



THE STATE OF LIFE, FAMILY AND FAITH IN KENYA

2022 - 2023



The State of Life, Family and Faith in Kenya

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TABLE OF CONTENTS

LIST OF ACRONYMS	v	CHAPTER THREE:	43
FOREWORD	vi	THE FAMILY SPHERE	44
MESSAGE FROM THE CHAIR	7	3.1 Introduction	44
ABOUT KCPF	8	3.2 Legal Foundations	44
CHAPTER ONE:	9	3.3. The Status of the Family in Kenya	45
OVERVIEW AND POPULATION		3.3.1 Size and Nature of Household	45
DEMOGRAPHICS	10	3.3.2 Marriage Statistics in Kenya	46
1.1 Overview	10	3.4 Prevailing Threats to Marriage	48
1.2 Population Demographics	11	and Family	
1.2.1 The World	11	3.4.1 Infidelity	48
1.2.2 Africa	13	3.4.2 Divorce and Separation	49
1.2.3 Kenya	16	3.4.3 Child Marriage	50
CHAPTER TWO:	18	3.4.4 Teenage Pregnancy	51
THE LIFE SITUATION IN KENYA	19	3.4.5 Drug and Substance Abuse	52
2.1. Introduction	19	3.4.6 Domestic Violence	53
2.2. Legal Foundations	19	3.4.7 Homosexuality	54
2.3. The Situation of Life in Kenya	20	3.4.8 Pornography and Explicit	57
2.3.1 Births	20	Sex Education	
2.3.2 Fertility Rate	21	3.4.9 Explicit Sex Education	58
2.3.3 Deaths	22	3.4.10 Fatherlessness	58
2.3.4 Infant and Child	24	3.4.11 Prostitution	60
Mortality Rate		3.5 KCPF in Defence of Family	61
2.4. Prevailing Threats to Life	25	3.5.1 Family Policy Engagement	61
2.4.1 Natural Causes of Death	25	3.5.2 Uncovering the LGBTQ	63
2.4.2 Unnatural Causes of Death	29	Agenda	
2.5 KCPF in Defence of Life	40	3.5.3 Annual Family Week	63
2.5.1 Policy Engagements	40	3.5.4 National Positive Parenting	64
2.5.2 Annual Life Week	40	Program	
2.5.3 Intervention in Court Cases	41	3.5.5 Christian Counselling and	64
2.6. What Needs to be Done	42	Dispute Resolution Center (CCDRC)	
		3.5.6 Intervention in Court Cases	64
		3.5.7 Kaluma Bill	65
		3.5.8 Establishment of the Linda	66
		Jamii Initiative	
		3.6 What Needs to be Done	66

CHAPTER FOUR: TALKING AND WALKING THE FAITH

- 4.1 Introduction
- 4.2 Legal Foundations
- 4.3 Faith Situation in Kenya
 - 4.3.1. Prevalence of Religion in Kenya
- 4.4 Threats to Faith
 - 4.4.1 Cultism and Religious Extremism
 - 4.4.2 Secularism
 - 4.4.3 State Regulation
- 4.5 KCPF in Defence of Faith
 - 4.5.1 Proposed Code of Conduct for Churches in Kenya
 - 4.5.2 Advocacy for Religious Freedom & Practice
 - 4.5.3 Promotion of Religious Identity & Witness of Living Faith
- 4.6 What Needs to be Done in Faith

CHAPTER FIVE: MOVING FORWARD: CONSERVING THE GAINS AND IMAGINING THE FUTURE

- 5.1 Introduction
- 5.2 KCPF's Agenda in Conversing the Gains
 - 5.2.1 Advocacy and Resourcing
 - 5.2.2 Witnessing and Networking
 - 5.2.3 Leadership and Counselling
 - 5.2.4. A call to KCPF Membership
 - 5.2.5. Resource Mobilization
- 5.3. Encouraging and Empowering Stakeholders

- 67 Figure 1.1: Map of Kenya with Counties 11
- 68 Figure 1.2: Global Population Size 11
- 68 and Annual Growth Rate (UN, World Prospects, 2022)
- 68 Figure 1.3: Global Fertility Rate, 12
- 50 1950 - 2050 (UN, World Prospects, 2022)
- 69 Figure 1.4: Life Expectancy in Africa 15
- 69 from 1955 to Present (UN, World Prospects, 2022)
- 71 Figure 1.5: Total Fertility Rate in Africa, 15
- 72 1955 – Present (UN, World Prospects, 2022)
- 76 Figure 1.6: (KE) Kenya's Projected 16
- 76 Population, 2020-2045 (ES, 2023)
- 77 Figure 1.7: (KE) Population Pyramid, 17
- 77 2020 (ES, 2023)
- 77 Figure 1.8: (KE) Kenya Population 17
- 77 Pyramid, 2045 (ES, 2023)
- 77 Figure 2.1: (KE) Trends in Fertility 21
- 77 by Residence (KDHS,2022)
- 78 Figure 2.2: (KE) Trends in early 23
- 79 childhood mortality rate, 1989 – 2022 (KDHS, 2022)
- 77 Figure 2.3: (KE) Under – 5 23
- 77 mortality rates in all counties (KDHS,2022)
- 79 Figure 2.5: Estimated malaria cases 26
- 80 globally (WHO, 2022)
- 80 Figure 2.6: Estimated malaria deaths 26
- 80 globally (WHO, 2022)
- 80 Figure 2.7: (KE) Number of New Cancer 27
- 80 cases, both sexes, all ages (WHO GLOBOCA, 2020)
- 81

