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POLICY BRIEF

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Violence Against Women and Girls in Kenya: Roles of Religion and Response of Faith Actors

HIGHLIGHTS

Despite significant progress for Kenyan women towards equal rights, widespread gender-based violence, of several sorts, is a serious and persistent problem. This brief focuses on violence against women and girls (VAWG), sexual violence during conflict, female circumcision, early marriage, and transactional sex and in turn examines the roles of religion in and engagement of religious actors on these issues. Religious beliefs play major roles both in perpetuating female circumcision and efforts to end it, with multiple faith-inspired actors working at the community level. Religious leaders and communities, however remain largely silent on VAWG, with the few existing efforts lacking momentum or urgency. Moving the needle to change attitudes and behavior requires a serious critique of unequal gender norms, often shaped and reinforced by religious teachings, that can be matched with concrete actions and dedicated resources.

Women's rights and equality have advanced in Kenya in recent decades. The Global Gender Report ranked Kenya 48 out of 145 countries in 2015,[1] a significant jump from 2013, when it was seventy-eighth. Government measures have had significant positive effects, many the product of persistent advocacy by women's groups. Several significant policy initiatives feature gender equality principles, as does the central national strategic policy roadmap, Kenya Vision 2030. Women's participation in shaping the Constitution of Kenya 2010 laid a foundation that embeds gender equality in Kenya's economic and political agendas. It prohibits discrimination on the basis of sex, pregnancy, and marital status, among other things. The Constitution recognizes economic and social rights including the right to property, housing, a clean environment, health, and education. Article 27 (8) ensures affirmative action for elective and appointive bodies so that no more than two-thirds of members can be of the same gender. Policy and legislative advances further strengthen the protection and promotion of woman's human rights (see policy box highlighting major policy actions over recent decades).

High rates of violence against women and girls (VAWG) show that, notwithstanding these advances, gender discrimination is still widespread; responses to VAWG continue to be met with silence and impunity. Reliable data on VAWG is limited, but the Kenya Demographic and Health Survey (KDHS) has included related questions since 2003 and responses from these and other surveys give some indication of patterns and trends. Compared to 49 percent in 2003 and 39 percent in 2008, the 2014 share of women who have ever experienced physical violence declined to 38 percent (and 23 percent having experienced the violence within the past 12 months). Reported sexual violence decreased from 21 percent in 2008 to 14 percent in 2014 (and 10 percent in past 12 months).[2] The former provinces of Nyanza and Western report the highest proportion of women experiencing sexual violence.

TERMINOLOGY

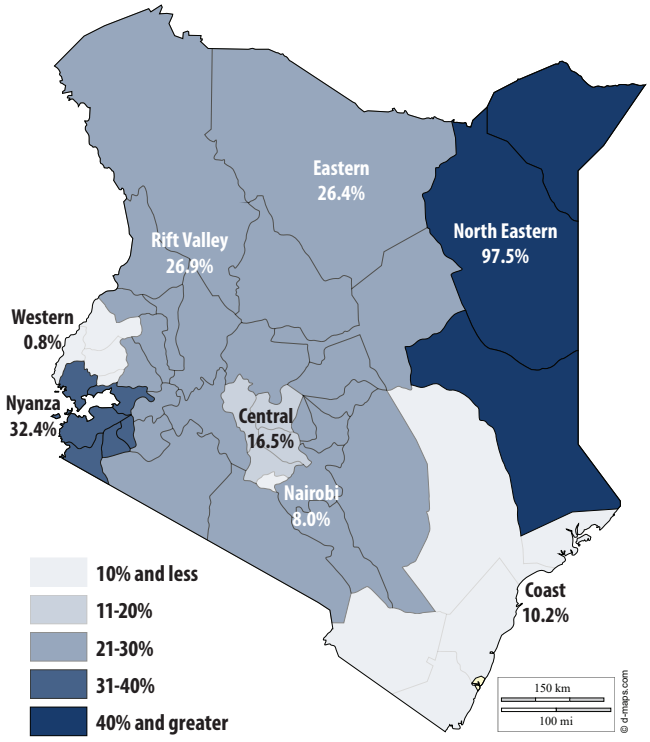
Many terms are used to describe sexual and gender-based violence (SGBV). In this report, violence against women and girls (VAWG) is used to give focus to the majority of persons affected by gender-based violence. The use of SGBV includes all genders and acknowledges men and boys also suffer from gender-based violence. Both VAWG and SGBV are inclusive of various forms of violence: physical, verbal, emotional, sexual, domestic violence, etc.[3]

