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A Feminist Mixed Methods Analysis of Gender Equality Concepts and
Data for Sustainable Development Goal 5 Baseline Indicators in Kenya

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ABSTRACT

Background: The United Nations Sustainable Development Goals (SDGs) were launched in 2015 to be achieved by 2030. Goal 5 aims to achieve gender equality and empower women and girls. This study conducts a feminist analysis of gender equality concepts and data with the aim of finding adequate baseline indicators for measuring SDG 5 progress in Kenya.

Methods: A convergent mixed methods research design in an overarching gender social justice framework is used. The key data sources used in analysis are the 2014 Kenya Demographic and Health Survey (KDHS) report and data. The qualitative study uses critical feminist discourse analysis to explore how gender equality concepts are used and the way the data is reported. The gender informed quantitative study seeks to find factors influencing the attainment of sexual reproductive health and rights among women and girls.

Results: The qualitative study finds data on gender equality and women empowerment to be inadequate in the 2014 KDHS. Data on violence against women and girls in public spaces, unpaid care and domestic work are not included. Girl-child marriages are not distinctly reported. There is male biased reporting in the conceptualisation of work where employment is considered, while 'housework' – a domain dominated by women and girls – is mostly ignored. The results of the gender informed quantitative study show that among women and girls in Kenya, ever being told about family planning choices and being able to say no to husband or partners unwanted sexual advances are positively linked to autonomous health decision making. Young age and no education reduce by contrast, the likelihood for autonomous health decision making. Intersectionality analysis found that aged, refugees, indigenous, disabled, sexual and gender minority women (and girls) are marginalised but excluded from national data.

Conclusion: Inclusion of feminist perspectives in national data improves their ability to meet the evaluation needs of gender equality targets of the SDGs.

Keywords: Gender equality, feminist, evaluation, mixed methods, Sustainable Development Goal 5, indicators, Kenya.

A Feminist Mixed Methods Analysis of Gender Equality Concepts and Data for Sustainable Development Goal 5 Baseline Indicators in Kenya

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Dedication

This master thesis is dedicated to my dear parents Mrs. Irene Musimbi Mulama and (the late) Mr. Mathews Ashihundu Isenja Mulama.

Declaration

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LIST OF ABBREVIATIONS AND ACRONYMS

Agenda 2030	The 2030 Agenda for Sustainable Development
Beijing Conference	The 4th World Conference on Women held in Beijing in 1995
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
FGM/C	Female Genital Mutilation/Cutting
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IAEG-SDGs	Inter-Agency and Expert Group on Sustainable Development Goal Indicators
ICPD Conference	International Conference on Population and Development held in 1994 in Cairo
ICRW	International Center for Research on Women
KDHS	[Kenya] Demographic and Health Survey
KNBS	Kenya National Bureau of Statistics
KNCHR	Kenya National Commission on Human Rights
LGBTQ+	Lesbian, Gay, Bisexual, Transexual and Queer/Questioning
MDG	Millennium Development Goal
NCPD	National Council for Population and Development
SDG	Sustainable Development Goal
SRHR	Sexual Reproductive Health and Rights
UN DESA	United Nations Department for Economic and Social Affairs
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence Against Women and Girls

CHAPTER 1.   INTRODUCTION

1.1. Background

The United Nations (UN) at the Sustainable Development Summit in September 2015 in New York adopted the 2030 Agenda for Sustainable Development with 17 Sustainable Development Goals (SDGs), from which 169 derived targets are to be achieved by 2030 (UN, 2015). To enable the measurement of these targets, a UN statistics division paper derives from the different targets, 80 gender relevant indicators such as maternal mortality ratio and proportion of parliamentary seats held by women (UN, 2018). An assessment report indicates that with regional variations, there exists gaps in the data which would make it possible to monitor trends towards gender equality and enable evidence-based policy-making that addresses these inequalities (UN Women and UN DESA, 2019). This study seeks, from a feminist perspective, to critically assess gender equality concepts and data used in national statistics in order to provide recommendations for revised SDG 5 baseline indicators in Kenya.

1.2. Organisation of the report

This report is divided into six chapters. Chapter one introduces the 2030 Agenda for Sustainable Development and specifically SDG 5 on gender equality and women empowerment as well as the context of the study. In chapter two, the general review of literature reveals gaps in gender equality data needed for the evaluation of SDGs in Kenya and possible reasons for them. Chapter three is a feminist theoretical review of literature which argues that despite previous resistance to quantitative methods by feminist scholarship, both quantitative and qualitative approaches are valuable for the feminist agenda. The methodology section in chapter four discusses the overall feminist evaluation concept of the study that is necessarily political. The study uses a convergent mixed methods research design in which qualitative and quantitative analysis of the 2014 Kenya Demographic and Health Survey (KDHS) report and data are conducted.

Chapter five is the analysis and findings section which is divided into three parts: The first part is the feminist critical discourse analysis and findings. The second part uses the results from the preceding qualitative study and an analytical review of literature to critically examine the themes of SDG target 5.6 and how they are used in the 2014 KDHS. These analyses inform a gender informed quantitative study on the factors influencing the achievement of sexual reproductive health and rights for women and girls in Kenya. The third part analytically reviews literature to show the significance in relation to gender equality and women empowerment of the need for inclusion of intersectional differences among women and girls in national data. In chapter six, there are discussions of the findings of the qualitative and quantitative studies and the conclusion that incorporating feminist perspectives in national data improves their ability to meet the evaluation needs of the SDGs.

1.3. Sustainable Development Goal 5: To achieve gender equality and empower all women and girls

Leavy and Harris (2019, p. 17) state that feminism, the quest for gender equality begun as efforts to remedy social inequities and inequalities for women and girls in relation to men and boys, as well as among their peers, in the domains of work, wellbeing, and access to resources. Contemporary paradigms consider how gender as an organizing principle intersects with class, race or ethnicity, sexuality, disability, and geolocations (Leach, Mehta and Prabhakaran, 2016, p. 7). As a liberal feminist goal, gender equality is attained when human rights, responsibilities and opportunities in life are not dependent on biological sex; and when the priorities, perceptions, needs, and interests of all segments of the population are taken into consideration (Hughes, 2002, pp. 33-56). The promotion of gender equality and empowerment of women were also the subject matter of Millennium Development Goal 3, from which a discussion by Kabeer (2005) envisions women empowerment as the expansion of the abilities to determine choices, control own lives and influence of changes in society by women and girls. From the publication 'Transforming Our World: The 2030 Agenda for Sustainable Development' (UN, 2015b) the targets of SDG 5 are listed as shown in Table 1.

Table 1: Sustainable Development Goal 5 targets

UN (2015)

SDG 5: To achieve gender equality and empower all women and girls
Targets
5.1.End all forms of discrimination against all women and girls everywhere
5.2.Eliminate all forms of violence against all women and girls in the public and private spheres including trafficking and sexual and other types of exploitation
5.3.Eliminate all harmful practices such as child, early and forced marriage and female genital mutilation
5.4.Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of share responsibility within the household and the family as nationally appropriate
5.5.Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic, and public life
5.6.Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences
5.a. Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources, in accordance with national laws
5.b. Enhance the use of enabling technology in particular information and communication technology to promote the empowerment of women
5.c. Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

As shown in Table 1, previous international commitments which aim at achieving gender equality are incorporated in the targets of SDG 5 implicitly and explicitly. The 1979 Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) provided the overarching legal and political foundation for realising equality between women and men on the basis of sex (UN, 1979). The Program of Action of the 1994 International Conference on Population and Development (ICPD) held in Cairo shifted from former population policy conferences that focused on population control policies and instead emphasised the concept sexual reproductive health and rights. This new focus requires age/sex disaggregated data in order to meet the individual needs of women and men rather than on meeting demographic targets (UNFPA, 2014). At the 4th World Conference on Women held in Beijing in 1995, the Platform for Action established that the lives and realities of men, women, girls and boys are often shaped very differently and it is therefore necessary to compile, analyse and publish data separately (UN, 1995).

In 2000, at the Millennium Summit, the UN had launched eight Millennium Development Goals (MDGs) with three goals that specifically focused on women's lives: goal three 'to promote gender equality and empower women', goal four 'to reduce child mortality' and goal five 'to improve maternal health'. According to an MDG end of projects report in 2015, significant progress which proves global action works had been realised, but the progress was uneven between and within countries (UN, 2015a). Millions of people, especially among the poorest populations and those disadvantaged due to their sex, disability, ethnicity, or geographical location had been left behind. Among other recommendations were that development should start with the most vulnerable with the aim to 'leave no one behind' (Ibid., p. 8). The Agenda 2030 takes into account the 'leave no one behind' philosophy by restating it in different principles as well as in the sections on data needs for evaluation of the SDG targets. The data requirements for evaluation of the SDG targets are supposed to be able to monitor progress of inequality in gaps with regard to sex, age, ability status, ethnicity, nationality, class, religion or other relevant attributes (UN, 2015).

A UN (2010) report asserts that accurate national data on aspects of gender equality and women empowerment that depict the actual situation of all segments of the population allows for the policy visibility of the issues facing women and girls. These national gender statistics are important for conscious raising, inspiring the measurement of change, influencing journalists, researchers, academics or politicians in perpetuating existing gender stereotypes and rhetoric that can either lead to continued discrimination of women and girls or challenge them (Hedman, Perucci and Sundström, 1996, p. 41).

1.4.The setting and justification of the study

Kenya, the case selected for this study is a UN member state situated in the East of the African continent and a former British colony that achieved self-rule in 1963 (KNBS *et al.*, 2015). The analysis of this study relies mostly on information from Demographic and Health Surveys (DHS) which can be accessed from www.measuredhs.com. DHS are managed by ICF International, a United States Agency for International Development funded project which provides technical assistance for the surveys in over 90 countries.

The implementing agency of the 2014 Kenya Demographic and Health Survey (KDHS) was the Kenya National Bureau of Statistics (KNBS), in collaboration with the Ministry of Health, National Aids Control Council, Kenya Medical Research Institute, National Council for Population and Development, and ICF International (KNBS *et al.*, 2015). The 2014 KDHS project brought together professionals from different disciplines such as Sociology, Demography, Health and Economics. This research team does not comprise of an entity whose key interest is feminism; and it is in this non-inclusion of feminist perspectives that this study finds justification. Engendering national data which is the process of including feminist perspectives are necessary to improve their ability to conceptualise and measure gender equality (UN, 2010, p. 2). Improved gender equality data will promote the evaluation of SDG 5 targets in Kenya, as this study aims to show, with the possibility of extrapolating these benefits to different contexts.

1.5. The objective of the study and the research questions

The general objective of this study is to assess from feminist perspectives national data [mainly the 2014 KDHS] from which indicators that are used to assess Sustainable Development Goal 5 targets in Kenya are derived.

The research questions:

- For the qualitative study, 'from critical feminist perspectives, how are gender equality and women empowerment concepts applied and related data reported in national statistics in Kenya?'

- For the gender informed quantitative study, 'what sexual reproductive health and rights factors influence the ability of women and girls to make independent decisions on their own health in Kenya?'

1.6. Ethical considerations

The 2014 Kenya Demographic and Health Survey (KDHS) report and data sets were received and authorisation to use the data in this study was given through a letter dated Jan 22, 2021 from ICF international. The ethical considerations required, which are that the data be only used for this approved study, not passed on to third parties without consent and that no efforts should be made to identify any household or any individual respondents in the survey were observed. A final report of this study will be submitted to ICF international.

CHAPTER 2.   GENERAL LITERATURE REVIEW

In Kenya, national quantitative data on gender equality related aspects of the lives of women and girls have existed since the 1970's for instance the Kenya Fertility Survey of 1977-78, and Kenya Demographic and Health Surveys (KDHS) which have been carried out since 1989 (KNBS *et al.*, 2015, p. 69). Despite these various data sources, the Kenya National Bureau of Statistics (KNBS) reported that in 2017, out of the gender relevant indicators needed to monitor progress of Sustainable Development Goals for the country, 35 percent could not be measured due to inadequate data (KNBS and UN Women 2018, p. 21). Gender equality data inadequacy occurs when the relevant data have not been collected, and in cases where they exist, they may be incomplete, underreported, not disaggregated by sex, distorted or biased (UN DESA, 2016).

Countrywide formal organising for gender equality in Kenya can be traced back to 1950's colonial times by *Maendeleo ya Wanawake* [Swahili for Women in Development] Organization - MYWO (Wipper, 1975). Chege, Askew and Liku (2001) document work by MYWO in projects with local communities encouraging alternative rites of passage for girls in place of female genital mutilation (FGM/C) since before 1996. Other non-governmental organisations that have been doing feminist work since the 1970's are such as the Green Belt Movement, Coalition of Violence against Women, Federation of Kenyan Women Lawyers among others (Adawo *et al.*, 2011). These decades of feminist work and resources have the potential to fill some gender equality data knowledge and gaps, but challenges could arise based on remarks by Hesse-Biber (2014, p. 365) that many feminists prefer qualitative methods, while national data such as the KDHS use quantitative methods. Furthermore, these feminist organisations could be seen as 'rivals' by policy makers, which according to Anheier (2014, p. 294) is the consequence of non-profit organisations advocacy work as watchdogs and critics of government.