LIST OF FIGURES

Figure 2.8: (KE) Number of New Cancer cases, males, all ages (WHO GLOBOCA, 2020)	27	Figure 3.4: (KE) Proportion of Males and Married Women (KNBS,2019)	48
Figure 2.9: (KE) Number of New Cancer cases, females, all ages (WHO GLOBOCA, 2020)	27	Figure 3.5: (KE) Percentage Distribution of Households by Marital Status (KNBS 2023)	49
Figure 2.10: Homicide rate (victims of intentional homicide per 100,000 population), by region (UN, 2019)	30	Figure 3.7: Acceptance of Homosexuality across the Globe, Pew Research Centre	54
Figure 2.11: Victims of Homicide in the World (UN, 2019)	30	Figure 3.8: (KE) Perception of Kenyans on Recognition of Homosexuality (IPSOS, Kenya, 2020)	55
Figure 2.12: Proportion of Homicide Victims per Region (UN, 2019)	30	Figure 3.9: (KE) Percentage of inmates who grew up in fatherless homes (Transform Nations)	59
Figure 2.13: Total suicide deaths, all ages (WHO,2022)	32	Figure 4.1: (KE) Distribution of Population of Kenya by Religious Affiliation, KNBS 2019	68
Figure 2.14: (KE) Casualties of Road Traffic Accidents in 2022 (ES, 2023)	36	Figure 4.2: (KE) Percentage of Christian Denominations in Kenya (KNBS 2019)	69
Figure 2.15: (KE) Reported Road Accident Casualties by Type, 2022 (ES, 2023)	36	Figure 4.3: Characteristics of a Cult Leader (Senate Ad Hoc Committee, 2023)	71
Figure 2.16: (KE) Cases	37	Figure 4.4: Characteristics of Cults (Senate Ad Hoc Committee, 2023)	71
Figure 2.17: (KE) Number of Complaints Received by IPOA, 2018 - 2022	38	Figure 4.5: Global Religious Identity among teens (Global Youth Culture Report)	74
Figure 2.18: (KE) The Age of Victims of Police Killings (Missing Voices, 2022)	39	Figure 4.6: Church attendance among teens globally (Global Youth Culture Report)	75
Figure 3.1: (KE) Trends in Average Household Size, 1969 – 2019 (KDHS, 2022)	45	Figure 4.7: Prevalence of Depression, Anxiety and Suicide among teens (Global Youth Culture Report)	75
Figure 3.2: (KE) Distribution of Households by Headship, KNBS, 2023	46		
Figure 3.3(KE) Proportion of Men and Women in Polygamous Union by Education (KNBS, 2022)	47		

LIST OF TABLES

Table 1.1: Top 10 Populous Countries in the World (UN, World Prospects, 2022)	13	Table 2.7: (KE) Homicide cases reported to the police (ES, 2023)	30
Table 1.2: Africa’s Population Forecast, 2025 - 2050 (UN, World Prospects, 2022)	13	Table 2.8: (KE) Persons reported to have committed homicide by type of offence and sex, 2018- 2022. (ES, 2023)	31
Table 1.3: Top 10 Largest Countries by Population in Africa (UN, World Prospects, 2022)	14	Table 2.9: (KE) Number of Reported Road Accidents and victims, 2018 – 2022 (ES, 2023)	36
Table 1.4: Life Expectancy across Regions ((UN, World Prospects, 2022)	14	Table 2.10: (KE) Nature of Complaints reported to IPOA 2018 - 2022	38
Table 1.5: Comparison of Demographics in Different Countries (Worldometer,2023)	16	Table 3.1: (KE) Percentage Distribution of Household Size by Area of Residence and Region, 2019 (KNBS, 2019)	45
Table 1.7: (KE) Projected Population, Kenya, 2020-2045 (ES, 2023)	16	Table 3.2: Average Household Size per County; top 5 and least 5 (KDHS, 2022)	45
Table 1.8: (KE) Population projections of all counties in Kenya, 2020 – 2045 (ES, 2023)	18	Table 3.4: (KE) Marital Status of Men and Women (above 18 years) by Rural – Urban (KNBS, 2019)	47
Table 2.1: (KE) Registered births, 2018 – 2022, (ES, 2023)	20	Table 3.5: (KE) Married Males and Females by Age Group, 1989 – 2019 (KNBS, 2019)	47
Table 2.2: (KE) Proportion of Registered Births by Age of the Mother, 2018- 2022, (ES, 2023)	20	Table 3.6: (KE) Percentage of men and women who had intercourse in the last 12 months with a person who was neither their wife/ husband or lived with them (KDHS, 2023)	48
Table 2.3: (KE) Proportion of Registered Births by Marital Status, 2018 – 2022, (ES, 2023)	21	Table 3.7: (KE) Percentage Distribution of Households headed by Divorced/ Separated Men and Women (KNBS, 2023)	49
Table 2.4: (KE) Number of Registered Deaths by Sex, 2018 – 2022 (ES, 2023)	22	Table 3.8: (KE) Prevalence of use of drugs and substance use among the population aged 15 – 65 years in Kenya (NACADA, 2022)	52
Table 2.5: (KE) Registered deaths by age and sex in 2022 (ES, 2023)	25	Table 3.9: (KE) Percentage of men and women who have experienced physical and sexual violence since age 15 (KDHS, 2023)	53
Table 2.6: (KE) Five-year early childhood mortality rates according to sex and residence (KDHS, 2022)	48		

