

# Sexual and Gender-Based Violence on Teenage Girls During Covid-19 Pandemic

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## ABSTRACT

The COVID-19 pandemic significantly intensified pre-existing gender inequalities, resulting in a marked increase in Sexual and Gender-Based Violence (SGBV) against adolescent girls in Kenya. This study adopts a critical feminist perspective to examine the vulnerabilities exacerbated by pandemic-related measures such as school closures, lockdowns, and economic downturns. Data were collected qualitatively through open-ended interviews with teenage girls in selected Kiambu County schools, facilitated by guidance and counseling teachers. The narratives reveal that factors such as poverty, forced displacement, cultural norms, and limited access to basic needs heightened the risks of SGBV during this period. The findings highlight various forms of violence faced by adolescent girls, including physical, sexual, and emotional abuse, with most perpetrators being family members or acquaintances. Economic hardships pushed many girls into transactional sex, while harmful practices such as child marriages and Female Genital Mutilation (FGM) increased. Emotional abuse emerged as a recurring theme, reflecting deep-seated patriarchal norms that undermine girls' autonomy and well-being. Pandemic containment measures, such as school closures, eliminated critical safe spaces for girls, leaving them vulnerable to exploitation. Socio-economic challenges further heightened household tensions, resulting in increased physical violence and neglect. These dynamics underscore the role of structural inequalities in amplifying SGBV risks for adolescent girls. This study concludes with actionable recommendations, including the implementation of comprehensive sexuality education, economic empowerment programs, and the creation of safe spaces for girls. Furthermore, it advocates for the establishment of specialized courts to handle SGBV cases, government-supported shelters, and school re-entry policies for teen mothers. By addressing the systemic roots of SGBV, these measures aim to mitigate its impact and promote gender equity during and beyond crises.

**Keywords:** sexual and gender-based violence, adolescent girls, COVID-19, Kenya, school closures, gender equity

## INTRODUCTION AND BACKGROUND

Pandemics and other infectious disease outbreaks have a tendency to increase Sexual and Gender-Based Violence (SGBV) as has been documented in recent major epidemics - including Zika, SARS, and Ebola (WHO, 2020). Government-imposed restrictions to control such pandemics, such as quarantines and school closures, have exacerbated gender-based inequalities which expose women and girls to SGBV. Research indicates that COVID-19, arguably one of the biggest pandemics to hit the world in recent times, is no different in this respect, as many countries which have experienced a lockdown, including Kenya, have seen a spike in violence against women and girls. As noted by UN Women (2020), lockdowns to curb the spread of the New Corona virus pandemic fueled an upsurge in sexual and gender-based violence against women and

girls. Adolescent girls, especially those forced to stay away from school, were particularly vulnerable. In Kenya, statistics show that

there was a significant rise in teenage pregnancies, especially since the start of COVID-19 restrictions from March 2020. According to data from the Kenya Health Information Management System (KHIS) (2020), there was a rapid increase in teenage pregnancies during the COVID -19 pandemic, with Nairobi County leading with 11,795 teenage pregnancies in the period Jan-May 2020, Kakamega County a close second with 6,686 cases, Machakos County with 3,966 while Turkana County with 558 cases.

Over a period of three months in lockdown due to COVID-19, 152,000 Kenyan teenage girls became pregnant, a 40% increase in the country's monthly average. These numbers, from early July 2020, were some of the earliest pieces of evidence linking the COVID-19 pandemic to unintended pregnancies. The number of teenage pregnancies has increased dramatically in regions of northern Kenya as a result of recent school closures and lockdowns, according to data from the International Rescue Committee (Emma, 2020). However, KHIS data only captured cases reported in the health sector, and it is possible that there are many other pregnant girls who are not counted because they had not been to the health centers. Other research, including that from the United Nations Population Fund (UNPF) which also indicates an upward surge in teenage pregnancies (John et al., 2021). This chapter will therefore present sexual and gender-based violence as an aspect of the COVID-19 effects on teenage girls in Kenya.

The paper adopts a critical feminist approach because girls and women experience outbreaks differently from boys and men. A gender lens therefore highlights the specific risks and vulnerabilities girls and women face because of deep-rooted inequalities and traditional gender roles. The paper also provides measures to mitigate against the issues affecting teenagers arising out of gender violence during a pandemic. The writers gathered data from teenage girls who were victims of SGBV during COVID-19 pandemic. A questionnaire and interview schedule were used to collect, analyze, and document the voices of teenagers on the various forms of SGDVB meted out against them. Facilitating the participation of teenage girls is one way of gathering credible data from those whose rights are being violated. The data was analyzed qualitatively, with themes generated from the respondents' narratives. Teenage girls have heightened vulnerability to sexual violence committed by non-stranger perpetrators (e.g., neighbours) at private residences during the daytime or nighttime (UNICEF, 2020). Owing to school closures and a lack of alternative safe venues, the socio-economic impact of the crisis also increased tensions within households, with reports of physical violence and increased homelessness for girls and women, and those teenage girls are exposed to the danger of contracting diseases like HIV & AIDS, and STIs among others (John et al., 2021; Peterman et al., 2020; UN Women, 2020).