The distortion of the realities of women and girls through gender bias, the tendency to prefer either male or female perspectives, accounts for inadequate gender

equality data and has been the subject of feminist empiricism since the 1960's (Hesse-Biber, 2014, p. 4-5). Duffy (1985) contends that androcentrism or male bias in the 1970's and 1980's was supported by the overrepresentation of male researchers who controlled the issues to be studied, the selection of materials for publishing to almost all other research aspects. UN DESA (2016) show that gender bias can enter research at any stage such as during data collection, measurement of concepts, incorporation of gender stereotypes in the data collection tools, the selection of people to interview or respondents, phrasing of questions in the survey tools, data coding and editing, or gender biased attitudes of respondents or enumerators. Leckenby (2007) and Sprague (2005) contend that the contribution of feminist empiricists in pointing out gender bias and stereotypes has contributed significantly to understandings of gender inequality in different contexts.

Ignoring perspectives of the lives of women and girls in research resulted to 'gender blind' policy making (Beetham and Demetriades, 2007) and the manner that these perspectives are included accounts for (in)adequacy of gender equality data. Feminist interrogations of 'gender blindness' in the 1960's and 1970's such as in Ester Boserup's book, 'Woman's Role in Economic Development' which argued that the developments from subsistence to largescale cash crop agriculture in developing countries such as Kenya in favour of colonial economies empowered male dominated cash crop agriculture, while leaving out women who farmed for subsistence (Boserup, 1970). Such perspectives influenced Women in Development (WID) paradigms that aimed at inclusion of aspects of women's lives in research and development (Momsen, 2004, pp. 11-15). The Women, Environment and Development (WED) in the 1980's added the aspect of how women are more affected by climate change in aspects such as bearing the brunt of collecting firewood, fetching water and cultivating subsistence food in diminishing natural resources (Leach, Mehta and Prabhakaran, 2016, pp. 18-19).

Critiques of the WID and WED approaches by the Women and Development (WAD) which paved way for Gender and Development (GAD) in the 1980's took the approach that women had always been part of development and need to be

understood within their gendered relations (Quisumbing *et al.*, 2014). The level at which 'gender' is analysed is relevant in making gender equality data adequate. According to Wharton (2012, pp. 16-18) 'individualist' and 'interactionist' approaches analyse how sex and gendered relations respectively affects the lives of women and girls, while an 'institutional' approach analyses the norms, traditions and laws. An example of institutional level gender analysis by Davison (1988) was done in Central and Western provinces in Kenya and found that despite the legal possibilities to transfer land ownership down to daughters, the prevailing customary practice is that women own land only through marriage leaving those unmarried and widows vulnerable. Gender and Development (GAD) approaches shifted from women only research to how the gender relations within the household, community and the state affects the lives of women and girls (Jackson and Pearson, 2005, pp. 1-15).

Rai (2011, pp. 14-16) contends that the influence of modernisation theories in the 1950's led to global women empowerment efforts which understood their work as helping women in the Third World to 'catch up' with their counterparts in the Western world. Gender equality data that are produced using such 'ethnocentric' frameworks distorts the realities of women and girls in the developing world (Ibid.). Postcolonial feminists such as Mohanty (2011) have critiqued these ethnocentric frameworks of analysis arguing that the presentation of the image of the 'Third World Woman' as monolithic, poor, uneducated, exploited, powerless and oppressed group in need of being versed and schooled about hegemonic 'Western feminisms' of being modern and in charge of their bodies and sexuality misses the point that meanings of 'empowerment' are contextual. Transnational feminist paradigms see women as active agents of change of their lives who in their local contexts can channel their own lives with determination and enhance their capabilities and freedoms which is a central part of development (Jackson and Pearson, 2005; Kabeer, 2005; Sen, 2001).

Adequate gender informed data in the context of the SDGs is crucial given the fact that the Agenda 2030 upholds that "realizing gender equality and the empowerment

of women and girls will make a crucial contribution to progress across all the goals and targets" (UN, 2015, declaration 20). In regard to the SDGs, Leach, Mehta and Prabhakaran (2016) have proposed a 'gender pathways approach' whose philosophy is that gender equality should be at the centre of sustainable development. Enabling gender equality to be at the centre of the Agenda 2030 project requires that adequate gender informed data that reliably informs the actual situation of men, women, boys and girls or gender statistics be available. Gender statistics refer to unbiased data which are disaggregated by age and sex where necessary and go further in reflecting the relevant societal gender issues while capturing intersectional differences among women and men such as by age, sex, class, disability, migration status, education levels and place of residence (UN DESA, 2016, pp. 1-2).

The processes of coming up with comparable indicators that in turn guides national data collection for evaluation purposes for large organisations such as for the United Nations are according to Merry (2016. pp. 1-19) challenging. This is because at conceptual level, the construction of the meanings behind indicators for issues such as 'gender equality and women empowerment' are fuzzy due to differences in context, but their portrayal are given as though they are accurate with an aura of objective truth (Ibid. pp. 12-13). With genealogies of male biased positivist research that ignores perspectives of women and girls, it is necessary that indicators are interrogated from feminist perspectives since in this era of 'indicator culture' these guide important decisions (Ibid., pp. 216-222).

While traditional positivistic forms of evaluation consider the use of indicators as neutral and apolitical, feminist evaluations see these as political processes, in which a moral and ethical stance can be taken with the main aim being to engage with gender inequities and inequalities (Brisolara and Seigart, 2007, p. 280). These divergent philosophies of feminist and positivistic derived indicators can make the interrogation of these indicators from feminist perspectives challenging. However, it is necessary to strive for the improvement of indicators to represent social life, but for the most part they remain debatable (Merry, 2016, pp. 12-14).

CHAPTER 3.   THEORETICAL FRAMEWORK

Feminist critiques of social science research around the late 1960's to 1970's were engaged with critical approaches to the status quo which challenged how women were misrepresented in traditional positivist research through non-inclusion and obscured truths (Leckenby, 2007, pp. 27-32). Quantitative alongside experimental research methods were rejected by feminist scholarship on grounds of oppressive research power relations (Oakley, 1998, p. 724). The key arguments by feminist empiricists were that quantitative methods presented androcentric or male biases and remedial corrections to these biases was the inclusion of women's perspectives in areas where they were invisible in research (Hesse-Biber, 2014, p. 4). These feminist critiques inherited the pre-existing 'paradigm argument' and added to it new aspects forming what now came to be seen as antagonistic 'masculine' quantitative and 'feminine' qualitative research approaches (Oakley, 1998, p. 709).

The 'paradigm argument' with a feminist perspective emerged as part of 'the woman question' debate in English at the turn of the twentieth century (Abbott and Wallace, 1997, pp. 196-198). The contention in relation to social theory was that Classical theories such as Marxism that had emerged during the Enlightenment in Europe had generally ignored women (Gerhard, 2004, pp. 114-116). Feminist Marxists argued that the duality in the concept social division of labour where work in the public sphere dominated by men such as in factories was constructed as 'productive work' while work in the private sphere such as child care and domestic work done by women as 'reproductive work' set a precedence for social theorising that incorporates these binaries in analysis (Littlewood, 2004, pp. 41-43). As a result, malestream Sociology became the norm and from which subsequent perspectives that were biased in ideology and methodology developed (Abbott & Wallace, 1997, pp. 1-15).

As feminist research methods developed, the values and approaches used differed in philosophy with those of quantitative approaches, with the latter using positivist epistemologies (Sprague, 2005, pp. 31-52). Reflexivity, the critical self-reflection

in the understanding of how the researchers own values and attitudes affects studies in all stages is an important aspect of the issue of 'power and authority' between the researcher and researched in feminist studies (Hesse-Biber, 2014, p. 200). On the other hand, positivist epistemological theory of knowing aims for 'value free research' which is said to be achieved by maintaining the objective distance of the knower, the known and the process of knowing (Sprague, 2005, p. 32), which feminists reject. Feminists are concerned with what the 'knower' brings into the study, such as the biases, the power relationship between the knower and the known, and the explicit as well as implicit aims of the knower (Oakley, 1998, pp. 710-711).

The subject/object relationship in a positivist study also presumes that the subject or researcher can maintain 'value free' distance and acquire the object or 'facts' that are out there that can be verified by someone else (Sprague, 2005, p. 32). These ideas of value free subject/object were in the latter twentieth century seen by feminist critiques as 'terms of abuse' bearing in mind that academia and research were still a preserve of males (Oakley, 1998, p. 710). To accept this claim would be to agree that the male biased studies that male researchers had carried out on themselves could be extrapolated and assumed to be similar if not the standard experiences of women and girls, which is impractical. Many feminist researchers therefore took up the stance that qualitative research were 'more feminist' and as a result generally rejected quantitative approaches (Sprague, 2005, pp. 81-82). Quantitative approaches were equated to patriarchal tools of oppression by a branch of feminists who used the slogan from Audre Lorde's book that 'the master's tools will never dismantle the master's house' meaning that quantitative methods could not be counted upon as feminist tools of emancipation (Hesse-Biber, 2014, p. 365).

Despite the initial dearth of quantitative methods use by feminists, a recent wave of acceptance suggests that both quantitative and qualitative methods can have strengths that can advance feminist goals in a mixed methods research design (Hesse-Biber, 2014, p. 367). The new focus according to Scott (2012, p. 35) realises that both quantitative and qualitative research can be poorly designed in the gender

analysis while in a good analysis, any of the two can make a contribution in the feminist agenda. The association of quantitative methods with knowledge that obscures women's perspectives is a historical one and not a logical one, therefore these methods can be redeemed for the benefit of the feminist agenda (Jayaratne and Stewart, 2016, pp. 48-49).

Navigating the politics of promoting the use of quantitative methods in feminist research in this study should not be equated to feminist empiricism, the wholehearted embrace of positivism, but an acceptance focused on feminist objectivity. Feminist objectivity is the acknowledgement that all knowledge and truth operates between limitations of researchers beliefs and experiences, and is always partial, subjective, power imbued, relational and situated (Hesse-Biber 2014, p. 301). There are valid reasons for the rejection of positivist research such as the quantitative calculations that sanctioned the use of involuntary sterilisations while overlooking women's rights to bodily integrity in population control policies of different countries in the twentieth century (Dixon-Mueller, 1993). There are also valid cases where positivist research has been used to advance the cause of women in history, such as feminist social reformers who have used statistics to showcase the extent of poverty, inequality and exclusion from higher educational institutions (Oakley, 1998, p. 722). Even though as feminist proponents of qualitative methods would argue that women's experiences cannot be reduced to numbers, there are numbers that can show the prevalence and patterns of women's experiences over time or region (Scott, 2012, p. 46).

Feminist contestations of male bias in knowledge production where women's realities and perspectives are conjured up under the rubric of male experiences as the standard and women as the 'Other' are built up from the philosophical roots of second wave feminist Simone de Beauvoir (1952) in her book 'The Second Sex'. Kimberlé Crenshaw, among other intersectional feminists critiqued the second wave feminist movements of 1960's and 1980's as white, eurocentric and middle class (Leavy and Harris, 2019, p. 43). Intersectional feminists argued that non-white women were being 'Othered' as second wave feminist issues were not the realities

of Black women, those poor, disabled, lesbian and undocumented (Collins and Bilge, 2016, pp. 65-71). As category, the concept 'who is a woman' is not universal as gender is a social construct, and analysis should go beyond essentialist categorisations of people in binaries (Leavy and Harris, 2019, p. 45). Genderqueer diversity theory argues that traditional data collection which embodies the male-female binary in analysis 'Others' queer people and this has influenced some intersectional researchers to move away from cisgender ways of categorising respondents to more fluid categories (Ibid., 2019, pp. 82-83).

The basic premise of intersectionality analysis is that single issue politics such as against racism, ableism or sexism has its weaknesses when it comes to understanding experiences of those affected by multiple oppressions due to age, sex, economic class, sexual identity, nationality, gender, disability and race/ethnicity (Leavy & Harris, 2019, pp. 43-44). Intersectionality, when explained using the 1977 Combahee River Collective (CRC) statement as an example can be summarised as: In America, Black people suffer racial and Capitalism related economic systemic oppressions related to history of slavery which white people do not have to; Black and white women suffer from patriarchal oppression in similar and different ways; and Black and white lesbians alike, suffer from heterosexual oppression (Collins and Bilge, 2016, pp. 67-71). The CRC further argued that as a Collective, at varied levels, they suffered interlocking, manifold, simultaneous or synthesised systems of oppression against racial, sexual, heterosexual, and class, which cannot be simply understood as an adding and stirring of discriminations but an intersectional identity of compounded effects with their own implications (Ibid. p. 70).

In conclusion, feminist empiricists initially rejected positivistic sciences and made efforts to correct them through the inclusion of feminist perspectives, but later from the 1980's generally took the feminist objectivity approach (Hesse-Biber 2014, pp. 4-5). Despite the irreconcilable epistemological approaches between quantitative and qualitative methods, they are both valuable in furthering feminist research perspectives depending on the research question (Oakley, 1998; Scott, 2012).