LIST OF ACRONYMS

ACHPR	African Charter on Human and People's Rights
ACPF	Africa Christian Professionals Forum
AU	African Union
CCDRC	Christian Counselling & Dispute Resolution Centre
CSE	Comprehensive Sexuality Education
EAK	Evangelical Alliance of Kenya
ES	Economic Survey
EU	European Union
HIV	Human Immunodeficiency Virus
HRW	Human Rights Watch
ICPD	International Conference of Population Development
ICCPR	International Covenant on Civil and Political Rights
IPOA	Independent Police Oversight Authority
JFLR	Journal on Family, Law & Religion
KCCB	Kenya Conference of Catholic Bishops
KCPF	Kenya Christian Professionals Forum
KDHS	Kenya Demographic Health Survey
KE	Kenya
KLR	Kenya Law Report
KNBS	Kenya National Bureau of Statistics
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
MoH	Ministry of Health
MP	Member of Parliament
NCCK	National Council of Churches of Kenya
NCDs	Non-communicable Diseases
NCI –Kenya	National Cancer Institute of Kenya
NCPD	National Council for Population and Development
NTSA	National Transport and Safety Authority
SLFF	State of Life, Family & Faith
OACPS	Organisation of African, Caribbean and Pacific States
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations
UNICEF	United Nations International Children's Fund
USA	United States of America
WHO	World Health Organization

FOREWORD

Kenya Christian Professionals Forum, KCPF, is an organization with a mission to be witnesses contending for biblical values through advocacy, research, networking and mentorship. The campaign for the referendum on the Constitution of Kenya, 2010 provided an opportunity for the Church Leadership and Christian Professionals to collaborate in formulating the Christian position on contentious issues contained in the said Constitution.

KCPF's efforts in Research and Advocacy work substantively aids in identifying and tackling hindrances towards a morally upright society. To support its mandate to influence the society through Research, KCPF has been releasing the State of Life, Family and Faith, which are key aspects of the human existence. This Report is the Second Edition of the State of Life, Family and Faith in Kenya.

From both divine revelation and natural law, we know that there is something special about human life. As a gift from God, every human life is sacred from conception to natural death. No life – born or unborn- is disposable. Further, the life and dignity of the human person is foundational because without it, no other rights have meaning.

The Family is an important aspect of human existence because it is the first social structure that we interact with from the onset of our lives. The virtues and values that we desire in the society are first instilled and developed in the family.

The third core aspect of human life is religion. Religion gives people a common set of beliefs and also brings people together through communal practice of religion such as worship and prayer which reinforces social unity and stability. It helps in building values like love, empathy, respect and harmony.

In summary, a deep reverence for the sanctity of life, respect for strong and stable families, as well as a vibrant practice of religion is crucial for an amiable, peaceful and sustainable society.

This report addresses various aspects of these core concepts: Life, Family and Faith. It discusses the legal foundations and delves into prevailing threats to the sanctity and dignity of life, stability of families and the belief and practice of faith. It then highlights what KCPF is doing to defend, promote and protect these core elements and makes recommendations on how to improve them.

MESSAGE FROM THE CHAIR



Kenya Christian Professionals Forum (KCPF) brings together Christian Professionals from various denominations sharing common values on Life, Family, Religion, Values-Based Education and Governance. We provide professional and technical support in influencing the development of a legal and social environment that is supportive of biblical values in society through research, advocacy, mentorship and witnessing.

Since its inception in 2010, KCPF, has for the past decade endeavored to achieve its mission of advancing biblical values in the society. We have done that majorly through advocacy, law and policy making initiatives carried out at the national level

In 2020, KCPF launched its Version 2.0 Initiatives namely; Membership Expansion & Renewed Engagement; Programmatic Approach of our Thematic Areas and Evidence- Based Initiatives. We have since refocused our energy and resources to these new strategies. This Report on the State of Life, Family and Faith in Kenya is part of the Evidence-Based Initiatives. It is our desire that this publication will be a visible and impactful contribution to the sector of research and advocacy while maintaining our key mandate of promoting biblical values.

The first Report on the State of Life, Family and Faith in Kenya was released in 2022 and we appreciate all the stakeholders who have given us feedback on the Report.

I commend all the stakeholders who have taken part in seeing this publication come to light, that is, the Board of Directors, Committee Conveners and members of the Secretariat team who have worked hard towards the success of this Publication. I also particularly commend Sharon Omedo who gave a substantial assistance in the preparation of this Report.

**CHARLES KANJAMA, SC
CHAIRMAN**

ABOUT KCPF

The Kenya Christian Professionals Forum (KCPF) brings together Christian Professionals from various denominations sharing common values in the thematic areas of Life, Family, Religion, Education and Governance. Our key partners are Kenya Conference of Catholic Bishops (KCCB); National Council of Churches of Kenya (NCCCK); and Evangelical Assemblies of Kenya (EAK).

The campaign for the referendum on the Constitution of Kenya 2010 provided an opportunity for the Church Leadership and Christian Professionals to collaborate in formulating the Christian position on contentious issues contained in the Constitution of Kenya, 2010. By providing their expertise in civic education, the Christian Professionals partnered with the Church leaders in articulating the position of the church on the five thematic areas aiming to see a society that is pro-life, pro-family, enjoys religious freedom, values-based education and good governance.

It is on this backdrop that the Christian professionals from all disciplines, denominations and counties came together through the Kenya Christian Professionals Forum to provide sustainable support to churches to influence the legal, social and religious environment of our society so that it reflects Biblical Values. Christian professionals are very interested in influencing and participating in the implementation of the Constitution of Kenya 2010, national laws and policies around the five thematic areas.

Our Priorities:

Strategic Priority I: Preserving and Protecting Life

Strategic Priority II:

Promoting and Protecting the Family

Strategic Priority III:

Promoting Values-Based Education

Strategic Priority IV:

Defending and Promoting Religious Freedom.

