

# AN ASSESSMENT OF GENDER MAINSTREAMING IN STI AND THE KNOWLEDGE SOCIETY IN KENYA

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April 2016



## EXECUTIVE SUMMARY

This report is an in-depth case study that seeks to examine the extent to which Kenyan women participate in the knowledge society and the socio-economic factors that affect their inclusion. Following the 'gender equality - knowledge society' framework developed by GenderInSITE, this report examines and analyses the conditions that facilitate participation of women in the knowledge society including international, regional, and national policy frameworks for gender and equality; social, economic, and health status; women's access to resources; women's agency; women's opportunities and capabilities with reference to access to education; and the degree to which they participate in the knowledge society. The Kenya case study will join a number of other case studies from around the world, providing a comparative analysis of female inclusion in the global knowledge economy.

Recognizing that gender mainstreaming in the knowledge society is a direct result of enabling policies; equality in social, health, and economic status; and equality in accessing an education, employment, and resources, this report examines the extent to which these enabling factors are present in Kenya. This report will do this by analysing the national policy environment starting with an examination of the 2010 Kenyan Constitution, Vision 2030 national development plan, and specific gender policies. We will then examine how gender perspectives enshrined in global policies are incorporated into national policies of education, health, energy, transport, and employment among other sectors. We do this by examining Kenya's degree of ratification of international treaties and agreements relating to gender, and the extent to which the government adheres to and domesticates the agreements through national level laws, policies, and strategies.

The report then analyses the indicators of the social status of Kenyan women and reviews how government policies work towards increasing equality and eliminating gender based discrimination. Recognizing that a woman's ability to enter and productively contribute to the workforce is highly dependent upon her health, the third section will analyse the status of women's health in Kenya. This analysis will look at the accessibility and affordability of health care, disease prevalence, and reproductive and sexual health. The report will then turn to the economic status of women analysing their participation in the active labour force and their income earning potential. We analyse the position of women in national decision-making roles, and then turn to an examination of their inclusion in the knowledge economy. We draw our conclusion and recommendations with regards to the role of government and other stakeholders in creating an enabling environment that encourages the inclusion of women in the knowledge society, and outline concrete steps that should be taken to ensure further inclusion and equality.

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## INTRODUCTION

Science, technology and innovation (STI), has become a key driver of the global economy and a key developmental goal of many developing nations, including Kenya. The Kenyan government, in its long-term development plan, Vision 2030, states that STI is key, “to raise productivity and efficiency levels,” across sectors and to accelerate the economy.<sup>1</sup> The Government of Kenya has continued to promote Kenya as the “Silicon Savana,” where STI is paving the way for economic and developmental transformation. With an 80% mobile penetration rate and 96% mobile coverage, Kenya is one of the most connected countries in the developing world, creating a technology savvy population that is increasingly turning to technological innovations, such as mobile money, for their everyday needs.<sup>2</sup>

Women in Kenya are important actors within the STI sector in Kenya, serving as both key drivers and beneficiaries of technological innovation, and increasingly as innovators of new technologies. The inclusion of women in the increasingly technological society of Kenya, provides women with the unique opportunity to drive forward and benefit from competitive knowledge-based economies at the national, regional, and even global level. While women are increasingly involved in the STI field, their inclusion has yet to reach parity with their male counterparts. This lack of equality within the sector is due in large part to systemic barriers that leave women marginalized within society, educational institutions, and roles within the formal economy.

Recognizing that these barriers need to be removed to allow for full equality and inclusion of women in the productive economy, the Government of Kenya has taken steps through the enactment of a new national policy framework to promote gender and equality. The cornerstone of this new framework is the 2010 Kenyan Constitution, which reaffirms equality for all and mandates quotas for female representation in government.<sup>3</sup> In 2011, the Government passed a new Gender Policy, which is the primary policy statement outlining the governments efforts to ensure equality and gender mainstreaming.

Despite these policy measures, gender disparities still exist for women, who constitute 51% of the population in Kenya. In the 2015 Global Gender Gap Report, Kenya ranked 48 out of 145 countries, with a score of .719, with 1.0 representing full equality.<sup>4</sup> In the 2014 UNDP Gender Inequality Index, Kenya was ranked first amongst Low Human Development Countries for gender equality with a value of .552 and an overall ranking of 126.<sup>5</sup> For the Social Institutions and Gender Index (SIGI), Kenya’s value was .2157 placing it within the medium equality category.<sup>6</sup> These international indexes, while showing that Kenya is more progressive than other African nations, still reveals that there is room for improvement.

This report will aim to analyse the areas in which Kenya can improve and determine the extent to which they are either hindering the ability of women to enter the knowledge economy. Additionally,

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<sup>1</sup> Republic of Kenya. (2008). Kenya Vision 2030. pp. 8.

<sup>2</sup> GSMA Intelligence. (2016). Kenya Data Dashboard. <https://gsmaintelligence.com/markets/1887/dashboard/>

<sup>3</sup> Republic of Kenya. (2010). The Constitution of Kenya. Article 27 & 97.

<sup>4</sup> World Economic Forum. (2015). Global Gender Gap Report: Economies- Kenya. <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=KEN>

<sup>5</sup> United Nations Development Programme (2014). Human Development Reports, Gender Inequality Index. <http://hdr.undp.org/en/composite/GII>

<sup>6</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>

the report will seek to highlight the sectors and enabling policies that are working to overcome these constraints and create an enabling environment.

## METHODOLOGY

The Kenya case study is based upon an in-depth analysis of government laws, policies, statistics from existing databases and a review of secondary literature.<sup>7</sup> The authors undertook a comprehensive analysis of Kenyan government laws, policies, and proposed legislation, along with an analysis of key country statistics, development reports, economic surveys, and demographic, and health surveys. The report relies heavily upon the data provided by the World Bank, United Nations, the OECD, as well as the Kenya National Bureau of Statistics. While data was available for most indicators, in many cases, the data years were not current, revealing a lack of consistency in collecting data. The report also drew on key indexes including the UNDP Human Development Indicators, and the OECD Social Institutions and Gender Indices. Finally, qualitative data was obtained from a number of secondary sources including organizational reports, journal articles, websites, and newspaper articles. For further information, the authors also contacted key stakeholders over email correspondence to gain additional information.

## ENABLING POLICY ENVIRONMENT

### NATIONAL POLICY ENVIRONMENT

An enabling policy environment that encourages equality and inclusion is key to creating a science, technology, and innovation system in which women are active participants. The cornerstone of the enabling policy environment in Kenya is the 2010 Constitution. The preamble of the Constitution enshrines equality as one of “the essential values,” which is further elaborated upon in Article 27, Equality and Freedom from Discrimination.<sup>8</sup> Within this article, the Constitution states that, “Women and men have the right to equal treatment, including the right to equal opportunities in political, economic, cultural and social spheres.”<sup>9</sup> It goes on to say that, “The State shall not discriminate directly or indirectly against any person on any ground, including race, sex, pregnancy, marital status...”<sup>10</sup> In addition to promoting equality, Article 27 also establishes the principle of affirmative action as to achieve the equality outlined in the article and, “redress any disadvantage suffered by individuals or groups.”<sup>11</sup> This affirmative action also extends to elective and appointive bodies in Kenya, where the article stipulates that, “not more than two-thirds of elective or appointive bodies shall be of the same gender,” thus ensuring at least one-third of elected or appointed leaders are women.<sup>12</sup> The Constitution also established the Kenya National Human Rights and Equality Commission, which is charged with, “promot(ing) gender equality and equity generally and to coordinate and facilitate gender mainstreaming in national development.”<sup>13</sup>

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<sup>7</sup> Such as the WHO Health Statistics, Kenya Demographic and Health Surveys, Economic Surveys, World Bank Country Statistics, UN Statistics, OECD Databases, among others

<sup>8</sup> Republic of Kenya. (2010). The Constitution of Kenya.

<sup>9</sup> Ibid., Article 27: 3.

<sup>10</sup> Ibid., Article 27:4.

<sup>11</sup> Ibid., Article 27: 6.

<sup>12</sup> Ibid., Article 27:8.

<sup>13</sup> Ibid., Article 59.

Many of these key equality policy measures outlined in the 2010 Constitution are reiterated in the Gender Policy of Kenya, which was passed in 2011. The Gender Policy outlines the roles and responsibilities for ministries and autonomous government institutions tasked with ensuring equality and promoting gender mainstreaming. The policy states that these measures are needed because, “gender equality is crucial for socio-economic development...” and because women have “significantly less access than men to resources, assets, knowledge...”<sup>14</sup>

To correct these inequalities, the Gender Policy establishes key functions for government ministries and autonomous institutions. At the writing of the policy, the Ministry of Gender, Children and Social Development, which was established in 2008, was the primary Ministry responsible for gender. The Gender Policy of 2011 states that the main functions of the Ministry are to, “promote gender mainstreaming in national development progress, and engender the national budget,” “review and implementation of gender responsive policies and programmes,” generate gender disaggregated data, promote a reduction in gender based violence, and promote women’s entrepreneurship.<sup>15</sup> These core functions are meant to fall under the Ministry of Gender, Children and Social Development, but in 2013 following the establishment of a new government, this Ministry was dissolved and placed within the Ministry of Labour, Social Security and Services. While the Ministry of Labour, Social Security and Services is still tasked with carrying out these functions, the dissolution of the Ministry of Gender is a setback to promoting equality in Kenya, as this move makes gender appear as a side issue, rather than a large enough issue warranting its own ministry.

The Kenya Gender Policy also outlines the mission of the National Gender and Equality Commission, whose mission is to, “coordinate, implement and facilitate gender mainstreaming national development ... and participation in policy formulation.”<sup>16</sup> The National Gender and Equality Commission Act of 2011, further elaborates on the commission’s functions. These functions include: promoting gender equality, freedom from discrimination, advising on national and county-level policies, facilitating the implementation of affirmative action, commissioning research on gender in Kenya, and investigating any complaints of inequality or discrimination.<sup>17</sup>

To assist in promoting engendered development, the Kenya Gender Policy empowers the semi-autonomous Women’s Enterprise Fund, housed within the ministry, to provide accessible and affordable credit to women in Kenya. Furthermore, the Fund is tasked with providing capacity building to women to help them start and expand their own businesses.<sup>18</sup>

The other major piece of legislation creating the enabling policy framework around women’s rights is the Sexual Offences Act of 2006. The Act serves as a penal code that defines sexual offences and the accompanying jail time associated with conviction of these crimes. The sexual offences that are outlined in the act include rape, attempted rape, sexual assault, defilement of children, sex trafficking, child trafficking, and sexual harassment among others.<sup>19</sup> While the Sexual Offences Act clearly defines illegal sexual acts and provides clear requirements on jail time after convictions, the success of the bill is entirely dependent upon successful implementation at local levels, specifically within police

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<sup>14</sup> Ministry of Gender, Children and Social Development, The Republic of Kenya. (2011). Gender Policy. pp. 10.

<sup>15</sup> Ibid., pp. 6-7.

<sup>16</sup> Ibid., pp. 7-8.

<sup>17</sup> Republic of Kenya. (2011). National Gender and Equality Commission Act. Section 8.

<sup>18</sup> Ministry of Gender, Children and Social Development, The Republic of Kenya. (2011). Gender Policy. pp. 7.

<sup>19</sup> Republic of Kenya. (2006). Kenya Sexual Offences Act.

departments. It is dependent upon women feeling safe enough to come forward and report sexual offences perpetrated against them to police.

## INTERNATIONAL POLICY FRAMEWORK

In addition to the national policy framework that Kenya has established, Kenya is also a signatory to a number of international and regional conventions on gender. On March 9<sup>th</sup> 1984, Kenya officially ratified the United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). CEDAW is seen as the international bill of rights for women, which defines discrimination against women and calls upon all signatories to work to eliminate gender based discrimination. By ratifying CEDAW, the Kenyan government committed itself to implementing the actions outlined in CEDAW to end gender based discrimination and promote equality.<sup>20</sup>

Kenya has also signed and ratified the Protocol to the African Charter to the Human and Peoples Rights on the Rights of Women in Africa, also referred to as the Maputo Protocol. This is an African Union Protocol that went into effective in 2005. The Protocol guarantees women's rights to social and political equality, reproductive health, and an end to female genital mutilation. While Kenya initially signed the Protocol in 2003, it took an additional ten years until Kenya ratified the Protocol.<sup>21</sup>

## SOCIAL STATUS

Measuring the social status of women can be complex, not only because gender inequality is multidimensional, but also because discrimination occurs in more than one social institution and across different ages, locations, and cultures of women. Understanding the position of women within local cultural contexts and social institutions is key to determining the social status of women, and these sociocultural contexts are used as determinants of international gender inequality indexes. The social status indicators show the progress towards ensuring women's rights and equality is being made comparatively across countries.

## INTERNATIONAL INEQUALITY INDICES

There are several international indices that indicate the level of existing gender inequalities in Kenya. Globally, the country is ranked in the medium category with a Social Institutions and Gender Index (SIGI) of 0.2157.<sup>22</sup> The index measures discrimination against women in social institutions (laws, social norms, and practices) by assessing their rights in marriage, access to resources, civil liberties, son bias, and physical integrity.

Kenya ranks 48 out of 145 countries with a score of 0.719 in the Global Gender Gap Index, which measures women's participation in economic activities, education attainment, political empowerment and health and survival. While the index indicates an increased participation of women in the labour force (ranking 63 out of 145 and with a score of 0.86), there is a significant wage

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<sup>20</sup> General Assembly of the United Nations. (1979). The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW).

<sup>21</sup> African Commission on Human and Peoples' Rights, African Development Bank. (2003). Protocol to the African Charter to the Human and Peoples Rights on the Rights of Women in Africa.

<sup>22</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>



inequality scoring 0.62 and ranking at 87 out of 145. Women earn on average \$2800, which is lower than the \$3,020 earned by men.<sup>23</sup>

In the 2015 Human Development Report, Kenya ranked 145 with an HDI value of 0.548, placing it first among the low human development countries, but implying a slow progress towards improving the healthy life expectancy at birth, access to education, and the gross national income per capita.<sup>24</sup> The female Human Development Index (HDI) measure was 0.527, while that of males was 0.577 implying inequalities among men and women in access to health, education a decent standard of living.<sup>25</sup> Even so, Kenya's HDI has shown a remarkable improvement from 1990 when the measure was 0.473.<sup>26</sup> This improvement is attributed to the progressive laws and policies adopted during this period, such as the free and compulsory education, elimination of FGM, and the implementation of Vision 2030. The Gender Development Index (GDI), which is the ratio of female to male HDI, was 0.913 in 2014, thus showing that while there is a disparity in HDI it is relatively small.<sup>27</sup>

While Kenya has relatively encouraging rankings in the Human Development Report and the Gender Development Index, in the UNDP Gender Inequality Index Kenya ranks 126 out of 155 countries with a score of .552.<sup>28</sup> Kenya's lower ranking on this index is due to the large amount of weight the index gives to three key areas, in which Kenya has not seen dramatic improvement. The first is reproductive health, and specifically maternal mortality and adolescent birth-rates. While these measures have been decreasing, they failed to decrease in high enough measures to meet the MDGs. The other two key areas are the inclusion of women in parliament, where Kenya still falls behind their constitutionally mandated quota, and female inclusion in the economy, where women continue to be marginalized to the informal economy.

Over the last three decades, Kenya's legal and policy framework relating to women's rights and equality has been emboldened with the passing of new laws and policies aimed at eliminating gender based discrimination and promoting gender equality. These guarantees of equality are most notably included in the 2010 Kenyan Constitution and Vision 2030. The Social Pillar of the country's long-term development plan, Vision 2030, aims to "build a just and cohesive society enjoying equitable social development in a clean and secure environment."<sup>29</sup> The social strategy of Vision 2030 includes, reducing discrimination of women in economic and social sectors and empowering them to actively participate in economic, social, and political activities. In this section, we will examine these various policies in a number of sectors including policies regarding equality in employment, property and inheritance, laws criminalizing violence against women, and the social status of female headed households.

## EQUALITY IN EMPLOYMENT

<sup>23</sup> World Economic Forum. (2015). Global Gender Gap Report: Economics- Kenya. <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=KEN>

<sup>24</sup> United Nations Development Programme. (2015). Human Development Report.

<sup>25</sup> Ibid.,

<sup>26</sup> United Nations Development Programme. (2015). Human Development Report: Kenya. <http://hdr.undp.org/en/countires/profiles/KEN>

<sup>27</sup> Ibid.,

<sup>28</sup> United Nations Development Programme. (2015). Human Development Report, Kenya. <http://hdr.undp.org/en/countires/profiles/KEN>

<sup>29</sup> Republic of Kenya. (2008). Vision 2030.

“Equality of opportunity in employment,” is affirmed in Section 5 of the Employment Act of 2007, which seeks to eliminate discrimination in employment.<sup>30</sup> The Act goes on to say that all employers should promote equality and that, “no employer shall discriminate directly or indirectly, against an employee or prospective employee or harass an employee or prospective employee- (a) on grounds of race, colour, sex, language, religion, political or other opinion, nationalist, ethnic or social origin, disability, pregnancy, marital status or HIV Status.”<sup>31</sup> Furthermore, the Employment Act stipulates that enacting affirmative action measures is not discriminatory, if they are intended to promote equality. While the Employment Act provides legal protection that women can not be discriminated against, this has still not been achieved in practice.

## MARRIAGE AND MATRIMONIAL PROPERTY RIGHTS

The Kenyan Constitution states that men and women are entitled to equal rights in marriage, including at the time of marriage, during marriage, and at its dissolution.<sup>32</sup> In 2013, a new Marriage Bill was passed and aimed to harmonize and consolidate all previous legislation on marriage. This new law, The Marriage Act of 2014, provided equal legal recognition to all types of marriages and consolidated existing legislation relating to marriage, making it easier for married women to understand their rights.<sup>33</sup> The Act allows for the legal registration of marriages performed under customary law, and establishes the legal circumstances under which a divorce can be granted.<sup>34</sup> The Act also provides for equal property and inheritance rights, and at the time of divorce an equal portion of all wealth accumulated during the marriage.

Despite the Act’s positive steps forward for equality, it repeals the former practice of granting the first wife the right to veto the husband’s choice of additional spouses. With the removal of this right for first wives, the Act makes it legal for a man to marry as many women as he wishes.<sup>35</sup> The removal of this right of veto became a contested issue, as female members of parliament and Christian groups came out strongly against the bill, but ultimately the President signed the bill into law.<sup>36</sup> Additionally, while the Act mandates that the minimum age of marriage is 18 years and the Children’ Act forbids early and forced marriage, 13% of women aged 15-19 years are married, showing a continued prevalence of early marriage.<sup>37 38 39</sup>

The Matrimonial Property Act of 2013 provides a legal framework for understanding a woman’s right to matrimonial property in Kenya. The Act establishes that, “a married woman has the same rights as a married man- (1) to acquire, administer, hold, control, use and dispose of property whether movable or immovable; (b) to enter into a contract...”<sup>40</sup> In reference to ownership over property, the Act clearly outlines what constitutes matrimonial property, and provides guidelines for polygamous marriages as to which wives are entitled to what portion of the matrimonial property. Furthermore, the Act details that ownership of matrimonial property is determined based upon, “the contribution of either spouse

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<sup>30</sup> Republic of Kenya. (2007). Employment Act. Section 5 1:a.