CHAPTER 4.   METHODOLOGY

4.1.Conceptual framework of the mixed methods study

The concept of this study is built within an evaluation theoretical framework whose basic principle according to Weiss (1998, pp. 4-5) is that the assessment of programs and interventions can use baseline studies as a starting point for the periodic comparison of processes and outcomes against a set of expectations. Sustainable Development Goals (SDGs) have set targets for the period 2015 to 2030, in which this study is likened to a baseline survey which aims to offer alternative indicators on the state of SDG 5 targets at the beginning of the implementation period. The point of view of this study is developed within feminist evaluation guidelines which according to Brisolara and Seigart (2007, p. 280) are that they are political in nature with an overt ethical and moral stance, gender inequities and inequalities are the key concern, different ways of knowing are considered and these studies link gender to other inequalities based on age, class and culture.

4.2.The convergent design in a mixed methods study

This study uses a mixed methods convergent design adapted from Creswell (2015, pp. 35-37), in which the results of secondary quantitative data are merged at analysis with the results of a qualitative analysis. The key questions of interest interpreted from the merged gender analysis are done under a feminist or gendered lens as an overarching social justice design framework. Social justice design frameworks have the intention of showing the inequalities in a group with the aim of addressing the situation (Ibid., pp. 44-46), and when merged with feminist goals, it becomes a gender social justice framework.

4.3.Data sources

Data sources that are used in measuring progress of gender equality targets by UN member states are such as national statistics, vital registration systems, laws, human rights reports, policy regulations, parliamentary reports, media reports, academic research, police records, surveys, ethnographic information of cultural and religious

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traditions or beliefs (UNDG, 2011). The selection of data sources for this study prioritises those considered official statistics that inform the Kenya government on law and policy making to keep in line with the research question. The main sources of data and report to be used in the analysis of this study is the Kenya Demographic and Health Survey (KDHS) of 2014 whose report was published in 2015. KDHS have previously been held about every five years beginning 1989 and then subsequently in 1993, 1998, 2003 and 2007/8 (KNBS *et al.*, 2015, p. xvii).

4.4. Sampling strategies and fieldwork

The survey design of the 2014 KDHS study was modelled to enable comparison with former and other country surveys, as well as the then data needs of Kenya. The study samples were drawn from the master countrywide sampling frame of the 2009 population census and split into sampling strata from where probability samples were drawn from all the 47 counties in Kenya. Between May 7th and October 20th, 2014, data from 40,300 households was collected using separate questionnaires for men and boys aged between the ages 15-54, and women and girls aged between 15-49 years old (KNBS *et al.*, 2015, p. 5).

4.5. The mixed methods

This study merges qualitative and quantitative data analysis.

a. The qualitative study design

The qualitative study uses a type of discourse analysis which takes a feminist stance and is labelled critical feminist discourse analysis. Lazar (2005, pp. 1-14) describes the tenets of critical feminist discourse analysis as those committed to achieving gender social justice through the explicit political critique of ideology, in language and other semiotic modalities. Such an analysis involves demystifying how gendered hegemonic discourses are internalised in everyday speech, through both subtle implicit and explicit power relations in language by paying attention to how phrases, terms, words and how meanings are given to concepts through the use of interpretive repertoires (Ibid.). The results uncover hidden oppressions, and offer new ways of challenging gender stereotypes in accepted norms and reinforced

discourses (Hesse-Biber, 2014, pp. 46-51). In this study, the critical feminist discourse analysis focuses on how the 2014 KDHS report accounts for the issues embodied in SDG 5 targets sequentially.

The results of the critical feminist discourse analysis and that of the secondary quantitative data analysis converge at different levels of gender analysis. Wharton (2012, pp. 16-18) offers three levels of frameworks for analysing gender in research. The first level is the 'individualist' where analysis focuses on gender equality issues that women and girls face because they are biologically female. The second level is the 'interactionalist' level where issues related to gender relations are analysed. The third is at group or 'institutional' level where the underlying causes of experiences of gender inequality are caused and supported by institutions such as religion, culture or national laws are analysed.

b. The gender informed quantitative study design

The gender informed quantitative study is viable as the data needed for such an undertaking is available and also because the findings of the qualitative analysis show that the 2014 KDHS report does not embody a sexual reproductive and health rights perspective as SDG target 5.6 would require. The strategy for this section is to use an analytical review of literature to critically examine the thematic concerns of SDG target 5.6 and come up with frameworks to study sexual reproductive health and rights. Sprague (2005, pp. 107-108) proposes strategies of how feminists can use quantitative methods such as by unpacking assumptions embedded in measures of concepts. The strategy for the further quantitative analysis is to hypothesise, select variables, analyse, and interpret the secondary data from feminist perspectives to make the study gender informed.

Figure 1 shows using a diagram how the study commences with the qualitative study, whose findings are merged at gender analysis with the 2014 KDHS (quantitative) results. These findings then partly inform a further gender informed quantitative analysis. The previous and new results are then interpreted to answer the research questions.

Figure 1: The mixed methods convergent design of the study informed by a gendered lens
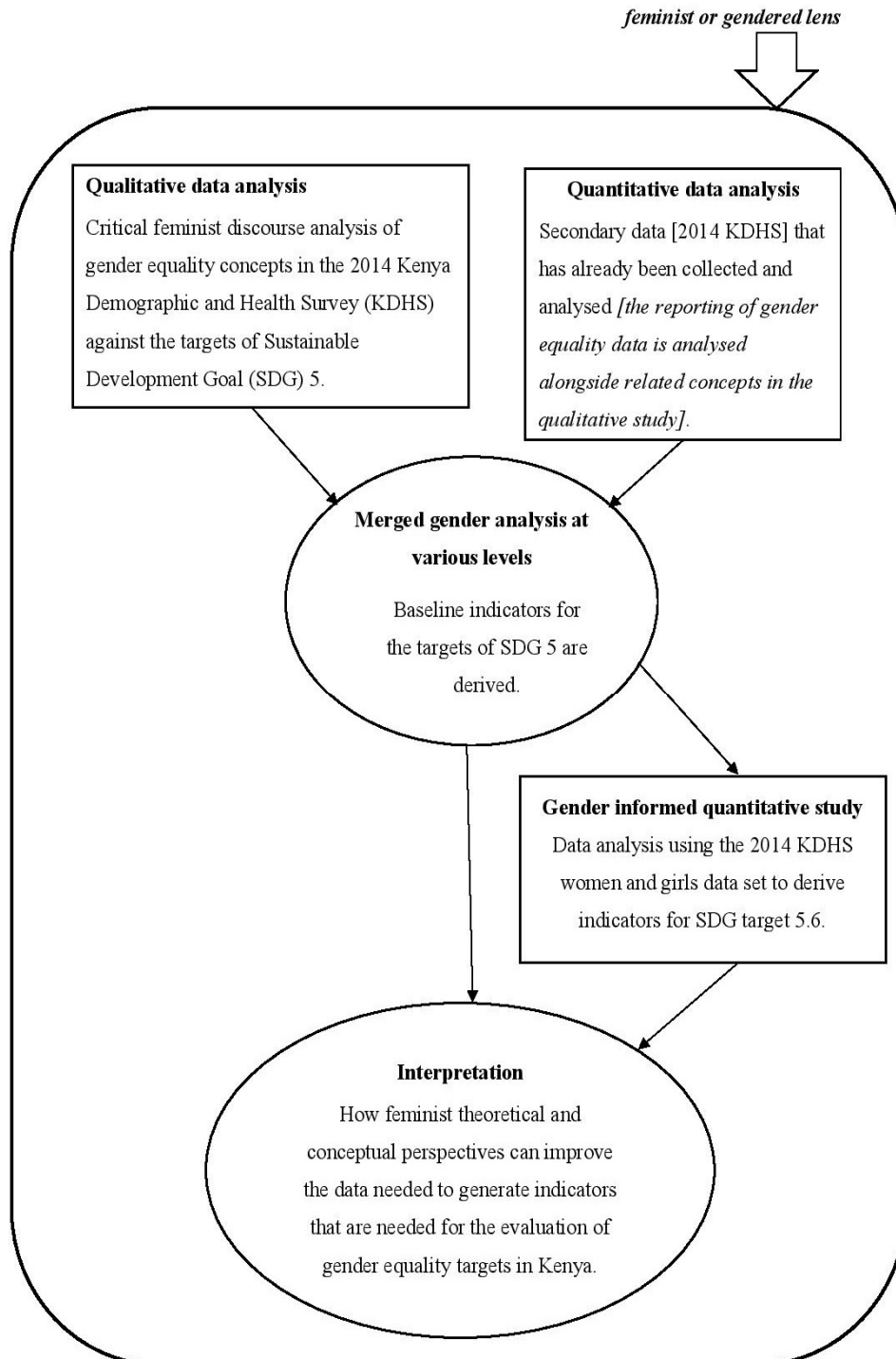
Notes: Adapted from Creswell (2015, pp. 38 and 45)

4.6 Purpose statement and rationale for using mixed methods

The purpose of this study is to assess from feminist perspectives the gender equality concepts and data used in the 2014 KDHS to develop baseline indicators for the assessment of SDG 5 targets in Kenya. The methodology uses a convergent mixed methods design within a social justice framework that is informed by feminist evaluation principles. The qualitative study uses critical feminist discourse analysis to explore how gender equality and women empowerment issues are accounted for. The gender informed quantitative analysis tests the hypotheses that women and girls who are empowered in relation to their sexual reproductive health and rights [independent variables: are older, know a place to test for HIV virus, have ever heard of cervical cancer, have ever been told of family planning choices and can say no to their husband/partners unwanted sexual advances] are more likely to make independent health decisions [dependent variable].

The rationale for using mixed methods is to enable gender analysis at different levels to provide a broader understanding of feminist perspectives of the 2014 KDHS. The qualitative analysis enables the exploration of gender equality concepts embodied in the survey report, while as Creswell (2015, p. 5) argues, quantitative analysis have the advantage of enabling conclusions to be drawn from a large population such as country, as in this study. Moreover, quantitative data allows for the measurement of the trends and prevalence of different aspects of gender equality in analysis. These mixed methods complement each other and offer a more in-depth gender analysis of the 2014 KDHS data and report.

4.7. Scope and limitations of the study

The use of secondary sources of data such as from the 2014 KDHS in this study has advantages which are that these are readily available high-quality data, with input from professionals in different fields. However, these data are limiting in ways related to their use in this study. The Kenya government collected the data for the purposes of informing policy on the population situation (KNBS *et al.*, 2015, pp. 3-4) which is different to how they are used in this study. The 2014 KDHS was developed using positivistic assumptions, while this study approaches the same data

and report from feminist perspectives with its own philosophies. A case in point where conflict is experienced is in the selection of the dependent variable for the gender informed quantitative study that encounters 'data inertia' which Merry (2016, p. 7) describes as the situation when data that is available is used when there are no other alternatives. The dependent variable for this sub-study is informed by the question: *Who usually makes decisions about health care for yourself?* (KNBS *et al.*, 2015, p. 491). Since the gender informed study focuses on 'sexual reproductive health and rights' and not in general health, the following question would have been more appropriate: *'Who usually makes the final decision about your sexual and reproductive health choices for yourself?'*

The inclusion criteria for women and girls is set at 15 - 49 years old in the 2014 KDHS survey, but the subject of interest of Agenda 2030 SDG 5 is all women and girls. The leave no one behind principle of Agenda 2030 also requires that differences between and among women are considered and so intersectionality analysis is used to select subjects for this study.

The 2014 KDHS fieldwork was carried out in 2014 in the context of the MDGs, and as indicated in the research publication (KNBS et al. 2015, p. xix), the indicators needed for the assessment of these goals were addressed. The SDGs on the other hand came into force on 1st January 2016 (UN, 2015). Data sources used in this study prioritise national data to keep in line with the study aims which are to contribute to gender equality data that can inform policy.

The mixed methods study focuses on the targets of SDG 5, even though Agenda 2030 has other gender relevant indicators. Comprehensive feminist analyses of targets SDG 5.1, 5a, and 5c would require legal analysis; target 5.5 component 'full and effective' would require political analysis and target 5.4 beyond recognising unpaid care and domestic work would require welfare analysis. These aspects will not be incorporated in this study. As the premise of the analysis for this paper is feminist, SDG 5 has been specifically selected as its targets demonstrate ongoing priority global issues of feminist interest at national and international levels.

CHAPTER 5.   ANALYSIS AND FINDINGS

5.1.The baseline state of Sustainable Development Goal 5 targets in Kenya

5.1.1.   Laws and policies on the discrimination against women and girls

SDG target 5.1 is to "end all forms of discrimination against all women and girls everywhere". According to the Inter-Agency Expert Group on Sustainable Development Indicators (IAEG-SDGs, 2016) the suggested indicator for SDG target 5.1 is 'whether or not legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex'.