Strategic Priority V:

Promoting Good Governance, Leadership and Integrity

Vision:

An impactful community advancing biblical values in the society.

Mission:

To be witnesses contending for biblical values through advocacy, research, networking and mentorship

Core Values

1. Courage:

We are bold, steadfast, firm and consistent about our Christian faith and doctrinal basis and standing for what is right even in the face of persecution.

2. Care:

We are concerned about our society and the issues we advocate for will work for a better society for all.

3. Professionalism:

We adhere to the highest standards of conduct and carry our work with excellence and competence that is expected of a professional.

4. Integrity:

We are accountable; responsible and transparent in our actions conduct and, management of our resources, commitment to virtuous, moral, ethical and biblical principles.

5. Stewardship:

We will prudently manage people, resources, finances, talents and skills



CHAPTER ONE:

OVERVIEW AND POPULATION DEMOGRAPHICS

OVERVIEW AND POPULATION DEMOGRAPHICS

1.1 OVERVIEW

Life, Family and Faith are central to human existence. The right to life is the most important right since without it we cannot enjoy any other right. No person born or unborn should therefore be denied the right to live, a healthy one for that matter. It is on this premise that our Constitution of Kenya, 2010 in its Article 26 provides that every person has the right to life and that the life of a person begins at conception. Further Article 43 guarantees every person the social and economic rights including the right to the highest attainable standard of health care, accessible and adequate housing, to be free from hunger and to have adequate food of acceptable quality, and clean and safe water in adequate quantities.

The Family is a core aspect of the human existence. Being the first social structure that we interact with, families are responsible for the development of children into adults who collectively form the society. It is where a vast majority of people learn the fundamental skills for life. This is where we are taught the values and virtues to enable us become responsible members of the society. It therefore goes without saying that stable families lead to strong communities, which ultimately lead to stable societies.

Apart from family, religion is also an integral part of many people's lives. The values and the virtues that an individual or a society upholds is majorly pegged on the religious beliefs. Religion gives meaning and purpose to life. Religion gives people a common set of beliefs and also brings people together through communal practice of religion such as worship and prayer which reinforces social unity and stability. It helps in building values like love, empathy, respect and harmony

A deep reverence for the sanctity of life, respect for strong and stable families, as well as a vibrant practice of religion is therefore crucial for an amiable, peaceful and sustainable society. However, statistics in Kenya and elsewhere show that these elements are facing unprecedented challenges.

This report discusses these elements with particular reference to the situation in Kenya, and demonstrates the relationship between them. It analyses the legal context of each, underscores why they are crucial, and highlights existing and possible future threats. Moreover, it outlines the efforts that KCPF has made to protect and advance these values, and crucially, it suggests what can be done to heighten advocacy and progress in this respect. Chapter one sets the pace by giving an overview of the three elements and why they are important for discussion. It also highlights the demographic situation of the world, Africa and Kenya; Chapter Two discusses the State of Life, Chapter Three discusses the State of Family and Chapter Four will look at the State of Faith. Chapter Five concludes and outlines what KCPF is doing to conserve the gains on these values and its vision and mission in the future in this.

Further; it encourages other stakeholders to join in the protection and promotion of Life, Family and Faith in Kenya.



Figure 1.1: Map of Kenya with Counties

1.2 POPULATION DEMOGRAPHICS

The world’s population is estimated to have reached 8.0 billion by November 2022, a growth from an estimated 2.5 billion people in 1950 and is projected to grow to around **8.5 billion in 2030, 9.7 billion in 2050 and 10.4 billion in 2100.**¹

Global population size and annual growth rate: estimates, 1950-2022, and medium scenario with 95 per cent prediction intervals, 2022-2050

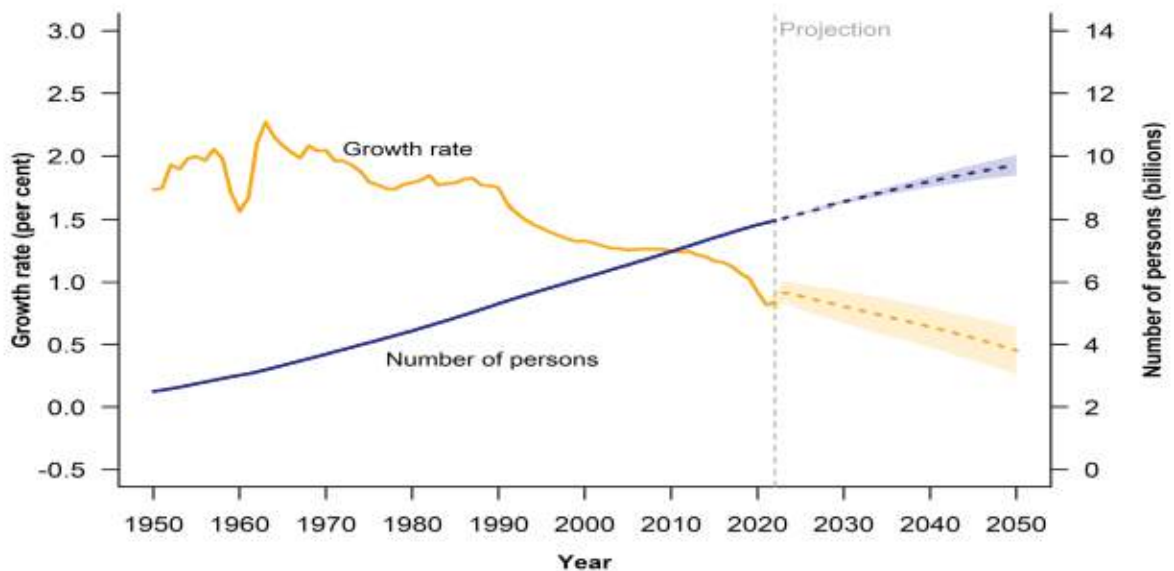


Figure 1.2: Global Population Size and Annual Growth Rate (UN, World Prospects, 2022)

This population growth can be attributed partly to the declining levels of mortality, as reflected in increased levels of life expectancy. Globally, life expectancy reached 72.8 years in 2019, an increase of almost 9 years since 1990. Further reductions in mortality are projected to result in an average longevity of around 77.2 years globally in 2050.