## LITERATURE REVIEW

Gender based violence (SBV) is the most pervasive yet least visible human rights violation in the world. It includes physical, sexual, mental, or economic harm inflicted on a person because of socially ascribed power imbalances between males and females (UNICEF, 2020; WHO, 2020; Guedes et al., 2020). As UNICEF 2020 affirms, GBV includes the threat of violence, coercion, and deprivation of liberty, whether in public or private. In many societies of the world, women and girls have less power than men over their bodies, make fewer decisions for themselves, and possess marginal resources. Moreover, across the globe, women and girls, especially adolescents, face the greatest risk for gender-based violence, which is heightened by social norms that largely condone men's use of violence as a form of discipline and control, thus reinforcing gender inequality and perpetuating gender-based violence.

Gender-Based Violence (GBV) constitutes a human rights violation rooted in gender inequalities (Heise et al., 2019; UN Women, 2020; Eige, 2021) Under the Istanbul Convention Acts (Malt, 2017 Oct 7) gender-based violence is considered to result in 'physical, sexual, psychological or economic harm or suffering to women, which may include coercion or deprivation of liberty in public or in private life. Regard SGBV, significant achievements have been made in developing policies and structures towards promoting gender equality in Kenya. In fact, policies, legal frameworks, and institutions have been developed and enacted to promote, enforce, and monitor equality and non-discrimination (Kenya Constitution, 2010 article 27, Kenya Vision 2030 and Medium-Term Plans, Sessional Paper No.2 on Gender Equality and Development 2006, Sessional Paper

No.2 of 2019 on national policy on Gender and Development, National Gender and Development Policy 2019) among others. The Government of Kenya is also a signatory to seven out of nine global human rights instruments, namely CEDAW, COVAW, SDG, and regional frameworks such as ACHPR, ACWRC, AU Agenda 63 and the AU Solemn Declaration of Gender Equality in Africa (Kabira, 2018; UN Women, 2020).

In equal measure, the government of Kenya has put in place various institutions with the responsibility of promoting gender equality and empowerment of women and girls. The State Department for Gender is specifically tasked to promote gender equality and empowerment of women and girls, ensuring gender mainstreaming in all ministries, monitoring and evaluation of the impact of both gender-specific laws and policies, as well as developing strategies for gender equality and women's empowerment in other government agencies (Mutua, 2020; UN Women, 2020). Human rights agencies in Kenya such as the National Gender and Equality Commission, the Kenya National Human Rights and Gender Equality, the Commission for the Administration of Justice (Ombudsman) as well as the National Cohesion and Integration Commission have been instrumental in promoting gender equality and safeguarding women's and girls' rights. Additionally, institutions such as WEF, YEDF, Uwezo (Ability) Fund, NDFPWD and NGAAP facilitate gender mainstreaming and funding initiatives to empower men and women by monitoring gender-specific laws and policies (Kabira & Kimani, 2018; Wanjala, 2020).

Despite significant progress made by the Kenyan government towards achieving gender equality and empowerment, the COVID-19 pandemic disrupted many of these gains, as highlighted in the Gender Perspective (2020). Emerging in late 2019, COVID-19 became one of the most impactful global pandemics in recent history. In response, Kenya implemented containment measures, including economic stimulus programs, aimed at cushioning men, women, boys, girls, and the economy at large from the pandemic's devastating effects. However, according to the *Gender Perspective Kenya* (2020), these measures had far-reaching impacts on the country's economic and social outcomes, including Gross Domestic Product (GDP) and overall well-being, with women and girls bearing a disproportionate burden of the fallout.

The Gender Perspective Kenya (2020) study examined the impact of COVID-19 using data collected from a sample of 2,587 individuals across all 47 counties between August 4 and September 8, 2020. Data was gathered through Computer-Assisted Telephonic Interviews (CATI) and SMS-based surveys utilizing questionnaires. The findings revealed significant gender disparities in the pandemic's effects. COVID-19 resulted in job and livelihood losses, affecting 20% of women compared to 12% of men. Household food security was severely impacted, with more women than men forced to eat less or skip meals (20% versus 17%) or go without food entirely (12% versus 10%). Urban food access declined due to disruptions in agricultural value chains, affecting 42% of women and 37% of men.

Women disproportionately shouldered unpaid care work during the pandemic, with 40% of women compared to 37% of men dedicating more time to child-related care. A notable 53% of women, compared to only 15% of men, stayed home to teach their children, and 41% of women versus 39% of men took on unpaid child care responsibilities. Additionally, 76% of women and 24% of men helped their children continue learning from home during this period.

