

# *Impact of pre-existing gender inequalities on adolescent girls and women in the midst of the COVID-19 pandemic in Kenya.*

## *PHM-Kenya*

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Violence on women and girls continues to be one of the most pervasive manifestations of discrimination against women and violations of human right, and the consequences are grave posing a myriad of problems that many wonders about its magnitude. Apart from survivors' human rights being violated, they have to direct their resources in seeking medical, legal and psychosocial services. In our communities in Kenya, gender violence has been derived by socialization and normalization through religious and cultural beliefs as well as media, cultural and negative traditional practices, child marriage and assault being perceived as disciplining wife or children, cultural attitudes that reinforce inferiority of women and girls, and superiority of men and boys, and stigma, shame and culture of silence.

Kenya has a robust constitution[1], comprehensive policies and laws[2] and also a signatory to international and regional human rights framework[3] that aim to prevent and respond to gender violence, albeit these robust constitution, policy and legal framework, gender violence statistics[4] show that it remains one of the most pervasive human rights violations in Kenya, both in times of conflicts, pandemics and stability. The Kenya Demographic Health Survey (KDHS, 2018) showed that Narok County having the highest burden of teenage pregnancies and motherhood in Kenya at 40 per-cent followed by Homa Bay County at 33 per-cent.

Having realized high levels of unawareness on gender violence in community, lack of knowledge on service providers that are working around gender violence, persisting cultural practices and socialization of gender violence thus significantly impairing prevention of gender violence. Inadequate protection of gender violence survivors prior to trial, during trial and after trial. Slow prosecution of gender violence cases due to poor investigations, absence of legal aid to survivors and inadequate use of existing data on gender violence, and lack of empirical and cogent monitoring and evaluation framework at both national and county level.

It is against this background, PHM-Kenya Health activists and its grass root links at grassroots, has under taken measures to respond to these underlying factors of gender inequality and sexual violence through advocacy campaigns, creation of awareness, demand and defend the rights to health and health care as enshrined in the constitution. PHM-Kenya believes that ending gender-based violence will involve action at all levels. At grassroots levels, PHM-Kenya is forming grassroots links, pressure groups and organizing forums to challenge social norms that condone violence or impose gender roles, demand and use of legal framework to criminalize violence, and prosecuting the perpetrators.

In 2019, PHM-Kenya took its advocacy campaigns in western region of Kenya, a rural village in Homa-Bay county, to rights holders to be able to successfully advocate for effective implementation of gender violence laws and policies, and also women, girls, men and boys at community and individual level are mobilized in favor of respectful relationships and gender equality. The County of Homa-Bay is rank on top with cases of sexual abuse and defilement, teen pregnancy, gender-based violence, and early marriages, maternal deaths. The county is also faced with lack of adequate health facilities with the most vulnerable forced to spend out-of-pocket to access health care further pushing thousands of people into extreme poverty, and poor access to health care facilities.

PHM-Kenya celebrated The World Health Day 2019 *'People's Health Day'* in Homa-Bay which focused on the Health for All *"Everyone Everywhere"* which is in tandem with Universal Health Coverage on ensuring all people and communities have access to quality health services where and when they need them, without suffering financial hardship, including the full spectrum of services needed throughout life[5]. PHM-Kenya has emphasized on the importance of **primary health care as a foundation of better health** and **first level** of contact with the health system, the level where individuals, families and communities receive the very first health care, health promotion, prevention, treatment, rehabilitation and palliative care.

In March 12th 2020, Kenya confirmed the first case of COVID-19, since then, gender inequalities, especially gender violence on women and girls is a critical concern. From accessing education and health services to violence, forced and early marriage, early pregnancy and motherhood, rape and sexual exploitation to female genital mutilation, COVID-19 has unleashed a myriad of "shadow pandemics". The National helpline supported by the department of gender affairs reported a more than 10-fold increase in calls with 1,108 calls in the month of June compared to just 86 in February, many were reports of child rape. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social and economic systems and health, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex, and even the limited gains made in the past decades are at risk of being rolled back.

To gain a better understanding of the impact of the COVID-19 pandemic on violence against women and girls, and on prevention, response efforts and to accelerate efforts towards elimination of gender violence, PHM-Kenya conducted a study using qualitative research which included physical in-depth interviews with victims, phone call interviews of victims, WhatsApp and Zoom interviews, video interviews and observations. Several key respondents were also contacted like area chiefs, parents, child protection officers, public health officers and community health workers. The study was carried out in the urban slums Kibera in Nairobi, Shauri Yako in Homa-Bay and Shinyalu in Kakamega in the republic of Kenya.