As the world's population continues to grow, the population growth rate is however declining. Between 1962 - 1965, the world experience the fastest growth rate on an average of 2.1% per year. However, the pace has declined to more than half and has fallen to a low of 1.1% between 2015 - 2020 and is projected to decline further in the course of the 21st Century.

This reduced population growth can be attributed to reduced levels of fertility. In 2021, the average fertility of the world's population stood at 2.3 births per woman over a lifetime, having fallen from about 5 births per woman in 1950. Global fertility is projected to decline further to 2.1 births per woman by 2050.

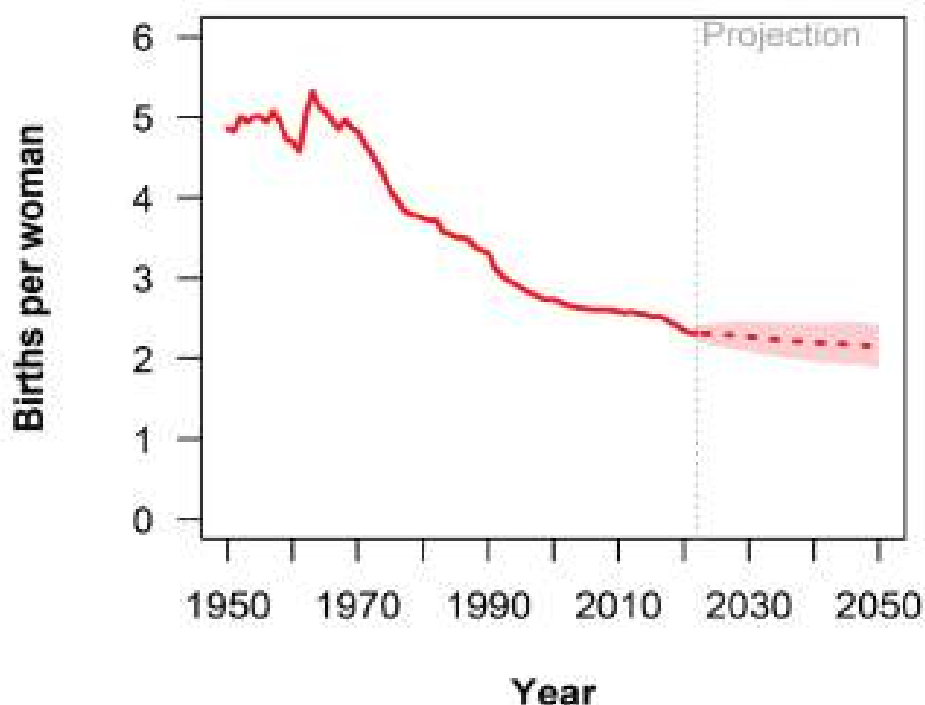


Figure 1.3: Global Fertility Rate, 1950 - 2050 (UN, World Prospects, 2022)

The world's most populous regions in 2022 were Eastern and South-Eastern Asia, with 2.3 billion people, representing 29% of the global population, and Central and Southern Asia, with 2.1 billion (26%). China and India accounted for the largest populations in these regions, with more than 1.4 billion each in 2022.

In the next three decades, it is projected that the regions of the world will experience different growth rates of their populations. Consequently, the regional distribution of the population in 250 will significantly differ from that of today.

Between 2022 and 2050, the population of sub-Saharan Africa is expected to almost double, surpassing 2 billion inhabitants by the late 2040s. With average fertility levels remaining close to 3 births per woman in 2050, sub-Saharan Africa is projected to account for more than half of the growth of the world’s population between 2022 and 2050. In 2022, the size of the population in this region was growing at an annual rate of 2.5 per cent, the highest among all eight regions or more than three times the global average of 0.8 per cent per year.

More than half of the projected increase in the global population between 2022 and 2050 is expected to be concentrated in just eight countries that is the Democratic Republic of the Congo, Egypt, Ethiopia, India, Nigeria, Pakistan, the Philippines and the United Republic of Tanzania. The populations of the Democratic Republic of the Congo and the United Republic of Tanzania are expected to grow rapidly, between 2 and 3 per cent per year over the 2022- 2050 period. This disparate population growth rate among the world’s largest countries will change their ranking by size: for example, India is projected to surpass China as the world’s most populous country in 2023.

Globally, the world counts slightly more men (50.3 per cent) than women (49.7 per cent) in 2022. This figure is projected to slowly invert over the course of the century. By 2050, it is expected that the number of women will equal the number of men.