Female circumcision, female genital mutilation (FGM), and female genital cutting (FGC) are used widely—each for different purposes—to describe procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for cultural or other non-medical reasons. Female circumcision and FGM are used interchangeably in this report as both were used by interviewees in Kenya.

The vast majority of perpetrators of sexual violence, according to the 2008 KDHS, are persons known to the victims, most often husbands or partners. Rape is underreported in Kenya, but data from the 2013 annual crime report indicated a 22 percent increase in reported rape cases compared to 2012.[4] Children also suffer from sexual and gender-based violence (SGBV); a 2010 Population Council report observes that a SGBV recovery center in the Coast region reported that 77 percent of survivors seeking care were under 19 years old and the bulk, 67 percent, were below age 14.[5]

Sexual violence increased dramatically during and following the post-election violence of 2007-2008. Rape was used to terrorize individuals and families, particularly in Mombasa, Nairobi, and parts of the North Rift; threats of sexual violence were used as a fear-instilling tactic, insofar as women were told they and their children would be raped if they did not vacate their property within a designated time frame.[6] In January 2008, Nairobi Women's Hospital and the Coast General Hospital in Mombasa reported a two- to threefold increase in the number of women and children seeking treatment for sexual assault; over 80 percent were cases of sexual violence and 93 percent were adult women.[7]

Figure 1. Prevalence of circumcision among women 15-49 years, by region



Source: KDHS 2014.

The violence was largely politically motivated, evident in the targeting of specific ethnic groups; however, reports of intimate partner violence (IPV) and opportunistic sexual violence increased approximately 35 times.[8] Men were also affected, especially Luo men who were forcibly 'circumcised' or mutilated. Women seeking refuge in internally displaced persons (IDP) camps also expressed fear of sexual violence in the camps due to makeshift sleeping arrangements and lack of regulations for who entered the camp.

VAWG takes other forms in Kenya. Female genital mutilation (FGM), also referred to as female circumcision in Kenya, draws particular attention. Historically all but five of Kenya's 43 ethnic groups practiced FGM. Estimated prevalence has declined (from 38 percent in 1998 to 21 percent according to the KDHS 2014) with growing awareness and campaigns to end the harmful practice, including the passage of the Anti-FGM Bill in October 2011. See the map for geographic distribution of FGM prevalence. FGM is most prevalent among the Somali (97 percent), Kisii (96), Kuria (96), and Maasai (93) ethnic groups;[9] the type[10] varies by ethnic group—for example, type III is most common among Somali women, type I among the Kisii, and type II among the Maasai, Kalenjin, Meru, and Kuria—as does the meaning attributed to the practice. The age has lowered for some groups, for example the Kuria previously circumcised girls at 18 years but now age 8 or 9 is more common.[11] In addition to immediate consequences of severe pain and bleeding, girls risk complications such as infections, chronic pain, keloid scarring, cyst formation, clitoral neuroma, decreased sexual enjoyment, and psychological consequences like posttraumatic stress disorder.