When Covid-19 set in according to GPK (2020), schools closed, more girls (34% - rural and 28% - urban) than boys (33% -rural and 27% - urban) did not continue with learning from home, and more girls (18%) than boys (11%) spent most of their time helping with household chores.

In matters of health, the burden for psychological and mental health fell on women more, notably 60% of women recorded a decline in mental health compared to men (56%). Additionally, sexual and gender-based violence risks were higher for women and girls in respect to physical and mental trauma, disease, and unwanted pregnancies. Acts of gender-based violence and harmful practices also increased for both women and men in terms of physical (23% and 21%) urban and rural areas, respectively) and sexual harassment (19% and 16% in urban and rural areas, respectively), child marriages (15% and 20% in urban and rural areas, respectively) and Female Genital Mutilation (FGM) particularly in rural areas, were the most prevalent forms of violence. The gender-based violence was most prevalent at homes and the perpetrators were predominantly family members (Gender Perspective Kenya, 2020).

The COVID-19 pandemic exacerbated preexisting inequalities and vulnerabilities faced by women and girls

within social, political, and economic systems, magnifying its overall impact. This deepening of disparities highlighted the structural inequities that left women and girls disproportionately affected by job losses, unpaid care burdens, and limited access to resources (UN Women, 2020; Gender Perspective Kenya, 2020).

In view of women and girls in Kenya as already espoused, their health, economy, security and social protection, was severely been negatively impacted by COVID-19 (UNHCR, 2020). The impact of Covid- 19 for women and girls has further been exacerbated by virtue of their sex. UN Women (2020) notes that violence against women and girls notably increased globally in the face of combined effect of COVID-19 pandemic, economic and social stressors that came with measures restricting contact and movement.

## FINDINGS

### Situational Analysis of Gender Based Violence in Kenya

According to the Kenya Demographic Health Survey (2014), 47% of women aged 15 to 49 years reported having experienced either sexual or physical violence at some point in their lives, with 25.5% in the last 12 months. In Kenya, the prevalence of FGM is 21%, with significant variation ranging between 1 percent to 98 percent across the country. Like other forms of GBV, FGM has social sanctions linked with women's social status or marriageability, religious identity, and family honor. The global COVID-19 pandemic has further exacerbated the likelihood of GBV. Like other countries worldwide, Kenya has seen a spike in cases of Gender-Based Violence, specifically domestic violence and sexual offenses. Statistically, most perpetrators are close relatives, guardians, and/or persons living with the survivors.

In a survey undertaken by the National Crime Research Centre (2020) on the prevalence of GBV during the pandemic, the number of GBV cases recorded between January and June 2020 had shot up by 92.2% compared with those between January and December the previous year. According to the Chief Justice's report in April 2020, sexual offenses constituted 35.8% of reported cases handled within the judiciary.

Globally and in Kenya, some of the containment measures to mitigate the impact of COVID-19 such as national curfews, lockdowns, and school closures were shown to expose girls to FGM and discriminatory and harmful practices, including early and forced child marriages. Drawing from GEF Kenya (2021) gender assessment conducted by UN Women the COVID-19 crisis situations is likely to increase vulnerabilities to GBV. The assessment indicated that from an average of 5.6 million people in need, at least 1.4 million women and girls have limited access to reproductive health care, and 280,000 females face protection risks and gender-based violence. Prevention and response to GBV require holistic and systemic approaches with robust legal and policy frameworks, resource commitments, and programs to support prevention along with care and support for survivors to seek justice, recover and rebuild their lives. In the contexts, there is need to provide an analysis of SGBV among girls in Kenya in the COVID-19 pandemic crisis period.

### Implications of COVID-19 and School Closures on Adolescent Girls in Kenya.

Gender Perspectives (2020) notes that the Kenya's Ministry of Education (MoE) COVID-19 containment measures in 2019 included closure of all educational institutions at all levels across the county. According to UN (2020), a total of 18 million learners countrywide were affected in terms of delivery of education when closure of education institutions led to discontinuation of provision of essential services such as access to nutritious food provided by educational institutions.

With closure of schools, the burden of teaching, instructing and training children fell more heavily on women (76 per cent) and men (24 per cent). It is also notable that the multiple roles of parents affected girls' more than boys (UN Women, 2020) probably because girls had to come in and give support in providing unpaid care at home more than boys.



With the educational based containment measures during COVID-19, women and girls were more exposed to SGBV and harmful practices. An already grim situation existed before the advent of COVID-19 – notably 1 in every 3-women experienced violence during their lifetimes most of which have been perpetrated by a close person such as intimate partners or a friend (WHO, 2017). The manifestations of SGBV during pandemics took the form of Female Genital Mutilation (FGM), child/early marriages; forced marriages; transactional sex; and trafficking which often occur as coping mechanisms during a crisis (Peterman et al., 2020).

