

# National Gender and Equality Commission (NGEC), Kenya

## Gender, HIV and Access to Health Care in Kenya

### 1. Context

As in other parts of the world, gender-related inequalities and lack of respect for human rights are key drivers of the HIV epidemic in Kenya. They curtail the ability of certain population groups to protect themselves from HIV infection and to access relevant treatment, care and support services, once infected.

In Kenya, a person's gender strongly impacts on their vulnerability to HIV and AIDS. Prevalence among women is nearly twice as high as among men (8% compared to 4.3%).<sup>1</sup> These disparities are even more pronounced among young people, with women aged 15–24 years having a risk of infection of over four times that of their male contemporaries.<sup>2</sup>

Another key characteristic of the epidemic in Kenya, which illustrates the relevance of gender relations in controlling and managing the epidemic, is that the vast majority of HIV transmissions take place through heterosexual sex. It is estimated that 44% of new infections occur among regular or steady partners.<sup>3</sup> However, risk perception and related use of condoms is low among this group, in particular among married or cohabiting couples. Women in polygamous unions have a risk of infection twice as high as that of women in monogamous unions.<sup>4</sup>

The subordinate status of women in Kenyan society means that many face substantial barriers to accessing education and paid employment. Furthermore, many women have limited control over productive resources such as land, and low decision making power concerning household resources. Their socio-economic disadvantage and dependency affects their ability to make free and informed choices concerning their sexual and reproductive health and their access to relevant health services and information. Furthermore, it limits their negotiation power in sexual matters and makes them vulnerable to domestic violence and abuse. Lack of financial security and employment opportunities may also lead women and girls to

### Country information: Kenya



<b>Population:</b>	38,600,000 <sup>1</sup>
<b>Human Development Index rank:</b>	143 (of 187) <sup>2</sup>
<b>Gender-related Development Index rank:</b>	130 (of 146) <sup>2</sup>
<b>Adult literacy rate (%):</b>	87 <sup>2</sup>
<b>Life expectancy at birth (in years):</b>	57.1 <sup>2</sup>
<b>HIV adult (15–64) prevalence rate (%):</b>	7.1 <sup>3</sup>
<b>People living with HIV:</b>	1,600,000 <sup>4</sup>
<b>Proportion of women among adults living with HIV (%):</b>	57 <sup>4</sup>

Sources: (1) Kenya Population and Housing Census 2009 (2) Human Development Index Report 2011 (3) Kenya AIDS Indicator Survey 2008 (4) UNAIDS 2011

engage in sex work or other forms of transactional sex, which enhance their risk of HIV infection. To be effective, the national response to the HIV epidemic must therefore identify and address its gender dimensions.

<sup>1</sup> Age group 15 to 49 years, see KNBS & ICF Macro, Kenya Demographic and Health Survey (Calverton, Maryland: KNBS&ICF, 2010), p.214.

<sup>2</sup> 4.6% compared to 1.1%, see KNBS & ICF Macro 2010, p. 215. Other groups facing a high risk of infection are sexual and gender minorities. Prevalence among men who have sex with men – the only group for whom data is available – is estimated to be between 11% and 18%. In Population Council, 'Behavioural and Biological Surveillance for Most-at-Risk Populations in Kenya', in *Most-At-Risk Populations: Unveiling new evidence for accelerated programming*, ed. by NASCOP (Nairobi: NASCOP, 2012), pp.1-5 (p.3).

<sup>3</sup> National AIDS Control Council (NACC) Kenya, Kenya Analysis of HIV Prevention Response and Modes of HIV Transmission Study (Nairobi: NACC, 2009), pp. 13, 14, 34.

<sup>4</sup> KNBS & ICF Macro 2010, p. 219.

CEO Dr. Rose Odhiamno (second left seated), National Gender and Equality Commission, with participants of a civic education forum in Kakamega.

National Gender and Equality Commission team conducts civic education in Kilifi.



## 2. Project overview

The report 'Gender, HIV and Access to Health Care in Kenya', upon which this fact sheet is based, was commissioned in 2011 by the National Gender and Equality Commission with support from the German BACKUP Initiative implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ) and the GIZ Health Sector Programme Kenya. It is designed as a resource tool for advocacy, policy formulation, research and other interventions, aimed at eliminating gender-based discrimination and inequality within the context of HIV and AIDS.