Child marriage, another cultural practice that poses risks for girls, is often linked with female circumcision. Early marriage is often associated with polygynous marriages, high school dropout rates, high fertility, and high adolescent and maternal mortality. Early marriage is also influenced by religion, urbanization, and dowry. The number of very early marriages (by age 15) has declined over time; KDHS 2014 reports that four percent of ever-married women aged 20 to 24 were married by age 15 and 23 percent were married by age 18. At the county level, median age at first marriage is lowest in Migori (17.1), Tana River (17.3), Homa Bay (17.5), Wajir (18.1), and Marsabit (18.3). Among other risks, these girls face complications during pregnancy and childbirth, the leading cause of death among 15- to 19-year-old girls in Kenya; some of these deaths are due to FGM.[12]

Poverty increases vulnerability for transactional sex and sexual exploitation, with especially disturbing rates among children. A 2010 national survey of violence against children found that among youth who experienced sexual violence before age 18, 6.9 percent of females and 5.8 percent of males reported having ever received money for sexual intercourse, and 8.3 percent of females and 4 percent of males reported having ever received goods such as gifts, food, or favors in exchange for sexual intercourse.[13] Sexual abuse by teachers is disturbingly high. A 2009 study in 10 districts in Kenya surveying 1,279 students (of which two-thirds were girls) found that 16 percent of girls had been propositioned by their teachers and 21 percent of respondents knew of a girl who had engaged in sex with a teacher.[14] The Teachers Service Commission and the Centre for Rights Education and Awareness released a 2009 report estimating that 12,660 Kenyan schoolgirls were sexually abused by their teachers between 2003 and 2007.[15] Girls and boys have also been lured into the sex tourism trade, especially in the Coast region. A UNICEF study conducted from 2005 to 2006 in four Coast districts estimates that 25 to 30 percent of girls are involved in casual sex work or sex tourism.[16] Children begin as early as 12 years old and are introduced to the trade by peers and friends (38 percent), self-motivation (23), or parents (14).

POLICY ENVIRONMENT

Measures to reduce SGBV, and VAWG in particular, include prevention, identifying risks, and responding to the needs of survivors. A coordinated multi-sectoral approach is essential. Kenya has improved its legal and policy framework (see box) to respond to survivors of SGBV,[17] but implementation and effectiveness in securing justice are mixed. Law-enforcement officers and justice system agents are largely under-trained on these matters; civil society organizations have done the bulk of raising awareness and taken the lead in training. Infrastructure for addressing SGBV is inadequate, for example lack of DNA laboratories and too few gender violence recovery centers.

Table 1. A calendar of key gender policies in Kenya

2001	Children Act provides for the protection of child sexual violence survivors
2003	Sexual Offences Act: protection of women and girls from SGBV and prohibits child trafficking, prostitution, and sex tourism; Ministry of Gender, Sports, Culture, and Social Services established
2004	National Commission on Gender and Development established
2006	Sexual Offences Act; Witness Protection Act
2007	Employment Act outlaws sexual harassment and all forms of discrimination by or against sex/gender
2007	Gender in Education Policy mainstreams specific issues related to girls and boys; Ministry of Gender, Children, and Social Development established
2008	National Plan of Action to Implement the Gender Policy (2008-2012)
2009	National Guidelines on the Management of Sexual Violence; National Framework toward Response and Prevention of Gender Based Violence in Kenya
2010	Reformed Constitution includes gender quotas in parliament and local government and allows women to confer citizenship to foreign husbands and children; Counter-Trafficking in Persons Act
2011	Female Genital Mutilation Act criminalizes the practice; National Gender Equality Commission established; Kenya Citizenship and Immigration Act, articles 6 and 7 allow married and unmarried women to confer citizenship to her children
2012	Sexual Offences (Medical Treatment) Regulations
2013	The Gender Directorate in the Ministry of Devolution and Planning took over coordination of gender mainstreaming; Matrimonial Property Act; Vision 2030 Mid Term Plan (2013-2017) seeks to establish one-stop centers for SGBV and campaigns to end harmful traditional practices
2014	Marriage Act
2016	Parliament failed to pass a bill regarding compliance to two-thirds gender quota in Article 27 of the Constitution.