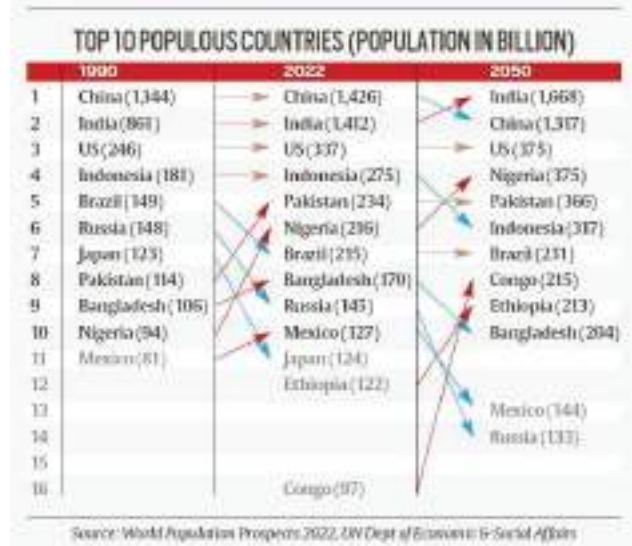


Table 1.1: Top 10 Populous Countries in the World (UN, World Prospects, 2022)

1.2.2 Africa

The current population of Africa is estimated to be 1.46 billion, an equivalent of 17.89% of the total world population and is estimated to reach 2.49 billion by 2050 (about 26% of the world’s total population) and 4.28 billion by 2100 (about 39% of the world's total) (Worldometer, 2023). In 2022, the size of the population in this region was growing at an annual rate of 2.5%, the highest among all eight regions or more than three times the global average of 0.8% per year.

Year	Population	Yearly % Change	Yearly Change	Migrants (net)	Median Age	Fertility Rate	Density (P/Km ²)	Urban Pop %	Urban Population	Africa's Share of World Pop	World Population	Africa Rank
2025	1,530,031,247	2.37 %	33,870,803	-497,114	19.1	4.06	52	45.6 %	698,148,943	19.5 %	8,191,988,453	
2030	1,710,666,359	2.26 %	36,127,022	-419,624	19.9	3.78	58	48.2 %	824,013,801	20.9 %	8,546,141,327	
2035	1,899,296,806	2.11 %	37,726,089	-396,830	20.8	3.51	64	50.9 %	966,329,885	21.4 %	8,879,397,401	
2040	2,093,408,427	1.97 %	38,822,324	-392,656	21.8	3.27	71	53.7 %	1,125,161,515	23.6 %	9,188,250,492	
2045	2,289,760,657	1.81 %	39,270,446	-392,293	22.9	3.05	77	56.8 %	1,299,953,249	24.9 %	9,467,543,575	
2050	2,485,135,539	1.65 %	39,074,976	-392,141	23.9	2.87	84	59.9 %	1,488,920,045	26.2 %	9,709,491,761	

Table 1.2: Africa’s Population Forecast, 2025 - 2050(UN, World Prospects, 2022)

#	Country (or dependency)	Population (2023)	Yearly Change	Net Change	Density (P/Km ²)	Land Area (Km ²)	Migrants (net)	Fert. Rate	Med. Age	Urban Pop %	World Share
1	Nigeria	223,804,632	2.41 %	5,263,420	246	910,770	-59,996	5.1	17	54 %	2.78 %
2	Ethiopia	126,527,669	2.55 %	3,147,136	127	1,000,000	-11,999	4.0	19	22 %	1.57 %
3	Egypt	112,716,598	1.56 %	1,726,495	113	995,450	-29,998	2.8	24	41 %	1.40 %
4	DR Congo	102,262,808	3.29 %	3,252,596	45	2,267,050	-14,999	6.1	16	46 %	1.27 %
5	Tanzania	67,438,106	2.96 %	1,940,358	76	885,800	-39,997	4.6	17	38 %	0.84 %
6	South Africa	60,414,495	0.87 %	520,610	50	1,213,000	58,896	2.3	28	69 %	0.75 %
7	Kenya	55,100,586	1.99 %	1,073,099	97	569,140	-10,000	3.2	20	31 %	0.68 %
8	Sudan	48,109,066	2.63 %	1,234,802	27	1,765,048	-9,999	4.3	19	35 %	0.60 %
9	Uganda	48,582,334	2.82 %	1,332,749	243	199,810	-126,181	4.4	16	29 %	0.60 %
10	Algeria	45,606,480	1.57 %	703,255	19	2,381,740	-9,999	2.8	28	75 %	0.57 %

Table 1.3: Top 10 Largest Countries by Population in Africa (UN, World Prospects, 2022)

1.2.2.1 Life Expectancy in Africa

According to the UN World Population Prospects 2022, the global life expectancy at birth fell to 71.0 years in 2021, down from 72.8 in 2019, due mostly to the impact of the coronavirus disease (COVID-19) pandemic. While life expectancy reached close to 85 years and above in some countries such as Hong Kong, Macao and Japan, African countries such as Central African Republic, Chad, Lesotho and Nigeria, recorded the lowest levels of below 54 years in 2021. A difference of close to 30 years. Table 1.1 shows the Life expectancy among different regions and countries.