<sup>31</sup> Ibid., Section 5 3: a.

<sup>32</sup> Republic of Kenya. (2010). The Constitution of Kenya.

<sup>33</sup> Republic of Kenya. (2014). The Marriage Act.

<sup>34</sup> Republic of Kenya. (2014). The Marriage Act. Section 53 & 60.

<sup>35</sup> BBC News. (2014). President Uhuru Kenyatta Signs Kenya Polygamy Law. <http://www.bbc.com/news/world-africa-27206590>

<sup>36</sup> Ibid.,

<sup>37</sup> Republic of Kenya. (2014). The Marriage Act. Section 11.

<sup>38</sup> Republic of Kenya. (2001). The Children Act. Section 14.

<sup>39</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>

<sup>40</sup> Republic of Kenya. (2013). Matrimonial Property Act. Part II.

towards its acquisition...”<sup>41</sup> It should also be noted that the Act has a provision that states that, “A person who professes the Islamic faith may be governed by Islamic law in all matters relating to matrimonial property,” thus meaning that the Act does not need to provide this same level of policy assurances to Islamic women.<sup>42</sup>

## INHERITANCE RIGHTS

The 1981 Law of Succession Act stipulates that there must be equality in inheritance between men and women, a principle that was again reiterated in the 2010 Kenyan Constitution.<sup>43 44</sup> While principles of equality in inheritance are legislatively decreed, in practice they are not applied due to cultural practices and judges who do not respect the law and instead rule that the dispute should be determined by customary law.<sup>45</sup> Customary law, when applied, frequently discriminates against women by ruling in favour of male family members, due to entrenched patriarchal social structures.

Additionally, in Kenyan law there are provisions for the Islamic community to choose to settle certain disputes, such as inheritance, marriage and divorce, under Islamic law. Yet, Islamic law discriminates against women in these matters, leaving Muslim women with less equality. According to Islamic law, daughters can inherit only half of the share to which sons are entitled. While wives receive one-eighth of a husband’s estate if there are children, and if there are no children only one-fourth.<sup>46</sup> However, things might be changing to bring more equality to Muslim women as judges in some recent inheritance cases have referred to the provisions in CEDAW and other international legal instruments that mandate equality and ruled in favour of daughters receiving an equal share of inheritance.<sup>47</sup>

## MATERNITY LEAVE

Under the Employment Act of 2007, female employees are entitled to three months of fully paid maternity leave along with a guarantee that she has the right to return to her job or one of equal standing and benefits upon her return.<sup>48</sup> Male employees are entitled to two weeks of paid paternity leave.<sup>49</sup> Paid maternity leave guarantees are key as they ensure that women can not be fired for having children and provide mothers with guaranteed jobs to return to. In 2015, amendments to this bill were proposed requiring employers to exclude weekends in their calculation of maternity leave days, thereby adding additional days to maternity leave. The Federation of Kenyan Employers (FKE) argues

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<sup>41</sup> Ibid., Part II.

<sup>42</sup> Ibid., Part II.

<sup>43</sup> Republic of Kenya. (1972) Law of Succession Act. Article 35.

<sup>44</sup> Republic of Kenya. (2010) The Constitution of Kenya. Article 45:3.

<sup>45</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>

<sup>46</sup> Republic of Kenya. (2010). The 7<sup>th</sup> Periodic Report of the Government of Republic of Kenya on Implementation of the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 2004-2009.

<sup>47</sup> Ibid.,

<sup>48</sup> Republic of Kenya. (2007). Employment Act. Section 29: 1-2.

<sup>49</sup> Ibid., Section 29: 8.

that such an amendment will burden the employers with extra wages for work not done and for temporary staff.<sup>50</sup>

## CHILD CARE

For many women, having child care is necessary in order to pursue work outside of the home. But child care is often inaccessible for many women, due to lack of access and affordability. Kenya has implemented several policies at that national level that call for improving child care access, but the implementation of these policies has been devolved to the country's 47 counties. The 2011 Gender Policy mandates that a function of the Ministry responsible for Gender is to, "provide alternative family care services."<sup>51</sup> This is further expounded upon in the Guidelines for the Alternative Family Care of Children in Kenya, where in the fourth schedule it states that, "it will be the responsibility of the County governments to establish and run child care facilities for the care and protection of children who are in need of alternative care outside the family."<sup>52</sup> Furthermore, the County Early Childhood Education Bill of 2014, states that it is the responsibility of the county governments to provide early childhood education and that "Every child has the right to free and compulsory early childhood education."<sup>53</sup> These early childhood development centres take children from the age of three, still leaving women with a three year childcare gap. But there has been a slow process in building these centres, as the devolved system of governance is recent and county governments have not been able to reach their full capacity in terms of social service delivery.

While the National Early Childhood Development Policy Framework mandates the establishment of Early Childhood Development Education (ECDE) Centres in all primary schools countrywide for children aged 3-5 years. But this means that there are still no government sponsored programmes for child care services for those aged below three years, leaving a three year child care gap for women.<sup>54</sup> Consequentially, women employed in the informal sector often take their children to work, as they cannot afford to pay for private childcare services.<sup>55</sup> Options for childcare for working parents include government and private ECDE centres or hiring a domestic nanny, which are each an extra cost to families. The financial and time burden of child care means that it's more likely for women to leave paid work so as to raise children.

## VIOLENCE AGAINST WOMEN

Gender based violence (GBV) is a major public health and human rights problem in Kenya, with one woman being raped every 30 seconds.<sup>57</sup> Major forms of gender-based violence (GBV) include assault,

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<sup>50</sup> Mutegi, Mugambi. (2015). Bill Seeks to Give Women 24 More Days for Maternity. Business Daily. 20 July 2015. <http://www.businessdailyafrica.com/Bill-seeks-to-give-women-24-more-days-for-maternity/-/539546/2798842/-/item/0/-/orpqiwz/-/index.html>

<sup>51</sup> Ministry of Gender, Children and Social Development, Republic of Kenya. (2011). Gender Policy.

<sup>52</sup> Republic of Kenya. (2014). Guidelines for the Alternative Family Care of Children in Kenya.

<sup>53</sup> Republic of Kenya. (2014). The County Early Childhood Education Bill.

<sup>54</sup> Republic of Kenya (2006) National Early Childhood Development Policy Framework. Nairobi.

<sup>55</sup> Eastern and Southern Africa (ESARO), UNICEF. Early Childhood Development (ECD) [http://www.unicef.org/esaro/5481\\_early\\_childhood\\_development.html](http://www.unicef.org/esaro/5481_early_childhood_development.html)

<sup>56</sup> Githinji, F.W. & Kanga, A. (2011) Early Childhood Development Education in Kenya: A literature Review on Current Issues. International Journal of Current Research 3 (11) 129-136

<sup>57</sup> Bureau of Democracy, Human Rights and Labour, United States Department of State. (2014). 2014 Kenya Human Rights report.

rape, defilement, sexual harassment, emotional abuse, and female genital mutilation. These occur at domestic and institutional levels. Nearly half of the victims of GBV are minors, with incest and child defilement being the most common. The 2008-09 Kenya Demographic and Health Survey found that 60% of women who have been married, divorced, or separated have experienced violence and 12% of women aged 15-49 reported that their first sexual experience was forced against their will.<sup>58</sup>

In 2011, official police statistics indicated that there were 4,517 cases of GBV, including 934 cases of rape.<sup>59</sup> However, the actual number of cases is estimated to be higher, with human rights groups such as the Coalition on Violence Against Women, estimating there are closer to 16,500 cases of rape a year.<sup>60</sup> This discrepancy is due to the fact that the reporting of GBV remains critically low, as almost half of the women experiencing violence do not tell anyone or do not seek out help.<sup>61</sup> One of the reasons for low incidences of reporting, is that victims have to be examined by a police physician before any investigation can be initiated, which for many women is a deterrent for reporting. There is also a culture of silence around GBV that makes both reporting acts of violence and the collection of data challenging. Furthermore, the human rights organizations claim that the police and the justice system rarely investigate and/or prosecute cases of rape.<sup>62</sup>

The Kenyan National Human Development Report (KNHDR) identifies the challenges of dealing with domestic violence as having more to do with attitudinal or cultural perceptions rather than being policy related.<sup>63</sup> While it may be argued that the key issue related to persistence of GBV is the rate of economic dependence of women on men, it is also worth noting that cultural norms play a large role. In Kenya, 42% of women and 36% of men aged 15-49 believe that a husband is justified in beating his wife.<sup>64</sup> Acceptance of violence against women also varies by education level, with 71% of rural men with no education and 68% of women with no education saying GBV is acceptable.<sup>65</sup>

In an effort to curb GBV, the government has implemented a number of policies aimed at eliminating GBV and making GBV a criminal offense. Sexual harassment is addressed under the Sexual Offences Act of 2006, where it is defined as, “any person who, being in a position of authority, or holding public office, who persistently makes any sexual advances or requests which he or she knows, or has reasonable grounds to know, are unwelcome.”<sup>66</sup> Under the Act, rape is defined as when, “he or she intentionally and unlawfully commits an act which causes penetration with his or her genital organs.” which is not consensual, and consent cannot be granted by a disabled person or a child under 18.<sup>67</sup> Under the Act, the punishment for those found guilty of sexual offences is no less than 3 years imprisonment or a fine of 100,000 shillings, or both.<sup>68</sup>

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<sup>58</sup> Kenya National Bureau of Statistics. (2009). Kenya Demographic and Health Survey 2008-09. Nairobi.

<sup>59</sup> Bureau of Democracy, Human Rights and Labour, United States Department of State. (2014). 2014 Kenya Human Rights report. pp. 49.

<sup>60</sup> Ibid., pp.49.

<sup>61</sup> Ibid

<sup>62</sup> Ibid

<sup>63</sup> Kenya National Bureau of Statistics. (2010). 2008-09 Kenya Demographic and Health Survey.

<sup>64</sup> Ibid.,

<sup>65</sup> Ibid.,

<sup>66</sup> Republic of Kenya. (2006). Kenya Sexual Offences Act.

<sup>67</sup> Ibid.,

<sup>68</sup> Ibid.,

In 2015, the Protection Against Domestic Violence Bill, which was written in 2013, was finally passed. The Act defines domestic violence as, “violence against that person, or threat of violence or of imminent anger to that person, by any other person with whom that person is, or has been, in a domestic relationship.”<sup>69</sup> The Act outlines specific types of domestic violence including physical abuse, forced and child marriage, FGM/C, sexual violence and defilement, economic and inheritance abuse, emotional abuse, harassment, etc.<sup>70</sup> The Act also provides protection to victims, by stating that the person should be provided, “access to shelter, medical assistance...” and mandates the police investigate. <sup>71</sup> There is hope that now that this bill has been enacted that women will be able to receive the protection they need and pursue criminal recourse.

The Family Protection Bill of 2001 aims to protect victims of domestic violence and gives courts the power to remove abusive partners from the family home.<sup>72</sup> In 2001, a Family Court division was established at the High Court, to provide privacy for family related cases. However, there is a need to establish similar courts in other parts of the country, including in rural areas and informal settlements, where most of the poor households are located. Moreover, even the current family court in Nairobi lacks the capacity in terms of infrastructure to handle the numerous cases filed in the court.<sup>73</sup>

## CHILD LABOUR

While there is no data on the division of household chores between girls and boys, based on 2002-2012 data from UNICEF, child labour slightly affects male more than female children.<sup>74</sup> According to the 2009 National Census, almost three million children aged 5-14 years (32.5%) were engaged in child labour primarily in agriculture, domestic work, mining, and fisheries.<sup>75</sup> Child labour has declined during the 2005-2013 period, to 26% of children aged 5-14 years, due in large part to the introduction of free and compulsory primary education.<sup>76</sup> According to the International Labour Organization, among working children aged 5-14 years, approximately four out of every five are employed in the agricultural sector, 2.3% are employed in the industrial sector and the remaining 15.4% work in services. Girls are more likely than boys to be employed in services (23.2 per cent vs. 8.7 per cent), but less likely to be employed in the agricultural sector (76.5 per cent vs. 87.2 per cent).<sup>77</sup>

Despite the fact that Kenya has ratified several international conventions and adopted national laws and policies aimed at banning child labour, there are still a high percentage of children engaged in child labour. These include the ILO Convention on Minimum Age (No. 138 of 1973) ratified in 1979 and allowing a minimum working age of 16 years; the Convention on Worst Forms of Child Labour (No. 182 of 1999) ratified in 2001 and requiring prohibition and immediate action for the elimination of the

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<sup>69</sup> Republic of Kenya. (2013). The Protection Against Domestic Violence Bill. Part I Section 3 (2).

<sup>70</sup> Ibid., Part I Section 3.

<sup>71</sup> Ibid., Part II Section 6.

<sup>72</sup> Republic of Kenya. (2001). Family Protection Bill.

<sup>73</sup> Institute of Economic Affairs (2008) Profile of Women Socio-Economic Status in Kenya. IEA. Nairobi.

<sup>74</sup> United Nations Children’s Fund. (2012). The State of the World’s Children. UNICEF. New York.

<sup>75</sup> Kenya National Bureau of Statistics. (2009). National Population and Housing Census.

<sup>76</sup> United Nations Children’s Fund (2012) The State of the World’s Children. pp. 121. UNICEF. New York

<sup>77</sup> International Labor Organization, International Programme on the Elimination of Child Labor. (2008). Kenya Child Labor Data Country Brief. Geneva. pp.4.

[http://www.ilo.org/ipec/Informationresources/WCMS\\_IPEC\\_PUB\\_7801/lang--en/index.htm](http://www.ilo.org/ipec/Informationresources/WCMS_IPEC_PUB_7801/lang--en/index.htm)

worst forms of child labour, The 2010 Kenyan Constitution, The Employment Act, and The Children’s Act of 2001 mandating compulsory and free education for children aged 6-14 years.<sup>78</sup>

## FEMALE HEADED HOUSEHOLDS

In 2009, the most recent data year, it was estimated that 33.9% of households were female headed, meaning that a woman served as the head of household in major decision making and as a breadwinner.<sup>79</sup>

As indicated in the figure below, individuals in Female Headed Households (FHH) in urban areas have a 2.5 times the likelihood of having a secondary education than those in the rural areas, and overall the size of population of those without education is higher in FHH than in Male Headed Households (MHH) (26.8% and 23.5% respectively).<sup>80</sup>

Figure 1: Proportion of Population by Education Levels, by Location, and Gender of Household Head <sup>81</sup>

	None	Primary	Secondary+	Total Population
<b>National</b>				
Kenya	25.2	52.0	22.8	34,024,396
Rural	29.5	54.7	15.9	23,314,262
Urban	15.8	46.2	38.0	10,710,134
<b>Male headed</b>				
Kenya	23.5	51.8	24.7	16,819,031
Rural	27.7	54.9	17.4	11,472,394
Urban	14.4	45.2	40.4	5,346,637
<b>Female headed</b>				
Kenya	26.8	52.2	21.0	17,205,365
Rural	31.2	54.4	14.4	11,841,868
Urban	17.2	47.2	35.6	5,363,497

The 2013 Kenya Inequality report indicates that in rural areas, FHH are more likely to be engaged in wage employment than MHH at 31.5% and 16.8% respectively.<sup>82</sup> In urban areas, by contrast, MHH are more likely to be in wage employment than FHH (40.2% and 12.8% respectively).<sup>83</sup> Education attainment varies in female and male-headed households in rural/urban areas. Additionally, an earlier 2008 study by the Institute for Economic Affairs, found that FHH exhibit higher incidences of poverty

<sup>78</sup> Ibid., pp.4.

<sup>79</sup> World Bank. (2009). Female Headed Households (% of households with a female head). <http://data.worldbank.org/indicator/SP.HOU.FEMA.ZS?page=1>

<sup>80</sup> Ibid pp.. 70.

<sup>81</sup> Ibid., pp. 70.

<sup>82</sup> Ibid.,

<sup>83</sup> Ibid pp.. vii.

in both rural and urban areas (50% and 46.2% poverty rate respectively)<sup>84</sup>. The same observations are made in the Kenya Inequality Report.<sup>85</sup>

## HEALTH STATUS

Good health and well-being are fundamental to sustaining economies and societies. Particularly for women, good health and well-being translate into reduced mortality rates, higher retention of girls in school, and encourages women to enter into the workforce. Kenya has made significant progress in improving access to healthcare, as strengthening the health sector is one of the key sectors of the country's long-term development plan, Vision 2030. While previous health targets in the Medium Term Plan of the Vision 2030 were guided by three of the Millennium Development Goals (MDG), namely reduction of infant and child mortality (MDG goal 4); reduction of maternal mortality (MDG goal 5); and combating HIV/AIDS, TB, malaria and other diseases (MDG goal 6), the Sustainable Development Goals offer new windows of opportunity to expand action into other health issues as prescribed in the third goal of, "ensuring healthy lives and promoting well-being for all at all ages."<sup>86</sup>

Although the MDG targets have remained largely unmet, the government recognizes that access to health services is important for ensuring the well-being of the population and ensuring a healthy workforce. As reported in the 2011 MDG Status Report for Kenya, during the first phase of the implementation of Vision 2030, the government made significant progress in increasing child immunization, reducing HIV/AIDS prevalence, increasing access to safe drinking water and electricity, and reducing the under-five mortality rate.<sup>87</sup> The total number of health institutions has increased to 9,959 by 2014, while the number of registered doctors has increased to 10,239 by 2014.<sup>88</sup>

The health status indicators reflect the challenges facing the health sector in Kenya, including inadequate health staff, low funding, and an inadequate and fragile infrastructure, which cannot deliver the medical and public health services needed by the population. Despite the provision in Kenya's new Constitution that every person has a right to the highest attainable standard of health, which includes the right to health care services and reproductive health care, the government's expenditure on health remains as low as 5% of the gross national product (GDP) and about 12% of its total expenditures on social services.<sup>89 90</sup> Given the huge disease burden in the country, this proportion is inadequate to meet the health care needs, and even falls short of the 15% recommended by the African Union (AU) through the 2001 Abuja Declaration.<sup>91</sup> This is despite the provision in the new

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<sup>84</sup> Institute of Economic Affairs. (2008). Profile of Women Socio-Economic Status in Kenya. IEA. Nairobi.

<sup>85</sup> Kenya National Bureau of Statistics and the Society of International Development. (2013). Exploring Kenya's Inequality: Pulling Apart or Pooling Together. National Report. Kenya National Bureau of Statistics and Society for International Development. Nairobi.

<sup>86</sup> United Nations. (2015). Sustainable Development Goals.

<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

<sup>87</sup> Republic of Kenya (2013). Second Medium Term Plan, 2013-2017. Transforming Kenya: Pathway to Devolution, Socio-Economic Development, Equity and National Unity. Kenya Vision 2030.

<sup>88</sup> Kenya National Bureau of Statistics. (2015). Economic Survey 2015.

<sup>89</sup> Republic of Kenya. (2010). The Constitution of Kenya. Article 43.

<sup>90</sup> United Nations Development Programme. (2013). Human Development Report.