In the **urban slums Kibera in Nairobi, Shauri-Yako in Homa-Bay and Shinyalu in Kakamega** in the republic of Kenya, the study found that the strategic measures in controlling the spread of COVID-19 increased barriers to access to sexual reproductive services, information, and youth friendly services. More so, there is a witness in increased sexual violence and sexual abuse, increases teenage pregnancies and early and forced marriages which has led to a lack of women and girl's ability to enjoy rights and freedoms on a basis of equality with men and has devastating

effects on many aspects of their lives, including their sexual and reproductive health and rights, as well as their mental and physical health.

### **COVID-19 on sexual and reproductive health:**

The provision of sexual and reproductive health services, including maternal health care and gender-based violence related services, are central to health, rights and well-being of women and girls. The diversion of attention has resulted in exacerbated maternal mortality and morbidity, increased rates of adolescent pregnancies. As the COVID-19 pandemic deepens its spread to reach everyone bringing social stress coupled with restricted movement and social isolation measures, gender-based violence is increasing exponentially. Many women are being forced to 'lockdown' at home with their abusers at the same time that services to support survivors are being disrupted or made inaccessible.

Between March through September 2020, the study found that in Shinyalu location, Kakamega County 52 cases of women giving birth at home in the hands of non-professional midwives and under deplorable conditions, 7 ended up losing life due to complications that could be addressed if they could visit a health facility. The study also found that there are 30 deaths of newborns since march the beginning of the COVID-19 pandemic to around September.

Access to Maternal healthcare services is of great concern, the study found that out of 100 women, 60 of them did not get maternal health services. Out of 35 women, 22 feared visiting health facility of being infected by COVID-19 virus. Out of 34 that visited various health facilities, 27 found the health facilities closed.

In Shinyalu, the study also found out that during the period of COVID-19 pandemic there has been a lack of proper maternal care under the Linda Mama Initiative. During the dark to dawn curfew measures, the study noted challenges of ambulances services responding to emergencies to mothers with delivery complications to referral hospitals. The stationed ambulance does not have oxygen and they also lack fuel. The Linda mama program doesn't assist in referral thus there are increased numbers of women giving birth to still born children or deaths of the mother and children. Out of 120 young women and girls identified and interviewed, 88 have not accessed sexual and reproductive health services such as contraception, post-rape care and treatment for sexually transmitted infections.

### **Sexual abuse and teenage pregnancies during the COVID-19 pandemic**

There are serious concerns about the shadow pandemics that have come with COVID-19 pandemic, there is a spike of gender-based violence witnessed especially sexual abuse and teenage pregnancies. There is a huge setback for the gains achieved over the years in reducing adolescent pregnancy in Kenya.

Before March 2020, A report by the National Council on Population and Development (NCPD, 2020) showed that 2 out of 5 teenagers in Kenya are either young mothers or pregnant. Data from Kenya Health Information System Survey has revealed cases of teen girls who have been defiled and impregnated between January and May 2020 in all counties to stand at 151,433 these numbers only capture reported cases in health centers there are many other pregnant girls who aren't counted because they not been to the health centers.

The study has also shown cases of **forced and child marriages**, driven by economic difficulties, with the girls being **married off in exchange for cash and other gifts**. In the villages of Shinyalu in Kakamega, 8 schoolgirls between the age 13-17 were into early marriages, In Homa-Bay 17 schoolgirls between 14 -17 were married off. In Nairobi Kibera slums, 22 girls were also faced off with marriages.

*“Things are so hard for me, my parents insist that there is no school anymore, and I better get married to someone they have looked for who will give a good dowry.....”* Linda, who is 14 years old, narrates.

With the School closure, girls with poor economic background who are provided with personal and menstrual hygiene materials through school programs, the school closures have left them unable to observe essential menstrual hygiene. Through interviews, the study shows that 23 girls in Shinyalu Kakamega, 30 in Homa-Bay and 37 in Nairobi are engage in **sexual activities** and **transactional sex** just to buy food and other social amenities, and in Kenya, a period between March through June, emerging reports indicate that close to 4000 school girls were impregnated during the lockdown[6].

In Shinyalu Kakamega, 28 school girls, Homa-Bay 48 school girls, Nairobi 52 school girls were found pregnant during the lockdown. The study also showed that in Nairobi Kibera slums, COVID-19 crisis has introduced another layer of vulnerability to an already dire life situation of girls living in a crowded space deprived of essential water and sanitation services where they find it difficult, and are also the most affected by sexual and physical abuse and exploitation.

*“If the coronavirus did not happen, I would have been at school and not expecting a baby,” she said. “I would like to go back to school, but I don’t know if it is possible.”* Atieno is a 14-year-old girl.