RELIGIOUS LANDSCAPE OF KENYA

Kenya has a Christian-majority population (an estimated 80 percent of the population identify as Christians: Protestant, 48 percent; Catholic, 23 percent; other Christian, 11 percent).[18] The Roman Catholic and Anglican Churches are the most established; other influential denominations include the Seventh Day Adventists (SDA), African Inland Church, and the Presbyterian Church of East Africa (PCEA). The number of Pentecostal and evangelical churches in Kenya is dynamic and growing; the Evangelical Alliance of Kenya estimates as many as 11 million members in 38,000 congregations.[19] African Instituted Churches (AICs)—churches rooted self-consciously in African culture—are also an important part of Kenyan Christianity. Muslims, at about 11 percent of the population, lead minority religious groups in Kenya. The majority are Sunni Muslims of the Shafi'i school of jurisprudence, but Shi'a and Ahmadi Muslims also reside in Kenya. Muslims are found across the country, with the majority living in the Coast and North Eastern regions. Other religious minority communities include Hindus, Sikhs, and Baha'is. About ten percent of Kenyans are thought to adhere to traditional or indigenous beliefs; these are often mixed with mainstream Christianity or Islam.

RELIGIOUS RESPONSES TO VAWG

The response of faith leaders, institutions, and organizations to VAWG has developed and deepened in Kenya, especially since the early 2000s. The religious influence for FGM had long been recognized (see next section). Some faith actors, confronted with the urgency of the HIV and AIDS, responded to gender-specific needs, including increased risk of infection through SGBV. The focus on empowering women and girls as key development agenda items in the Millennium Development Goals (MDGs) and other global agendas encouraged Kenyan women's rights organizations and initiatives. Kenyan scholars of religion and gender built institutions, partnerships, and reputations locally and internationally. International partners, secular and religious, sought to engage with religious leaders on gender issues, including VAWG, in new ways and supported programs that facilitated programming, knowledge production, and networking.

The Tamar Campaign, led by a regional Christian ecumenical organization, was one of the earliest programs to address SGBV from a faith lens. In 2005 the Fellowship of Christian Councils and Churches in the Great Lakes and the Horn of Africa (FECCLAHA), with headquarters in Nairobi, partnered with St. Paul's University in Limuru and the World Council of Churches (WCC) to launch a contextual Bible study called the Tamar Campaign. The campaign challenged churches and religious leaders to address sexual and domestic violence, claiming that the church is uniquely positioned to use its moral authority, responsibility, and capacity to support survivors and deal with perpetrators. Twelve religious scholars—men and women—from different Christian backgrounds across the region explored SGBV in the Bible to produce study guides. In Kenya Professor Esther Mombo advocated for the Tamar Campaign to be mainstreamed in the academic syllabus at St. Paul's University, integrating it into Bible studies, counseling, and pastoral care courses. WCC's Ecumenical HIV/AIDS Initiative in Africa used the manual in Kenya to create awareness about the close links between HIV/AIDS and SGBV.[20]

Religious leaders from several faith traditions were engaged in 2007 when USAID partnered with Religions for Peace (RfP) and other organizations to advance the role of religious communities in addressing HIV, including SGBV. The project began with a regional training in Kenya, hosting 23 religious leaders and women of faith from eight countries. Each country team, representing multiple religious traditions, then adapted the training manual and held country workshops; the Kenya workshop included 31 participants representing Muslims, Catholics, National Council of Churches in Kenya, Organization of African Instituted Churches, and Evangelical Alliance of Kenya.[21] Participants pledged to organize future local activities such as training imams and madrasa teachers, mobilizing communities through women's groups, and establishing counseling centers. The project ended with a regional leadership forum on SGBV and HIV with religious leaders from 16 countries, hosted by the African Council of Religious Leaders. Project workshops also strengthened the Kenya Women of Faith Network (KWFN), part of the Inter-Religious Council of Kenya, which held subsequent trainings on SGBV and FGM in 2010 and 2011, reaching over 150 women from Kilgoris, Kisii, Narok, and Isiolo.[22] Besides

the recommendations produced at the 2007 workshops, RfP produced a global multi-faith toolkit for religious communities to end violence against women,[23] edited by Kenyan Jacqueline Ogega.