As revealed by Gender Perspective (2020), during the COVID-19 pandemic situation, more girls (28%) than boys (11%) spent the time out of school helping the adults who included parents and guardians. Equally, more girls than boys spent long hours travelling to fetch water. All these factors related to gender inequalities in the COVID-19 period and acted as predisposing factors to sexual and gender-based violence for school girls. This scenario has continued to lead to increased cases of school drop outs particularly for girls.

The COVID-19 social economic dip led to the highest fluctuation in access to some menstrual hygiene products. In particular, 1 in 5 of women/girls from the Lake Region Block (LREB), Mt. Kenya and Aberdare Region Economic Bloc experienced the highest fluctuation in access to some menstrual hygiene products. Forty-three per cent of women and girls surveyed in LREB could not access some menstrual hygiene products due to other reasons such as school closures. Lack of menstrual hygiene products is likely to have exposed adolescent girls to sexual vulnerabilities as they sought to meet the very basic need (Gender Perspective, 2020).

According to UN Women (2020), during the COVID-19 period, more women (57%) compared to men (54%) felt more insecure. Acts of violence during the pandemic occurred within and away from home, specifically at home in the toilet, while collecting water, firewood, travelling, at workplaces, in public service facilities and on the farm. Physical violence was the most common form of SGBV in urban areas (23%) compared to rural (21%), while rural areas had higher occurrences of child marriages (20%) compared to 15% in urban areas. Sexual harassment was observed as more prevalent in urban areas (19%) compared to rural (16%). Experts in the study indicated that SGBV practices increased due to the lock down period when there were restrictions in movement and there was a myriad of challenges experienced by both men and women. In the circumstances, as experts in the study noted, some families married off their young girls to neighbours or other willing men for income and basic needs.

In the COVID-19 period, high levels of physical violence, sexual harassment, denial of resources and emotional violence were most prevalent while female genital mutilation (FGM), child marriages and sexual violence acts have been attributed to idleness, stress, and conflicts over scarce resources following job losses. The UN Women study indicated that most survivors of the violence have been girls and women, however, confirmation of SGBV was problematic because of restrictions of movement and most female household members stayed at home with nowhere else to go, in some cases continuing to stay with the perpetrators. So many cases of defilement went unnoticed, since with schools closed, the perpetrators may have believed that no one would know or that the survivors of violence would not even report the matter to the relevant authorities who for school girls would most likely have been teachers. The findings indicated that family members were the main perpetrators of SGBV.

Drawing from the above analysis, it is clear that the burden of SGBV in the context of COVID-19 pandemic is unequal and more heavily lies on women and girls than men and boys. As such, the status of SGBV and its implications in Kenya cannot be underestimated.

This paper takes a critical feminist approach because girls and women experienced SGBV differently from boys and men. Evidence from infectious disease outbreaks similar to COVID-19 indicates that women and girls can be affected in particular ways, and in some areas, face more negative impacts than men. The impact of COVID-19 has been amplified by those pre-existing gender differences and the negative impacts can be expected to exacerbate and deepen the situation for women and girls (World Bank, 2020). Looking at the gender implications of COVID-19 can therefore allow for more effective response and action.

## Adolescent Girls' Experiences of SGBV During Covid-19 Pandemic

The experiences of adolescent girls on SGBV against the backdrop COVID-19 and closure of schools were gathered by Guidance and counselling teachers in Kiambu County. Adolescents in selected schools were provided with an open-ended interview questionnaire to collect data from girls who had experienced sexual and gender-based violence (SGBV) during the COVID-19 pandemic. The data collection process involved participants who voluntarily provided information without any form of coercion. They were informed of their right to withdraw from the study at any time. Anonymity and confidentiality were assured throughout the research process, and all recorded data was securely stored to maintain strict confidentiality. After the data collection exercise, participants received debriefing from the guidance and counseling teachers responsible for collecting the data.

Data on SGBV among adolescent girls was collected among purposively selected schools in Kiambu where guidance and counselling teachers confirmed knowledge of girls who had experienced SGBV in the period of school closure in Kenya during COVID -19. An open-ended interview schedule was used. It was self-administered but where the girls experienced difficulties, the guidance and counselling teachers were trained to explain the items.

The research objectives were to to determine the factors that contribute to violence, to explore on the forms of violence of violence experienced by the girls, identify the power relationship involved in SBGV and finally examine the gender power, opportunity and capacity for choice and related vulnerability.