<sup>91</sup> African Union. (2001). The Abuja Declaration.



constitution 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.”<sup>92</sup>

## HEALTH POLICY FRAMEWORK

The Kenyan Government has taken a proactive policy approach to developing a progressive and ambitious Health Policy that aims to provide affordable and accessible health care in order to dramatically increase health outcomes. Article 43 of the 2010 Kenyan Constitution serves as the cornerstone of health policy framework in Kenya by asserting that, “(1) every person has the right (a) to the highest attainable standard of health, which includes the right to healthcare services, including reproductive healthcare.”<sup>93</sup> The Constitution goes on to state that the government, “is duty bound to remove ... barriers so that health rights are met in reality,” thus providing a legislative assurance for the establishment of an affordable and accessible health care system for all Kenyans.<sup>94</sup> Provision of health services, decreasing incidence of disease, and increasing health outcomes is a key component of the social pillar of Vision 2030.<sup>95</sup>

The Kenya Health Policy is the primary policy document outlining the government’s commitment to increasing health services and outcomes between 2014 and 2030. The policy asserts that its primary goal is to, “support equitable, affordable, and high-quality health and related services at the highest attainable standards for all Kenyans.”<sup>96</sup> The government aims to accomplish this through focusing on providing primary health services, reducing financial barriers based upon a concept of, “Universal Health Coverage and Social Protection,” and promoting, “equity in the distribution of health services.”<sup>97</sup> It aims to ensure, “no exclusion or social disparities in the provision of health services,” through lowering costs, increasing the National Hospital Insurance Fund, and increasing county health services.<sup>98</sup>

Following the adoption of devolution, Vision 2030 emphasized increasing County-level health services through devolving the creation and management of community health services to the newly formed County governments. Within the newly established devolved system of governance, Kenya’s forty-seven counties have been tasked with increasing the number of health facilities, pharmacies, and ambulance services within their counties.<sup>99</sup>

Another cornerstone of the government’s health care programme is the National Hospital Insurance Fund (NHIF), initially introduced in 1965 to cover government employees, and recently revised and made mandatory for all formally employed Kenyans to pay into.<sup>100</sup> Under NHIF, all formally employed workers are required to make monthly contributions to the NHIF deducted directly from their pay check by their employers, while self-employed Kenyans are required to pay a monthly NHIF

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<sup>92</sup> Republic of Kenya. (2010). The Constitution of Kenya. Article 43

<sup>93</sup> Ibid., Article 43.

<sup>94</sup> Ibid., Article 43.

<sup>95</sup> Republic of Kenya. (2008). Kenya Vision 2030.

<sup>96</sup> Ministry of Health, The Republic of Kenya. (2014). Kenya Health Policy 2014-2030. Article 4.1.

<sup>97</sup> Ibid., Article 4.1, 4.3, 3.3.

<sup>98</sup> Republic of Kenya. (2010). The Constitution of Kenya. Article 43.

<sup>99</sup> Ibid., Article 189-191.

<sup>100</sup> Republic of Kenya. (1977). The National Hospital Insurance Act.

premium of Ksh 500.<sup>101</sup> In exchange for paying into the system, workers gain insurance that covers in-patient services, out-patient services, and cover for family planning, drugs and medicines, general consultation, prescribed laboratory tests, treatment of Sexually Transmitted Diseases, ultra sound diagnosis and X-ray, treatment, dressing and diagnostic testing, clinical counselling services, post-natal and ante-natal health care, and health and wellness education. As a result of the expansion of NHIF, the overall membership to NHIF increased by 10.5% from 3.8 million in 2012/13 to 4.2 million in 2013/14. The formal sector contributed 66.3% of the total membership or 2,952,362 people in 2013/14, while the informal sector registered an impressive increase of 34.3 per cent compared with an increase of 10.2% in the formal sector. The total receipts of the Fund rose by 13.1 per cent to KSh 13.6 billion in 2013/4 while benefits accrued to members increased by 14.1 per cent. While the expansion of NHIF to out-patient services is seen as progressive, there are major challenges with the overall condition of government health services and facilities, including the availability of qualified doctors (and their low pay concerns).<sup>102</sup>

## MATERNAL HEALTH

Maternal health, which includes antenatal and postnatal care is vitally important both to protect the life of the child and that of the mother. According to the World Health Organization, 99% of all maternal deaths occur in the developing world, with more than half of these deaths occurring in Sub-Saharan Africa.<sup>103</sup> Maternal deaths are preventable; yet they occur due to a lack of access to maternal health services and qualified birth attendants. In Kenya, maternal deaths occur due to the inaccessibility of health facilities, lack of qualified community health workers, and the high cost of health services, which disadvantage poor and rural women. According to the WHO, the majority of women who die during pregnancy or birthing are rural women.<sup>104</sup>

Millennium Development Goal 5 prioritized improving maternal health, with countries committing to reduce maternal mortality by three-quarters. The newly established Sustainable Development Goal 3 has included a target of reducing maternal mortality to less than 70 per 100,000 live births by 2030.<sup>105</sup> Affirming these commitments, the Kenyan government has taken proactive steps to improve access and affordability of maternal health services. Maternal health is included the Kenya Essential Package for Health (KEPH) in the Kenya Health Policy, which aims to deliver, “cost-effective priority healthcare interventions and services.” Furthermore, since June 2013, there has been free maternity health services in all public health facilities, and the government has launched efforts to increase community health services at the County level.<sup>106</sup>

Due to increased policy measures, investments in health care systems, and advocacy to promote maternal health, Kenya has seen encouraging progress. According to the 2014 Kenya Demographic and Health Survey, 96% of pregnant women receive antenatal care from a skilled provider, but only

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<sup>101</sup> With their monthly NHIF premiums based on their monthly gross income

<sup>102</sup> Republic of Health. (1977). The National Hospital Insurance Act. Part III.

<sup>103</sup> World Health Organization (2015). Maternal Mortality Fact Sheet N. 348. <http://www.who.int/mediacentre/factsheets/fs348/en/>

<sup>104</sup> Ibid.,

<sup>105</sup> UN Women. SDG3: Ensure healthy lives and promote well-being for all at all ages.

<http://www.unwomen.org/en/news/in-focus/women-and-the-sdgs/sdg-3-good-health-well-being>

<sup>106</sup> Ministry of Devolution and Planning, The Republic of Kenya. (2013). Millennium Development Goals Status Report 2013. pp. 20.

58% of these women made four or more visits to a clinic.<sup>107</sup> Despite such a large number of women receiving antenatal care, only 62% of births were assisted by a skilled provider and in a health facility, falling short of the 90% goal set forth in the MDGs.<sup>108</sup> There was also an increase in the proportion of women receiving postnatal care, up from 42% in 2008 to 51% in 2014.<sup>109</sup> This increase in prenatal, postnatal, and number of assisted births helped to reduce the maternal mortality rate from 584 deaths per 100,000 live births in 2011 to 510 deaths per 100,000 live births in 2015.<sup>110</sup> This progress notwithstanding, this is still well below the MDG target of 147 deaths per 100,000 live births.<sup>111</sup>

## CHILD MORTALITY

With 18% of the Kenyan population estimated to be under the age of five and 4% of the population less than one year old, there is a need to provide affordable and accessible health care to children.<sup>112</sup> Children's health is a key component of the Kenya Essential Package of Health from the National Health Policy; due to the important role that early childhood health plays in ensuring a healthy and productive adult life.<sup>113</sup> Ensuring child health is vital to ensuring that a country has a healthy future adult population (including women) who can participate in and grow the economy.

The major barriers to children's health in Kenya are neonatal causes, malnutrition, diseases such as malaria and HIV/AIDS, diarrhoea, and respiratory infections. The Kenyan government has been working to improve child health and reduce infant mortality (<1 years old) and child mortality (<5 years old) through improving new-born health care, increasing immunization, and increasing access and affordability of health care services.<sup>114</sup> The infant mortality rate has declined from 63.9 deaths per 1,000 births in 1990 to 39 deaths per 1,000 live births in 2014.<sup>115</sup>

Child mortality (> 5 deaths) decreased from 59 deaths per 1,000 births in 2011 to 49 per 1,000 births in 2015.<sup>116</sup> While this was a marked decrease, it missed the MDG under five mortality rate target of 32 per 1,000 births by 2015.<sup>117</sup> Infant mortality rates in Kenya have also decreased from 40 per 1,000 live births in 2011 to 36 per 1,000 live births in 2015.<sup>118</sup> While there was progress in improving

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<sup>107</sup> Kenya National Bureau of Statistics (2014) Kenya Demographic and Health Survey: Key Indicators.

<sup>108</sup> Ibid.,

<sup>109</sup> Ibid.,

<sup>110</sup> World Bank. (2011). Maternal Mortality Ratio (modelled estimate, per 100,000 live births).

<http://data.worldbank.org/indicator/SH.STA.MMRT>

<sup>111</sup> Ministry of Devolution and Planning, The Republic of Kenya. (2013). Millennium Development Goals Status Report 2013. pp. 19.

<sup>112</sup> United Nations Children Fund. (2013). Statistics: Kenya.

[http://www.unicef.org/infobycountry/kenya\\_statistics.html](http://www.unicef.org/infobycountry/kenya_statistics.html)

<sup>113</sup> Ministry of Health, The Republic of Kenya. (2014). Kenya Health Policy 2014-2030.

<sup>114</sup> Ministry of Devolution and Planning, The Republic of Kenya. (2013). Millennium Development Goals Status Report 2013. pp. 16-17.

<sup>115</sup> Kenya National Bureau of Statistics (2014) Kenya Demographic and Health Survey: Key Indicators.

<sup>116</sup> World Bank (2015). Mortality Rate, Under-5 (per 1,000).

<http://data.worldbank.org/indicator/SH.DYN.MORT>

<sup>117</sup> Ministry of Devolution and Planning, The Republic of Kenya. (2013). Millennium Development Goals Status Report 2013. pp. 17.

<sup>118</sup> World Bank. (2015). Mortality Rate, Infant (per 1,000 live births).

<http://data.worldbank.org/indicator/SP.DYN.IMRT.IN>

children's health, Kenya has failed to meet the MDG child mortality target of 22 deaths per 1,000 live births.<sup>119</sup>

The improvement in child mortality can be attributed to increased usage of mosquito nets among children and improved maternal health including, an increase in the proportion of births assisted by a skilled health provider, increase in postnatal care, as well as increased education opportunities for women.<sup>120</sup>

Malnutrition is a major contributor to child mortality and exacerbates the health effects of diseases such as malaria and HIV/AIDS. A comparison between the 2008/2009 Kenya Demographic and Health Survey (KDHS) nutrition data with that of 2014, indicates an overall improvement in the nutritional status of children in Kenya, with stunting decreasing from 35% to 26%.<sup>121</sup> Under-fives stunting stood at 26% in 2014, wasting at 4%, underweight at 11%, and overweight/obese at 4%.<sup>122</sup> While there has been progress towards increasing nutrition, low birth weights, poor infant feeding, and poor maternal micro-nutrient status continue to hinder progress.

## DISEASE PREVALENCE

The prevalence of disease remains higher for females (30.1%) than for males (24.7%).<sup>123</sup> In 2014, malaria and pneumonia account for 58.8% of all reported incidences of diseases, with 22,948 and 21,640 deaths respectively in 2014.<sup>124</sup> Cancer and HIV/AIDS are ranked third and fourth with 14,175 and 12,235 death cases respectively.<sup>125</sup>

While AIDS ranks fourth amongst leading diseases, according to the UNAIDS, in 2014 there were approximately 1.4 Million people living with HIV/AIDS, with a 5.3% prevalence rate among adults aged 15-49 years.<sup>126</sup> This is equivalent to 1.2 Million adults (15 and above) living with HIV. Over half of these, are women (700,000), while children (0-14 years) account for 160,000 thousand cases.<sup>127</sup> There are 33,000 deaths annually from HIV/AIDS, which is a significant decline from 85,000 deaths in 2009.<sup>128</sup>

In 2014, the WHO estimated that 3% of women and 1.1% of men were living with HIV, thus showing that the prevalence rate for women is almost three times higher than that for men.<sup>129</sup> These gender disparities are even more pronounced among young people, where women aged 15-24 years are over four times more likely to become infected than their male contemporaries.<sup>130</sup> Furthermore, more women than men die from HIV/AIDS (145.5 and 129.3 per 100,000 respectively). This is primarily due

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<sup>119</sup> Ministry of Devolution and Planning, The Republic of Kenya. (2013). Millennium Development Goals Status Report 2013.pp. 17.

<sup>120</sup> Kenya National Bureau of Statistics (2014) Kenya Demographic and Health Survey: Key Indicators.

<sup>121</sup> Ibid.,

<sup>122</sup> Ibid.,

<sup>123</sup> Kenya National Bureau of Statistics. (2015). Economic Survey 2015.

<sup>124</sup> Ibid.,

<sup>125</sup> Ibid.,

<sup>126</sup> UNAIDS. (2014). Kenya Data Profile. <http://www.unaids.org/en/regionscountries/countries/kenya/>

<sup>127</sup> Ibid.,

<sup>128</sup> Ibid.,

<sup>129</sup> World Health Organization. (2014). World Health Statistics.

[http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439_eng.pdf?ua=1&ua=1)

<sup>130</sup> Ibid.,

to the fact that even though 34% of women have comprehensive knowledge of HIV causes and preventions, only 38% of all those infected receive antiretroviral therapy.<sup>131 132</sup>

As provided in the Legal Notice No. 170 of 1999, one of the core mandates of the National AIDS Control Council (NACC) is to develop strategies, policies, and guidelines relevant to the prevention and control of HIV and AIDS in Kenya. Several responses to HIV/AIDS have been taken since its formation, including four five-year strategic plans addressing targeted information, education and communication (IEC) campaigns, inheritance and property rights for girls, widows and orphans, programmes to assist orphans and vulnerable children (OVCs), elimination of widow inheritance, gender sensitive monitoring through appropriate indicators, and budgetary allocations for gender programme components.<sup>133</sup> A new HIV/AIDS curriculum was introduced through the Ministry of Education and there has been increased support for NGOs working with women infected and affected by HIV/AIDS.<sup>134</sup> Nevertheless, the Kenya Aids Indicator Survey indicates that incidences of HIV/AIDS infection are higher and occur at an earlier age among women than in men.<sup>135</sup> Furthermore, there are differentiated effects of HIV/AIDS among men and women due to the socio-cultural and economic differences, such as high HIV stigma and discrimination, poor attitude to regular use of condoms, religious beliefs against condom use, gender inequalities including gender based violence and vulnerability of young girls, deepening poverty and food insecurity, and widespread use of alcohol and substance abuse.<sup>136</sup>

New infections are estimated to have declined by about 15% from about 116,000 in 2009 to around 100,000 in 2013 (See Figure 2 & 3).<sup>137</sup> This reduction in new infections is due to an increase in sexual and reproductive health awareness, including the introduction of this curricula in the national Kenyan education curricula, distribution of free condoms in public places, and free voluntary counselling and testing (VCTS). By 2013, the percentage of women and men aged 15-24 aware of ways of preventing sexual transmission of HIV was at 47.5% and 54.9% respectively.<sup>138</sup> Furthermore, 77% of women and 85% of men aged 15-49 years know that HIV can be prevented by using condoms and limiting sex to one uninfected partner, while 53% of women and 46% of men aged 15-49 have been tested for HIV in the past 12 months and received the results of the last test.<sup>139</sup>

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<sup>131</sup> World Health Organization (2010) World Health Status Report. Geneva.

<sup>132</sup> Ibid.,

<sup>133</sup> These are the Kenya National HIV/AIDS Strategic Plan 2000-2005; 2005/6-2009/10; 2009/10-2012/13 and Kenya National AIDS Strategic Framework 2014/15-2018/19

<sup>134</sup> Ministry of Health, Republic of Kenya. (2014). Kenya Health Policy 2014-2030.

<sup>135</sup> Republic of Kenya. (2012). Kenya AIDS Indicator Survey. pp. 1

<sup>136</sup> Ibid

<sup>137</sup> National AIDS Control Council. (2014). Kenya AIDS Response Progress Report 2014: Progress towards zero.

<sup>138</sup> Ibid.,

<sup>139</sup> Kenya National Bureau of Statistics. (2014). Kenya Demographic and Health Survey: Key Indicators.

Figure 2: Estimated New HIV Infections <sup>140</sup>

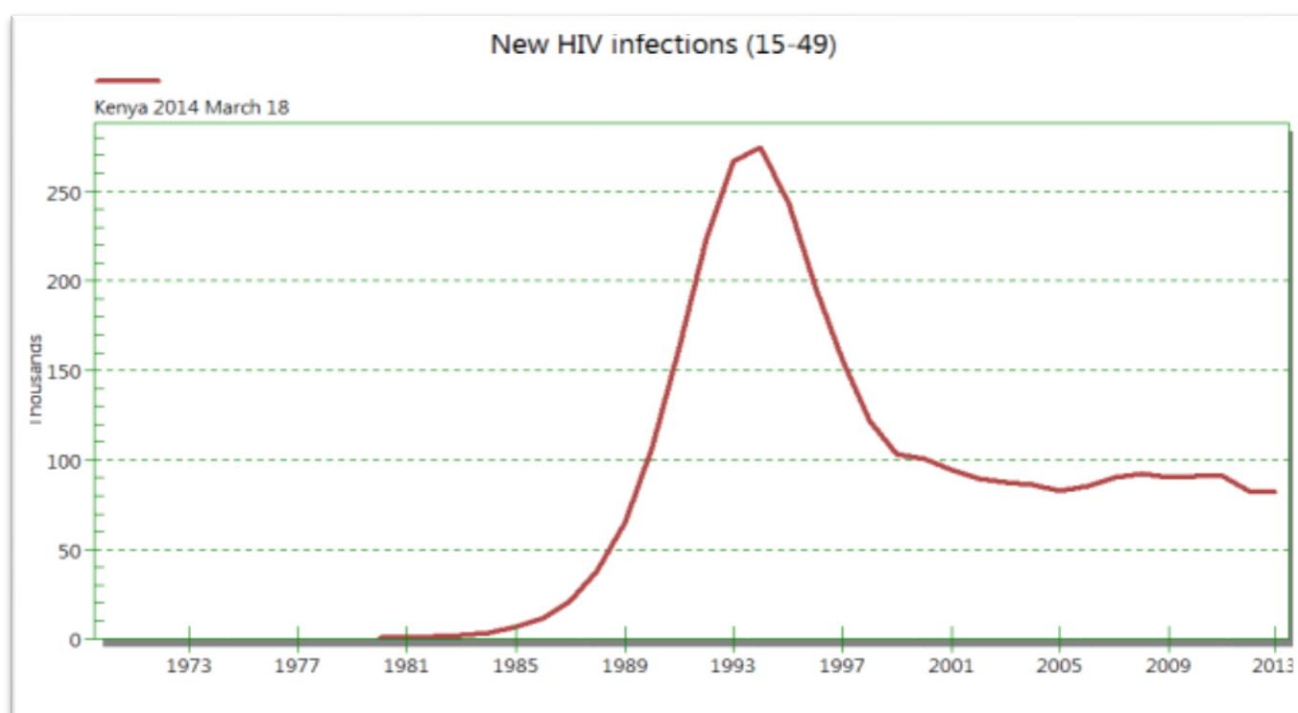
	2009	2010	2011	2012	2013
<b>All Ages</b>					
Male	51,604	49,753	47,137	44,892	43,193
Female	64,746	63,047	60,577	57,057	55,309
Total	116,349	112,800	107,714	101,949	100,501
<b>Adults (15 yrs and above)</b>					
Male	41,068	41,324	41,549	37,780	37,514
Female	54,480	54,833	55,132	50,127	49,778
Total	95,548	96,157	96,681	87,907	87,291
Percentage	82	85	90	86	89
<b>Children (0-14yrs)</b>					
Male	10,536	8,429	5,588	7,113	5,679
Female	10,266	8,214	5,445	6,930	5,531
Total	20,802	16,643	11,033	14,042	11,210
Percentage	18	15	10	14	11

Education and wealth have been found to be strongly correlated with an individual's ability to protect themselves against infection. While HIV prevalence has been reduced significantly over the past few years among the wealthy segments of Kenyan society (from 10% to 7%), it has more than doubled among the lowest socio-economic strata (from below 4% to above 8%), illustrating the uneven reach of intervention efforts.<sup>141</sup>

<sup>140</sup> Ibid.,

<sup>141</sup> National Gender and Equality Commission. (2013). Strategic Plan 2013-2015: Our first Mile (NGEC).

