpetrators of physical violence by family members, and for males teachers (then police) were the most common perpetrators by an authority figure.
- In both survey groups for current and lifetime experiences of violence, less than 10% of boys and girls who experienced sexual or physical violence actually received any professional help.

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"FEMALE GENITAL MUTILATION/CUTTING" (FGC/FGM)

ONE IN FIVE (21%) of women age 15-49 have experienced genital cutting[13].

There appears to be a concerning trend over time to have girls undergo FGC/M at younger ages. Among women 20-24 years of age who underwent FGC/FGM, 28% experienced it between the ages of 5 and 9; and for adolescent girls who were cut 46% say that they were between 5 and 9 years when they underwent FGM[13].

While 3% of girls age 0-14 have undergone FGM/C; for adolescent girls 10-14 years it is 7%[13].

SUBSTANCE ABUSE

- Lifetime use of cocaine, heroin and prescription drugs is nearly 3 times higher among those aged 18-24 compared to those 36 and older[17].
- In one study among street 'children' who were 10-19 years old 74% reported any lifetime drug use. Of this group, 83% were currently using. Differences by sex are unclear as proportions vary by street status (being children of verus on the street[1])[18].
    - Glue was the most commonly used substance, followed by alcohol, cigarettes, miraa, marijuana, petrol and pharmaceuticals. No respondents admitted to using cocaine, heroin or amphetamines.
    - The median age at first trying drugs was 11 and the median age of beginning regular use was 12.
- Based on the 2007 Global Youth Tobacco Survey among school students aged 13-15 years 1 in 4 had ever smoked, 1 in 10 was a current smoker and just over 1 in 10 (12.8%) used forms of tobacco other than cigarettes[19].
    - Boys were twice as likely as girls to have ever smoked (33% versus 15.5%) or to currently smoke (12.7% versus 6.5%).
- One study among adolescents in the Nairobi urban slums found that boys are more than 20 times as likely to engage in drugs and 5 times more likely to consume alcohol than girls. Investigators attribute differences to gender and social constructed gender roles that see boys having more free time as compared to girls who live under stronger social control[20].
    - Out of school boys and girls were 4 and 3 times more likely to use drugs, respectively than their peers who were in school.

[1] "Children of the street" are those who are homeless; "Children on the street" are those who spend their days begging and living on the street but return home at night.

TRANSITIONING INTO ADULTHOOD AND WORK

- Adolescent (15-19) labor force participation (overall) is reported to be 32% with small sex differentials noting 34% participation amongst boys and 30% amongst girls[16].
- Among adolescents (15-19), 38% of males and 34% of females participated in full-time work and 61% of males and 65% of females held part-time work[16].
- Girls represent 44% of all technical and vocational education and training enrollment[21].
- In Kenya, all adolescents are expected to be in school. While this is the ideal situation, there are factors that push adolescents to combine work in school or that prevent adolescents from being in school, thus engaging in economic activities.

BOYS ARE NOT IMMUNE

- Boys are often sidelined in programmes and interventions on gender equality and empowerment, however, they are equally affected by gender inequalities. The results of non-inclusion of boys in the gender equality programmes often manifests in the high rate of interpersonal and self-directed violence. In 2014, more adolescent boys than girls aged 15-19 (43% versus 35%) reported lifetime experiences of physical or sexual violence in the past 12 months[13].
- Boys experience higher proportions of physical violence relative to girls[16].
- They are more likely to face issues of tobacco use and smoking and are more likely to engage with drug and alcohol use[20].
- In patriarchal societies, boys are often socialized to male privilege norms that violence and dominance are true reflections of being masculine.

2010 CONSTITUTIONAL GUARANTEES

As of 2010, the constitution guarantees greater legal gender equality[22]:

- equal rights regardless of gender,
- equal rights to women before, during and after marriage,
- equality in inheritance rights for the first time,
- and a new practice such that customary law is no longer exempt from constitutional provisions against discrimination and is considered void if it is inconsistent with the constitution.