The Kenya National Council for Population and Development - NCPD and UNFPA (2020, pp. 5-6) indicate that by 2016, Kenya had already put in place international and national legal frameworks aimed at protecting women and girls from discrimination on grounds of sex. Related to the UN, Kenya is a signee of the 1989 Convention on the Rights of the Child, 1994 Program of Action of the International Conference on Population and Development, 1995 Beijing Conference Platform for Action, The 2030 Agenda for Sustainable Development, and the 1979 Convention on the Elimination of All forms of Discrimination Against Women. As a member of the African Union, Kenya is a signee of the 2003 Maputo Protocol and the 1990/9 African Charter on the Rights and Welfare of the Child. Nationally, the Kenya Constitution of 2010 guarantees Kenyan women and girls' equality before the law, as well as other Bills and Acts such as the Children's Act 2016, the Sexual Offences Act 2006, the Prohibition of Female Genital Mutilation 2011, the Marriage Act 2014, The Matrimonial Property Act 2013, The Law of Succession Act 2012, The National Gender Equality Commission Act 2011, and Persons with Disability Act 2003, among others.

5.1.2.   Violence against women and girls

SDG target 5.2 seeks "to eliminate all forms of violence against all women and girls in the private and public spheres including trafficking, and sexual and other types of exploitation". According to Brownridge (2009) definitions of forms of violence against women and girls (VAWG) vary, with the most common type being from

men and boys with whom women and girls have a relationship with, referred to as gender based violence or intimate partner violence. Intimate partner violence is connected to patriarchy under which men and boys feel entitled to use violence to dominate women and girls (Ibid., pp. 4-14).

Conceptualising and measuring violence against women and girls (VAWG) in largescale quantitative studies can be challenging as Merry (2016) describes in a long-term research detailing the processes that international statistics professionals go about in agreeing on indicators for large comparative data such as by the UN. The challenges are, for example to get consensus on cultural understandings, national context, severity, and the technical tools with which to measure VAWG (Ibid.). In the broad array of types of VAWG in private and public domains is a range from fear of violence, humiliation, threats, isolation, burning, acid throwing, femicide/murder, rebuked for giving birth to a female child, dropping from a high place, forced labour, killings in the name of honour, rape, state or community sanctioned abuse, sexual violence during war time, sexual harassment at the workplace, sexual slavery and many more (Ibid., pp. 75-110).

In the 2014 KDHS, the reporting related to VAWG focuses on 'spousal violence' and does not include information on trafficking or related issues. The introduction states that "women are often socialised into tolerating and rationalising a key component of domestic violence by husbands against wives and choose to remain silent about it when it occurs" (KNBS et al. 2015, p. 291). This discourse does not challenge the social tolerance but instead gives VAWG 'legitimacy'. The results show that 39 percent of all ever married women and girls have ever experienced spousal physical and sexual violence in Kenya (Ibid., pp. 291-322). An alternative approach that captures the gendered, societal and intensity of VAWG as cited in Merry (2016, p. 63) would be to group the indicators as grave violence, femicide and social tolerance.

The 2014 KDHS report ignores VAWG in public spaces such as during war, but as unrest are generally unplanned, their inclusion in such an established study may be

challenging. To illustrate this complexity, consider the analysis by Head *et al.* (2014, pp. 77-80) who use DHS data from 2000-2011 from different countries including Kenya to associate VAWG with the country's conflict and security situation in the same period unsuccessfully. In this analysis, evidence is cited from studies done in conflict areas which show that women and girls usually face increased sexual violence during and the period after insecurity (Ibid.). Kenya is included in this analysis based on the 2007/8 post-election violence, from which a Human Rights Watch paper by Redress (2020) indicates that a commission of inquiry reported about 900 cases of sexual violence cases. There is a general overlap in season between the 2008/9 KDHS, whose data was collected between 13 November 2008 and end of February 2009 (KNBS *et al.*, 2010, p. 11), and the 2007/8 post-election violence. However, the 2007/8 post-election related sexual violence against women and girls are not captured in the data as Head *et al.* (2014, p. 79) show that the trends in intimate partner violence in Kenya remain steady at about 39 percent from 2003 to 2008/9.

5.1.3. *Harmful practices against women and girls*

SDG target 5.3 aims to "eliminate all harmful practices such as child, early and forced marriage and female genital mutilation". In the 2014 KDHS report, the prevalence of currently married teenagers in the age group between 15-19 years can offer an estimate of child marriage rates. 11 percent of girls as compared to only 1 percent of boys in these teenage years are reported as married (KNBS *et al.*, 2015, p. 56). There is no description in the 2014 KDHS report that describes child marriages as distinct from consenting adult marriages; and there is no use of terms or phrases related to 'child', 'early' or 'forced' when describing these unions. The 2010 Kenyan constitution upholds 18 years as the age from which citizens can enter legal marriage or consent to sexual unions (National Council for Law, 2010).

The reporting on the prevalence of female genital mutilation/cutting (FGM/C) gives the national average as 21 percent (KNBS *et al.*, 2015, p. 333). Disaggregated data shows that half (51 percent) of Muslim women and girls are more likely to be circumcised and out of the 42 ethnic groups, the highest prevalence rates are among

Somali (94), Samburu (86), Kisii (84), and Maasai (78), Embu (31), Meru (31), Kalenjin (28), Taita Taveta (22), Kikuyu (15), Kamba (11) while all the rest score below 2 percent (Ibid., pp. 333-334). A qualitative study by Mwanri and Gatwiri (2017) incorporates medical and feminist approaches in a narrative analysis with women who had undergone FGM/C and had developed obstetric fistula. This study finds that FGM/C in Kenya thrives in conjured up patriarchal ideology that there is something mystical about women's bodies that needs to be rectified by cutting off the clitoris to correct the anomaly and prepare women for marriage (Ibid.).

5.1.4. *Recognizing and valuing unpaid care and domestic work*

SDG target 5.4 aims to "recognize and value unpaid care and domestic work…". Antonopoulos (2008) asserts that the recognition of unpaid care and domestic work are due to paradigms of feminist economists which argue that gender economic disparities are caused by gendered division of labour. In this division of labour, women and girls carry out disproportionately higher levels of unpaid work that limits and shapes their ability, duration, and types of paid work that they can engage in (Beneria, 2011). Traditional economic paradigms like Gross Domestic Product - GDP measures ignore domestic work such as housekeeping, child and elderly care, subsistence agriculture, among other informal work (Ibid.). The making invisible of 'housework' in national data is evident in the 2014 KDHS when we consider the following question in the 'Woman's Questionnaire':

> Q. 807 *"Aside from your own housework, have you done any work in the*
> *past seven days?" (KNBS et al., 2015, p. 490).*

The framing of the question above is biased against housework and shows disinterest in the contribution of Kenyan women and girls to the economy through 'housework'. Antonopoulos (2008, pp. 5-6) contends that ignoring of women's contribution to the economy are male biased and rooted in patriarchal structures of making visible the public worker 'male breadwinner' vs. private worker 'female care giver' polarised representations, where women's work is portrayed as "natural", less valuable, and insignificant. In relation to the non-interest in

'housework' the 2014 KDHS reporting on 'employment status' indicates that in 2014, the employment rates had declined among men since the last survey in 2007/8 from 86 percent to 80 percent, and there was a slight improvement among women from 57 percent to 61 percent meaning that 39 percent of Kenyan women "did not work in the past 12 months" (KNBS *et al.*, 2015, p. 49). These depictions use gender stereotyping discourse that seem to suggest that 'men are working, women are not working'.

Scott (2012, pp. 42-43) describes time-use surveys as remedies to the invisibilities of unpaid care and domestic work. Time-use surveys use diaries in the presentation of activities that men, women, boys, and girls do in both private and public spheres by hypothesizing a gendered division of labour (Ibid.). In this gendered division of labour, women and girls do more unpaid work which enables men and boys to do more paid work (Ibid.). A time-use study by Oxfam (2019) in informal settlements from Kibera, Mathare, Mukuru, Kawangware and Korogocho in Nairobi shows the results in Figure 2.

Figure 2: Mean daily hours of unpaid and paid work done by women and girls, compared to men and boys in informal settlements in Nairobi
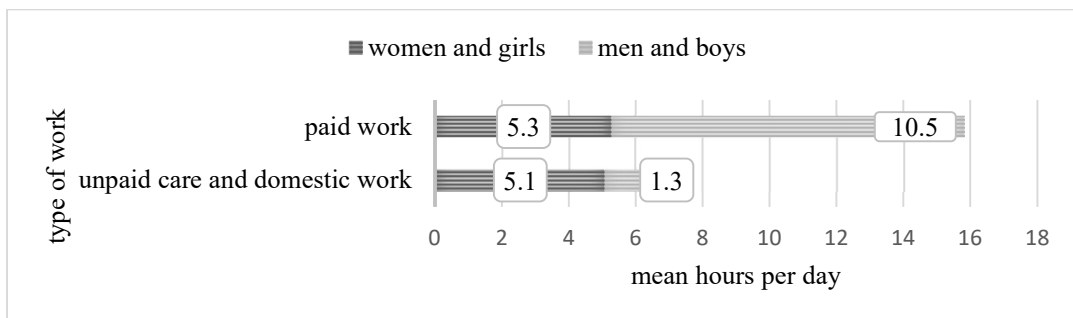
Notes: Authors own construction using data from Oxfam (2019, p. 32)

The bar graph in Figure 2 shows that in informal settlements in Nairobi, on average, women and girls spend close to four times as many hours doing unpaid care and domestic work daily than men and boys. Men and boys spend twice as many hours per day (10.5) on average doing paid work than women and girls (5.3).

5.1.5. Women in public leadership and decision-making positions

SDG target 5.5 seeks to "ensure women's full and effective participation and equal opportunities for leadership at all levels of decision making in political, economic, and public life". The struggle for the participation of women in public decision making positions as necessary for inclusive democratic governance has a long history, with hallmarks such as in 1893 when New Zealand became the first country to legislate 'women's suffrage' or voting rights for all women (Leavy and Harris, 2019, p. 22). Data on the numbers of women and men in public office are compiled in Government of Kenya (2017, p. 30) as shown in Figure 3.

Figure 3: Proportions of women and men holding public leadership and decision-making positions in Kenya by 2015
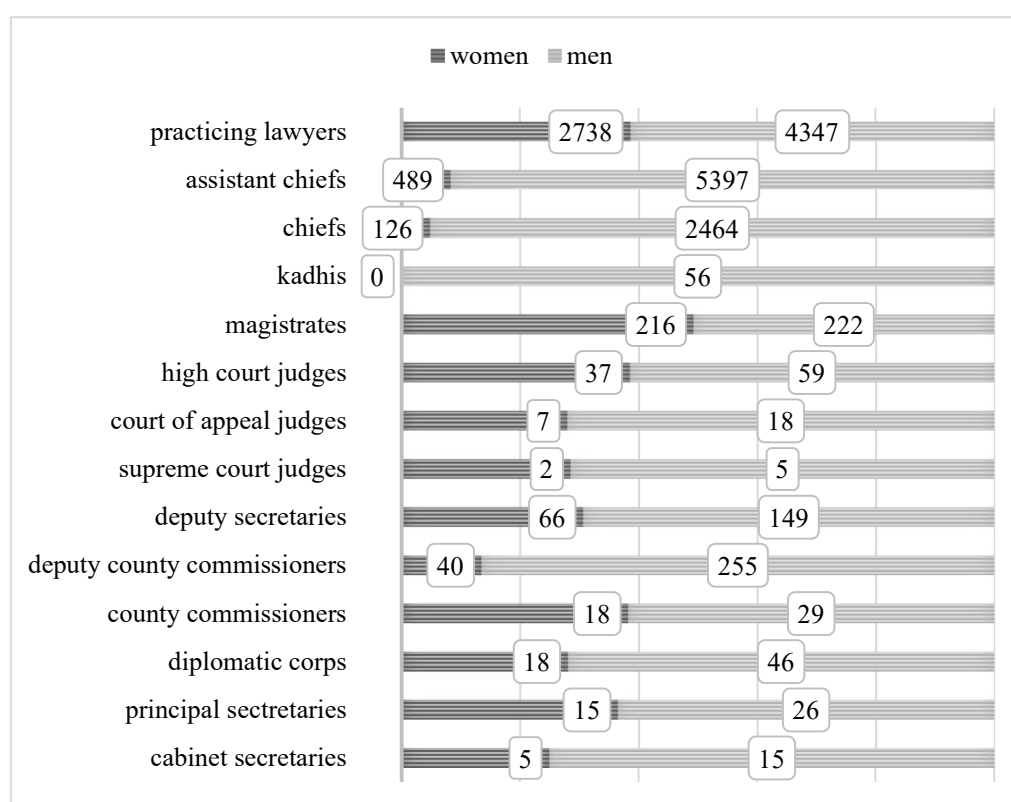
Notes: Author's own construction using data from Government of Kenya (2017, p. 30)

The bar graph in Figure 3. shows that in Kenya, public leadership is dominated by men, with widest gender gaps among chiefs and their assistants. None of the Kadhis (Muslim court judges) are women.