Figure 3: Trends in New HIV Infections.<sup>142</sup>



While the number of new infections has been decreasing, the number of adults in need of antiretroviral therapy (ART) has been increasing, while that of children has been declining in the last seven years. As of December 2013, the number of people living with HIV needing ART was estimated at 880,000, based on 2009 WHO HIV treatment guidelines.<sup>143</sup>

The 2012 Kenya AIDS Indicator Survey (KAIS) reported that 191,840 children below the ages of 14 were living with HIV, with the main mode of transmission being through their mothers.<sup>144</sup> As a strategy to eliminate this transmission, HIV testing and Prevention of Mother-to-Child Transmission (PMTCT) coverage was increased among pregnant women. As of 2013, HIV testing rates among pregnant women had increased to 92.2% from 68.3% in 2009. While the percentage of pregnant women accessing comprehensive PMTCT services, between 2011 and 2013, increased from 65% to 71% (See Figure 4).<sup>145</sup> As a result, new HIV infections in children have reduced from 23,000 in 2007 to 12,940 in 2013.<sup>146 147</sup>

<sup>142</sup> Ibid., pp. 9.

<sup>143</sup> National AIDS Control Council. (2014). Kenya AIDS Response Progress Report 2014: Progress towards zero.

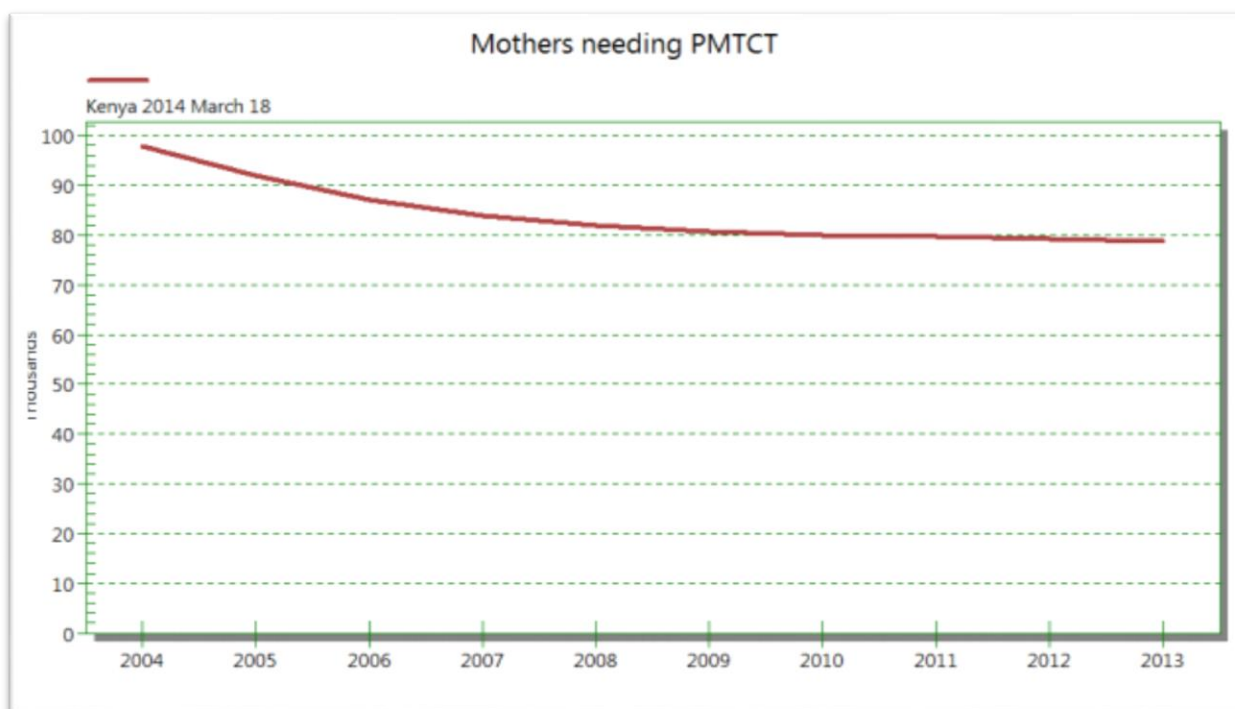
<sup>144</sup> National AIDS Control Council. (2012). Kenya AIDS Indicators Survey.

<sup>145</sup> National AIDS Control Council. (2014). Kenya AIDS Response Progress Report 2014: Progress towards zero.

<sup>146</sup> National AIDS Control Council. (2013). Kenya AIDS Indicators Survey.

<sup>147</sup> National AIDS Control Council. (2014). Kenya AIDS Response Progress Report 2014: Progress towards zero.

Figure 4: Women in Need of PMTCT<sup>148</sup>



## LIFE EXPECTANCY

Life expectancy is dependent upon having a health care system that supports life-long health and provides health services for citizens. Overall, the life expectancy of Kenyan men and women has been improving (See Figure 5). Female life expectancy has increased from 55 years in 2006 to 63 years in 2013, which reveals greater progress than that of men, whose life expectancy increased from 54 years in 2006 to 59 years in 2013.<sup>149</sup> <sup>150</sup> The healthy life expectancy at birth has increased from 55 years in 2006 to 61 years in 2013.<sup>151</sup> The life expectancy statistics show that women are more likely to live a longer and healthier life by 4 years.

<sup>148</sup> Ibid.,

<sup>149</sup> World Bank. (2013). Life Expectancy at Birth, Female (years).

<http://data.worldbank.org/indicator/SP.DYN.LE00.FE.IN/countries?page=1>

<sup>150</sup> World Bank. (2013). Life Expectancy at Birth, Male (years).

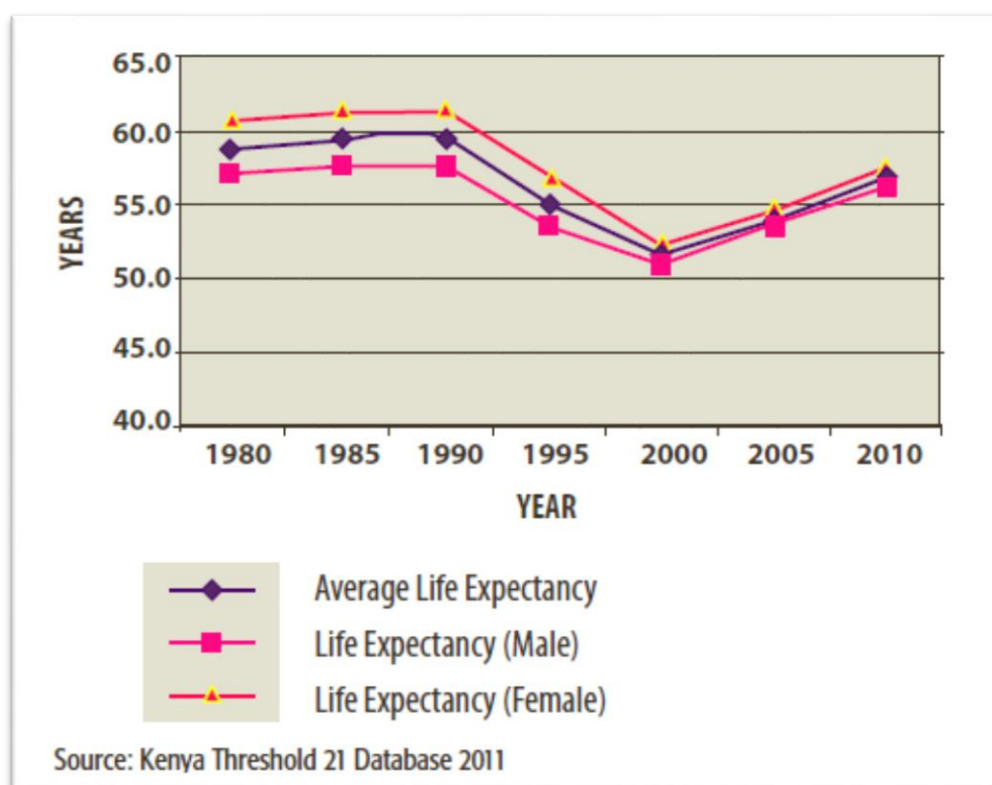
<http://data.worldbank.org/indicator/SP.DYN.LE00.MA.IN/countries?page=1>

<sup>151</sup> World Bank. (2013). Life Expectancy at Birth, Total (years).

<http://data.worldbank.org/indicator/SP.DYN.LE00.IN?page=1>



Figure 5: Life Expectancy: Male/Female and Average, Both Sexes<sup>152</sup>



## TOTAL FERTILITY RATE

The Total Fertility Rate (TFR) in Kenya has been declining from the 8.1 births per woman in Kenya in the mid-1970s to 3.9 births in 2014 (see Figure 6).<sup>153</sup> The decline in the TFR could be attributed to improving economic well-being, government efforts to promote girl child education, sensitization on the benefits of family planning, and increased use of contraception. The TFR also differs based upon levels of education and whether women live in rural or urban areas. The TFR in rural areas is higher at 4.5 births per woman, while it is slightly lower at 3.1 births per woman in urban areas.<sup>154</sup> Women with no education have a TFR of 6.5 births, which is more than double that of women who have achieved secondary or higher education, who have a TFR of 3.0.<sup>155</sup> This sharp decline in TFR for women who have achieved a level of education is due to the fact that staying in school reduces the likelihood of early pregnancies. Additionally, TFR also decreases as household wealth increases. Women in lower socio-economic strata bear more children than their wealthier counterparts, with women from the lowest wealth quintile having a TFR of 6.4 births, which is more than twice that of women from the highest quintile with a TFR 2.8 births.<sup>156</sup>

<sup>152</sup> United Nations Development Programme. (2013). Human Development Report. pp. 51.

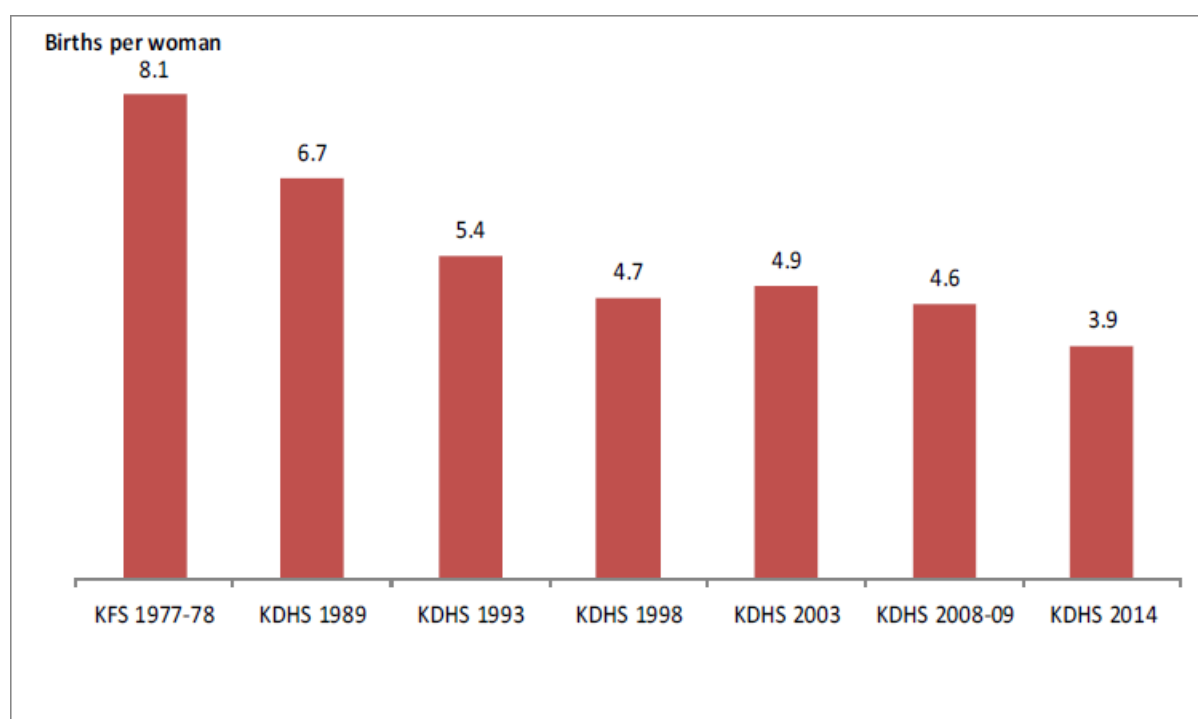
<sup>153</sup> Kenya National Bureau of Statistics. (2015). Economic Survey 2015.

<sup>154</sup> Ibid.,

<sup>155</sup> Kenya National Bureau of Statistics (2014) Kenya Demographic and Health Survey: Key Indicators.

<sup>156</sup> Ibid.,

Figure 6: Trends in the Total Fertility Rate (births per woman) 1978-2014 <sup>157</sup>



## REPRODUCTIVE HEALTH

Reproductive health is a key aspect of women's health and has overarching effects not only on a woman's life long health but also has effects on her entry into the workforce and economic productivity. Reproductive health is defined by the WHO as, "reproductive processes, functions and system(s) at all stages of life".<sup>158</sup> This includes the ability to have safe sex, to reproduce and give birth in a safe and healthy environment for mother and child, and access family planning. Having access to reproductive health can help to extend a woman's life by reducing maternal mortality and reduce the prevalence of sexually transmitted diseases, such as HIV/AIDS. Additionally, access to birth control enables women to plan their families, giving them more freedom and choice.

## CONTRACEPTION USE

Fifty-eight percent of Kenyan women (aged 15- 49) use contraceptives, which is markedly higher than the WHO regional average of 24.4%.<sup>159 160</sup> Rates of contraceptive use are even higher among married women, with 53% using a modern method of birth control.<sup>161</sup> Injectables are the most common

<sup>157</sup> Kenya National Bureau of Statistics. (2015). Economic Survey 2015. pp. 296.

<sup>158</sup> World Health Organization. Health Topics: Reproductive Health.

[http://www.who.int/topics/reproductive\\_health/en/](http://www.who.int/topics/reproductive_health/en/)

<sup>159</sup> World Economic Forum. (2015). 2015 Global Gender Gap Report. Geneva.

<sup>160</sup> World Health Organization. (2011). World Health Statistics.

[http://www.who.int/whosis/whostat/EN\\_WHS2011\\_Full.pdf?ua=1](http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf?ua=1)

<sup>161</sup> United Nations. (2014). Millennium Development Goals Indicators: Current contraceptive use among married women 15-49, any method, percentage.

<http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=730&crd=404>

method, used by 26% of married women, followed by implants (10%), and the pill (8%).<sup>162</sup> An additional 5% use traditional methods of family planning. Family planning use is even higher among sexually active unmarried women, at 61%. The most popular methods among sexually active unmarried women are injectables (22%) and condoms (21%).<sup>163</sup>

Across the socio-economic strata, there is marked disparity in contraception prevalence, with women with a higher level of education and urban women being more likely to use contraception.<sup>164</sup> Among married women, modern method use increases with education. Almost 60% of married women with secondary or higher education are currently using a modern method compared to only 15% of women with no education. Modern method use also varies by county. More than 70% of married women in Meru (73%) and Kirinyaga (76%) are using modern methods, while use is below 6% in all three counties in the North Eastern region (Garissa, Wajir, and Mandera).<sup>165</sup>

However, 18% of married women aged 15-49 have an unmet need for family planning, which marks a substantial decline since 2008-09 when 26% of women had an unmet need. Unmet needs are higher in rural areas (20%) than urban areas (13%), and decreases with education with 28% of women with no education have an unmet need for family planning compared to only 12% of women with secondary or higher education.<sup>166 167</sup>

## ABORTION POLICY

Abortion, unless in an emergency situation, is prohibited by law in Kenya. According to the, “Right to Life” Article (26) of the Kenyan Constitution, life is defined as beginning at conception.<sup>168</sup> It goes on to state, “Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.”<sup>169</sup> The 2010 Kenyan Constitution, while still prohibiting abortion, did ease the country’s abortion policy by permitting abortion in cases where the life of the mother is in danger. Yet, many civil society organizations still say that access to safe abortions are still being denied to women even when their lives are at risk.<sup>170</sup> Studies on abortion prevalence in Kenya among women aged 14-24, indicate that unwanted pregnancies, due to a lack of access to responsible sexual and reproductive health information and contraception, were the main cause of unsafe abortion.<sup>171</sup>

A 2012 report by the Kenya National Commission on Human Rights (KNCHR), an autonomous government agency, found that, “illegal abortions remain one of the leading causes of maternal

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<sup>162</sup> World Health Organization. (2011). World Health Statistics.  
[http://www.who.int/whosis/whostat/EN\\_WHS2011\\_Full.pdf?ua=1](http://www.who.int/whosis/whostat/EN_WHS2011_Full.pdf?ua=1)

<sup>163</sup> Ibid.,

<sup>164</sup> World Health Organization. (2015). World Health Statistics.  
[http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439\\_eng.pdf?ua=1&ua=1](http://apps.who.int/iris/bitstream/10665/170250/1/9789240694439_eng.pdf?ua=1&ua=1)

<sup>165</sup> Kenya National Bureau of Statistics. (2015). Kenya Demographic and Health Survey 2015. Nairobi.

<sup>166</sup> Ibid.,

<sup>167</sup> Ibid.,

<sup>168</sup> Republic of Kenya. (2010). The Constitution of Kenya. Article 26.

<sup>169</sup> Ibid.,

<sup>170</sup> Center for Reproductive Rights. (2015). “Kenyan Women Denied Safe, Legal Abortion Services.”  
<http://www.reproductiverights.org/press-room/kenyan-women-denied-safe-legal-abortion-services>

<sup>171</sup> Centre for the Study of Adolescence (2004) Adolescence in Kenya: The Facts, CSA Nairobi.

mortality.”<sup>172</sup> This finding led the Commission to ask the government to, “consider reviewing the restrictive abortion laws that led women into seeking unsafe and illegal abortions.”<sup>173</sup> The KNCHR report goes on to highlight that not enough attention is paid to the maternal health effects that arise from unsafe abortions and that the government needs to increase access to contraceptives and health services after unsafe abortions.