MARRIAGE ACT OF 2014

Under the Marriage Act of 2014 the minimum legal age of marriage is 18 for both boys and girls[14].

2011 FGC/M BAN

The Prohibition of Female Genital Mutilation Act of 2011 banned FGC/M nationwide[8].

THE POLICY AND NORMS FRAMEWORK AROUND GENDER INEQUALITY

- Child marriage is not only between young girls and older men. For example, in December 2018, a 9-year-old boy married a 14-year-old girl in South Sulawesi[13]. Such marriages are driven by the fear of adultery and unwanted pregnancy. In certain areas, such as South Sulawesi and neighboring districts, this practice is relatively common.
    - At least 720 cases of child marriage happened in 2018 in Kenya[14].
- Between 2009 and 2011 the World Bank recorded legal and regulatory changes that affected indicators in *Women, Business and the Law:* accessing institutions, using property, getting a job, providing incentives to work, building credit and going to court. Due in large part to the new constitution, Kenya led the way with the highest number of changes towards greater gender parity and reductions in the legal differentiation between men and women[22].
- The constitution mandates that no elective body shall have more than two-thirds of its members from the same gender[23]. However, compliance among parties and within parliament remains problematic despite the Supreme Court ruling mandating the rules' implementation.
    - In the 2017 general election just 6.9% of all candidates were women. While they win at the same or greater rate than male counterparts, they remain massively underrepresented in government.
    - 172 of the 1,862 persons elected were women (9%)[24].
    - Gender roles and stereotyping remained strong and limited female candidates' access to funding and support. Meanwhile they faced violence, the threat of violence and harassment that went unreported or unaddressed, which has negative implications for future candidates who will face similar treatment.
    - Creation and implementation of enforcement mechanisms is lacking, and women and girls continue to go extremely underrepresented.

EVIDENCE THAT PROGRAMMING WORKS

ADOLESCENT GIRLS INITIATIVE

1

The *Adolescent Girls Initiative* implemented by the Population Council in urban Kibera and rural Wajir amongst girls ages 11-15 has tested four layered packages: violence prevention, plus education, plus health, and plus wealth creation. Through a combination of community-based, group and individual sessions AGI's midline results are promising across both sites[25]:

- In Kibera, programmers have noted significant effects on violence reduction, primary school completion and schooling self-efficacy, sexual and reproductive health knowledge, social safety nets, financial literacy and savings behavior, and household economic status.
- In Wajir, they have noted statistically significant effects on primary school enrollment, positive gender norms and self-efficacy, financial literacy, and savings behavior.
- As Muthengi et. al note: "Overall, beneficiaries, their parents/guardians and other key stakeholders value the programme and have observed positive changes in girls' education, knowledge, self-esteem, and money management."[26]

STOP VIOLENCE AGAINST GIRLS IN SCHOOL

2

Stop Violence Against Girls in School led by ActionAid has demonstrated overall positive results though varying results[27]:

- Specifically, girls' clubs were found to have a positive effect on girls' knowledge, confidence, attitudes and practices in managing violence and inequality, and likewise boys' clubs have begun to show similar promise for boys. The evidence is less clear on the positive effect of boys' clubs.
- Programme implementation in schools has influenced school management and classroom processes, strengthening pupil participation and gender equality.
- New structures for child protection at community level have strengthened dialogue between formal and informal justice systems.

YOUNG HEALTH PROGRAM

3

The ongoing *Young Health Program* targets young people ages 10-24 and beyond them, family members, policymakers, educators and health professionals in order to improve health and gender equality[28].

- Implementing interventions in 8 villages of Kibera the programme provides information on the prevention of non-communicable diseases (NCDs) and on strategies to improve sexual and reproductive health. The programme works with local schools and organizations to build awareness of NCD risks through community events.
- It also trains community role models and peer educators to build outreach among youth. These actors have worked with local stakeholders to introduce adolescent friendly services in health facilities and advocated for more adolescent-sensitive policies and services.
- By the end of 2017 the programme had directly reached over 30,000 young people, engaged with 29,000 community members in awareness-building, trained nearly 200 community role models and peer educators, introduced adolescent friendly services into 20 health facilities, and aired 17 health themed radio talk shows on popular radio stations.