Participation of women in public life does ensures that public spaces are inclusive of the specific needs of women as shown in the studies by Perez (2019). In this book, the experiences of Sheryl Sandberg cited in her book '*Lean In*' reveal that prior to her appointment at Google company, the office environments had been constructed with the male worker in mind (Ibid.). Until Sandberg got pregnant, no one in the company had considered that an expectant colleague would need reserved parking, and the default office temperature settings had been set as ideal for a 40-year-old male metabolic resting rate (Ibid., pp. 112-113).

5.1.6.   Sexual reproductive health and rights of women and girls

SDG target 5.6 is to "ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences." With the impending needs of indicators that can measure SDG target 5.6, the Inter-Agency Expert Group on Sustainable Development Indicators (IAEG-SDGs, 2016) proposes "*5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care*" and "*5.6.2 Number of countries with laws and regulations that guarantee women aged 15-49 years access to sexual and reproductive health care, information and education*". The Guttmacher Institute and others in Barot *et al.* (2015) have recommended sexual reproductive health and rights (SRHR) indicators for SDG target 5.6 as *'respect for women's sexual autonomy within marriage'* and *'whether universal access to contraception and reproductive health is included the national policy'*. These proposed indicators are aspects of SRHR, and their use in evaluation would depend on their availability in the data sources as well as the research focus.

In general, the 2014 KDHS report does not incorporate a comprehensive rights perspective in the analysis and reporting on sexual reproductive health (demonstrated in the review of literature in section 5.2.1 of this report). However, the dataset for women and girls includes related variables which can allow for such

an analysis. This further gender informed analysis will be reported in section 5.2 of this report headed, 'The sexual reproductive health and rights factors influencing decision making on own health among women and girls in Kenya'.

5.1.7.   *Reforms to enable women the rights to own land and property*

SDG target 5a urges member states to "undertake reforms to give women equal rights to economic resources as well as access to ownership and control over land and other forms of property, financial services, inheritance, and natural resources, in accordance with national laws". The 2014 KDHS report under the chapter 'women empowerment' discusses assets ownership as contributing to women's increased status and value as well as bargaining power and can decrease vulnerability in case of marriage dissolution (KNBS *et al.*, 2015, pp. 277-278). Lack of ownership of assets and land by women might also be a symptom of gender discrimination according to a study by Smith (1997) that used the gender contract theory to understand relationships between men and women in Kenya. In this gender contract, customary laws are such that women cannot inherit property but can buy, especially in urban centres (Ibid.). However, in urban centres the market gender contract is such that women bear the bulk of familial responsibilities and unpaid care workloads while men have more access to paid work, so it is again the men who can afford these urban properties and land (Ibid.).

In the 2014 KDHS report, the data related to women's assets and property can be retrieved from different sections. In the sub-section on 'employment', the findings are that 59 percent of Kenyan women and girls "are either employed in agriculture or domestic service" compared to 46 percent of men and boys (KNBS *et al.*, 2015, p. 51). When it comes to earnings, it is reported that 43 percent of women who work in agriculture are not paid and 9 percent receive in-kind payment which can be interpreted as meaning that these women and girls do not farm on a field of their own, but for free on farms that are either owned by their spouses, parents, relatives, or communal land. 7.9 percent and 7.1 percent of married women independently own a house and land respectively; compared to 37.8 percent and 30.2 percent of men in the same order (Ibid., pp.278-279).

5.1.8.   Enabling technology for the empowerment of women and girls

SDG target 5.b. encourages member states to "enhance the use of enabling technology in particular information communication technology to promote the empowerment of women". The gender digital divide is according to the Association for Progressive Communications both a symptom of gender discrimination as well as an enabler of violations against women and girls (APC, 2017). As a symptom of gender discrimination, the gender digital divide is related to gendered literacy gaps, digital skills, education, and economic opportunities; and as an enabler of violations against women and girls, it allows men and boys to benefit disproportionally on vital and resilient information such as through e-banking, e-government, e-health, e-commerce, social media, and online entertainment (Ibid. pp. 3-4).

The 2014 KDHS reports on "access to mass media" through mediums such as newspaper, television, and radio where, with regional variations women in all categories were less likely to have access (KNBS *et al.*, 2015, p. 44). In the first edition of a consumer survey intelligence report by Ipsos & GSMA (2018, p. 11) the analysis shows that in Kenya by 2017, 92 percent of men and boys compared to 85 percent of women and girls owned a mobile phone. The gender digital divide was greater among internet users where 49 percent of men and boys and 31 percent of women and girls were users of the world wide web.

5.1.9.   Tracking of gender equality and women empowerment efforts

SDG target 5c. urges member states to "adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels". The Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs, 2016) propose the indicator for SDG target 5c. as 'countries having a system in place to track, promote and make legislation on gender equality and if they exist at all levels'. The state department for gender was created in 2015 (Government of Kenya, website) and part of their work is to promote and track down progress on gender equality and women empowerment. In future, it would be possible to analyse how their programs are administered in relation to SDG target 5c.

Table 2: Summary of key baseline indicators of Sustainable Development Goal 5 targets in Kenya

Target	Indicators
5.1	The rights of women and girls against discrimination based on sex are guaranteed under the Constitution of Kenya 2010 among other national, regional, and international legal frameworks.
5.2	39 percent of ever married women and girls aged 15-49 years old have ever experienced intimate partner violence. Data on violence against women and girls in 'public spheres' and among those trafficked or facing other types of exploitation were not collected.
5.3	The child marriage rate is 11 percent for girls aged between 15-19 years. National prevalence rate of female genital mutilation/cutting is 21 percent. Among ethnic groups, the prevalence rates in percentages are Somali (94), Samburu (86), Kisii (84), and Maasai (78), Embu (31), Meru (31), Kalenjin (28), Taita Taveta (22), Kikuyu (15) and Kamba (11), and the rest below 2.
5.4	National data on unpaid care and domestic work were unavailable.
5.5	The proportion of women in public leadership positions is less than half in most sectors apart from Magistrates. There are no women Kadhis (Muslim court judges).
5.6	Sexual reproductive health and rights indicators developed from feminist perspectives are reported in Table 4 of this report.
5a	In percentages, fewer women compared to men own a house (7.9 and 37.8) or own land (7.1 and 30.2) respectively.
5b	In 2017, there were digital gender gaps with larger percentages of men and boys than women and girls owning a mobile phone (92 and 85) and using the internet (49 and 31), respectively.
5c	The state department for gender was create d in 2015 and part of their duties are to track developments on gender equality and the empowerment of women and girls.

5.2. The sexual reproductive health and rights factors influencing decision making on own health among women and girls in Kenya

5.2.1.   Critical feminist review of literature

The UN in Sustainable Development Goal 5.6 urges member states to "ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences." As the terms of this target 5.6 indicate, reproductive health and behaviour have featured in different conferences as a theme of contested body politics of feminist concern as it is only women that have the biological ability to have children (Harcout, 2009, p. 38) prior to the SDGs. The idea of reproductive rights and freedoms, as an extension of human rights entered international debates as liberal feminist ideology of the principle of 'voluntary motherhood'(Dixon-Mueller, 1993, pp. 12-15). Voluntary motherhood is accompanied by rights of women to choose and decide how and when they want to have children, right to have the information and means to control fertility, right to decide who to marry and freedom from all forms of violence (Hartmann, Hendrixson and Sasser, 2016, p. 79).

After decades of women's rights advocacy, which argued that it is women and not the state that should have the final say about how many children to have, this theme featured at the 1968 Human Rights Conference in Tehran and it was agreed that women and men have the right to contraception (Tellier, 2016, p. 28). In 1979, the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) incorporated the obligation that states should ensure that "the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights" (UN, 1979, article 16.1). In 1995, The Platform for Action of the Fourth World Conference for Women in Beijing asserted that women should decide freely on matters of their own sexuality (UN, 1995). In 1994, at the International Conference on Population and Development (ICPD), the Program of

Action made a radical shift from the previous population conferences that had focused on means of limiting population growth and instead endorsed sexual reproductive health and rights (SRHR) as more fundamental than population goals (UNFPA, 2014). By 2015, The ICPD Program of Action had been subject to reviews every 5 years in 1999, 2004, 2009, and 2014 as the 20th year of review (Ibid., pp. 11-15).

Prior to the ICPD conference, international population policies were built on eugenic ideologies around the logic that certain kinds of women and girls such as those in the developing countries should be stopped from having children (Petchesky, 1995). Population policy international discourses involving developing countries pre-ICPD conference engaged in 'population problem' political rhetoric with common phrases such as 'too many people', 'overpopulation causes environmental degradation', 'political instability is a result of overpopulation', 'over breeding', 'alarming population growth rates', 'exceeding the earths carrying capacity' and the 'population bomb'(Corrêa, 2015; Harcourt, 2009). This type of presentation of women in developing countries as unable to control their lives have been described by post-colonial feminists as containing colonialist discourses that are based on the assumptions that the experiences of western women with fewer children were hegemonic, and as such 'Othering' the realities of women in the Third World by understanding these experiences through eurocentric paradigms 'under western eyes' (Mohanty, 2011).

The ideologies that presented 'population as a problem' supported the institutionalization of global population control policies by many governments during most of the twentieth century and were challenged by feminists as relegating to the periphery women's bodily integrity and autonomy (Dixon-Mueller, 1993; Petchesky, 1995). With the ICPD conference as a hallmark achievement for feminists, international work in the areas of reproductive health would have had the framework with which to engage with rights-based approaches in interventions of sexual reproductive health in the new century. However, the Millennium Development Goals (MDGs) in the period between 2000-2015 had initially

disengaged from the more feminist lens of reproductive health (Harcourt, 2009, pp. 52-53). Westeneng and Rolink (2018, p. 15) contend that MDGs only begun to show interest in SRHR after operationalising MDG 5b 'achieve universal access to reproductive health' in 2007. Under the SDGs the incorporation of Beijing and ICPD conference agreements gives new momentum for realizing SRHR (Hartmann, Hendrixson and Sasser, 2016).

Focus on the capacity of women and girls to take charge of their own health and sexual reproductive health in particular has historically not been a focus of social science academia, though according to Dixon-Mueller (1993, pp. 14-15) aspects such as 'the right to control one's body' are not new, only that they did not contain a feminist connotation. The ideas of bodily autonomy are contained in liberal ideas, neo-Marxist, and radical philosophical traditions in ideas such as rights against slavery and economic bondage (Ibid.). Government policy intervention and theorising on reproductive health behaviour goes as far back as the European Enlightenment era when Thomas Robert Malthus in his 1798 book 'An Essay on the Principle of Population' argued that unrestrained reproduction (rather if women are left to give birth uncontrollably), would put pressure on economic resources because food grows arithmetically while population grows geometrically (Hartmann, Hendrixson and Sasser, 2016).

Informed by philosophies such as Malthusianism, 'population controllers' of the latter nineteenth to twentieth centuries worldwide, focused too narrowly on women's 'excess fertility' through family planning programmes with quantitative goals such as increase in contraceptive acceptors, births averted and the promotion of long-lasting contraceptives even at the expense of coercion (Dixon-Mueller, 1993, pp. 52-53). The evidence that the 2014 KDHS is aiming to inform policy-makers on strategies towards lowering the population is evident in one of the aims of the study derived from the Population Policy Sessional Paper No. 2 of 2012 which is quoted as: "reduce total fertility rate from 4.6 children per woman in 2009 to 2.6 children" (KNBS *et al.*, 2015, p. 3). The idea that there is a 'natural' progression towards smaller families were around the 1950's influenced by

modernisation theories which conceptualise of a linear process through which all societies follow supported by modernisation, industrialisation and urbanisation as they 'develop' called the demographic transition (Kirk, 1996). The demographic transition theory was developed from historical macro-level data of European countries in the nineteenth and twentieth centuries as a progression from agrarian populations that experience high rates of births and death regimes, when the deaths decrease, then birth rates continue decreasing until replacement levels (Szreter, 2009). Mackinnon (2000) contends that the notion that European fertility transitions were entirely due to external processes, ignores histories of how women's fight to for their civil and political rights enabled cultural change and the uptake of largescale birth control.

First wave feminist movements of the nineteenth and early twentieth centuries in different European countries made strides in the advancement of issues such as women's suffrage, rights to work and education (Leavy and Harris, 2019, pp. 22-23). Janssens (2007) faults demographic transition theorising for failing to look at 'whole demography' of how changing political economies led to reduced family sizes by giving examples of historical demographic writings from North England and Enschede in the Netherlands which show that the increased participation of women in the labour force led to a decline in fertility rates (Ibid.). When women started to work in the textile factories, their perceived opportunity costs of raising children increased, and working outside the home enabled the sharing of information on contraceptives away from the dominance of Calvinistic and Catholic churches that reinforced larger families (Ibid., pp. 45-47).