Furthermore, a 2013 report from the Government of Kenya and the African Population and Health Research Centre found that complications arising from unsafe abortions consume a significant amount of resources from health centres. There is an induced abortion rate of 48 abortions per 1000 women of reproductive age (15-49).<sup>174</sup> In 2012, they estimate that there were 464,690 abortions, out of which 119,912 women faced complications from unsafe abortions.<sup>175</sup> In 2009, it was estimated that between 30-50% of all maternal deaths were linked to unsafe abortions.<sup>176</sup> The high number of abortions, which result in complications and maternal death is a direct result of the lack of access to safe abortions. With abortion being illegal except for “emergency treatment,” women do not have access to safe clinical abortions, and instead are forced to have illegal abortions often carried out in sub-standard settings with untrained practitioners. In order to reduce the number of women who face complications from abortions, Kenya needs to allow for safe and legal abortions.

A Reproductive Health and Rights Bill, which would allow abortion in cases of rape, as well as safeguard the reproductive health of women and girls in Kenya, has been under consideration since 2010. Women’s rights and reproductive health civil society organizations, such as Auntie Jane have been active in advocating for increased access to safe abortions. The organization provides a hotline service that provides confidential information to women on reproductive rights, how to access safe abortion, and help in finding health services following complications from unsafe abortions.<sup>177</sup>

## **FEMALE GENITAL MUTILATION/CUTTING**

Female Genital Mutilation/Cutting (FGM/C) is widely practiced in some Kenyan communities, as some communities have tightly held cultural beliefs that see it as a key rite of passage related to childbearing and the consummation of marriage. However, the practice is largely unsafe and poses numerous risks to the health and life of the girls and women. The procedure causes irreversible, life-long health risks at the time of operation, during menstruation, consummation of marriage, and during childbirth. Complications associated with FGM/C include difficulty in passing urine, recurrent urinary tract infections, painful menstruation, painful sexual intercourse, sexual dysfunction, chronic pelvic and vaginal infections, abscesses, cysts, neuromas, and keloids.

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<sup>172</sup> Kenya National Commission on Human Rights, Republic of Kenya. (2012). Realising Sexual and Reproductive Health Rights in Kenya: A myth or reality?; A Report of the Public Inquiry into Violations of Sexual and Reproductive Health Rights in Kenya. pp. 62.

<sup>173</sup> Ibid., pp. 62.

<sup>174</sup> Ministry of Health, Republic of Kenya. (2013). Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study. pp. 7.

<sup>175</sup> Ibid., pp.7.

<sup>176</sup> Republic of Kenya and the United Nations Development Programme. (2009). National Human Development Report 2009. Nairobi.

<sup>177</sup> Auntie Jane Hotline. <http://auntiejanehotline.weebly.com/about-us.html>

Approximately, 21% of Kenyan women aged 15-49 are circumcised, with 43% of these being between ages 10 and 14, 27% at the ages of 5-9, and 27% at the age 15 or older (see Figure 7). The practice is regional and ethnic-based, with more than 75% of the women circumcised being of Somali, Samburu, Kisii, and Masaai ethnicity. Furthermore, the practice is nearly universally practiced in the North Eastern region of Kenya, with at 98 % of the female population having undergone the procedure.<sup>178</sup> While more than 80% of women were cut by traditional birth attendants and/or circumcisers, in recent years, medically trained health service providers have been performing the procedure.<sup>179</sup> The participation of trained health service providers in performing the procedure has had the negative effect of legitimizing the practice as a medical procedure, making it more difficult to eliminate FGM.

**Figure 7: Knowledge and Prevalence of FGM<sup>180</sup>**

Percentage of women who have heard of female circumcision and percentage circumcised, according to background characteristics, Kenya 2014			
Background characteristic	Percentage of women who have heard of female circumcision	Percentage of women circumcised	Number of women
<b>Age</b>			
15-19	93.5	11.4	2,717
20-24	96.3	14.7	2,691
25-29	96.6	18.0	2,932
30-34	97.3	22.9	2,162
35-39	96.3	27.8	1,780
40-44	96.1	32.1	1,292
45-49	96.9	40.9	1,052
<b>Residence</b>			
Urban	97.3	13.8	5,929
Rural	95.2	25.9	8,696
<b>Region</b>			
Coast	87.3	10.2	1,421
North Eastern	99.7	97.5	299
Eastern	97.0	26.4	2,066
Central	98.5	16.5	1,905
Rift Valley	98.8	26.9	3,714
Western	94.7	0.8	1,571
Nyanza	92.4	32.4	1,908
Nairobi	97.7	8.0	1,742
<b>Education</b>			
No education	90.6	58.2	1,015
Primary incomplete	93.3	25.4	3,793
Primary complete	96.5	21.1	3,543
Secondary+	98.2	12.2	6,274
<b>Wealth quintile</b>			
Lowest	90.9	39.8	2,236
Second	94.8	26.0	2,590
Middle	95.7	17.8	2,859
Fourth	97.5	17.2	3,113
Highest	98.8	12.0	3,827
<b>Total</b>	<b>96.0</b>	<b>21.0</b>	<b>14,625</b>

Efforts to ban and criminalize FGM/C began in 1983, when the then President Daniel Arap Moi attempted to ban the practice. But he faced harsh criticism from community elders who claimed that such a ban would terminate a long-held cultural practice among the Kalenjin community.<sup>181</sup> A proposed legislative ban on FGM/C was defeated in Parliament in 1996, with success only being

<sup>178</sup> National Council of Children Services, Republic of Kenya. (2015). National Plan of Action for Children in Kenya 2015-2022. Nairobi.

<sup>179</sup> Kenya National Bureau of Statistics (2014) Kenya Demographic and Health Survey: Key Indicators. pp. 61.

<sup>180</sup> Ibid., pp. 61.

<sup>181</sup> (2014). "Kenya Can Wipe Out FGM Once and for All." Daily Nation: Blogs.

<http://mobile.nation.co.ke/blogs/Kenya-can-wipe-out-FGM-once-and-for-all/-/1949942/2378102/-/format/xhtml/item/0/-/ayrf0d/-/index.html>

achieved in June 1999, with the creation of The National Plan of Action for the Elimination of FGM in Kenya 1999-2019. While the National Plan of Action did not ban or criminalize the practice, it established a process, “to accelerate the elimination of female genital mutilation in order to improve the health, quality of life and well-being of girls, families and communities in Kenya.”<sup>182</sup>

In 2001, the Ministry of Health issued a policy directive making it illegal to perform FGM/C in healthcare facilities. The Parliament passed the Children’s Act (No. 8 of 2001) with Article 14 criminalizing the practice of FGM/C on girls under the age of 18 and sets a penalty of 12 months of imprisonment and/ or a fine of \$600.<sup>183</sup>

In 2008, the Ministry of Gender, Children and Social Development launched a National Plan of Action for the Elimination of Female Genital Mutilation.<sup>184</sup> This was followed by the adoption of The Prohibition of FGM Act in 2011, which updated and expanded the 2001 ban on FGM/C to apply to adult women. The parliamentary act has a wide interpretation of FGM/C defining it as, “all procedures involving partial or total removal of the female genitalia or other injury to the female genital organs, or any harmful procedure to the female genitalia, for non-medical reasons.”<sup>185</sup> The Act formally criminalizes the acts of performing, training others on FGM/C procedures, or intending to carry-out FGM/C.<sup>186</sup> The Act also added an extraterritoriality clause, extending restrictions to citizens who commit the crime outside the country’s border. To enforce the ban on FGM/C the Act established the Anti-Female Genital Mutilation Board, currently under the Ministry of Devolution and Planning, which is tasked with developing public awareness campaigns, “design and formulate policy” and provide support to agencies and other bodies.<sup>187</sup>

As a result of policy changes and legislation FGM/C practice among girls aged 15-19 years has declined from 41% in 1984 to 11% in 2014.<sup>188 189 190</sup> Since 2000, multiple programme approaches have been tested to promote FGM/C abandonment, including safe houses for girls, community education, alternative rites of passage, and intergenerational dialogues.<sup>191 192</sup> With support from the government and NGOs, some communities have developed alternative rites of passage to preserve the positive sociocultural aspects of the ritual without requiring girls to undergo female genital mutilation.<sup>193</sup> Other programmes have included public awareness for men, encouraging them to support girl child

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<sup>182</sup> Ministry of Health, Republic of Kenya. (1999). National Plan of Action for the Elimination of Female Genital Mutilation in Kenya 1999-2019. pp. 12.

<sup>183</sup> Republic of Kenya. (2011). Children’s Act. Article 8.

<sup>184</sup> Ministry of Gender Children and Social Development, Republic of Kenya. (2008). National Plan of Action for the Elimination of Female Genital Mutilation in Kenya 2008-2012. Nairobi.

<sup>185</sup> Ibid., No. 32 Part III.

<sup>186</sup> Ibid., No. 32 Part III.

<sup>187</sup> Ibid., No. 32 Part II.

<sup>188</sup> Kenya National Bureau of Statistics. (2014). Demographic and Health Survey.

<sup>189</sup> United Nations Children’s Fund. (2013). Female Genital Mutilation/Cutting: A Statistical Overview and an Exploration of the Dynamics of Change. New York.

<sup>190</sup> United Nations Children’s Fund. (2014). Female Genital Mutilation/Cutting: What might the future hold?. UNICEF: New York.

<sup>191</sup> UNFPA. (2014). The power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future. New York.

<sup>192</sup> United Nations Children’s Fund (2013) Female Genital Mutilation/Cutting: A Statistical Overview and an Exploration of the Dynamics of Change. New York.

<sup>193</sup> UNFPA. (2014). The power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future. New York.

education and acceptance of uncircumcised girl as community members as well as equal brides. In addition to the anti-FGM Act, there exists an Anti-FGM Prosecution Unit and Anti-FGM Board. Equality Now has partnered with these government agencies to create a comprehensive FGM case-tracking tool aiming at promoting accountability in the reporting, investigation, and prosecutorial phases of cases.<sup>194</sup> The tool also provides government authorities with the ability to track successes, where girls are spared from FGM due to proactive judicial mechanisms and alternatives to criminal prosecution, such as injunctions and parental agreements. Equality Now also developed a simplified version of the anti-FGM law in English and Swahili targeting non-legal professionals, girls, teachers, chiefs, police, parents, medical practitioners, and the general public to encourage them to protect, prevent, and reports incidences of FGM.<sup>195</sup> Additionally, an FGM hotline and girls rescue centres have been established in the FGM prone regions.

These efforts have led to a dramatic decrease in the number of women undergoing FGM/C. A 2014 UNICEF report found that the number of adolescent girls undergoing FGM/C had dropped by half compared to 30 years ago, and that the percentage of girls who undergo FGM/C could be as low as 10% by the end of the decade. The report goes on to highlight that due to current regulations and advocacy efforts that are underway, Kenya could potentially eliminate FGM/C by 2030 (see Figure 8).<sup>196</sup>

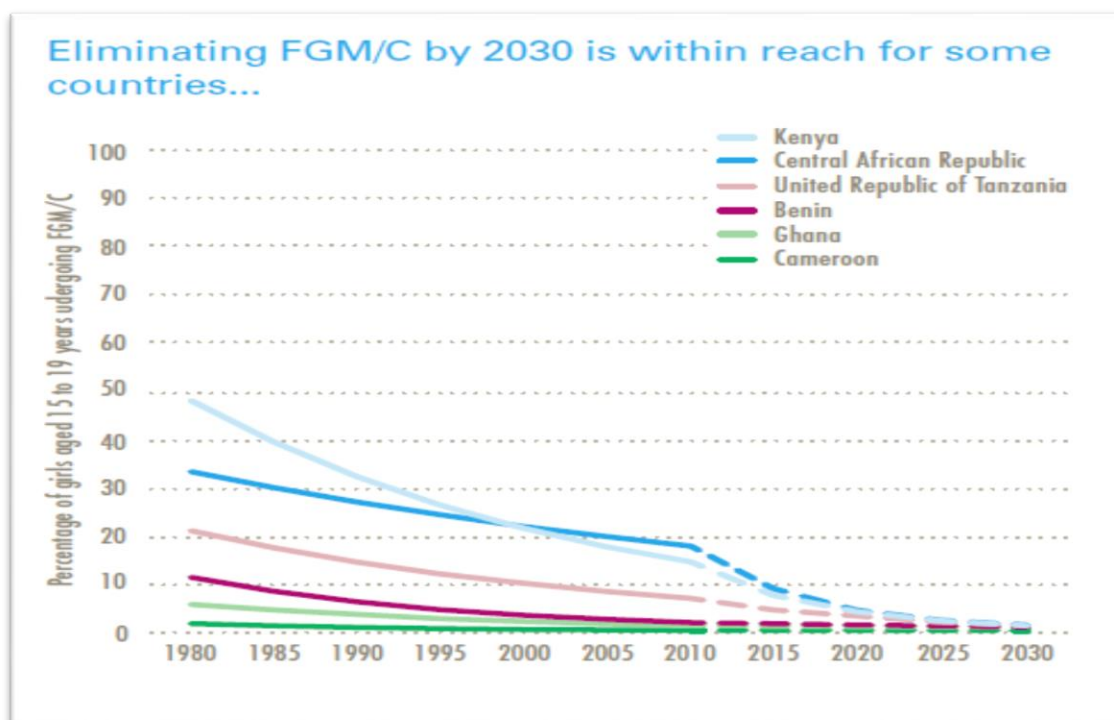
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<sup>194</sup> Equality Now. (2016).Kenya: Protect girls by enforcing FGM and child marriage laws. [http://www.equalitynow.org/take\\_action/fgm\\_action521](http://www.equalitynow.org/take_action/fgm_action521)

<sup>195</sup> Ibid.,

<sup>196</sup> United Nations Children’s Fund. (2014). Female Genital Mutilation/Cutting: What might the future hold?. UNICEF: New York. pp. 4.

Figure 8: Elimination of FGM/C by 2030 Projections in Selected Countries<sup>197</sup>



## ECONOMIC STATUS

Economic participation and opportunity are key indicators of women’s empowerment and participation within the knowledge economy of a country. According to the Global Gender Gap Report of 2015, Kenya ranks 25 out of 145 with a score of 0.778 in economic participation and opportunity, meaning that women have more opportunity to engage in productive work.<sup>198</sup> However, the ability of women to participate in the economy varies based on the education of the women, the kind of work they are involved in, and if the work they are engaged in is considered to be within the formal economy. There is a high number of women actively involved in the economy, but most of these are found in the informal sector and within the agriculture sector at a subsistence level, which is not captured in formal employment statistics.

## WOMEN IN THE WORKFORCE

Women make up an increasing percentage of the workforce in Kenya. According to UNDP, 62.2% of women over the age of fifteen years participate in the labour market.<sup>199</sup> Despite this high percentage of participation in the workforce, only 19.3% are salaried workers, while 77.7% are self-employed, which means they own their own small business or work in a non-salaried sector, such as

<sup>197</sup> Ibid.,

<sup>198</sup> World Economic Forum. (2015). Global Gender Gap Report: Economies- Kenya.

<http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=KEN>

<sup>199</sup> United Nations Development Programme. (2015). Human Development Reports, Kenya.

<http://hdr.undp.org/en/countries/profiles/KEN>



agriculture.<sup>200</sup> Out of the female workforce, the World Bank reports that 53.2% of employed females are contributing family workers, meaning that their income goes towards providing and sustaining the finances of their family.<sup>201</sup> While there is no disaggregated data on the percentage of micro, small and medium sized enterprises (MSMEs) owned by women, the Federation of Women Entrepreneur Associations (FEWA) in an email correspondence said they, “have a membership of over 250,000 individual business women active in all aspects of enterprise, ” though they were unable to provide specific details on the size or valuation of these enterprises.<sup>202</sup> The unemployment rate amongst women is estimated at 10.6% by the World Bank.<sup>203</sup>

According to the Kenya Bureau of Statistics Key Facts for 2015, the number of female wage earners has been steadily increasing. In 2014, the total number of female wage earners was 866,300, up from 789,000 in 2012.<sup>204</sup> The largest industry of employment for women is education, in which 234,600 women were employed in 2014.<sup>205</sup> The second largest employment industry is agriculture, where 112,700 women are employed, but it is interesting to note that female employment in this sector has been decreasing.<sup>206</sup> While employment in information and communication and professional, science and technical activities has been increasing. Within the Information and Communication sector there has been an increase of 3,900 wage jobs for women, with the number of women employed in the sector rising from 33,300 in 2012 to 37,200 in 2014.<sup>207</sup> Additionally, within the industry identified as professional, scientific, and technical the number of jobs has increased by 1,900 from 18,300 in 2012 to 20,200 in 2014.<sup>208</sup> This section will delve deeper into some of these employment sub-sectors to examine women’s participation in each of these sectors.

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<sup>200</sup> World Bank. (2014). Gender Data Portal, Kenya. <http://datatopics.worldbank.org/gender/country/kenya>

<sup>201</sup> Ibid.,

<sup>202</sup> Email correspondence between the Federation of Women Entrepreneur Associations (FEWA) and Authors. February 2016.

<sup>203</sup> World Bank. (2014). Gender Data Portal, Kenya. <http://datatopics.worldbank.org/gender/country/kenya>

<sup>204</sup> Ibid., 19.

<sup>205</sup> Ibid., 19.

<sup>206</sup> Ibid., 19.

<sup>207</sup> Ibid., 19.

<sup>208</sup> Ibid., 19.

Figure 9: Wage Employment by Industry and Sex, 2012-2014<sup>209</sup>

INDUSTRY	Number '000					
	2012		2013		2014	
	Male	Female	Male	Female	Male	Female
Agriculture, forestry and fishing	209.9	127.8	217.8	124.7	220.6	112.7
Mining and quarrying	7.3	1.7	7.7	1.7	10.8	2.0
Manufacturing	192.8	78.1	228.5	50.9	234.4	53.0
Electricity, gas, steam and air conditioning supply	10.3	4.0	10.4	4.2	11.1	4.2
Water supply; sewerage, waste management and remediation activities	5.6	2.9	6.3	3.1	7.0	3.4
Construction	94.2	21.9	106.7	23.1	117.1	26.6
Wholesale and retail trade; repair of motor vehicles and motorcycles	147.0	51.0	159.1	53.1	164.7	55.5
Transportation and storage	62.2	13.0	55.7	20.4	58.3	21.4
Accommodation and food service activities	44.5	24.4	49.9	23.6	49.0	24.1
Information and communication	52.4	33.3	58.1	34.3	61.9	37.2
Financial and insurance activities	33.8	27.8	39.2	26.1	40.4	27.1
Real estate activities	2.0	1.7	2.8	1.0	2.9	1.0
Professional, scientific and technical activities	44.4	18.3	45.3	19.9	46.4	20.2
Administrative and support service activities	3.4	1.1	4.2	0.6	4.3	0.6
Public administration and defence; compulsory social security	133.5	73.9	141.6	80.8	147.6	85.9
Education	220.8	164.0	202.1	221.2	215.4	234.6
Human health and social work activities	41.6	63.1	45.3	67.0	47.7	70.7
Arts, entertainment and recreation	4.1	2.3	4.5	2.1	4.6	2.1
Other service activities	17.2	11.0	18.9	10.3	18.6	11.9
Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	38.9	67.4	40.6	69.2	40.3	71.8
Activities of extraterritorial organizations and bodies	0.7	0.3	0.8	0.3	0.8	0.3
<b>TOTAL</b>	<b>1,366.6</b>	<b>789.0</b>	<b>1,445.5</b>	<b>837.6</b>	<b>1,503.9</b>	<b>866.3</b>

## WOMEN IN AGRICULTURE

With 112,700 women formally employed in agriculture, and many more informally employed in subsistence agriculture, it is estimated that women take on a large labour burden of the industry.<sup>210</sup> Within the agriculture sector, women do 80% of the food production, 50% of cash crop production, 80% of food storage and transport from farm to the home, 90% of weeding, and 60% of harvesting and marketing of crops.<sup>211</sup> Even with this significant contribution to the agricultural sector, due to the fact that most women work at a subsistence level, their labour is unpaid and thus seen as informal. Women also face constraints to expanding their agricultural production to a commercial level, due to a lack of resources and access to land, credit, high quality inputs, and a lack of knowledge of improved farming techniques.<sup>212</sup> With a majority of extension officers being men, up to 85% in some regions, women benefit from only 7% of their services.<sup>213</sup>

## WOMEN IN THE SERVICE SECTOR

Women's contribution to wage labour is primarily concentrated in the service sectors. Women in the service sector with formal wage employment constitute 30% of the overall wage employment. The

<sup>209</sup> Kenya National Bureau of Statistics. (2015). Facts and Figures 2015. pp. 19.