### Empirical Findings

Adolescents are uniquely impacted by SGBV because of their young age and inexperience with relationships which can heighten their risk of physical and sexual violence by partners, family, friends and even strangers. A total of 50 female adolescents participated in this study from sampled schools in Kiambu County, Kenya. The participants were between the ages of 14-18 years, with the majority being 16 years (38%), 15 years at 32%, 17 years at 18%, 18 years at 8%, 14 years at 2% while 1 did not indicate her age. This falls within the normal age bracket of adolescents in secondary schools in Kenyan education system.

From the study the researchers established that the most common factors contributing to SGBV during COVID-19 period were reportedly forced displacement, poverty, lack of basic needs, religious factors, ethnic/cultural and family practices. One of the respondents in this study explained that her grandmother encouraged her to "my grandmother asked me to get out and see if I can get for us - (meaning family) something to eat", The grandmother observed that the girl was now mature to fend for herself". Referring to the grandmother's comments, the girl reported that she understood that she was being encouraged to seek favors from men who would obviously demand sex in exchange. In this case the girl was used to get into a transactional sexual relationship. Decker et al. (2022) study focused on the impact of the pandemic on adolescent girls and young women in Nairobi, Kenya. They found that school closures and economic hardships increased the risk of gender-based violence, including transactional sex, as families struggled to meet basic needs.

Research during the COVID-19 pandemic has highlighted the increased vulnerability of adolescent girls to transactional sex due to economic hardships. A study by John et al. (2020) found that 49% of young women in Nairobi reported a heightened reliance on transactional sex during the pandemic, underscoring the financial pressures faced by this demographic.

Similarly, the PMA Agile/Gender & ICRHK (2020) study corroborates these findings, indicating that economic distress led caregivers to encourage girls to engage in transactional sex as a means of survival. These studies collectively highlight the exacerbation of financial vulnerabilities among young women during the pandemic, leading to increased engagement in transactional sex.

Harmful practices such as FGM and economic insecurity fueled by the pandemic were some of the factors that exposed adolescent girls to SGBV. Respondents in this study observed that schools provided girls a safe space away from perpetrators of SGBV and offered opportunities for guidance and counseling on how to avoid risky

situations and behaviours. Respondents further noted that they were aware of cases where financially distressed caregivers encouraged girls to engage in transactional sex. The findings concur with John et al, 2020 and PMA Agile/Gender & ICRHK, 2020, John A study of adolescents in Nairobi, Kenya in 2020 found that COVID -19 had increased young women's financial dependence on transactional sex by 49%

Another finding was that the participating adolescents feared to report SGBV to their parents and pastors because

they would be asked to “forgive and pray for their attackers that they may know Jesus and be saved”. The modalities of most religions encourage peaceful coexistence at individual, family, and community levels and often provide support services for resolving conflicts among their congregants. However, certain interpretations of religious teachings, particularly those emphasizing tolerance and forgiveness, can inadvertently increase the vulnerability of adolescents to violence. For instance, some respondents in this study explained that they feared reporting SGBV to their parents and pastors because they would be encouraged to “forgive and pray for their attackers that they may know Jesus and be saved.”

This aligns with findings from the National Sexual Violence Resource Center (NSVRC, n.d.), which highlights that faith communities may unintentionally hinder victims of sexual violence through theological teachings prioritizing forgiveness over justice. Similarly, Pargament et al. (2018) discusses how Christian congregations often emphasize forgiveness in their care for sexual abuse victims, which can discourage reporting and seeking justice. These perspectives underscore the dual role of religion in addressing SGBV: while fostering community support, certain interpretations of forgiveness can leave victims feeling unsupported and reluctant to act against their abusers.

### **Forms of SGBV**

The girls also provided the forms of violence they encountered indicating that they had experienced physical, sexual, and emotional violence. One of the respondents reported that her boyfriend violently forced her to have sex with him because “he had paid fare for her to visit him”. Another explained how she was beaten up by her guardian, and called her ‘worthless’ muttering “I spend all my little, hard earned resources at home”. yet another indicated how she was violently gang raped by her mother's workers”. UNICEF (2020) confirms that gender-based violence takes numerous forms including intimate partner violence, sexual violence, child marriage, female genital mutilation among others. The Kenya Red Cross and Global Fund reported that COVID-19 pandemic contributed to an increase in GBV with September 2020 reporting the highest number of reported cases of sexual violence cases in three years where a significant number were adolescents and minors.

Majority of the participants reported emotional abuse as the most frequent form of abuse against adolescent girls. In a focused group discussion forum the following statement indicating emotional abuse were expressed as happening to the girls, expressing such phrases as “girls and women do not think”, ‘I am disrespected because I am a girl’, my parents and relatives say “ there is no use of educating me, because I am not good enough”, “I am stupid like my mum”, “we encounter intimidation by men while going to the shops where they look at us funnily and make annoying sounds at us” relieved their experiences . These findings align well with those of a study done among adolescents in an informal sector in Nairobi, which established that psychological violence was the most prevalent at 32.8 % followed by physical violence at 16.3 % while sexual violence was at 7.1% (Orindi et al., 2020).