With the recognition that some of the gains made in terms of delivering for girls and their rights have been eroded, and if it is not deliberately addressed in a concerted manner, left unpunished or trivialized, it creates a pervasive culture where sexual violence is normalized, women and girls are undervalued, and we will not be fit for purpose in a post-COVID world. Having realized the impact of the pandemic on health and wellbeing of vulnerable women and girls, PHM-Kenya at grassroots have been ensuring that women and girls have access to COVID-19 public health messages, dissemination of targeted messaging on public health to the different contexts and concerns of women and girls, with limited access to education and therefore low levels of literacy in some settings, messaging is accessible, culturally appropriate and understandable by all.

In Homa-Bay, PHM-Kenya team, is following a case which occurred in the month of May 2020, where a young lady by the name Diana went to her social media platform to seek help after being raped by a police officer who was on duty. The case is in the court of law in Homa Bay. PHM-Kenya is also following another case where a man defiled a 10-year-old niece. The young girl, 10 years old was taken to hospital with vaginal bleeding, looking very pale and traumatized. The uncle had raped her and disappeared. The search for the perpetrator is still on.

PHM-Kenya is also conducting talks, sensitization and advocacy on sexual reproductive health rights in Homa Bay and Murang’a counties to the youth of those counties. Talks given on sexual

reproductive rights, took the teenagers through various topics on adolescence and advised them to keep themselves busy to avoid being lured into anti-social behaviors[7],[8].

## **In Conclusion**

More than ever before, fighting gender inequality needs concerted efforts starting from the parents, religious leaders, political leaders, international organizations, the civil society as well as the community as a whole. PHM-Kenya is using the information obtained to inform programmatic interventions, expose the shadow pandemic and a call to action to end, prevent and respond to sexual and gender-based violence and to affirm the dignity, rights and needs of all women, children and others who are vulnerable or are made vulnerable to such violence.

## **Recommendations**

PHM-Kenya sees the COVID-19 pandemic as one of the most devastating challenges facing women and girls in Kenya, it is life-threatening and has the potential to shatter the childhood dreams of many especially to the young women and school girls. Our success in tackling the pandemic and mitigating its impact on children now, will have serious implications for future continuity and wellbeing of a society.

In light of this, PHM-Kenya more than ever before, with other women's rights crusaders, are taking the following and other related measures to better protect girls from the pandemic and its effects.

- Calling upon governments, in collaboration with civil society organizations and private sector to adopt a rights and gender-responsive approach to COVID-19 control measures by applying a human rights approach dictated by the principle of 'the best interests of the child' and with a clearly defined gender-sensitive approach in all their efforts to prevent and respond to the pandemic.
- Demand for the protect girls from abuse and gender-based violence by reinforcing multi-sectoral child protection systems for girls who are at risk of experiencing abuse, violence and exploitation, including by ensuring access to justice for survivors especially at grassroot level.
- Organize communities and the people to paying extra and urgent attention for protection of girls already in vulnerable circumstances such as girls employed in domestic work, girls living on the street and girls with disabilities, and girls living in urban slums and other humanitarian settings.
- Demand for access to basic and sexual and reproductive health services by prioritizing adolescent sexual and reproductive health services, both through policy instruments and funding, to create safe, non-stigmatizing channels for girls in need of such services, and access to modern contraception, menstrual health and hygiene management and other sexual and reproductive services as well as to antenatal and postnatal care, and safe delivery services.

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[1] Article 43 (1) (a) of the Constitution provides that every person has the right to the highest attainable standard of health, which includes the right to health care services, including reproductive health care. Article 43 (2) also provides that a person shall not be denied emergency medical treatment.

[2] <http://kenyalaw.org> [accessed on 18th September 2016].

[3] <http://kenyalaw.org/treaties/> [accessed on 18th September 2016]

[4] The Kenya Demographic Health Survey 2014 shows that 45 % of women and 44% of men age 15-49 have experienced physical violence since the age 15 and 20% and 12% respectively have experienced physical violence.

[5] <file:///C:/Users/User/AppData/Local/Temp/World%20Health%20Day%207th%20April%202019%20Report.docx.pdf>

[6] <https://www.africanews.com/2020/06/17/close-to-4000-school-girls-impregnated-inkenya-during-covid-19-lockdown/>

[7] <https://www.kkonlinenews.co.ke/local-news/women-lobby-group-in-partnership-with-ahadi-kenya-sensitizes-homabay-teenagers-on-sex-education/>

[8] <https://www.kkonlinenews.co.ke/health/a-lobby-group-arms-teenagers-how-to-avoid-teenage-pregnancies/>