## 3. Approach

### Socio-cultural Norms

Individual behaviour, including sexual behaviour, is to a great extent determined by socio-culturally constructed gender norms and values. In casting women as subordinate, passive and ignorant in relation to sex, dominant gender norms on femininity greatly constrain the ability of women and girls to proactively negotiate for safer sex and access relevant information. Similarly, ideals of masculine sexual behaviour that assume men to be dominant, assertive and knowledgeable make it difficult for men and boys to admit lack of knowledge and seek relevant information. Health services often reflect prevailing gender norms which accord primary responsibility for reproduction and upbringing of the child to women and thereby fail to reach out and include men.

Socio-cultural norms that set high moral standards for women with regard to the number of sexual partners and fidelity, while encouraging men to have multiple and concurrent sexual relationships, are equally problematic. They make it difficult for women in stable relationships to negotiate the use of condoms with their partners and expose them to the high risk of HIV infection entailed in concurrent sexual relationships.

<sup>5</sup> KNBS&ICF Macro 2010, pp. 236-239.

<sup>6</sup> Ibid, p. 250.

<sup>7</sup> Ibid, pp. 250-251.

Societal acceptance of gender-based and, in particular, spousal violence is another critical issue in Kenya. According to the Kenya Demographic and Health Survey 2008-09, one in two women, and slightly fewer men, believe that a husband is justified in beating his wife for certain reasons, which include neglecting the children, arguing with him, refusing to have sex or burning the food.<sup>5</sup> Almost every second woman in Kenya has experienced either physical or sexual violence at some point in her life, usually at the hands of an intimate partner.<sup>6</sup> Furthermore, a significant proportion of women (12%) reported that their first sexual intercourse was against their will.<sup>7</sup> Gender-based violence increases the risk of HIV infection both directly, e.g. through increased biological risk due to coercive sex, and indirectly, e.g. through reduced negotiation power concerning condoms due to fear of violence.

Discrimination and legal sanctions directed towards members of groups that do not conform to dominant socio-cultural gender norms, such as sex workers or sexual and gender minorities, significantly restrict their access to health services and information, and therefore enhance their vulnerability to HIV infection.

### Other gender-related determinants of the HIV epidemic in Kenya

Other key factors that have been identified include:

**Education and wealth:** These have been found to be strongly correlated with an individual's ability to protect themselves from infection. While HIV prevalence has over the past years reduced significantly among the more wealthy segments of Kenyan society (from 10% to 7%), it has more than doubled among those with the lowest socio-economic status and no education (from below 4% to above 8%), illustrating the uneven reach of past intervention efforts.<sup>8</sup> The cost of healthcare services and medication both continue to present a major barrier for women, who have limited opportunities for paid employment and lack control over household resources. Despite efforts by the Kenyan government to introduce cost-reducing measures, including exemption schemes, most health service providers continue to charge user fees. Other barriers include distance to health facilities, limited availability



Persons with disabilities attending a civic education forum in Malindi.

and fragmentation or poor quality of services related to reproductive health and HIV. Negative attitudes among health workers and insufficient respect for patients' rights, particularly in relation to HIV testing and counselling, further alienate women from the health system and consequently limit their opportunities for treatment.

**Knowledge/Information:** Access to information and resulting knowledge on HIV prevention has been found to be significantly lower among women than among men. Young women are also far less likely than young men to know where to obtain condoms. In general, knowledge and use of condoms has been found to be low among young people, with for example only one in four having used a condom during their first sexual encounter.<sup>9</sup> Women living in rural areas or urban settlements face particular difficulties in accessing information and condoms.<sup>10</sup>

### Policy and legal framework

With specific regard to the issue of access to health services and information, the Kenyan Constitution of 2010 explicitly recognises the right of every person to the highest attainable standard of health. This entails ensuring that good quality and acceptable health services, goods and information are available and accessible to all. The National Health Policy Framework 2011–2030 is aligned to the constitutional rights-based approach to health and holds gender equality as one of its main policy principles.

The Kenya National HIV and AIDS Strategic Plan of 2009/10–2012/13 is the country's road map towards ensuring universal access to HIV-related prevention, treatment, care and support services. It is based on the latest epidemiological data and equally committed to a rights-based approach, with a focus on gender equality. It is complemented by the National Action Plan

2009/10–2012/13: Mainstreaming Gender in HIV responses in Kenya, which aims at facilitating and accelerating the integration of gender dimensions into the national response to the HIV epidemic.