<sup>210</sup> World Bank. (2014). Gender Data Portal, Kenya. <http://datatopics.worldbank.org/gender/country/kenya>

<sup>211</sup> African Development Bank. (2007). Country Gender Profile for Kenya.

<sup>212</sup> The Nature Conservancy. (2013). Kenya's National Gender Context and its Implications for Conservation: A Gender Analysis.

<sup>213</sup> Ibid.,

highest percentage is recorded in the education sector (45%), while the lowest is in the building and construction industry (7%), manufacturing (18%), and electricity and water (18%).<sup>214</sup>

Women in Kenya, noting the difficulties in getting full time wage-employment due to challenges related to child care and flexible working hours, tend to instead form their own micro and small enterprises. These enterprises are oftentimes within the informal sector and account for 54% of the total enterprises in the country. These enterprises include roadside stands selling vegetables, clothes, and other products; retail businesses, and urban agriculture sectors.<sup>215</sup> Government programmes, such as the Women Enterprise Development Fund and Uwezo Fund, are aimed at encouraging more women to become entrepreneurs and manage their own businesses. Allocation to the Women Enterprise Fund grew by 1.2 per cent from KSh167 million in 2013 to KSh 169 million in 2014.<sup>216</sup>

## COMPARATIVE WAGES

The estimated earned annual incomes are \$2,800 for women and \$3,020 for men, thus revealing a wage gap of \$220.<sup>217</sup> In other words, women make 92% as men, or .92 cents for every \$1 earned by men. While this wage gap is not as high as in other nations, it still represents an inequality that needs to be righted. This wage disparity is in part due to the fact that women are more likely to be engaged in low-wage work, with 82% of domestic workers in urban areas being women and 63% of street vendors being women.<sup>218</sup> Domestic workers reported extremely low wages, equivalent to around one third of the average earnings of all non-agricultural, urban informal workers. Street vendors earn more, on average, than domestic workers, but their earnings are only a little over three quarters of the average for all non-agricultural, urban informal workers.<sup>219</sup>

## ADULT UNPAID WORK

While there have been no recent time-use surveys in Kenya, the division of labour is highly segmented by sex with minimal elasticity, especially in the rural areas, where men spend up to 70% of their work time managing herds, while women's time is divided into farm work, running small businesses, caring for children, and collecting firewood and water. Wives work twice as many hours as husbands, giving rise to them working what is termed a 'double workday'.<sup>220</sup>

Women have simultaneous and competing demands for productive (market) and reproductive (household) labour time, which includes caring for children, cooking, cleaning, and other household tasks. Time poverty and income poverty often reinforce each other, as these reproductive labour demands at home often restrict women from working far away from home, thus limiting their opportunities to engage in paid work.

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<sup>214</sup> Kenya National Bureau of Statistics. (2015). Economic Survey 2015. Nairobi.

<sup>215</sup> Republic of Kenya and United Nations Development Programme. (2013). Kenya National Human Development Report. Nairobi.

<sup>216</sup> Kenya National Bureau of Statistics. (2015). Economic Survey 2015.

<sup>217</sup> World Economic Forum. (2015). Global Gender Gap Report: Economies- Kenya.

<http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=KEN>

<sup>218</sup> International Labor Organization. (2013). Men and Women in the Informal Sector: A statistical Overview. Second Picture. ILO. Geneva.

<sup>219</sup> Ibid.,

<sup>220</sup> The Nature Conservancy. (2013). Kenya's National Gender Context and its Implications for Conservation: A Gender Analysis.

Additionally, the burden of caring for the sick, elderly, and dying falls heavily on women and girls. They have to wash, feed, and provide various forms of care for those who are terminally ill. With HIV/AIDS prevalence and other disease pandemics, women and girls are more affected since they are more often called upon to provide care for their sick parents and relatives which has led to a feminization of the HIV/AIDS pandemic.<sup>221</sup>

## ACCESS TO RESOURCES

Access to resources are a key way in which women are able to provide for their families and gain economic independence. Government policy plays a large role in removing legal barriers and providing equitable access to resources and/or legal standing in regards to the right to own land, ability to inherit, and ending any gender based discrimination in relation to access to finance, transportation, energy, etc. Despite government policy there remain barriers that restrict women's access to resources, which include both lack of developmental progress and longstanding cultural practices.

## WOMEN'S ACCESS TO FINANCE

In Kenya, there is no policy, legislation or law that prohibits women from accessing financial services or requires them to get approval from male family members. While women are legally able to access bank loans, historically women have had difficulties gaining access to financial services, due to a lack of collateral. This is directly related to a women's limited access to land and other property that they can use for collateral with banks.<sup>222</sup> It is estimated that only 7% of women have access to credit in Kenya, thus showing a low rate of access.<sup>223</sup>

In order to increase this low rate of access to financial services, Kenya has made strides to ensure access to alternative financial services for women through the establishment of the Women's Enterprise Fund. The Fund, a flagship project under the First Medium Term Plan, 2008-2012, disbursed Ksh 1.55 billion. An additional Ksh 1.85 billion was disbursed through 83 active financial intermediaries. In total, approximately 704,026 beneficiaries from across the country accessed the fund.<sup>224</sup> Additionally, there are 12 licensed microfinance banks recognized by the Central Bank of Kenya that provide loans to women, including the Kenya Women Microfinance Bank and Uwezo.<sup>225</sup> While there are only 12 recognized microfinance banks, there is a large number of local micro credit institutions, NGOs, and community led women's groups that provide loans to women.

## WOMEN'S ABILITY TO OWN LAND

Enshrined in the 2010 Kenyan Constitution is the right of every person to own property. Article 40 states that, "every person has the right, either individually or in association with others, to acquire

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<sup>221</sup> African Development Bank. (2007) Country Gender Profile for Kenya.

<sup>222</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>

<sup>223</sup> African Development Bank (2015) Africa Gender Inequality Index 2015. [http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/African\\_Gender\\_Equality\\_Index\\_2015-EN.pdf](http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/African_Gender_Equality_Index_2015-EN.pdf)

<sup>224</sup> Republic of Kenya (2013). Second Medium Term Plan, 2013-2017. Transforming Kenya: Pathway to Devolution, Socio-Economic Development, Equity and National Unity. Kenya Vision 2030.

<sup>225</sup> Central Bank of Kenya. List of License Microfinance Banks. <https://www.centralbank.go.ke/index.php/bank-supervision/microfinance-institutions/14-bank-supervision/83-list-of-licensed-deposit-taking>

and own property.”<sup>226</sup> Furthermore, the Constitution establishes that there must be, “equitable access to land.”<sup>227</sup> Provisions for equitable access to land are reiterated in the Land Act of 2012, where equitable access to land is listed as one of the, “guiding values and principles” in Article 4.<sup>228</sup> The Land Act was a watershed moment for women’s land rights, as the Federation of Women Lawyers in Kenya states, the 2012 Land Act finally provided statutory rights for spouses, meaning that spouses have joint ownership over property and land and seen as a co-owner even if their name is not on the title deed.<sup>229</sup>

Both the Constitution and the Land Act firmly create a policy framework within which women cannot be denied the ability to own land. While this change within the last six years has made it easier for women to own land, only 3% of Kenyan women own title deeds.<sup>230</sup> In 2009, the OECD/GID women’s access to land measure was 1, which is defined as impossible.<sup>231</sup> But in 2014 after the passing and implementation of the 2010 Constitution and the 2012 Land Act, the measure decreased to .5, thus marking significantly improved access to land for women.<sup>232</sup> The OECD/GID women’s access to property other than land measure was unchanged at .5 in both 2009 and 2014.<sup>233</sup> <sup>234</sup> Despite this progress, the OECD does not consider women to have full access to land because as their report states, “women’s access to land and access to property other than land are severely restricted by customary law.”<sup>235</sup> Thus, in order for women to be able to have full access there needs to be changes in customary law and increased gender balance within national land legislation.

## WOMEN’S ACCESS TO TRANSPORT AND PRO-FEMALE TRANSPORT POLICIES

There is no pro-female transport or provision for female only buses or train cars. Within the transportation policy framework in Kenya, there are only two mentions of gender. The most substantial inclusion of gender is in the Integrated National Transport Policy of 2009, which lists gender mainstreaming as a key challenge in transportation infrastructure planning.<sup>236</sup> While the policy fails to go into detail about how it intends to incorporate gender mainstreaming into mass public transportation planning, it instead focuses on non-motorised and intermediate means of transport (NMIMTs). The policy highlights that, “women, especially in poor rural and informal urban settlements, spend a lot of time walking in search of basic needs, leaving them with very little time to

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<sup>226</sup> Republic of Kenya. (2010). The Constitution of Kenya. Article 40:1

<sup>227</sup> Ibid., Article 60:1 :a.

<sup>228</sup> Republic of Kenya. (2012). Land Act. Article 4.

<sup>229</sup> Federation of Women Lawyers Kenya. Women’s Land and Property Rights in Kenya.

<https://www.google.com/search?q=federation+of+women%27s+lawyers+kenya+women%27s+land+and+property+rights&ie=utf-8&oe=utf-8>

<sup>230</sup> Republic of Kenya. (2010). The 7<sup>th</sup> Periodic Report of the Government of Republic of Kenya on Implementation of the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) 2004-2009.

<sup>231</sup> OECD.Stat. (2009). Gender, Institutions and Development Database.

<http://stats.oecd.org/Index.aspx?DatasetCode=GID2>

<sup>232</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>

<sup>233</sup> OECD.Stat. (2009). Gender, Institutions and Development Database.

<http://stats.oecd.org/Index.aspx?DatasetCode=GID2>

<sup>234</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>

<sup>235</sup> Social Institutions and Gender Index. (2014). Kenya. <http://www.genderindex.org/country/kenya>

<sup>236</sup> Ministry of Transport, Republic of Kenya (2009). Integrated Transport Policy. 1.1.2.

engage in viable commercial and economic activities.”<sup>237</sup> Highlighting that women perform most of the household duties that require them to undertake, “the drudgery of walking,” the policy calls for creating a gender balance around division of these labours.<sup>238</sup> Furthermore, it calls for the development of gender sensitive NMIMTs and increase their access to women.<sup>239</sup> The second policy that mentions gender is the National Transport Safety Authority Act of 2012, whose only mention of gender is that in appointing members of the board, “the principle of gender equity,” would be respected.<sup>240</sup>

The Women’s Empowerment Link (WEL) undertook an *Assessment of the Magnitude of Violence against Women and Girls in Public Transport in Kenya*, whose findings were based upon a survey undertaken in five counties with urban areas in Kenya. The report found that 54% of respondents said they experienced gender based violence on public transport, while 61% said they knew someone who had been a victim of gender based violence on public transport.<sup>241</sup> The three most common forms of gender based violence were, “insulting language against women by the matatus crews, coercion of passengers to board public service vehicles against their wish and suggestive or unwelcome touching of female passengers.”<sup>242</sup> Based upon these findings, it seems that a pro-female transport policy which aims to reduce gender based violence on public transport should be a policy priority.

## WOMEN’S ACCESS TO ELECTRICITY

According to the World Bank in 2012, the most recent data year, 23% of the Kenyan population has access to electricity.<sup>243</sup> Additionally, the IEA World Electricity Database said that in 2012, 34 million Kenyans were living without electricity.<sup>244</sup> This resulted in a total electrification rate of 18%.<sup>245</sup> Electrification is higher in urban areas, where there is a total electrification rate of 65% as opposed to only 5% in rural areas.<sup>246</sup> Gender disaggregated data on women’s access to electricity was not found.

Due to the low rates of electrification, 76% of the Kenyan population is reliant upon biomass energy sources, specifically for cooking.<sup>247</sup> Reliance upon traditional biomass energy sources such as wood, charcoal, and agricultural residue for cooking has health implications including indoor air pollution, which disproportionately affects women, who are primarily responsible for cooking with these energy sources. Yet, as the Stockholm Environment Institute states, Kenya is one of the regional leaders, “in

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<sup>237</sup> Ibid., 18.

<sup>238</sup> Ibid., 4.7.5.

<sup>239</sup> Ibid., 4.7.5.2.

<sup>240</sup> Republic of Kenya. (2012). National Transport and Safety Authority Act. Part III: 3.

<sup>241</sup> Women’s Empowerment Link. (2015). *Assessment of the Magnitude of Violence against Women and Girls in the Public Transport in Kenya*. pp.9.

<sup>242</sup> Ibid., pp. 9.

<sup>243</sup> World Bank. (2012). Access to Electricity (% of population).

[http://data.worldbank.org/indicator/EG.ELC.ACCS.ZS?order=wbapi\\_data\\_value\\_2012+wbapi\\_data\\_value+wbapi\\_data\\_value-first&sort-asc](http://data.worldbank.org/indicator/EG.ELC.ACCS.ZS?order=wbapi_data_value_2012+wbapi_data_value+wbapi_data_value-first&sort-asc)

<sup>244</sup> International Energy Agency. (2012). *World Energy Database 2012: Kenya*.

<sup>245</sup> Ibid.,

<sup>246</sup> Ibid.,

<sup>247</sup> Stockholm Environment Institute. (2015). *Bringing clean, safe, affordable cooking energy to Kenyan households: an agenda for action*. Discussion Brief. pp. 1.

developing and distributing clean cook stoves,” which aim to reduce the health and environmental impact of the reliance on unclean biomass.<sup>248</sup>

In an effort to increase access to electricity, the Rural Electrification Authority (REA) was established by the Energy Act of 2006 with the goal of increasing rural electrification and promoting renewable energy sources.<sup>249</sup> While the current Energy Act from 2006 has no mention of gender, and the new version of the Energy Act, which was introduced in 2015 and is currently being debated, only has one reference to gender, and this is in related to ensuring gender balance in government agencies and boards.<sup>250 251</sup>

## WOMEN’S ACCESS TO MOBILE PHONES AND MOBILE NETWORKS

Kenya has one of the most robust mobile phone markets and highest rates of penetration in sub-Saharan Africa with 37.3 million mobile subscribers in 2015.<sup>252</sup> These 37.3 million subscribers represent a SIM penetration of 80%, with a mobile broadband penetration of 18%.<sup>253</sup> Out of these subscribers 97% are prepaid customers, meaning they buy and load credit onto their phones.<sup>254</sup> The dramatic increase in mobile phone subscribers is attributed to a price reduction in mobile services of over 70% in the last four years and a mobile coverage rate of 96% across the country.<sup>255</sup> Kenya is also a leader in the mobile money sector, due to the success of Safaricom’s M-PESA, which since launching in 2007 has over 15 million users.<sup>256</sup>

Mobile phones are increasingly being used by women in Kenya to perform a number of actions from placing and receiving calls, sending and receiving SMS, mobile money transactions, and logging on to the internet. According to GSMA, there is only a 7% gender gap in mobile phone ownership, which they define as a, “relatively small gender gap.”<sup>257</sup> This small gender gap, is due in much part to the success and penetration of mobile money, which as GSMA argues, “provides women and their families with a clear value proposition for having mobile phones,” which is the ability to receive and send money.<sup>258</sup> Further to this point, 49% of women reported that they use mobile money to receive money and 39% reported that they use it to send money.<sup>259</sup> Furthermore, more than 80% of women with access to a mobile phone said they were able to send and receive money on their mobile phone without assistance.<sup>260</sup>

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<sup>248</sup> Ibid., pp. 1-3.

<sup>249</sup> International Energy Agency. (2012). World Energy Database 2012: Kenya.

<sup>250</sup> Republic of Kenya. (2006). The Energy Act.

<sup>251</sup> Republic of Kenya. (2015). The Energy Act of 2015: Proposed.

<sup>252</sup> GSMA Intelligence. (2016). Kenya Data Dashboard.

<https://gsmaintelligence.com/markets/1887/dashboard/>

<sup>253</sup> Ibid.,

<sup>254</sup> Ibid.,

<sup>255</sup> Ibid.,

<sup>256</sup> Ibid.,

<sup>257</sup> GSMA. (2015). Bridging the Gender Gap: Mobile access and usage in low- and middle-income countries. pp. 90.

<sup>258</sup> Ibid., pp. 90.

<sup>259</sup> Ibid., pp. 13.

<sup>260</sup> Ibid., pp. 13.

Additionally, women are increasingly using their phones for more than just calls and mobile money. Only 11% of women report never having sent an SMS, revealing that 89% send SMSs, while 43% of women report using the internet on their phones.<sup>261</sup> Accessing the internet on phones is becoming increasingly accessible, as more women are purchasing feature and smart phones. GSMA reports that 60% of women own feature phones, 14% own smart phones, and only 27% own basic phones.<sup>262</sup> Furthermore, 81% of women stated that the money to buy their phone was their own and only 10% said they had to ask permission to spend money to purchase their phone.<sup>263</sup> Additionally, 79% of women said they used their own money to refill their phone credit and 95% said they did not have to ask permission to use money to purchase phone credit.<sup>264</sup> This shows an increasing level of financial independence.

Only 7% of women report borrowing phones, thus revealing that a larger proportion of women own their own phones.<sup>265</sup> For women who do not own phones, the major barriers to owning and using a mobile phone are the costs of purchasing a phone, phone credit, and the cost associated with charging a phone.<sup>266</sup> The report found that 27% of women said that they didn't know how to use a mobile phone and 30% said that they had trouble reading content on their phones.<sup>267</sup> While this is still a significant portion of the population, it reveals that a majority of women have achieved a level of mobile literacy.

Women in the study also revealed that having mobile phones resulted in more business and employment opportunities, better access to health and education information and services, and that they felt more autonomous and independent.<sup>268</sup>

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<sup>261</sup> Ibid., pp. 27-29.

<sup>262</sup> Ibid., pp. 120.

<sup>263</sup> Ibid., pp. 121.

<sup>264</sup> Ibid., pp. 122.

<sup>265</sup> Ibid., pp. 34.