Region	Life expectancy at birth (years)								
	1990		2021			2050			
	Males	Females	Both sexes	Males	Females	Both sexes	Males	Females	Both sexes
World	61.5	66.5	64.0	68.4	73.8	71.0	74.8	79.8	77.2
Sub-Saharan Africa	47.3	51.2	49.2	57.8	61.6	59.7	64.3	69.1	66.7
Northern Africa and Western Asia	61.7	67.0	64.3	69.7	74.8	72.1	76.0	80.8	78.3
Central and Southern Asia	58.1	59.9	58.9	65.9	69.6	67.7	74.9	79.4	77.1
Eastern and South-Eastern Asia	65.6	70.7	68.1	73.6	79.6	76.5	79.4	84.1	81.7
Latin America and the Caribbean	64.6	70.9	67.7	68.8	75.8	72.2	78.1	83.1	80.6
Australia/New Zealand	73.7	79.8	76.8	82.7	85.6	84.2	85.4	88.6	87.0
Oceania*	60.3	65.5	62.5	64.6	70.1	67.1	68.4	74.9	71.6
Europe and Northern America	69.7	77.4	73.6	73.9	80.4	77.2	81.6	86.1	83.8
Least developed countries	48.7	51.6	50.1	61.7	66.5	64.1	67.8	73.5	70.6
Landlocked developing Countries	49.0	53.5	51.2	61.0	66.5	63.7	67.4	73.4	70.3
Small island developing States	63.4	67.9	65.6	68.0	73.9	70.8	74.1	80.0	77.0

*excluding Australia and New Zealand

Table 1.4: Life Expectancy across Regions (UN, World Prospects, 2022)

The Report attributes this disparity to the disparities in the under-five mortality rate which represents the probability of dying between birth and age 5. Globally, the under-five mortality rate fell from 92.8 deaths per 1,000 live births in 1990 to 37.1 in 2021. However, a child born in sub-Saharan Africa in 2021 is 20 times as likely to die before his or her fifth birthday as a child born in Australia and New Zealand regions and countries.

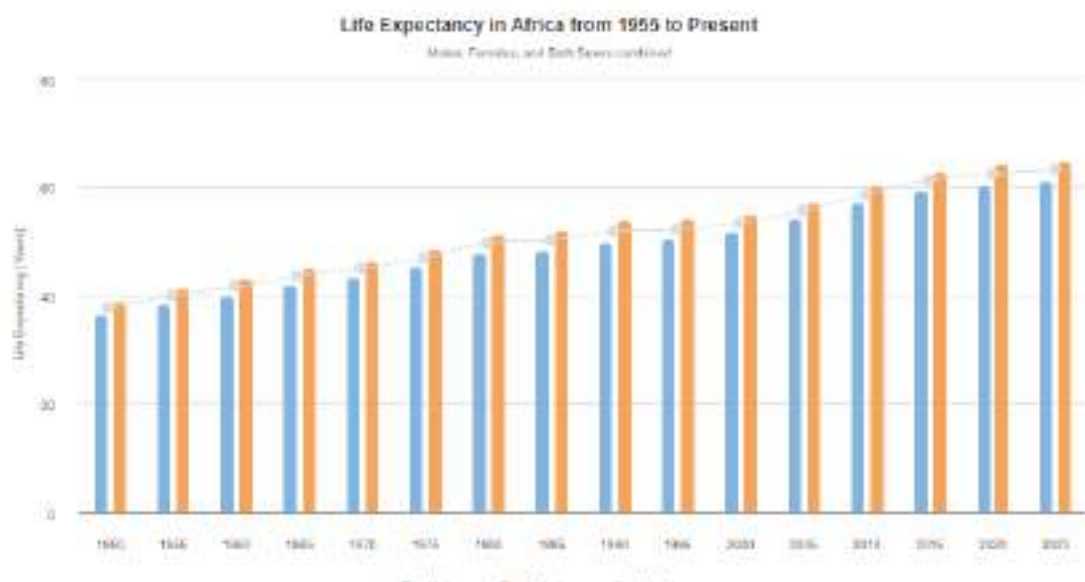


Figure 1.4: Life Expectancy in Africa from 1955 to 2023 (UN, World Prospects)

1.2.2.2 Fertility Rate

The fertility rate in the region reflects the global trend. Currently, the Total Fertility Rate stands at 4.2 births per woman, which is a decline of 37% from the 6.7 births per woman recorded in the 1970s and is projected to fall to 3.8 by 2030. The UN projects that the average fertility rate in Africa will remain close to 3 births per woman in 2050, the highest in the world, which implies that Africa will account for more than half of the growth of the world's population between 2022 and 2050.

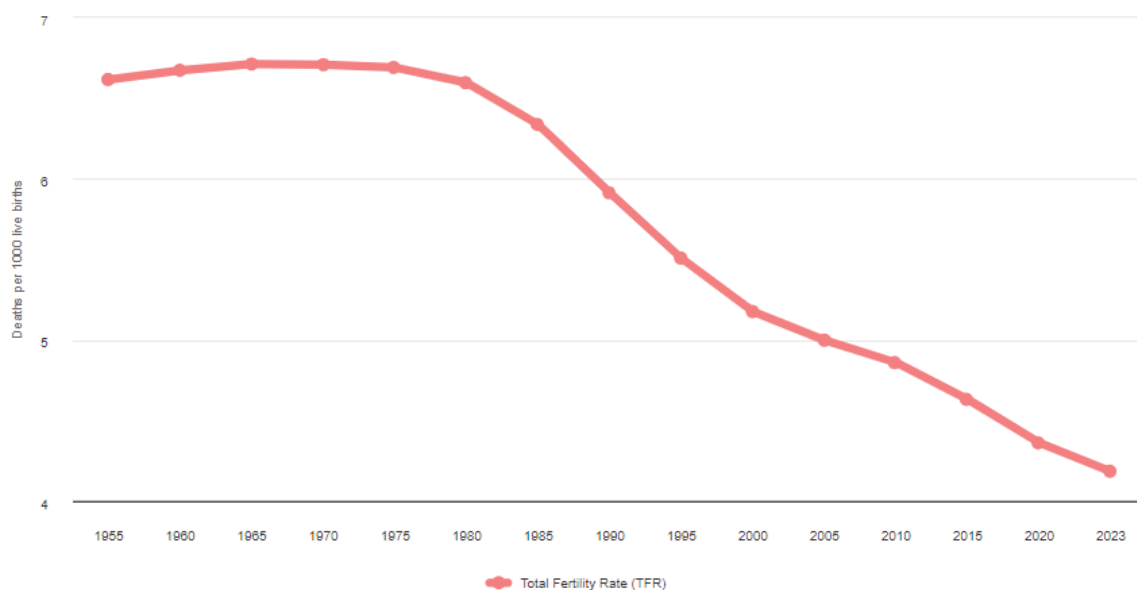


Figure 1.5: Total Fertility Rate in Africa, 1955 – Present (UN, World Prospects, 2022)