Other engagement by or with faith actors on SGBV has been sporadic, localized, and often small in scale. For example, in 2010 the GBV Prevention Network in the Horn, East, and Southern Africa selected "Engaging faith-based communities to prevent violence against women" as the theme for the 16 Days of Activism campaign. The Center for Rights Education and Awareness in Kenya used Christian and Muslim arguments against GBV in radio campaigns, community dialogues, and drama and poetry. The Coast Inter-Faith Council of Clerics (CICC) responded to high numbers of teenage pregnancies, child sex tourism, and early marriages[24] in the region by engaging with schools, police, and local religious leaders.[25] International FIOs have provided resources to local faith organizations working to end SGBV. For example Servant Forge, a U.S.-based faith-inspired organization (FIO), partners with the Nazarene Compassionate Organization of Kenya and the International Justice Mission (IJM) on the Kenya Gender Based Violence Partnership (KGBVP) program.[26] The program includes targeting youth to raise awareness of intimate partner violence and, in partnership with UNICEF and IRC, has helped to build and staff the Turkana Wellness Center for Women, a one-stop center for survivors.

RELIGION AND FEMALE CIRCUMCISION

The practice of female circumcision (also referred to as FGM) is linked to religious traditions in many societies. In Kenya, the practice is found among Christians, Muslims, and African Traditional Religions. Of the two ethnic groups with the highest percentage of women circumcised today, one is Muslim (Somali) and the other predominantly Christian (Kisii). The proportion of Muslim women who undergo FGM is twice that of Christian women. Religious beliefs are one reason—along with sociological, psychosexual, and hygienic and aesthetic reasons—used to legitimate the practice. The influence of religion may be direct or indirect, such as citing religious statements or interpreting religious text to justify a culturally accepted practice. Significantly, in Kenya, as in much of Africa, culture is rarely distinguished from religion.

As Islam and Christianity came to and expanded in Kenya, adherents retained indigenous traditions to varying degrees. Islam's tolerant attitude toward indigenous culture reinforced, or in some cases or introduced, female circumcision for ethnic communities such as the Swahili, the Somali, and the Borana along the coast. More than half of the Muslims in Kenya today are Somali, an ethnic group that practices infibulation, or type III, nearly universally.[27] Christian missionaries were critical of many aspects of African culture and values. Missionaries strove to eliminate cultural practices such as dowry, polygamy,

Table 2. Religion and female circumcision

			Age at Circumcision				Does religion require the cut?			
	Percent Cut	Number of Women	Younger than 5	5-9	10-14	15+	Yes (Women)	No (Women)	Yes (Men)	No (Men)
Roman Catholic	21.5	2,929	1.8	25.6	43	27.8	2.5	96.9	5.6	93.2
Protestant/Other Christian	17.9	10,497	1.4	18.1	46.6	32.3	1.6	97.5	2.6	96.3
Muslim	51.1	916	7.0	65.0	24.3	1.6	43.7	54.1	36.1	62.8
No Religion	32.9	244	0	5.4	51.7	42.9	4.4	51.0	2.0	33.2

Source: KDHS 2014.

witchcraft, widow inheritance, and female circumcision. By the 1920s, Anglican and the Scottish Presbyterian Churches in Kenya were excommunicating circumcised girls and their parents, angering Kenyans and fueling resentment. The Roman Catholic Church remained silent on the issue. Methodists reacted to a great loss of converts by compromising with a modified "Christian circumcision."[28] In 1929, the issue came to a head when the head of the Church of Scotland Mission, also a doctor, published a letter in local papers pressing Kikuyus to sign a pledge to give up the practice.[29] The negative response from the Kikuyu Central Association was swift, with churches in Central Kenya losing up to 90 percent of members.