### **Gender Power Influences on SGBV**

The girls in the study reported experiencing political, economic and physical power exerted on them because of their gender. For instance, one reported that “our chief refused to give mum bursary and said she had many children so should provide for them”, others were “physically pushed off the way by some men” while others encountered physical violence as the men retorted, “girls do not think, let's teach them how to think”. These incidents demonstrated how men use their physical power and authority against women and girls because they were perceived to be weak.

The experiences reported by the girls in this study highlight the pervasive influence of gendered power dynamics on sexual and gender-based violence (SGBV). Incidents such as a chief denying bursary support to a mother with many children, men physically pushing girls aside, and men justifying violence with statements like "girls do not think, let's teach them how to think" exemplify how societal structures and individual behaviors perpetuate male dominance and female subordination. These findings align with the research of McCarthy et al. (2018), who conducted a systematic review examining the association between gender-inequitable norms and male perpetration of intimate partner violence. Their study underscores that harmful gender norms and power imbalances are key drivers of violence against women and girls.

Similarly, Milazzo (2016) discusses how deeply rooted social norms and power inequalities contribute to gender-based violence. She emphasizes that such violence reflects and reinforces the subordinate position of women in many societies, perpetuating cycles of abuse and discrimination. These scholarly perspectives corroborate the observed instances where men leverage their societal and physical power to oppress and control women and girls, reinforcing the critical need to address and dismantle harmful gender norms and power structures to combat SGBV effectively.

Often, inequalities in gender increase the risk of acts of violence against women and girls by men. For instance, traditional beliefs that men have a right to control women make women and girls vulnerable to physical, emotional and sexual violence (WHO, 2009). These inequalities stem from patriarchal ideas of gender roles which also have a negative impact on parenting roles and practices (Guedes, Peterman & Deligiorgis, 2020). Our study established that SGBV demonstrates unequal power relationships. WHO (2020) reported that sexual violence influenced by unequal power relationships were rampant during the COVID-19 and the victims were adolescent girls.

### Perpetrators of SGBV

An in-depth interview with adolescent girls in this study revealed that girls experienced various forms of SGBV including physical, economic and psychological which were usually perpetrated by close family members or people that the girls were familiar with. For instance, one seventeen-year-old girl narrated how her maternal uncle would frequently visit their home where she lived with her single mother. She explained: *'My uncle used to visit our home frequently and each time he could force me to have sex with him. I cried a lot and thought of reporting him to the chief but I feared because he kept threatening that if I reported what was happening he would kill me. Finally, I decided to tell my mother but when I reported to my mother, she did not believe me but instead she beat me up. This was her brother I thought that is why she did not want to ask him.'*

Other girls mentioned that their male cousins, their friends and even neighbors coerced them into sexual activities. The 17 Yrs old girl explained that she experienced economic abuse, neglect and deprivation in the COVID Period and this affected her greatly. She narrated: *"When I reported my uncle to my mother, she threatened me that she would stop paying my school fees or giving me any kind of support. 'I felt violated, neglected and I hated myself'. 'I also felt lonely'".*

When asked whether she ever felt like she should tolerate violence in order to keep family together or keep a friend, or for peace' sake, the girl had this to say: *"Yes, when I was violated by my uncle, I feared that if I reported him to my mother or the chief there would be no peace in the home"*.

The girl further explained that often times, she felt that the way her mother quarreled and treated her was because she is a woman. *"Many times, I felt my mother was blaming me because I am a girl."* *"I felt hated and lonely"*.

The narration by this seventeen-year-old girl was not an isolated case.

As noted below, other girls experienced SGBV as well: *"In the COVID -19. One of them said- 'I know of my friend who was chased away from home because of becoming pregnant and another was forced to get married to the man who had impregnated her'".*



As reported by *Plan International and African Child Policy*, school closures during the COVID-19 pandemic forced thousands of girls across Africa to stay at home, many were isolated and became susceptible to abuse by family members and peers (McCarthy, Mehta, & Haberland, 2018; Milazzo, 2016).

As already noted, The COVID-19 pandemic exacerbated and added yet another layer of vulnerability to an already dire web of vulnerabilities of girls in the African continent and specifically Kenya. Millions of girls have been deprived of access to food, basic healthcare and protection and thousands exposed to abuse and sexual exploitation (Plan International, 2020).