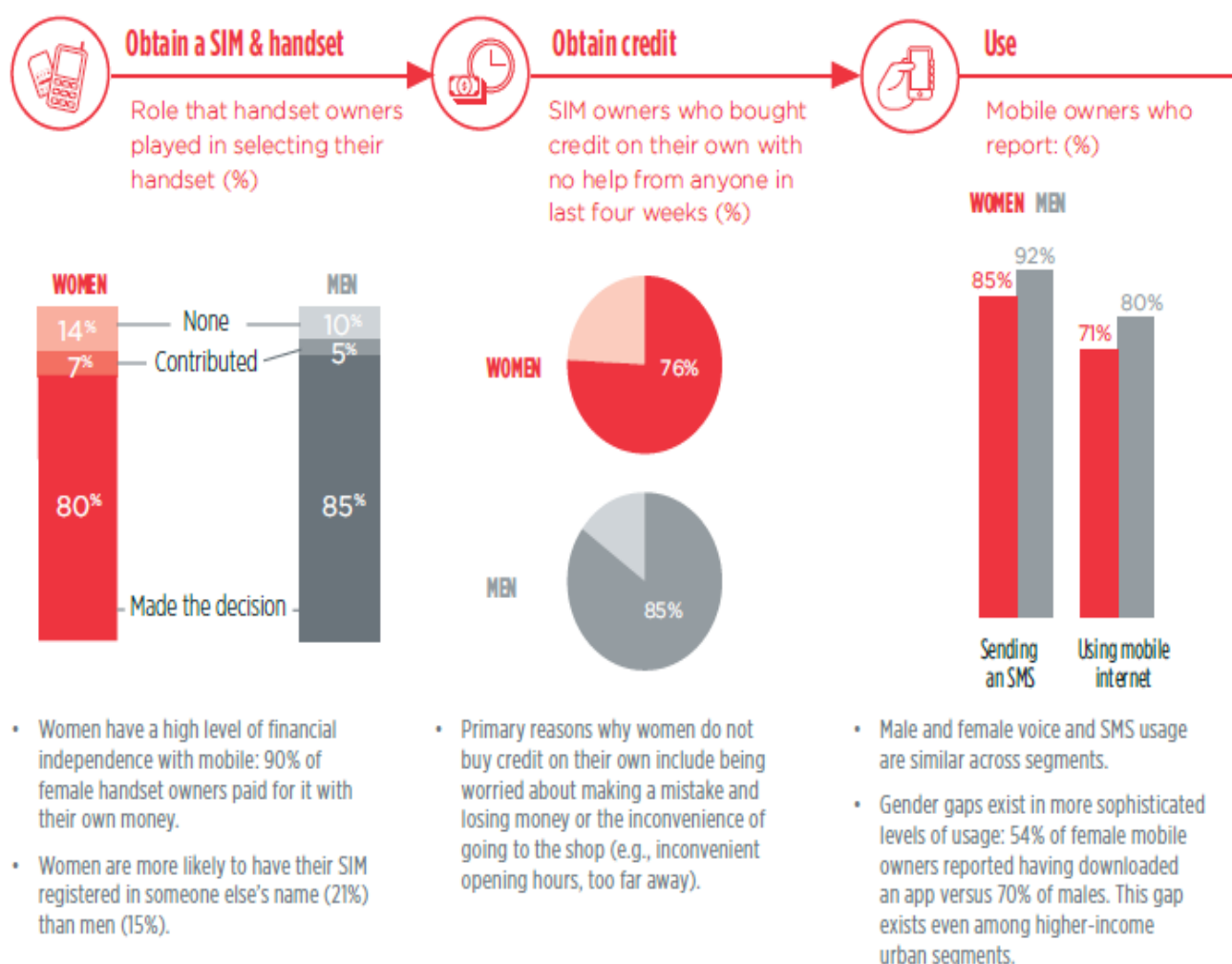
<sup>266</sup> Ibid., pp. 42.

<sup>267</sup> Ibid., pp. 42 & 51.

<sup>268</sup> Ibid., pp. 36.



Figure 10: Stages of Mobile Access and Usage<sup>269</sup>



## WOMEN'S AGENCY IN GOVERNMENT

The 2010 Kenyan Constitution made promoting women's agency in government a key priority, with key provisions ensuring that no more than two-thirds of any elected body is comprised of one gender. Article 97 of the Constitution states that in the National Assembly, the lower house of Parliament, there will be, "forty seven women, each elected by the registered voters of the counties, each county consisting a single member constituency," and that a number of special seats will be created, "to ensure that no more than two-thirds of the membership of the National Assembly are of the same gender."<sup>270</sup> Similarly in the Senate, there are, "sixteen women members who shall be nominated by political parties according to their proportion of members of the senate elected," and special seats will also be added to ensure that no more than two-thirds of the Senate are of the same gender.<sup>271</sup>

<sup>269</sup> Ibid., pp. 92.

<sup>270</sup> Republic of Kenya. (2010). Constitution of Kenya. Article 97.

<sup>271</sup> Ibid., Article 98.

The two-thirds principle for representative bodies is also applied at the county level, where the county assemblies have to abide by the gender rule.<sup>272</sup>

To implement this, the Constitution mandates that, “each party list comprises the appropriate number of qualified candidates and alternates between male and female candidates.”<sup>273</sup> The Constitution also mandates that political parties, “respect and promote human rights and fundamental freedoms, and gender equality and equity.”<sup>274</sup> Furthermore, the Political Parties Act mandates that, “not more than two-thirds of the members of its governing body are of the same gender.”<sup>275</sup>

While these Constitutional provisions have resulted in an increase in the number of women in parliament, they have failed to reach the threshold put forth in the Constitution. According to UN Statistics, the percentage of women in Parliament was 19.7% in 2015, which is up from 10% during the years of 2009-2013.<sup>276 277</sup> The failure to meet the no more than two-thirds threshold is also present amongst government ministers, where after a cabinet reshuffle in December 2015, there are only 5 female Cabinet Secretaries out of 21 total, or 23.8%. For Principal Secretaries the gender rule is met, with there being 14 women Principal Secretaries out of a total of 41. There is incomplete data to reveal the percentage of County Assembly Members who are women. Based upon our analysis of the names of Members listed on County Assembly websites we counted 569 female Members out of a total of 1450 total Members, or 39.24%.

Within the judiciary, 43% of judges and magistrates are women.<sup>278</sup> Women are also represented within the Central Organization of Trade Unions Kenya (COTU) with 24 women holding senior positions, or 25% of all senior positions.<sup>279</sup>

## OPPORTUNITY AND CAPABILITY

A country’s level of development is directly related to its ability to equip its citizens with the right knowledge and skills for the work place. Kenya has prioritized education and learning in its development plans and policies. In comparison to other African countries, Kenya ranks among the top ten with high literacy levels as a result of adopting laws and policies for free primary school, compulsory education, and having addressed some of the structural barriers limiting access to education.

## COMPARATIVE LITERACY SITUATION

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<sup>272</sup> Ibid., Article 175.

<sup>273</sup> Ibid., Article 90.

<sup>274</sup> Ibid., Article 91.

<sup>275</sup> Republic of Kenya. (2011). Political Parties Act of 2011. Article 7:1 d.

<sup>276</sup> United Nations (2015). Seats Held by Women in National Parliament, Percentage.

<http://mdgs.un.org/unsd/mdg/SeriesDetail.aspx?srid=557&crid=404>

<sup>277</sup> United Nations (2015). The World’s Women 2015, Power and Decision-Making, Chapter 5.

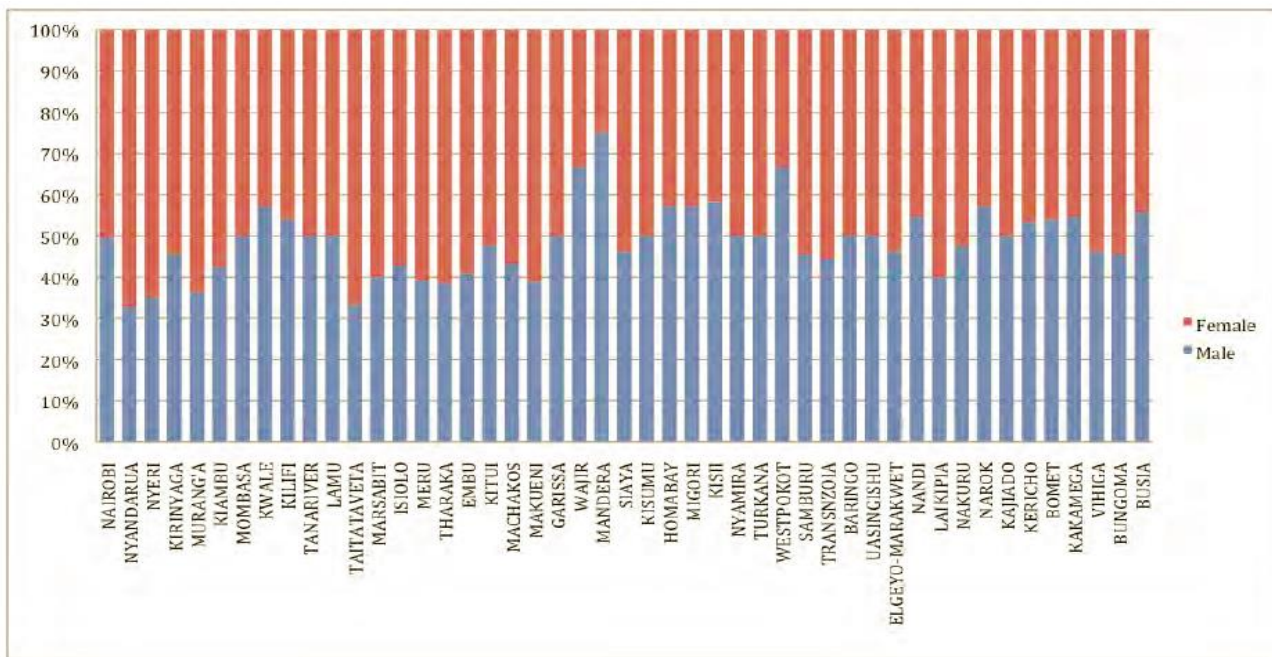
<http://unstats.un.org/unsd/gender/chapter5/chapter5.html>

<sup>278</sup> Ibid.,

<sup>279</sup> Central Organisation of Trade Unions Kenya. Organisation Structure. <http://cotu-kenya.org/about/>

In 2015, the female literacy rate in Kenya was 75%, while the male literacy rate was 81%, thus having a female to male ratio of .92.<sup>280</sup> While there exists a relatively small gender disparity in literacy rates at the national level, there is a large gap in literacy rates when you look at county level data. Poorer counties like Coast (20.8 %) and North Eastern (25.9 %) have the highest gender literacy gaps, while the lowest literacy gaps exist in Nairobi (7.8 %) and Eastern (7.9 %).<sup>281</sup> For a full description of gender disparity see Figure 13.

**Figure 11: Gender Disparity in Literacy Rates by County<sup>282</sup>**



Source: KNBS (2009), Kenya Population and Housing Census Data. Obtained from KNBS Website in March 2013.

### GROSS AND NET PRIMARY, SECONDARY, AND TERTIARY ENROLMENT

Free primary education was reintroduced in 2003 and then reaffirmed in the 2010 Kenyan Constitution, which stated, “every child has the right – to free and compulsory basic education.”<sup>283</sup> This right to free basic education is further legislated in the Basic Education Act of 2013, which also calls for the, “elimination of gender discrimination” in schools.<sup>284</sup> To implement free basic education, the Basic Education Act calls upon the Cabinet Secretary to establish, “pre-primary, primary and secondary schools, mobile schools, and adult and continuing education centres.”<sup>285</sup> While secondary schools are not free, the government has subsidized fees and annually publishes set fees, which are designed to keep prices to a minimum.

Following the intensification of free and compulsory primary education and increased effort towards girl child education since 2008, Kenya has achieved gender parity in primary education with the

<sup>280</sup> World Economic Forum. (2015). Global Gender Gap Report: Economies- Kenya. <http://reports.weforum.org/global-gender-gap-report-2015/economies/#economy=KEN>

<sup>281</sup> Ibid.,

<sup>282</sup> Republic of Kenya and the United Nations Development Programme (2009). National Human Development Report.

<sup>283</sup> Republic of Kenya. (2010). The Constitution of Kenya. Article 53:1.

<sup>284</sup> Ministry of Education, Republic of Kenya. (2013). The Basic Education Act. Article 4.

<sup>285</sup> Ibid., Article 4.

gross enrolment rates for primary schools increasing to 82% for men and 83% for women.<sup>286</sup> However, this significantly changes with enrolment in secondary education, tertiary, and higher education. Secondary schools gross enrolment ratio stood at 69% for male and 65% for female students between 2008 and 2014.<sup>287</sup>

There are several government and NGO led initiatives that are trying to increase the number of girls attending secondary school. The government has made available funds to provide sanitary towels to girls in poor and marginalized areas, as monthly periods are a common reason behind girls' poor attendance and drop out. Additionally the government is building gender-specific latrines in schools, as absence of girls' toilets has been shown to be an important barrier to their attendance.<sup>288 289</sup> The government has also changed its policy on the readmission of pregnant girls, which has enabled more girls to complete their education. The Girl Child Education Initiative, spearheaded by the government and other stakeholders, target communities in arid and semi-arid areas to increase girl child enrolment and retention in school by addressing logistics pertinent to nomadic groups or socio-cultural concerns about the value of education.<sup>290 291</sup>

Although the government currently subsidizes secondary education, enrolment for girls remains lower than that of boys. This has direct implications on the agency of women, as the longer girls stay in school the less likely they are to enter into early marriage and get pregnant. There are a multitude of factors that force girls to give up on secondary education, such as parents' preference for educating boys, lack of financial resources to pay school fees, sexual harassment, pregnancy, and early marriage.

Similar to secondary education, there is a smaller number of women attending college and university than men. In 2013, 131,400 women attended university as opposed to 193,200 men, thus showing that 60,000+ more men are attending university than women in Kenya.<sup>292</sup> This disparity in much part is a symptom of systemic issues that lead girls to leave school at the secondary level and not pursue university degrees. In order to increase the parity of attending university specific attention needs to be paid to increasing secondary school rates.

The passing of the Universities Act no. 210B of 2012 led to the upgrading of colleges into universities, the introduction of new courses, and increased admission of students.<sup>293</sup> As a direct result of this Act overall university student enrolment increased by 34.9% from 240,551 in 2012/13 to 324,560 in

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<sup>286</sup> Republic of Kenya and the United Nations Population Fund. (2013). Kenya National Population Situation Analysis. Nairobi.

<sup>287</sup> Population Reference Bureau. (2015). World Population Data Sheet : with a special focus on women empowerment.

<sup>288</sup> United Nations Population Fund. (2014). The Power of 1.8 Billion: Adolescents, Youth and the Transformation of the Future.

<sup>289</sup> Amnesty International. (2010). Risking Rape to Reach a Toilet: Women's Experience in the Slums of Nairobi, Kenya. New York: Amnesty International.

<sup>290</sup> Keombe, M. (2013). "Education and Gender Parity: the Challenges of the Kenyan Girl." *Journal of Women's Entrepreneurship and Education*. 3(4): 109-125.

<sup>291</sup> Wango, G. M., Musomi, M, and Akinyi, C. (2012). Gender and Education in Kenya and Re-Alignment of Education to the Constitution. Nairobi: Paper presented at the ITP Human Rights Towards Gender Equality Seminar.

<sup>292</sup> Kenya National Bureau of Statistics. (2014). Kenya Demographic and Health Survey: Key Indicators.

<sup>293</sup> Republic of Kenya. (2012). Universities Act.

2013/14.<sup>294</sup> In particular, female students' enrolment rose by 25% to 131,375 in 2013/14, while male student enrolment increased by 42.6% from 135,436 in 2012/13 to 193,185 in 2013/14. During the same period, enrolment at public universities increased by 41.3% from 195,528 to 276,349, while enrolment in private universities increased by 7.1% from 45,023 to 48,211. This shows a slight increase in the number of women enrolled in public and private universities, but parity in university education between men and women is yet to be attained at all levels in Kenya.<sup>295</sup> The Gross Enrolment Rate (GER) at the university level is estimated to be 9.8%, with the highest recorded in Nairobi (26%) and the lowest in North Eastern province (0.8%).<sup>296</sup> The overall tertiary education gender parity stood at 0.70 during the period 2008 and 2014, lead to Kenya's education attainment ranking at 115 in the 2015 Global Gender Gap.<sup>297</sup>

**Figure 12: Student Enrolment by Type of Education, Training Institution and Sex, 2010-13<sup>298</sup>**

	2010		2011		2012		2013*	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Enrolment in Primary School '000	4,751.9	4,629.3	4,977.7	4,880.2	5,026.5	4,968.7	5,149.1	5,033.4
Enrolment in Secondary School "	885.5	767.8	948.7	819.0	1,019.0	895.8	1,127.7	976.6
Enrolment in Universities <sup>1</sup> "	107.7	69.9	117.7	80.6	135.4	105.1	193.2	131.4
Enrolment in Other Institutions <sup>2</sup> "	56.4	54.7	68.5	65.3	92.5	66.0	106.1	79.0

<sup>1</sup> Includes students in National Universities and Private accredited Universities and unaccredited universities

<sup>2</sup> Includes students in Teacher Training Colleges, Polytechnics, Technical Training Institute & Institutions of Science & Technology

## STEM EDUCATION

Kenya's Vision 2030 outlines the government's commitment to use technical, industrial, and vocational educational training (TIVET), as the vehicle for social, economic, and technological transformation.<sup>299</sup> As such, there has been increased emphasis on tertiary and higher education with student enrolment in TIVET, growing from 71,167 students (36,541 male and 34,626 female) in 2006 to 82,843 students (43,070 males and 39,773 female) in 2010. There was also a commitment to increasing the number of TIVET institutions and polytechnics. In 2008, two national polytechnics (Kenya Polytechnic and Mombasa Polytechnic) were converted into university colleges, leaving two national polytechnics, namely Eldoret and Kisumu. Currently, there are 25 technical training institutes, 14 institutes of technology, 817 youth polytechnics, and one TIVET teacher training college.<sup>300</sup> Since

<sup>294</sup> KNBS (2013) University Enrolment

<sup>295</sup> Ministry of Devolution and Planning, Republic of Kenya (2015) Review of the Implementation of the Beijing Platform of Action. Beijing+20 Kenya Report. Nairobi

<sup>296</sup> Kenya National Bureau of Statistics (2014) Economic Survey

<sup>297</sup> WEF (2015) Global Gender Gap Report 2015

<sup>298</sup> Ibid.,

<sup>299</sup> Republic of Kenya. (2008). Kenya Vision 2030.

<sup>300</sup> Department of Education, Republic of Kenya. (2012). A Policy Framework for Education: Aligning Education and Training to the Constitution of Kenya (2010) and Kenya Vision 2030 and beyond. Nairobi.