4 UJAMAA (NO MEANS NO WORLDWIDE)

Ujamaa, part of *No Means No Worldwide,* is a comprehensive rape prevention programme for boys and girls utilizing empowerment transformation training and the No Means No system of violence prevention training. It reaches 20-25,000 students during the six week cycles that are taught five times throughout the school year[29].

- A study of Ujamaa's Mashinani programme found that implementing three complementary programmes — formal business training, microfinance and IPV support groups — lowered experiences of severe IPV in the three months preceding the survey from 2.1 incidents at baseline to 0.26 incidents at follow up, and saw participants' average daily profits increase by 351 Kenyan Shillings[30].
- A study examining the programme's effect on pregnancy-related school dropout demonstrated promising results. A six week curriculum with two-hour sessions and refresher courses offered at three, six and ten months resulted in the annual school incidence of dropout due to pregnancy decreasing by 46% (3.9% at baseline to 2.1% at follow-up)[31].
- A study measuring the intervention's impact on boys' attitudes and behaviors related to GBV found that nine months post-intervention participants, relative to 'standard of care' control participants, had significantly higher positive attitudes toward women and reported witnessing more episodes of physical threats of GBV. Boys' acts of intervening when witnessing violence differed greatly between the intervention and control groups (respectively, 78% for verbal harassment, 75% for physical threat, and 74% for physical/sexual assault versus 38% for verbal harassment, 33% for physical threat, and 26% for physical/sexual assault). Notably, regression results showed that more positive attitudes toward women predicted whether intervention group boys would intervene successfully[32].
- Another study found that the intervention resulted in a significant decrease of 3.7% in the risk of sexual assault (from 7.3% at baseline). Investigators also measured self-efficacy scores on a scale of 1-4 and found that the programme saw a significant increase of 0.19 in the mean self-efficacy score (from the baseline mean score 3.1)[33].

5 UNFPA-UNICEF JOINT PROGRAMME ON FGM/C

The *UNFPA-UNICEF Joint Programme on FGM/C* emphasizes mentorship programming and champions of change34. Started in 2008, the approach in Kenya responded to two main challenges to abandoning FGM/C: medicalization of the practice and its religious/cultural importance. Nationally, this focused on strengthening the legal framework for abandonment and improving the coordination between actors and stakeholders. At the community level strategies focused on facilitating public declarations of abandonment among communities, encouraging alternative rites of passage and working with religious leaders to separate FGM/C from religion[35].

- The Joint Programme supported the following policies: the National Policy for the Abandonment of FGM (June 2010), the approved publication of the Prohibition of FGM Bill (December 2010), the passage and enforcement of The Prohibition of FGM Act 2011 (September-October 2011), and the Sessional Paper to the National Policy on the abandonment of FGM/C developed for operationalizing the National Policy (2012).

6 MENENGAGE KENYA

MenEngage Kenya works with boys and men on topics such as HIV/AIDS, positive fatherhood, FGM/C, gender-based violence, and sexual and reproductive health and rights[36].

CONCLUSION

Kenya has greatly expanded its policy enabling environment to promote gender equality. However, these improvements have yet to be fully translated into practice and the experiences of adolescents demonstrate the persistence of gender inequitable social norms. Kenya also faces unique challenges due to its governance system of devolution, which has relegated law and programme implementation and data collection to the subnational level[37]. These issues become increasingly significant as Kenya quickly approaches its window for the demographic dividend, and young people continue to operate and live within entrenched norms that keep them from realizing better physical, emotional and economic wellbeing.

Gender equality in the adolescent years is essential as it sets a life-long trajectory both for young people and the nation. While there have been recent gains, there is still the opportunity to learn from all that has been done and to increase the pace toward achieving SDG5 (and all the SDGs) for adolescents by 2020. Above all, throughout this process it is critical to involve adolescents themselves in the processes and decisions that affect their lives, and the development and implementation of programmes to improve gender equality.

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