An economic theory of fertility which uses a household framework by Gary Becker in his 1960 article 'Treatise of the Family' argued that when costs of raising children increases, then 'households' make the decision to have fewer children (Hartmann, Hendrixson and Sasser, 2016). 'Household' economic models incorporate 'household head' conceptualisations (Corrêa and Jolly, 2011), and the evidence that these ideas inform the 2014 KDHS is found in the questionnaire where there is a requirement to record "name of household head" (KNBS et al., 2015, p. 401).

Corrêa and Jolly (2011, p. 103) argue that classic household head models assume a heterosexual family unit in which a man is present as the head, which would make invisible and most probably term a lesbian couple as being in a 'female headed household'. In different studies, 'female-headed household' as a concept have been used with some success to justify economic vulnerability (Ibid.), but in relation to imagining sexual and reproductive behaviour, they can have mixed results (Momsen, 2004, p. 43). This is because research has shown that the reasons for female headed households can range from choice, death, migration, lack of permanent partner, polygamy or marital stability (Ibid., p. 43). When conceptualising sexual reproductive health from a rights perspective, household head theorising would be antagonistic to the idea of everyone in the household having equal sexual and reproductive rights.

The implementation of SRHR in Kenya has been hampered by the weak involvement of women in decision making positions in key areas such as health seeking, female genital mutilation/cutting (FGM/C), sexual and gender based violence and child marriages (Abawi, Schoonheim and Khisa, 2017). The SRHR situation for young people has been especially dire because despite being the majority in the population, with 61 percent of Kenyans aged under 25 years, and with evidence that by age 18, close to half of these youth had already begun engaging in sex, influential religious groups have been hindering the rolling out of a comprehensive sexuality education (Rutgers and SRHR Alliance, 2016).

Kenya is described as one of the Sub-Saharan African countries that entered the fertility transition, a component of the demographic transition from high births rates of 1977/8 (8.1), 1989 (6.7), 1993 (5.4) but stalled from 1998 (4.7), 2003 (4.9), 2008/9 (4.6) due to younger women and those with little education not taking up contraceptives, HIV/AIDS which increased infant mortality rates and downward changes in Gross Domestic Product (Mutuku, 2013, pp. 6-8). The 2014 KDHS reported the lowest national averages of fertility rate of 3.9 children per woman, but with high regional inequalities: Urban residents had lower fertility rates (3.1) than their rural counterparts (4.5); those in higher wealth/class groups scored lower (2.8)

than those in the lowest classes (6.4); those with secondary education or more had lower (3.0) than those with no education (6.5) (KNBS *et al.*, 2015, p. 66).

5.2.2. *Conceptual framework of the gender informed quantitative study*

A feminist empowerment framework for reproductive health according to the Internation Centre for Research on Women (ICRW) and Measure Evaluation (2018, pp. 12-16) offers that as any other human right, reproductive empowerment starts from individual-level agency: the knowledge, awareness and ability to define own reproductive desires, goals and plans and to negotiate desired reproductive life. The next level of the ability to exercise choice and reproductive preferences is immediate relational agency of the couple involved or immediate family members. The distant relational agency is the ability to exert voice such as within the community, towards religious leaders or even health care providers. At the level where sexual and reproductive health laws and policies are made such as by the state, women and girls should have an influence in these processes. These levels of reproductive empowerment are depicted in Figure 4.

Figure 4: The conceptual framework of understanding sexual and reproductive empowerment
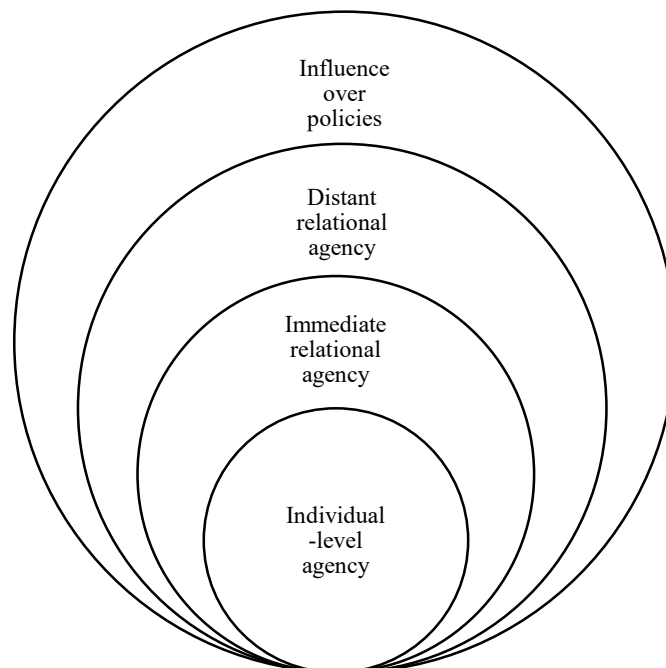
Notes: Figure adapted from ICRW and Measure Evaluation (2018, p. 12)

The conceptual framework used in understanding sexual and reproductive empowerment as shown in Figure 4 embodies the aspects of sexual reproductive health and rights (SRHR) that was adapted at the ICPD conference and Maputo protocol which is that "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes" (Tellier, 2016, p. 5). Sexual reproductive health and rights is an intersection of sexual health, sexual rights, reproductive rights, and reproductive health (Starrs *et al.*, 2018) as illustrated in Figure 5.

Figure 5: The intersectional nature of the concept sexual reproductive health and rights
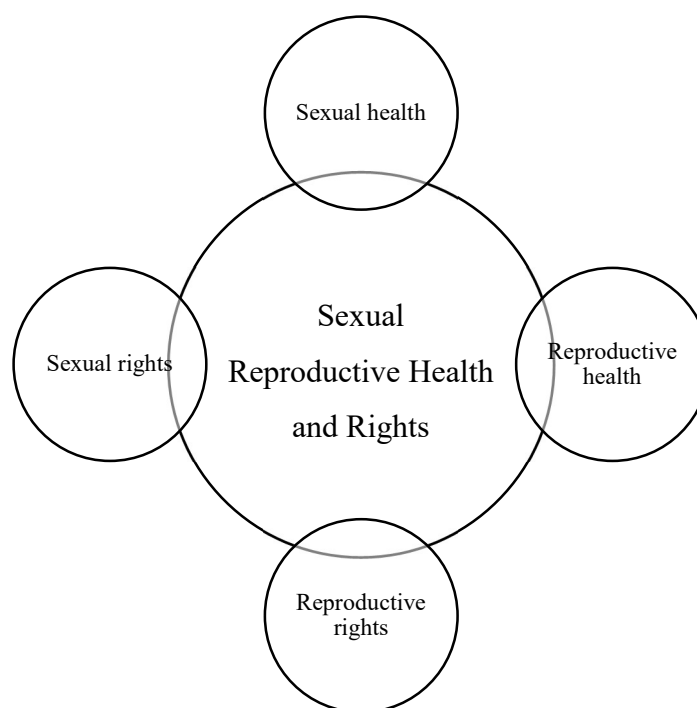
Notes: Authors own construction using the concept of SRHR as described in Starrs *et al.*(2018)

As shown in Figure 5, SRHR is derived from wider aspects of health and human rights and incorporates components of sexual and reproductive health such as the wellbeing of reproductive processes, while sexual and reproductive rights are such as the ability to decide how many children to have or with whom and whether or when to have sexual relations (Starrs *et al.*, 2018;Tellier, 2016).

5.2.3.   The study variables and their measurement

The variables selected as dependent and independent variables for this sub-study were based on their ability to operationalise the conceptual frameworks and availability in the 2014 KDHS data set. Corresponding data were matched with questions from the 'Woman's Questionnaire' (KNBS *et al.*, 2015, pp. 439-514).

a. The dependent variable

The dependent variable for this sub-study is selected from the 2014 KDHS women and girls' data set. The reproductive empowerment conceptual framework by ICRW and Measure Evaluation (2018, pp. 12-16) follows the hypothesis that agency or ability to make independent decisions begins from individual, immediate and then distant relational agency on sexual and reproductive health, and a further level in being able to influence policies in related areas. The following question was selected as the most relevant to be the dependent variable [decision making on own health]:

> *Q. 820 Who usually makes decisions about health care for yourself? you, your (husband/partner), you, and your (husband/partner) jointly or someone else?* (KNBS *et al.*, 2015, p. 491)

Response possibilities were: (1) Respondent (2) Husband/partner (3) Respondent and husband/partner jointly (4) Someone else (6) Other. These were transformed on a scale and treated as ordinal variables. The lowest value as 1 and the highest as 4, where the higher the value the more the level of autonomy in health decision-making. These were then computed as (1) Someone else or other (2) Respondent's husband/partner (3) Respondent and husband/partner jointly (4) Respondent.

b. The independent variables

The independent variables for the sub-study selected were: Bodily autonomy in marriage or partnership is a sexual right which is tested by *Q. 949: Can you say no to your husband/partner if you do not want to have sexual intercourse?* Knowledge on sexual health is tested by *Q. 1008A: Have you ever heard of cervical cancer?*

Information and knowledge of sexual and reproductive health services is a reproductive right and is tested by *Q. 930: Do you know a place where people can go to get tested for the AIDS virus?* The quality of sexual and reproductive health care services and letting women know about choices they have is a reproductive health issue in being able to be in charge of own reproduction and is tested by *Q. 321: Were you ever told by a health or family planning worker about other methods of family planning that you could use?* These independent variables were recoded as dummy variables where (1) yes and (0) no.

c.   Control variables

Previous studies show that inequalities in fertility rates among Kenyan women and girls is based on age, level of education, wealth status, and types of place of residence (KNBS *et al.*, 2015. p. 66), which is why those dimensions are covered by control variables. *Age*, had been entered in the dataset in five year age groups which are 15-19, 20-24, 25-29, 30-34, 35-39, 40-44 and 45-49 was recoded into three different age groups (1) young women and girls [15-24] (2) middle aged women [25-39] and (3) mature women [40-49]; *Completed levels of education* had been categorised into four completed levels which are: no education, primary, secondary, and higher levels and were computed into three groups as (1) no education [no education] (2) basic education [primary] (3) secondary and higher education [secondary plus higher levels]; *Wealth index* categories had been grouped into five categories which are: poorest, poorer, middle, richer, and richest were computed into three groups namely (1) poor [poorest and poorer] (2) middle class [middle] and (3) rich [richer and richest], and *Urban place of residence* is a dummy variable where (1) yes/urban (0) no/rural.

5.2.4.   The sub-research question

This gender informed quantitative study seeks to find out what sexual reproductive health and rights factors influence the ability of women and girls to make independent decisions on their own health in Kenya. The hypotheses to be tested are that when women and girls are older, know a place to test for HIV, have ever

heard of cervical cancer, have ever been told of family planning choices, and can say no to unwanted sexual advances from their husbands or partners, then they are more likely to make independent decisions regarding their own health in Kenya.

5.2.5. The gender informed quantitative study results

Descriptive Statistics: The 2014 Kenya Demographic and Health Survey (KDHS) dataset for women and girls had a total sample of N=5,265 respondents. All the respondents in the dataset had ever been married or had had a partner and was aged between 15-49 years old at the time of the survey. *Univariate analysis* were carried out to show the differences in the distribution of decision making on own health among women and girls in Kenya and the results are reported in Figure 6.

Figure 6: Decision making on own health among Kenyan women and girls

person who makes decisions for women and girls on their own health in percentages
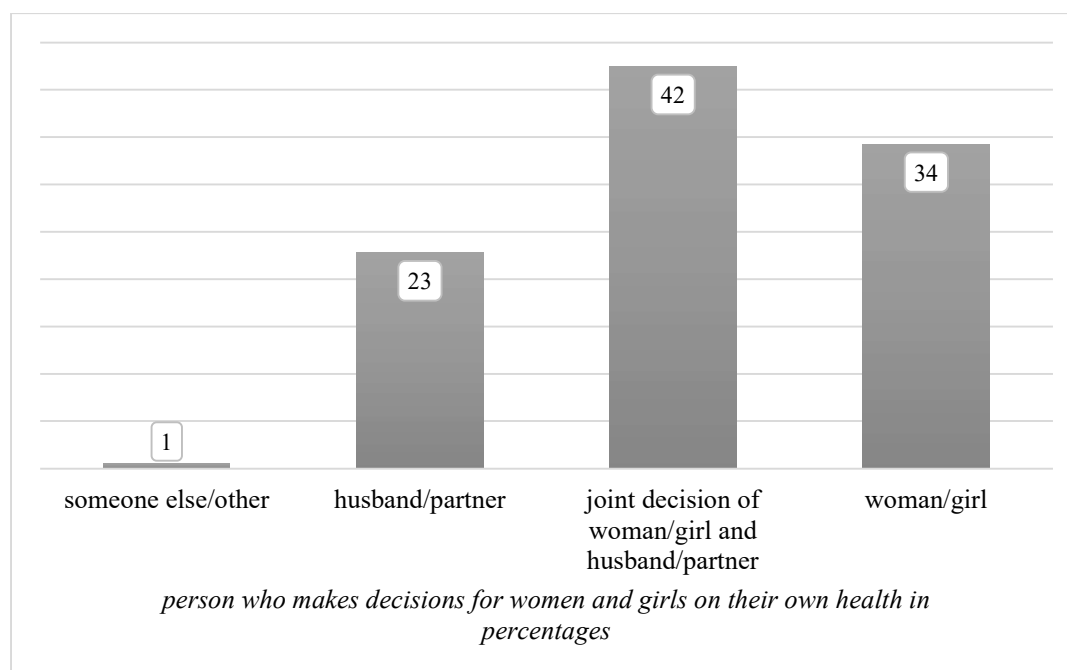
Notes: Authors own construction using data from the 2014 KDHS data set

The bar graph in Figure 6 shows that 34 percent of Kenyan women and girls make independent decisions on their own health in Kenya while the majority do not. For 23 percent of Kenyan women and girls, decisions on their own health are made by their husbands or partners while the remaining 43 percent mostly make joint decisions as a couple, or other people do it.

a. Bivariate analysis

One-way ANOVA was carried out to check the nature of the association between the dependent variable [health decision making] and the independent variables [age, wealth index and education levels] that had three categories each. The differences in the scores of the dependent variable between the groups were found to be statistically significant at $p < 0.001$ in scores of health decision making among women and girls in the age groups (F=31.132), the education levels (F=17.884) and the wealth index levels (F=20.072).