2013, the government has worked to increase funding towards TIVET and youth polytechnics, increasing the number of adult learners by 2.8% from 292,273 in 2013 to 300,462 in 2014.<sup>301</sup> Enrolment of men remains higher than of women in all TIVET institutions, except for at youth polytechnics.<sup>302</sup>

In order to increase the number of women enrolled in these programs, higher education institutions are currently pursuing gender affirmative action. The government, through the Kenya Universities And Colleges Central Placement Service (KUCCPS) enforces a gender affirmative policy requiring the lowering by up to 2 points on the overall cut-off point for degree programmes for female applicants and the lowering the specific programme cut-off points by up to 2 points subject to attaining a representation of a third for either gender and not exceeding the declared capacity of the programme by more than 10%.<sup>303</sup>

## ADULT LITERACY, DISTANCE EDUCATION AND LIFELONG LEARNING

The Kenya National Adult Literacy Survey revealed that only 61.5% of the adult population has attained minimum literacy level, with only 29.6% of them attaining a desired literacy competency, leaving 38.5% or 7.8 million adults illiterate.<sup>304 305</sup> While most Kenyans were more knowledgeable in computation than reading, with a numerical literacy rate of 64.5%, the survey revealed that women had lower rates of both alphabetical and numerical literacy. With women attaining a numerical literacy rate of 64.2% and men 67.9%. While women attained an alphabetical literacy rate of 58.9% and men 61.4%.<sup>306</sup> As a result, there are more women participating in adult literacy programmes than men. Between 2003 and 2006, a total of 56,132 adults sat the literacy proficiency tests and passed, a majority of whom were women (59.3%). The overwhelming participation by women in these programs is an indication of the desire of women to access opportunities for education at all levels and an indication of their realization of the opportunity education presents them as they seek empowerment.<sup>307</sup>

The second Medium-Term Plan for Kenya Vision 2030 recognized the need to have literate citizens and has set the target of increasing the adult literacy through the expanding provision of adult education across counties.<sup>308</sup> In fact, UNESCO statistics highlight significant progress in the achievement of this target, by recording a functional adult literacy rate of 87% with females at 84%

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<sup>301</sup> Kenya National Bureau of Statistics. (2014). Economic Survey

<sup>302</sup> Ibid.,

<sup>303</sup> Kenya Universities and Colleges Central Placement Service. (2014). Placement Processing Guidelines. Nairobi.

<sup>304</sup> Kebathi, J.N. (2006). Kenya National Adult Literacy Survey.

<sup>305</sup> ELDIS. (2006). Kenya National Adult Literacy Survey Report.

<http://www.eldis.org/go/home&id=31868&type=Document#.VwMpRPI97IU>

<sup>306</sup> Kebathi J.N. (2006.) Kenya National Adult Literacy Survey.

<sup>307</sup> UNESCO. (2008). National Report of Kenya on The Development And State Of Art Of Adult Learning And Education (ALE).

[http://www.unesco.org/fileadmin/MULTIMEDIA/INSTITUTES/UII/confinte/pdf/National\\_Reports/Africa/Africa/Kenya.pdf](http://www.unesco.org/fileadmin/MULTIMEDIA/INSTITUTES/UII/confinte/pdf/National_Reports/Africa/Africa/Kenya.pdf)

<sup>308</sup> Republic of Kenya. (2013). Second Medium Term Plan, 2013-2017. Transforming Kenya: Pathway to Devolution, Socio-Economic Development, Equity and National Unity. Kenya Vision 2030.

and males at 91% in 2010.<sup>309</sup> To coordinate adult and continuing education (ACE) programmes, the Government established the Directorate of Adult and Continuing Education, with the goal of having one centre in every administrative location. Despite the establishment of these centres, very few citizens are aware of them and they have not been adequately resourced, leading to low impact. As a result, access to ACE and non-formal education (NFE) programmes are low, whilst gender disparities are high. Moreover, ACE and NFE programmes are affected by a negative image of lack of teaching and learning materials; the application of appropriate quality assurance mechanisms; lack of co-ordinated service delivery and poor transition of adult learners from primary to secondary education and the appropriateness of the curriculum. Challenges that have affected ACE programmes over the years include inadequate trained literacy and adult education teachers, a high turnover of staff and volunteer teachers, limited resource allocations and inappropriate infrastructure, lack of capitation grants for instructional materials, school going children attending adult classes, gender imbalance, negative attitudes and perceptions towards adult learning, inadequate teachers and learning centres, poor definition of literacy.

## WOMEN IN KNOWLEDGE SOCIETY DECISION-MAKING

In this report, we define women in knowledge society decision making as women who are working at a top management level of a company, engaged in high-level research, serving in academia or university administration, or gaining a high-level of employment or management positions within the in science, technology, engineering, or mathematics fields (STEM). While statistics on the percentage of jobs in each of these sectors are not available for Kenya, we tried to get closely related data in order to piece together a view of the percentage of female participation in knowledge society-decision making.

## WOMEN IN MANAGEMENT POSITIONS

According to a 2015 African Development Bank (AfDB) Report, Kenya has the highest percentage of women directors among the twelve sub-Saharan African countries surveyed. The report found that among the Nairobi Securities Exchange (NSE) 20 companies, the percentage of female board directors was 19.8%, while the percentage of female board directors in state-owned companies was 20%.<sup>310</sup> Out of the top 15 large cap companies, Kenyan companies took the first and fifth place. East African Breweries had the highest percentage of women directors, with 5 total of 45.5% of their board directors being women.<sup>311</sup> Safaricom tied for fifth place, with three female directors or a percentage of 30%.<sup>312</sup> While for small cap companies, Kenya Power and Lighting tied for first place with nine female directors or 33.3%, while Kengen also tied for fourth place with 3 women directors or 27.3%.<sup>313</sup> The Nation Media Group came in fifth place with four women directors or 26.7%.<sup>314</sup>

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<sup>309</sup> United Nations Educational, Scientific and Cultural Organization. (2012). Economic Empowerment and Functional Adult Literacy Programme. Country Profile: Kenya.  
<http://www.unesco.org/ui/litbase/?menu=4&programme=145>

<sup>310</sup> African Development Bank. (2015). Where are the Women: Inclusive Boardrooms in Africa's top listed companies? pp. 25 & 38.

<sup>311</sup> Ibid., pp. 27.

<sup>312</sup> Ibid., pp. 27.

<sup>313</sup> Ibid., pp. 30.

<sup>314</sup> Ibid., pp. 30.

The AfDB argued that the reason for the high percentages of women on the boards of leading companies in Kenya was, “the result of a progressive Constitution passed in 2010, which included language addressing gender discrimination throughout the government...”<sup>315</sup> The report went on to say that the rule which states, “no more than two-thirds of members of elective or appointive bodies,” which includes the boards of state-run companies or firms where the government has more than a 50% ownership share, has led to a positive cultural shift within companies to increase the number of women on corporate boards.<sup>316</sup>

### SHARES OF WOMEN STUDYING SCIENCE AND ENGINEERING AT TERTIARY LEVEL

As seen in the increasing rates of the percentage of female researchers, the number of women enrolling and graduating from science and engineering programs at the tertiary level is increasing. While the highest percentage of women pursue and graduate from degree programs in the social sciences and education programs, the next two most popular programs are in the sciences. According to UNESCO, 12% of all females enrolled in tertiary education in Kenya enrolled in health and welfare programs; 8.7% were enrolled in science programs; 6.9% in engineering, manufacturing and construction; and 5.8% were enrolled in agriculture, forestry and fisheries programs.<sup>317</sup>

A full breakdown of enrolment and graduation rates from the most recent data year, 2001, are below.<sup>318</sup>

**Figure 13: Enrolment and Graduation Rates of Women in Tertiary Education**<sup>319</sup>

Program	Enrolment Rates (% of female students in tertiary education)	Graduation Rates (% of tertiary female graduates)
Science	8.7%	9.5%
Engineering, Manufacturing and Construction	6.9%	5.9%
Health and Welfare	12%	11%
Education	28%	24%
Humanities and Arts	7.1%	6.6%
Social Sciences, Business and Law	29.6%	35.4%
Services	1.3%	1%
Agriculture, Forestry and Fisheries	5.8%	6.6%
Unspecified Fields	0.8%	N/A

### WOMEN IN ACADEMIA AND RESEARCH

While there is no centralized data related to the number of women in positions within academia and research, we undertook an analysis of the top Kenyan Universities’ management and the Kenya National Academy of Sciences. For this analysis we looked at the six top universities: University of

<sup>315</sup> Ibid., pp. 38.

<sup>316</sup> Ibid., pp. 38.

<sup>317</sup> UNESCO Institute of Statistics United Nations, Scientific and Cultural Organization. (2012). Education Statistics. <http://data.uis.unesco.org/index.aspx?query=163&lang=en>

<sup>318</sup> Ibid.,

<sup>319</sup> Ibid.,



Nairobi, Kenyatta University, Egerton University, Moi University, Strathmore University, and Jomo Kenyatta University. Out of these six universities, only the University of Nairobi and Moi University have female chancellors, while Strathmore University has a female Chairperson of the University Council. The other three universities have female Vice Chancellors.

While the Kenya National Academy of Sciences does not disclose the gender breakdown of their membership online, in an email communication they stated that out of the 177 senior members of the Academy only 31 of them are women, or 17.51%. Conversely, amongst the 31 young members of the Academy there are 18 women, or 54.55%, thus revealing an increasing number of female scientist.<sup>320</sup> Furthermore, according to UNESCO, 39% of full-time employed research and development personnel in 2010 in Kenya were women.<sup>321</sup> While the percentage of full-time employed researchers in science who are women was 20% 2010 up from 17.8% in 2007, thus showing an increase in the number of female researchers, academics, and researchers entering the workforce.<sup>322</sup>

The percentage of women engineers in Kenya, reveals the gender inequality that exists within the profession. In May 2012, the Engineers Registration Board stated that only 3.2% of all registered engineers were women or roughly only 43 women out of 1341 registered engineers.<sup>323</sup> This huge disparity between men and women within the engineering sector, reveals the larger inequalities that still exist in ensuring the inclusion of women in the STEM fields.

## WOMEN IN STI IN KENYA

Kenya is known as the “Silicon Savana” due to the high penetration of both mobile phones and mobile money, which has led to an explosion of tech incubators like the famed iHub, where techies gather to create apps for everything from solving the countries development problems to sharing real time traffic data. The Kenyan economy hosts one of the largest ICT sectors among African countries, with the value added share of ICT services in GDP being 3.4 percent in 2013 (including telecommunications).<sup>324</sup>

The increase in mobile phone and internet penetration has reduced transaction costs and increased opportunities for women to enter the formal economy. With the ability to complete mobile money and basic banking transactions over a mobile phone, women are increasingly able to run small informal businesses using their phones or find employment as mobile money agents. Additionally, mobile applications are transforming citizen engagement and increasing the ability of women to engage in distance and lifelong learning through their mobile phones. Other mobile platforms that allow women to report rape, sexual harassment, and domestic violence reduce chances of intimidation of the victims and are working to make reporting of such crimes the norm.

Many of these apps for women are being designed and run by female techies in Kenya. With the explosion of the tech field based in Nairobi, women have increasingly joined co-working spaces, such as the iHub, to gain tech and business skills, network, and pitch their ideas the investors. Additionally,

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<sup>320</sup> Email correspondence between The Kenya National Academy of Sciences and Authors. February 2016.

<sup>321</sup> UNESCO Institute of Statistics, United Nations Educational, Scientific and Cultural Organization. (2012). Science, Technology and Innovation Statistics. [http://data.uis.unesco.org/Index.aspx?DataSetCode=EDULIT\\_DS](http://data.uis.unesco.org/Index.aspx?DataSetCode=EDULIT_DS)

<sup>322</sup> Ibid.,

<sup>323</sup> Women Who Mentor & Innovate in Africa. (2013). Status of Women in Engineering in Kenya.

<http://blog.wmiafrica.org/status-of-women-in-engineering-in-kenya/>

<sup>324</sup> World Bank. (2016). World Development Report: Digital Dividends. World Bank. Washington D.C

there are several organizations that are geared specifically towards training the next generation of female computer programmers. AkiraChix was founded by 12 women who had all recently finished their degrees in STI related subjects and had been working at the iHub.<sup>325</sup> The women noticed how underrepresented women were in the Nairobi tech community and sought to change it by creating their own training and co-working space. AkiraChix enrolls young women from Nairobi's slums in a one year training course on technology and entrepreneurship, and after the program they are given job placements or helped to start their own enterprises.<sup>326</sup> AkiraChix is not alone in training the next generation of women in tech, as Safaricom and Cisco have teamed up to form Women in Technology (WIT). WIT is a multi-tiered program that includes outreach efforts to encourage children and young women to pursue STI studies through programs that start at the age of 5.<sup>327</sup> The Kids Go Tech program, encourages, "creativity in innovation," while the high school program targets girls in secondary schools and encourages them to pursue a career in technology by breaking down the perception that it is a male industry. WIT also manages a platform and network for women in the tech field to network.<sup>328</sup>

## GENDER TRENDS IN THE BRAIN DRAIN IN HIGHLY SKILLED FIELDS

According to the World Economic Forum's Global Competiveness Report for 2015, Kenya ranked 66 out of 140 countries in their ability to retain talent.<sup>329</sup> The most recent gender disaggregated data found that in 2000 the skilled emigration rate for women was 49.5%, which was significantly higher than the percentage for men which was 38.5%.<sup>330</sup>

## CONCLUSION AND RECOMMENDATIONS

As evidenced in this case study, over the last few years, the number of Kenyan women contributing to building a knowledge society either as managers, owners of companies, researchers, technology and innovation developers, users, entrepreneurs, or engineers has been increasing. This can be attributed to the creation of the enabling environment in which Kenyan women are progressively gaining equality in social, health, and economic status, which permits them to obtain higher levels of education and gain employment within the formal sector. Even so, in comparison to global indicators, Kenya is yet to attain equality and women still lag behind men in roles of political and business decision making. This case study has shown that while Kenya has made significant progress towards increasing equality, major barriers still exist that hold women back from accessing higher levels of education, entering the workforce, and gaining a high-level management or decision maker role. These barriers, as the case study states, are institutionally, structurally, and culturally embedded.

This report has highlighted how various social, health, and economic disparities existing in Kenya are holding women back from fully entering and contributing to the knowledge economy. These three indicators and the inequality that exists are entrenched in many ways in cultural practices and

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<sup>325</sup> Chege, Njoki. (2015). How Women in Tech are Changing IT Training. *The Nation*.

<sup>326</sup> Ibid.,

<sup>327</sup> Women in Technology. About WIT. <http://www.womenintechnology.co.ke/about-wit/>

<sup>328</sup> Ibid.,

<sup>329</sup> The World Economic Forum. (2015). The Global Competitiveness Report 2015-2016: Kenya County/Economy Profile. <http://www3.weforum.org/docs/gcr/2015-2016/KEN.pdf>

<sup>330</sup> Docquier, F., Lowell B.L., and Marfouk, A. (2007). "A Gendered Assessment of the Brain Drain." IZA Discussion Paper Series. IZA DP No. 3235.

beliefs that are challenging to break through with policy changes or increased investment. To attain gender equality there must be a multi-pronged approach that includes not only robust and progressive government policies and financing, but also community level engagement that seeks to change mind-sets and cultural perceptions of women's roles in society.

While social equality in Kenya has been improving over the last decade, women are still frequently treated as less than equal in issues regarding their rights within marriage, inheritance rights, and property rights. Moreover, despite there being robust legislation relating to GBV and domestic violence, many women still do not feel safe going forward to report incidents of sexual harassment and violence. Furthermore, the ability of girls to stay in school from secondary school onwards remains a challenge due to social, economic, cultural and health reasons. These among other factors, reveal that Kenyan women, despite progressive government policies at national level, will mostly likely attain equality when these policies are implemented from the local level. Policy implementation is directly dependent on levels of awareness among the Kenyan community and their acceptance of the significant role that women can play in the economic and political spheres. While this case study has not extensively analysed gender awareness initiatives, some of the reports reviewed indicate a lack of awareness of gender rights among men and women in Kenya.

Health status is a fundamental element in determining the ability of a person to contribute to the knowledge society. Unhealthy persons are unable to enter and productively participate in the workforce as equal members of society. This is true for Kenyan women who face the highest incidence rates of HIV/AIDS and a lack of adequate maternal and reproductive health care. Maternal health care is critical to ensure that women have a child birthing and child care experience that leads to a healthy child and eventually productive adults. Furthermore, access to affordable reproductive health services, such as contraceptives, are critical for women to take power in making their own decisions on family planning. Having access to family planning services and being empowered to make these decisions, permits women to plan their families giving them greater flexibility over entering the workforce. The case study indicates that whereas the Health Policy outlines specific steps to increase women's health, there needs to be increased access and affordability of reproductive health services, specifically for women in rural areas.

Economic status is critical to enabling women to enter into the workforce or to start their own businesses. While the number of women within the formal wage-earning economy has been increasing over the years, there are still a more men employed within each of the formal sectors. Furthermore, where women are employed within the formal sector, they do not earn as much as men, a gap that needs to be closed for Kenya to attain wage and employment equality. For women to gain employment and wage equality, they need to be able to enter the formal workforce in larger numbers and with higher qualifications. Additionally, there needs to be a corporate cultural shift within the private sector that sees women as equals and hires and pays them as such. In recent years, there has been a shift to encourage women to start their own businesses. This report highlights the many opportunities exist in Kenya for accessing credit. Kenyan women were pioneers in savings and credit cooperatives (SACCOS), which the micro-finance institutions and other financing mechanisms have complimented in the last few years. However, to increase the number of women starting their own businesses and increase access to credit to finance, the transition from informal and small-scale to formal and medium-scale enterprises, there is a need for innovative financing mechanisms targeting women entrepreneurs. This must be combined with women's access

to business training, and an enabling business ecosystem offering incentives to female entrepreneurs.

Social, health, economic factors have a direct impact on the ability of women to enter into the knowledge economy, as these factors have a direct impact on the ability of women to enter into the knowledge economy. While Kenya has been making progress in each of these areas, there is still a need for enhancing the enabling environment.

In conclusion, for Kenya to attain gender equality in a knowledge economy, one of the key areas for improvement is in implementing the recent gender-sensitive legislation and policies both at the national level and county level. While the current government considers gender as part of another ministry, we recommend the creation of a separate Gender Ministry that has the autonomy and strong political mandate to negotiate for gender issues to the top of the national agenda. Additionally, funding needs to be increasingly funnelled to lowering the barriers for girls to stay in secondary school and join tertiary institutions. Furthermore, the focus on TIVET and ACE programmes should be expanded specifically in reference to girls and women in the rural areas.

With regards to women's participation in the knowledge society, we recommend that financing mechanisms must be flexible enough to reflect women's priorities and needs. The active participation of women in the development of funding criteria and allocation of resources for STI initiatives is critical. A gender analysis of all budget lines and financial instruments is needed to ensure gender-sensitive investments in programmes for training, technology transfer, and capacity building for women to ensure they have the same opportunity and capability as men. Additionally, technological developments should take into account women's specific priorities, needs and roles, and make full use of their knowledge and expertise, including facilitating a cultural shift of women's roles in the economy and society. This report has already indicated the increased involvement of women in the development of new technologies. Scaling this up, and considering gender needs, will ensure that new technologies and innovations are user-friendly, affordable, and effective for women's use. Gender inequalities in access to resources, which include credit, extension services, information, and technology, must be taken into account in developing activities designed to curb double disempowerment. Women should also have equal access to skills-development programmes to ensure their full participation in STI. Finally, we recommend supporting the Kenyan government in integrating gender perspectives into the national STI policies, action plans, and other measures on knowledge economy, through carrying out systematic gender analysis; collecting and utilizing sex-disaggregated data; establishing gender-sensitive benchmarks and indicators. If these recommendations are taken into consideration, we believe that Kenyan women will be fully integrated and productively contributing to an inclusive knowledge society.

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