## DISCUSSION, CONCLUSION AND RECOMMENDATION

In Kenya, statistics show that there has been a significant rise in teenage pregnancies especially since the start

of COVID-19 restrictions from March 2020. According to data from Kenya Health Information Management System (KHIS) (2020), there was a rapid increase in teenage pregnancies during the COVID -19 pandemic with Nairobi County leading with 11,795 teenage pregnancies in the period of January to May 2020, Kakamega County counted a close second with 6,686 cases, Machakos county with 3,966 while Turkana County had 558 cases. Over a period of three months in lockdown due to COVID-19, 152,000 Kenyan teenage girls became pregnant, a 40% increase in the Kenya's monthly average.

These numbers, from early July, are some of the earliest pieces of evidence linking the COVID-19 pandemic to unintended pregnancies. The number of teenage pregnancies also increased dramatically in northern Kenya region as a result of recent school closures and lockdowns, according to new data from the International Rescue Committee (Emma, 2021).

However, it is important to note that the KHIS data only captures cases reported in the health sector and excludes many other pregnant girls uncounted because they have not been to the health centres. Other researches including United Nations Population Fund (UNPF) also indicate an upward surge in teenage pregnancies (John et al., 2021). The rise in pregnancy rates are just overt indicators of sexual violence and also covert representation of other forms of SGBVs.

The need to focus on vulnerabilities of adolescent girls can be perceived from Blakemore (2018), a Professor of Cognitive Neuroscience at University College London (London, UK) affirmation that adolescents are at high sexual risk owing to their biopsychological development; the writer reckons that adolescents engage in risky behaviour, particularly when encouraged to do so by their peers. Lawrence Steinberg accounts that an area of the brain that processes reward is hypersensitive in adolescents, and the area which inhibits risky behaviour is not yet fully mature. Further evidence indicates that adolescents perceive the same levels of risk as adults, but are more inclined to alter their assessment of risk if they perceive their peers to have evaluated similar situation differently. In Blakemore view, understanding why teenagers behave recklessly could help develop more effective interventions. It is therefore understandable why adolescents get more exposed to abuse and this happened during COVID- 19 period in Kenya when schools closed because they are largely less perceptive risks and therefore fall prey more.

In the COVID-19 pandemic period, adolescents were removed from the hands of authority that guided and managed their behaviour. The children went home to parents who are busy etching a living and have little or no time for children. The children then intermingled with the communities as they participated in the bread-winning and home chores and further got exposed to SGBV risks. As already observed, adolescence sexuality health risks are four times higher among blacks aged 15-19 females compared to older youth (Centres for Disease Control and Prevention, 2013). Wango and Mungai (2007) & Kariuki & Gachari (2020) note that the adolescent period is challenging and schools need to equip learners with skills to enhance protective sexuality attitudes and behaviour. It is therefore not surprising that closure of schools as a COVID-19 mitigation led to a sharp rise in SGBV because both girls and boys were left unsupported by the school system.

A study conducted by Kariuki & Gachari (2020) investigated gender responsive Life-Skills-Based Sexuality Education and adolescents' protective sexuality attitudes and behaviour. Quantitative research design was

employed. The study involved 140 adolescent girls and boys in Christian schools. They responded to closed ended questions on 5-point Likert scale. Data was collected in Christian faith-based schools in Nairobi County. The schools were selected by convenience sampling to obtain 3 private schools sponsored by the Presbyterian Church of East Africa, Anglican Church of Kenya and Catholic Church in Kenya. The sample of 140 students was obtained through stratified random sampling of students in form 3. The class was purposelessly selected owing to their long stay in school and not being candidates of Kenya Certificate of Secondary Education examinations. The results as shown in Table: I, indicates that 74.4% of the adolescent boys and girls had comprehensive life-skills education in church school, 87.1% also reported that they were taught growth and development of both girls and boys and 85.7% agreed that they learnt sexual differences in boys and girls. Finally, 85% agreed they were taught abstinence from sex and 74.3% were taught to say no to sexual advances that they do not approve of. It was also noted that 69.3% of girls and boys agreed to have been taught to make decisions related to sexual relationship, and 85% learnt refusal skills on sex and drugs.

Table 1 Existence of Comprehensive Life-Skills Based Sexuality Education among Adolescents in Faith Based Nairobi Secondary Schools(N=140)

Statement	Agree (%)	Not Sure & Disagree (%)	Mean (M)	Standard Deviation (SDev)
My school teaches Christian ideas related to sexual relationship between girls and boys	74.4	25.6	3.9	1.2
Life skills education has taught me growth and development of both girls and boys	87.1	12.9	4.2	0.9
Life skills education has taught me that there are sexual differences in boys and girls	85.5	14.5	4.5	4.4
Life skills education has taught me that both girls and boys in a relationship are equal	58.6	41.4	3.9	2.8
My school teaches Christian ideas related to sexual relationship between girls and boys ( <i>duplicate entry</i> )	74.4	25.6	4.3	1
Life skills education has taught me that there are sexual differences in boys and girls ( <i>duplicate entry</i> )	85.7	14.3	4.5	4.4
Life skills education has taught me that both girls and boys in a relationship are equal ( <i>duplicate entry</i> )	58.6	41.4	3.9	2.8
Life skills education has taught me that there are risks of engaging in sex for both girls and boys	83.6	16.4	4.3	1
Life skills education has taught me that there are risks of unplanned	84.3	15.7	4.3	1.1