Correlation analysis was carried out to determine the relationship between the dependent variable [health decision making] and the other independent variables. The direction of the relationship between the dependent variable and the independent variables: living in an urban area (r = 0.024), ever hearing about cervical cancer (r = 0.097), knowing a place to test for HIV (r = 0.080), ever being told about family planning choices (r = 0.074) and being able to say no to unwanted sexual advances from husband/partner (r = 0.093) were all found to be weak but positive (n = 5265 in all groups): meaning that they are associated with higher scores in the independent decision making of own health by women and girls in the study. All independent variables, apart from urban place of residence were found to be statistically significant at $p < 0.01$.

b. Multivariate analysis

Multivariate linear regression was used to explore the interrelationships between the dependent variable [health decision making], and the previously discussed set of predictor variables. The independent variables that were all entered as dummy variables apart from the <u>reference</u> categories are: *age group* [15-24, <u>25-39</u>, 40-49], *wealth status* [poor, middle class, <u>rich</u>], *education level* [no education, <u>basic</u>, high school plus higher education], *urban place of residence, knows a place to test for the HIV, virus, has ever heard of cervical cancer, has ever been told about family planning choices and can say no to unwanted sexual advances from the partner/husband.*

Table 3: Regression coefficients

	Unstandardised Coeff.	Std.Error	p values
Age group			
15-24	- 0.220***	0.027	0.000
25-39 (ref.)	-	-	-
40-49	0.106***	0.031	0.001
Education level			
No education	- 0.072***	0.027	0.007
Basic education (ref)	-	-	-
Secondary and higher education	- 0.011	0.045	0.796
Wealth index			
Poor	- 0.009	0.029	0.758
Middle class	- 0.006	0.032	0.848
Rich (ref)	-		
Type of place of residence			
Urban	- 0.008	0.025	0.739
Rural (ref)	-	-	-
Knows a place to test for HIV			
Yes	0.140	0.123	0.255
No (ref)	-	-	-
Has heard of cervical cancer			
Yes	0.019	0.029	0.520
No (ref)	-	-	-
Has ever been told of family planning choices			
Yes	0.058**	0.024	0.016
No (ref)	-	-	-
Can say no to unwanted sexual advances from husband/partner			
Yes	0.106***	0.026	0.000
No (ref)	-	-	-

p values ***<0.001 and **<0.01
ref. - reference category

Multivariate findings

The multivariate model regresses the dependent variable [decision making on own health] by independent factors [knowledge of a place to test for HIV virus, ever hearing of cervical cancer, ever being told about family planning choices and being able to say no to husband/partners unwanted sexual advances, age, education level, wealth index and urban place of residence]. In all the regression experiments, all other variables were controlled for.

The regression results show that being mature (40-49 years old) and being able to say no to husband/partner's unwanted sexual advances positively increases the chances for higher scores in the dependent variable. This means that women and girls with these attributes, are more likely to make independent decisions on health at significant levels $p<0.001$ for both variables. Ever being told of family planning choices is also positively associated with the dependent variable at significant level $p<0.01$.

Being young (15-24years) and having no education are attributes which associate young Kenyan women and girls negatively with higher scores in the dependent variable at significant levels $p<0.001$ in both cases. This means that illiterate and younger women are more likely to score lower in health decision making autonomy [dependent variable].

In conclusion, this gender informed study aimed to derive indicators for SDG target 5.6 that aims for the attainment of universal access to sexual and reproductive health and rights. Table 4 presents the significant factors associated with the attainment of sexual reproductive and health rights for women and girls in Kenya.

Table 4: Sustainable Development Goal 5.6 baseline indicators in Kenya

Target	Sexual reproductive health and rights indicators
5.6	72.2 percent of Kenyan women and girls are able to say no to unwanted sexual advances from their husbands or partners and 28.8 percent have ever been told of family planning choices.

5.3. Women and girls at most risk of being left behind in Kenya

The 2030 Agenda for Sustainable Development aims to leave no one behind, which is a principle that requires that data are collected to measure inequalities within and between groups based on attributes such as age, sex, class, ethnicity, identity, disability, nationality status and indigeneity (UN, 2015). In the 2014 Kenya Demographic and Health Survey (KDHS), the eligibility for inclusion of women and girls in the study is 15-49 years old, while children are included in their parents questionnaires (KNBS *et al.*, 2015, p. 5). This excludes women aged 50 years or more. Information on women and girls based on their nationhood status, indigeneity, disability, sexual identity and gender minority status are also excluded. Intersectionality explores how gender as an organizing principle intersects with different vulnerabilities in affecting the lived realities of women and girls (Leavy and Harris, 2019, pp. 43-44), making it necessary to explore the specific gender issues that these sub-groups encounter in Kenya.

5.3.1. *Ageing as a feminist issue*

Worldwide, according to various data from the UN explored in Wilson (2000, p. 36) in both developed and developing countries alike, women form the majority of older persons aged 60 years and over. The proportions of older persons is also increasing and since in most cultures of the world, women marry men who are older than themselves, this increase also means that there is an increase in widows (Ibid.). The fact that the majority of older persons are women makes ageing a (potentially) feminist issue. In Kenya, according to NCPD (2016) the proportion of older persons aged 60 and above has been increasing steadily and in the 2009 census there was a total of 897,607 men and 1,028,444 women which together comprises of about 5 percent of the total population.

Wilson (2000, pp. 37-38) contends that the rationale used by demographers to calculate dependency ratio is rooted in Western philosophical terminologies of 'working' and 'non-working' groups based on age. In this categorisation, those aged below 15 years and above 60 years are deemed as 'dependent' or 'not working' when in fact studies have shown that in some cultures around the world, elders work

until they can no longer do so (Ibid.). Evidence that elderly women in Kenya work is found in the study by Juma, Okeyo and Kidenda (2004) in Bondo district which the findings show that in the context of HIV/AIDS, it is mainly the grandmothers who step in to care for their adult ailing children, and in turn take up active roles as parents to their grandchildren when orphaned. This indication of elderly care givers is a tip of the iceberg that shows the invisibilities of the social and economic contribution of women aged 50 years and above in Kenya, even though they are not included in the 2014 KDHS. In relation to SDG target 5.4 the 'unpaid care and domestic work' that are carried out by elderly Kenyan women are not accounted for.

5.3.2. *Gendered migration and refugee experiences*

While men, women, boys and girls experience mobility either within their country of residence or across borders, the steady increase in female migration and participation in the international labour market since the 1960's has been named the 'feminisation of migration' by de Haas, Castles and Miller (2020, p. 10). According to UNFPA (2018) migration is a feminist issue because women and girls are at a higher risk of trafficking and sexual exploitation, there is an increase in global care chains which target women and girls, and because the process of reproduction continues in the course of migration. The existence of gender biased migration laws have in some cases led to statelessness when women are not allowed to transmit citizenship to their offspring, with long term negative effects to these women and children (UNHCR, 2019).

In the 2014 KDHS data set, respondents who did not have a Kenyan nationality at the time of the survey were 0.9 percent, which is 40 women and girls from neighbouring countries, and the most common reason given for their migration is marriage. This number would not favour statistical analysis as it is too small and could be explained by the fact that refugee camps are not part of the 2014 KDHS sampling frame. According to UNHCR (2020) there are about half a million registered refugees living in Kenya with 51 percent males and 49 percent females. These refugees are from neighbouring countries such as Somalia, South Sudan,

Ethiopia and as far as from the Democratic Republic of Congo, among others. The actual figures are likely to be higher based on an IOM (2018, p. 128) report which cites evidence that Kenya is a hub for irregular migration in the East and South African region as a destination, origin and transit base to the Middle East, North Africa, South Africa, West Africa, Europe and North America. While men and boys are also at risk of being trafficked, women and children face higher risks based on intelligence information from the US Department of State, 2018 (cf. IOM, 2018, p. 125). This intelligence report shows that young women and girls are trafficked into sex tourism in the region, as well as into the Middle East for exploitation and domestic servitude or forced manual labour and sex work (Ibid.).

5.3.3. Indigenous women and girls

Indigenous communities in Kenya are the Maasai, Samburu, Ogiek, Endorois, Ilchamus, Elmolo, Munyoyaya, Waata, Somali, Yaaku, Borana, Sengwer, Gabra, Orma, Pokot, Rendille, Burji, Sanye, Mwilwana and Turkana (The African Commission on Human and People's Rights - ACHPR, 2011). Like other indigenous communities around the world, majority of these communities are minorities, they feel excluded, live a pastoralist or hunter gatherer lifestyle and report to have several human rights violations related to land rights against them by the settler colonial government (Ibid., pp. 14-15). Despite the marginalised position of indigenous women and girls, ecofeminist approaches, whose initial debates of Women, Environment and Development (WED) carried the narrative of women as victims of environmental degradation, have contemporary approaches that see women with local and indigenous knowledge as 'sustainability saviours' (Leach, Mehta and Prabhakaran, 2016, pp. 18-19).

Built within the tenets of intersectionality, indigenous feminism is defined as efforts which focus on the empowerment of women and girls within the understandings of their indigenous cultures and not mainstream feminism (Green, 2017, p. 4). Indigenous feminist theory takes a similar position as mainstream feminism which is the advancement of the life of women and girls (Ibid.). In a study of indigenous writings from Canada, US, Australia among others, natural resources or land rights

were found to be central to the lifestyles of indigenous communities and the struggle against cultural and political oppression, and therefore these cannot be separated in analysis from the gender equality and women empowerment efforts targeting indigenous women and girls (Ibid., p. 16). Many indigenous communities experience legal dissonance with the settler colonial frameworks, therefore feminist interventions need to show regard to the existing cultural frameworks without perpetuating harmful practices such as violence against women (Ibid., p. 14).

In the 2014 KDHS publication, as shown in Table 2 of this report, out of the four ethnic groups reported to have the highest prevalence of female genital mutilation/cutting (FGM/C), three are indigenous communities namely Somali (93.6 percent), Samburu (86 percent) and Maasai (77.9 percent). Despite the inclusion of these indigenous communities in the disaggregated data in the 2014 KDHS, these are not sufficient for an indigenous feminist analysis which would require that questions regarding how specific indigenous lifestyles interact with issues of gender equality are addressed.

5.3.4. Disability and gender equality

According to Oliver (1990, pp. 70-71), disability theorising in social sciences has been influenced by medical approaches which have also affected their understandings in policy. Rooted historically in Capitalism ideas, disability movements have been built along 'ideologies of masculinity' that aims at fighting the social stigma of disability enabling mostly men to take up socially powerful roles at the expense of women's experiences with disability (Ibid.). As such women find it harder to enter socially constructed 'male roles' and at the same time are often denied access to 'female roles' as they are conceptualised as unsuitable or incapable of motherhood and as a result disabled women face 'double disability' (Ibid.).

Until 2009, according to a report by the International Labour Organisation (ILO), there was no accurate national data available on the situation of people with disabilities in Kenya, but World Health Organization estimates that 10 percent,

which is 3 million people live with disabilities (ILO, 2010). Data from the Kenyan census of 2019 gives an estimate of 2.2 percent which is about 900,000 Kenyans living with some form of disability (Development Initiatives, 2020). The Kenya National Commission on Human Rights - KNCHR (2016, pp. 39) shows that disability in Kenya has gendered dimensions with more women than men facing unemployment and higher stigma.

5.3.5. *Sexual and gender minorities*

With the emergence of trans and gender-queer feminisms, the collection of data using biologically determined male and female binaries, instead of more fluid categories is no longer sufficient (Leavy and Harris, 2019, pp. 80-81). The 2014 KDHS data is aggregated in sex binaries of male and female; and the questions on sexual and reproductive health assume a compulsory heterosexuality with no questions specifically targeting women and girls in minority categories such as transwomen or lesbians. The analysis by Spade (2015) on lesbian, gay, bisexual, transexual and queer/questioning (LGBTQ+) rights movements in the US shows that among other recommendations, until strategies aim at deconstructing systemic violence and implicit bias in administrative systems such as national data systems including vital statistics, then appealing for laws will not amount to much change.