Female circumcision catalyzed the founding of some African Independent or Instituted Churches (AICs) in Central Kenya, and later played a role in nationalist movements. Some converts broke away from missionary churches that enforced a ban on FGM, creating a church where they could worship as Africans without renouncing cultural practices. Many such churches were labeled nationalist due to their association with the anti-colonial struggles.[30] AICs in Kenya today are very diverse with some members working to end FGM. The Organization of AICs – Kenya, for example, is working to end FGM in the Maasai and Pokot districts by educating pastors and training them to promote health and human rights through Biblical teaching.[31]

Today a large number of Christian FIOs, faith institutions, and faith actors are working to end FGM in Kenya. These actors may work where prevalence is highest, or utilize existing networks to engage specific ethnic groups. As examples, the Adventist Development and Relief Agency (ADRA) Kenya works in Nyanza with the Kisii, Kuria, Kipsigis, and Maasai communities. The YWCA works with Maasai in Kanjera, Meru, and Kissi. Strategies are fairly similar, engaging with key stakeholders including the girls, boys, parents, opinion leaders (including cultural gatekeepers), and the circumcisers. The Anti-FGM Board, established by the 2011 FGM Act, seeks to coordinate the work of these various actors, secular and faith-inspired, and promote best practices.

The alternative rites of passage approach has been utilized in Kenya since 1996, with a few faith actors modifying this to draw on religious texts and incorporate religious practices. Sr. Ephigenia W. Gachiri, a Loreto sister working to end FGM in Kenya since at least 1998,[32] developed the "Christian Initiation for Girls" after consulting with psychologists, religious leaders, and social workers. "The program recognizes the good traditions of each participating group and in addition includes Christian and contemporary values and practices."[33] In August and December, months when most girls undergo FGM, the initiation process culminates with Christian Rites of Passage ceremonies. The approach is effective but localized and small in scale. For this reason Sr. Ephigenia is building a national training center to scale up the approach.[34]

Programs working with the Somali community in Kenya have strategically reached out to Muslim religious leaders. The Population Council, with support from USAID, conducted two studies among the Somali community in 2004 and 2005, confirming that many believe FGM is an Islamic requirement. They therefore developed a religious oriented community-based project to bring religious scholars from four districts in North Eastern Province together in 2006 to debate the correct position on the issue within Islam. At the time, the scholars did not reach consensus; some had a change in mind on the issue, but were not yet willing to speak out publically.[35] The project also sensitized over 1,200 persons in Wajir district through community discussion groups; this included countering the idea that Islam required FGM.[36] In 2010, another anti-FGM program engaged with Muslim scholars in Kenya, coordinating an exchange visit to Sudan for two female and six male Islamic scholars from Kenya with a goal of exchanging ideas and best practices.[37]

CHALLENGES AND WAY FORWARD

Violence against women and girls, in its many forms, is a continuing challenge for Kenya. The consequences are serious: it stops individuals from participating and contributing fully to their families and communities—economically, politically, and socially. Policies and systems are gradually strengthening support for survivors and prevention strategies. A significant number of civil society groups, local and international, advocate for change, and some have strong religious roots. However much remains to be done to address underlying social norms and gender inequalities. Religious actors, with their social influence and moral authority, can break the silence around VAWG in many ways. While some religious leaders, institutions, and FIOs are directly engaged, many are not.

Action ideas include the following:

- Faith actors focused explicitly on gender issues most often work on FGM abandonment. The issue opens space for dialogue on sexual and reproductive health, as well as gender equality. However, the persistence of the practice, at times adapted or clandestine, reveals the depth of the challenges involved in efforts to change values and norms.

- Religious leaders and institutions propagate and reinforce gender norms within religious communities. Reflection and examination of past and current gender norms within faith communities can open dialogue that challenges gender inequality in families, the community, and society. Clear statements of commitment to foster gender justice and end all forms of VAWG would send a strong message.

- Accountability for religious leaders accused of sexual abuse has special importance in an environment where inequality and corruption play significant roles.

- Many use religion to sanction FGM, thus religious beliefs can be used to transform attitudes. Holistic FGM approaches may appeal especially to faith leaders who are interested in the well-being of the whole person and her place in the family and community. This requires a view beyond human rights, legal repercussions, and medical risks.

- FGM is often deeply embedded within a community's identity, requiring customization to ethno-religious diversity at the grassroots level. This is further complicated by a dynamic religious landscape and lack of conformity across seemingly similar communities.

- Local faith-inspired actors are products of their own communities' socialization and experience social pressure to conform. Partnering with faith actors to end FGM or VAWG at the local level requires persistence, commitment, and accountability mechanisms.

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