Over the past decade the Kenyan government has adopted several policies and legislations aimed at reducing gender-based discrimination and inequality. The National Policy on Gender and Development (2000) constitutes the core policy framework for ensuring gender equality in the country, while Sessional Paper No. 2 (2006) on Gender and Development provides the operational framework for gender mainstreaming in national policies, strategies and programmes.

The Sexual Offences Act (2006) deals with sexual gender-based violence,<sup>11</sup> while the Female Genital Mutilation Act (2011) and the Children's Act (2001) both criminalise female genital mutilation (FGM). A number of bills which seek to protect the rights of women during marriage and its dissolution, such as the Marriage Bill (2012), the Matrimonial Property Bill (2012) and the Protection against Domestic Violence Bill (2012) are currently awaiting enactment into law by the Kenyan parliament.

### Institutional framework

Kenya's national response to the HIV epidemic is led by the National AIDS Control Council (NACC), which provides overall policy and strategic leadership and coordinates different actors across sectors. Within NACC, the Gender Technical Sub-committee (GTC) provides expert guidance on the gender dimensions of the epidemic and ensures that they are addressed within the national response. The National AIDS and STI Control Programme (NAS COP), which functions as a division under the two ministries of health, is responsible for coordinating and guiding

8 Government of Kenya (GOK), *Kenya AIDS Indicator Survey 2007* (Nairobi: National AIDS and STD Control Programme, Ministry of Health, 2009), pp. 61–62.

9 GOK 2009, p. 109.

10 Men who have sex with men (MSM) equally face significant barriers to accessing health services and information. Most service providers are ill-prepared to meet their particular needs and fail to provide them with essential information. At present, the Kenyan Penal Code criminalises consensual sexual acts between same sex adults and, as such, continues to discriminate against people on the basis of sexual orientation. Fear of discrimination and/or exposure to the legal system leads MSM to conceal their sexual orientation from health workers, thereby making it difficult for the latter to provide appropriate information and treatment. At present, there is no comprehensive anti-discrimination and equality law.

11 Though marital rape is not included as an actionable offence.





Participants during a civic education forum in Garissa organised by the National Gender and Equality Commission.

the health sector response to HIV. Furthermore, AIDS Control Units (ACU) have been established in ministries, departments and other public institutions with a view to mainstreaming HIV issues into the core functions of the public sector and ensuring sector-wide implementation of HIV policies.

The Division of Gender and Development, a department of the Ministry of Gender, Children and Development, is the government agency in charge of promoting gender equality across sectors and facilitating the development of gender-responsive policies and programmes. In carrying out this task it liaises with the Gender Focal Points (GFP) which have been established in ministries and parastatal organisations to ensure sector-wide mainstreaming of gender concerns. The National Commission on Gender and Equality promotes equality and non-discrimination in line with Article 27 of the Constitution of Kenya (2010). One key function of the newly established Commission is to facilitate, advise, and monitor the integration of equality and non-discrimination principles, including gender issues, into national policies and laws.

## 4. Recommendations

### Key recommendations for research include:

- Collection of more sex-disaggregated data in the health sector.
- Analysis of socio-cultural gender norms which cause HIV-vulnerability.
- Analysis of risk dynamics for various population groups including barriers to health services and information.

- Collection of data on risk exposure of marginalised population groups, e.g. transgender people, women who have sex with women, and people with disabilities.

### Policy formulation and programming:

- Strengthen multi-sectoral programme planning and monitoring to reinforce the linkages between the gender-related determinants of vulnerability and the control and management of HIV and AIDS.
- Promote the progressive realisation of the right to the highest attainable standard of healthcare, as stated under the Constitution of Kenya. This includes promoting basic patients' rights, e.g. through training and dissemination of policies/guidelines to healthcare staff.
- Implement effective measures to reduce the costs of accessing healthcare goods and services, in partnership with stakeholders.
- Undertake behavioural change campaigns which are gender-transformative.
- Promote sexual and reproductive rights of HIV positive women, sexual and gender minorities and other marginalised population groups, e.g. through public awareness campaigns and training of health care providers and sensitisation of communities.

## 5. Additional information

National Gender and Equality Commission: [www.ngeckkenya.org](http://www.ngeckkenya.org) (website under construction)

Published by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH  
Registered offices Bonn and Eschborn, Germany

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As at March 2013

GIZ is responsible for the content of this publication.

In cooperation with evaplan at the University Hospital Heidelberg, Germany

On behalf of Federal Ministry for Economic Cooperation and Development (BMZ)