The implications of excluding members of the LGBTQ+ from national data collection such as DHS studies, is that their specific issues do not receive policy visibility. A study by Finerty (2012, p. 435) shows that majority of LGBTQ+ people in Kenya reported that upon coming out, they were disowned by family, fired from work or even endured physical violence. According to an inquiry report by the Kenya National Commission on Human Rights (KNCHR, 2012) the realisation of sexual reproductive and health rights (SRHR) in Kenya is mixed, with wide disparities based on affordability, region of residence and the most negatively affected groups are youth, those with disabilities, LGBTQ+ community, sex workers, people living with HIV/AIDS and displaced persons.

CHAPTER 6. DISCUSSION

This mixed methods study has carried out a feminist analysis on gender equality concepts and analysed related data from the 2014 Kenya Demographic and Health Survey (KDHS). The aim of the study was to develop alternative baseline indicators informed by feminist evaluation principles that can be used to measure the progress between 2015-2030 of Sustainable Development Goal (SDG) 5 targets on gender equality and women empowerment. The proposition of this study is that the inclusion of feminist perspectives in national data will improve their ability to generate indicators needed for the evaluation of gender equality targets in the SDGs. The methodology uses a convergent mixed methods design which combines qualitative and quantitative methods of analysis.

6.1. Discussion of the findings from the qualitative study

The qualitative study carried out a critical feminist discourse analysis of the conceptualisation and reporting of data related to the themes of the targets of SDG 5 in the 2014 KDHS report. The major finding is that the survey report is male biased when reporting on gender equality and women empowerment issues. Conceptualisations of work is done in a male biased way in which unpaid care and domestic work which are mostly done by women and girls are not collected but instead there is a focus on employment where men and boys have more access. The coverage on child marriages is also male biased in so far as it is an issue that mainly affects girls but is not reported as distinct. The intersectionality analysis shows that there are important differences among women and girls which increase vulnerabilities such as displacement, disability, ageing, indigeneity, sexual and gender minority status but are ignored in the 2014 KDHS.

A different finding was that the gender analysis for SDG 5 targets that require periodic progress of prevalence rates such as the digital gender gap and proportion of women in public leadership positions could adequately be represented by quantitative data that is collected periodically. However, measuring violence against women and girls (VAWG) during unrest or war can be challenging in such

a periodic survey. As discussed in sub-section 5.1.2 of this report, an analysis by Head *et al.* (2014, pp. 77-80) has shown that the 2008/9 KDHS failed to capture the increased sexual violence cases related to the 2007-2008 post-election violence which can be interpreted in different ways. First, public unrests are generally unplanned and do not occur uniformly, which make their study unsuitable for established studies that draw representative periodic samples. Secondly, it is also possible that these post-election-related sexual violence acts, grave and dehumanising as they were, were not 'statistically significant', and which would mean they would be better captured through a qualitative study done closer to the event.

The study found that quantitative measures were sufficient in informing some SDG 5 targets such as numbers of women holding public leadership positions, those who own land, a house, a mobile phone or use the internet. However, when it comes to female genital mutilation/cutting (FGM/C), the reported national prevalence rate of 21 percent (KNBS *et al.*, 2015, p. 56) masks the gravity of the practice among the ethnic groups where it is intense. A focused study of FGM/C, as well as feminist issues among minorities such as indigenous, sexual and gender minorities, do not require national samples to be drawn for generalizability and based on these qualities, they would according to Creswell (2015, p. 5) be more suited for qualitative analysis.

6.2.Discussion of the gender informed quantitative study findings

The gender informed quantitative study was done with the aim of finding baseline indicators for SDG target 5.6. The data used in analysis was derived from the 2014 KDHS women and girls data set and used in combination with the 'Woman's Questionnaire' (KNBS *et al.*, 2015, pp. 439-514). The role of the critical review of literature was to operationalise the thematic concerns of SDG target 5.6 and analytically review how they are used in the 2014 KDHS study and report. This analytical review of literature shows that sexual reproductive health and rights (SRHR) have been the agreed guiding policy framework for government programs and subsequently national data collection on sexual reproductive health since 1994

at the ICPD conference and backed up by the Beijing conference. However, the general lack of engagement by the Millennium Development Goals (MDGs) in SRHR (Harcourt, 2009, pp. 52-53) could have hampered continued efforts. The review also demonstrates evidence of the influence of classic demographic theories namely Malthusian, Becker's household-head economic theory of fertility and the demographic transition theory in the 2014 KDHS. These classical demographic theoretical frameworks were found not to be in tandem with the principles of the ideas of SRHR (Hartmann, Hendrixson and Sasser, 2016).

To be able to use feminist perspectives in the quantitative analysis, the selection of the study dependent variable uses the reproductive empowerment framework by ICRW and Measure Evaluation (see section 5.2 of this report). In this framework, individual level agency, followed by immediate then distant relational and subsequently the ability to influence policies would ensure that women have the ability to steer their own reproductive life consistent within a rights framework. Sexual reproductive health and rights as a concept is an intersection of sexual health, sexual rights, reproductive health, and reproductive rights (Starrs *et al.*, 2018). These principles guide the selection of predicting variables in the quantitative analysis. The study tested a number of hypotheses regarding the sexual reproductive health and rights factors that influence women and girls in their ability to make independent decisions on their health. The hypotheses were that older women, with knowledge of where to test for HIV, who have knowledge of cervical cancer, have ever been told of family planning choices and are able to say no to their husbands/partners unwanted sexual advances are more likely to be able to make independent health decisions.

The results of the multivariate analysis show that young women and girls aged 15-24 years and those with no education are particularly negatively affected in the ability to make independent health choices at significant levels. Other significant factors are being able to say no to unwanted sexual advances from husbands or partners and ever being told of family planning choices. There were study delimitations to the use of intersectionality perspectives in the gender informed

quantitative analysis as a linear multivariate analysis has no ability to explain the experiences of women and girls who are positively affected by two or more factors.

6.3. The general discussion of the study findings

In line with reports by KNBS and UN Women, (2018), this study found that the data needed for the assessment of gender equality targets in the SDGs in Kenya is inadequate. The data on violence against women and girls (VAWG), does not include violence in public spaces such as the workplace and data on unpaid care and domestic work are also missing. As Agenda 2030 aims to leave no one behind, the findings of the intersectionality analysis which show that there are subgroups of women and girls who are marginalised but excluded from national data (see section 5.3 of this report) puts these women and girls at risk of being left behind as they remain invisible to policy makers.

The derived SDG 5 baseline indicators show that despite several national and international laws and policies related to gender equality that Kenya has put in place, discrimination against women and girls has manifested itself as gender gaps in different spheres of life (see table 2 of this report). There are substantial gender gaps in terms of digitalisation, land ownership, housing, and public leadership. The lack of women as leaders of Kadhi courts is a feature which feminist interventions that target Muslim women and girls should take into consideration. Of the significant factors that affect the ability of women and girls to make independent health choices, the frequencies show that only 28.8 percent have ever been told of family planning choices and 72.2 percent can say no to unwanted sexual advances from their husbands or partners. Young and illiterate women and girls are also significantly negatively affected in autonomous health decision making.

While traditional positivist evaluations, according to Brisolara and Seigart (2007, p. 280) aim for 'value free' judgement, feminist evaluations such as this study explicitly embrace an ethical, moral and political stance. A case in point is when the 2014 KDHS report gives the rate of girls married before legal age of consent impartially, while the findings of this study unequivocally name it 'child marriage'.

Feminist evaluations also interrogate the underlying gender assumptions of measures (Brisolara and Seigart, 2007, p. 286), such as how the critical feminist discourse analysis in this study analysed the biased notion of work which excludes unpaid care and domestic work in the 2014 KDHS report (see section 5.1.4 of this report). As Hedman, Perucci and Sundström (1996, p. 41) offer, gender statistics can help in breaking stereotypes. The qualitative study has helped to break what would have been a false narrative that in Kenya, 'men are working, women are not working' by suggesting the use of a time-use survey which revealed that women and girls do more unpaid care and domestic work while men and boys do twice as many hours of paid work in Nairobi (see Figure 2 of this report). Part of the findings of this study are that in the 2014 KDHS research publication, there are instances of male biased reporting. However, as the 2014 KDHS has already been completed, this study is delimited in exploring if and when other types of bias entered the study given the argument by UN DESA (2016) that this can happen at any of the research stages.

The qualitative and quantitative methods used in this mixed methods study complement each other. An example is in the analysis of SDG target 5.4 on unpaid care and domestic work which would have simply been reported as 'missing' if the study had relied only on the 2014 KDHS quantitative reporting. However, the critical feminist discourse analysis of the 'Woman's Questionnaire' explains why the data on unpaid care and domestic work was not collected. The framing of the question to women and girls was biased against 'housework' (see section 5.1.4 of this report). A different example is in the ethnic disaggregated data on female genital mutilation/cutting (FGM/C) among different ethnic groups in Kenya that proved useful in showing the differences in prevalence rates. The intersectionality analysis further shows that three out of the four ethnic groups with the highest prevalence rates of FGM/C are indigenous (see section 5.3.3 of this report).

6.4.Conclusions

The 2030 Agenda for Sustainable Development has made commitments towards gender equality in the period 2015-2030 through the inclusion of various gender

equality related targets (UN, 2015b). There is urgent need to have adequate gender equality data that can inform policy making as some countries had previously not collected them (UN Women and UN DESA, 2019). Even though national data on gender equality is reported as incomplete and, in some cases as lacking in Kenya (KNBS and UN Women, 2018), knowledge and experience on feminist work in some of these areas are available. Since the 1950's, non-governmental organisations have been engaged in feminist related interventions in Kenya (Adawo *et al.*, 2011). These organisations have 'gender equality data' in the form of experiences, project reports, legal precedents, life stories, and monitoring data which can be harnessed to fill or inform gender equality data gaps in national data.

For the reason that non-profit organisations play advocacy roles as Anheier (2014, p. 294) contends, they are in some contexts seen as rivals of government. However, since feminist organisations and the Kenyan government are all working towards serving the citizenry, their joint contribution should be seen as complementary rather than rival. The processes of engaging feminist researchers and their work, in the inclusion of especially data in qualitative format into viable 'national data' can potentially be challenging to feminists and national data policy makers alike. Merry (2016, pp. 1-6) argues that in this era of evidence based governance decision making, there is a hierarchy where figures have far more appeal when compared to qualitative indicators. Feminist researchers who equate quantitative methods to master's tools that will never dismantle the master's house as described in Hesse-Biber (2014, p. 365) would have the challenge to accept that positivist research can be used as emancipatory tools for gender equality.

The analysis sections of this study have offered feminist perspectives in various areas of SDG 5 targets in Kenya, and in some cases proposes amendments where the scope in terms of thematic focus may be argued to be beyond the subject matter of a 'demographic and health survey'. The core concerns of the 2014 KDHS are such as population growth, births, mortality, contraceptive use, life expectancy, maternal and child health (KNBS *et al.*, 2015, p. 4). In developing countries such as Kenya, the political impact of demography is significant in influencing policies

that affect the lives of women and girls in important areas such as sexuality, marriage, employment, health, and family (Hughes and Cohen, 2012, pp. 10-11). This makes it necessary to collect data from different sub-sets of women and girls for policy visibility in their different situations.

As posited by Hood and Cassaro (2002) and demonstrated in section 5.3 of this report, intersectionality has allowed analysis into the way that gender as an organizing principle works to influence the lives of disabled, indigenous, refugee, and ageing women (and girls). Intersectionality analysis would also make space for indigenous feminism as Green (2017) would argue, and offer a framework for ecofeminist climate action which are also the concerns of the Agenda 2030 (Leach, Mehta and Prabhakaran, 2016, pp. 18-19). The fact that the 2014 KDHS reports that three of four of the ethnic groups that conduct almost universal female genital mutilation/cutting (as shown in section 5.3.3 of this report) are indigenous communities warrants the need for indigenous feminist analysis.

In conclusion, this study demonstrates using Kenya as a case study that incorporating feminist perspectives in national data where they are lacking is beneficial for the evaluation of gender equality targets of the Sustainable Development Goals. *Firstly*, the use of feminist intersectionality analysis would ensure an all-inclusive study of women and girls that would in-turn meet the 'leave no one behind' principle of the Agenda 2030. *Secondly*, gender equality issues such as the measurement of unpaid care and domestic work that had previously not been included in national data can benefit from decades of feminist work in these areas. *Thirdly*, issues such as child marriages, female genital mutilation, and gender-based violence that require legal and cultural analysis, and for which feminists have already developed analytical frameworks can inform theorising in these areas. *Lastly,* going by the principle of feminist objectivity, this study proves that researchers who use qualitative, quantitative, or mixed methods of research can all meaningfully engage in the engendering of national data systems, with the common aim of improving their prospects as reliable sources of law and policy making on gender equality.

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