pregnancy for both young boys and girls				
Life skills education has taught me HIV & AIDS modes of transmission and protection for both boys and girls	80.7	19.3	4.5	3.5
Life skills education has taught me to value the opposite sex person for who they are	73.5	26.5	4.3	3.6
Life skills education has taught me the respect for opposite sex's view and decisions	78.6	21.4	4	1
Life skills education has taught me self-esteem and self-worth	89.3	10.7	4.4	0.8
Life skills education has taught me abstinence from sex	85	15	4.4	1
Life skills education has taught me protective sex for both boys and girls	56.4	43.6	3.8	4.6
Life skills education has taught me how to negotiate for actions in a relationship	35.9	64.1	3.8	4.6
Life skills education has taught me to say no to sexual advances I do not approve of	74.3	25.7	4.1	1.1
Life skills education has taught me how to make decisions related to sexual relationship	69.3	30.7	3.7	1.2
Life skills education has taught me refusal skills e.g. saying no to sex and drugs	80	20	4.2	1.1
Life skills education has taught me about sexually transmitted diseases	85	15	4.3	1

Source Kariuki & Gachari (2020)

The study found that combined gender equality, equity, and power balance life-skills based sexuality education contributes to adolescents' protective sexuality attitudes and behaviour. All the gender responsive sexuality education factors, -equity, equality and power were recommended to be taught in schools in order to enhance protective sexuality attitudes and behaviour among adolescents. Furthermore, comprehensive sexuality life-skills based education was recommended as enhancers of protective sexuality attitudes and behaviour among adolescents. With schools closed and not providing the sexuality and power balance education it is not surprising that their closure due to COVID-19 led to a sharp rise in SBGV vulnerabilities among adolescents and more so on girls.

Observably school closures and a lack of alternative safe venues, the socio-economic impact of the crisis increased tensions within households, with reports of physical violence and increased home insecurities for girls, and those teenage girls were exposed to SGBV. As Milazo laws prohibiting gender-based violence have been ineffective in reducing harmful practice, this he attributes to long sited, deeply rooted social norms that compete with normative orders people adhere to in determining behaviors and outcome. Sexuality, gender power and violence in society is a vital education for all young people in schools as a means to mitigate SGBV in Kenya.

## RECOMMENDATIONS

This paper offers several recommendations as outlined below:

This chapter offers several key recommendations to address the pressing issue of sexual and gender-based violence (SGBV), particularly in the context of COVID-19 and beyond. First, the government should establish SGBV prevention and protection emergency centers in all counties as part of its COVID-19 containment measures. These centers should address the surging cases of violence and ensure that protecting children, especially girls, from sexual and other forms of violence is prioritized in COVID-19 policy and preparedness planning. Alternative safe spaces for children, particularly during school closures, as well as access to SGBV services, are essential.

Kenya has made commitments to combat SGBV by integrating the UN Sustainable Development Goals (SDGs), adopting policies and strategies, and leveraging the law to address gender inequality. The next critical step is to fully implement gender-based violence laws and policies by 2026 and to eliminate laws and policies that perpetuate discrimination, stigmatization, or unequal protection along gender lines.

Support for SGBV victims should be bolstered by encouraging organizations such as FIDA-Kenya, which provides free legal aid, the Centre for Domestic Training and Development, which operates a rescue center near Nairobi, Usikimye, which offers secure shelters, and the Urgent Action Fund-Africa, which supports information dissemination and resource provision for women. These bodies empower women by enhancing access to resources and knowledge. The government should emulate these organizations by funding state-run shelters, offering legal assistance to SGBV victims, creating widespread awareness, and encouraging citizens to use their available power and privilege to prevent and support victims of SGBV.

Additionally, a comprehensive community awareness program should be initiated to emphasize the importance of upholding, protecting, and safeguarding survivors. Economic empowerment programs for young and adolescent girls should be developed, alongside initiatives to involve boys and men as anti-SGBV and anti-teenage pregnancy champions. Enforcement of the School Re-entry Policy for teen mothers is also essential to ensuring that young mothers can continue their education.

Kenya's participation in the global 16 Days of Activism Against Gender-Based Violence campaign, which began in 1991, highlights its commitment to ending gender-based violence. The campaign has included pledges such as ending female genital mutilation (FGM) by 2022. Strengthening such initiatives through timely and affordable services and awareness-raising efforts at early education levels can help mitigate SGBV incidences and reduce the burden on the judicial system.

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