Country	Population	Global Rank	Growth Rate (%)	Fertility Rate (live births per woman)	Life Expectancy (years)	Infant Mortality (infant deaths per 1,000 live births)	Under – 5 Mortality (per 1,000 live births)
World	8.0 billion	-	0.9	2.3	73.4	26.7	36.2
Africa	1.46 billion	-	2.37	4.2	63	43.1	63.3
India	1.428 billion	1	0.81	2.0	72.03	24.5	30.5
China	1.425 billion	2	-0.02	1.2	78.79	5.7	6.9
U.S. A	339.9 million	3	0.50	1.7	79.74	4.9	5.8
Nigeria	223.8 million	6	2.41	5.1	53.87	70.6	109.1
Ethiopia	126.5 million	11	2.55	4.0	66.65	29.9	41.2
South Africa	60.4 million	24	0.87	2.3	62.89	26.8	36.0
Tanzania	67.4 million	22	2.96	4.6	67.60	29.5	39.7
Kenya	55.1 million	26	1.99%	3.2	63.34	26.0	35.8
Uganda	48.6 million	30	2.82	4.4	63.84	29.7	40.3

Table 1.5: Comparison of Demographics in Different Countries (Worldometer,2023)

1.2.3 Kenya

The Economic Survey, 2023 (ES, 2023) indicates that the population of Kenya was at 50.6 million in 2022. This is an increase from the 2019 Census, where the population was enumerated at 47,564,296. The Economic Survey shows that Kenya's population is projected to reach 70.2 million in 2045 with the number of females being slightly more than men across the entire period of 2020 – 2045. Despite the population increase, the annual population growth is expected to continue declining over the period from 1.8% in 2020 to 1.2% in 2045, an indication of the declining fertility rate as is evidenced in other countries.

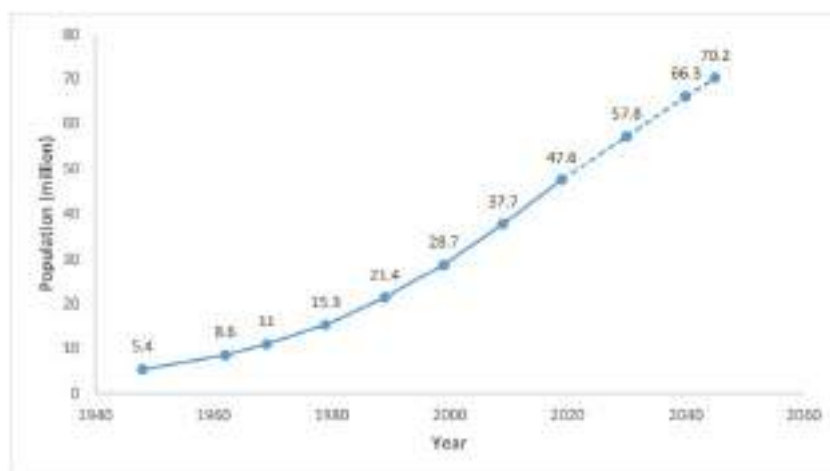


Figure 1.6: (KE) Kenya's Projected Population, 2020-2045 (ES, 2023)

Year	Male	Female	Total
2020	24,214	24,604	48,818
2021	24,659	25,061	49,720
2022	25,104	25,519	50,623
2023	25,549	25,976	51,526
2024	25,994	26,434	52,428
2025	26,440	26,891	53,331
2030	28,666	29,145	57,811
2035	30,842	31,322	62,165
2040	32,913	33,393	66,307
2045	34,846	35,334	70,180

Table 1.7: (KE) Projected Population, Kenya, 2020-2045 (ES, 2023)

The Kenya’s population is predominantly youthful as shown in figure 1.7 and 1. showing the age-sex distribution of the population in 2020. The population will remain youthful even in 2045 as shown in figure 1.8.

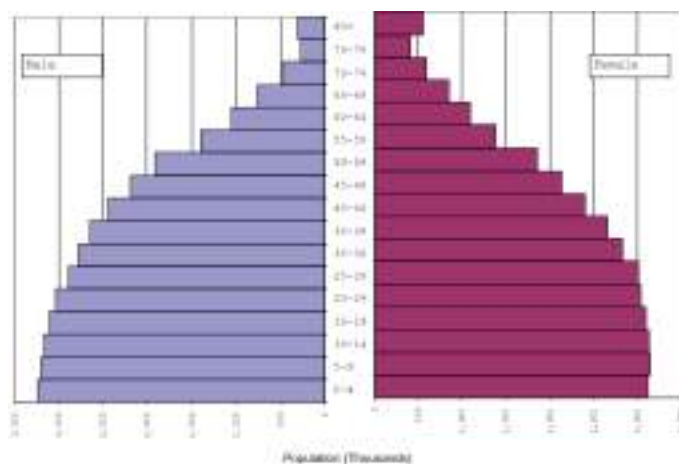
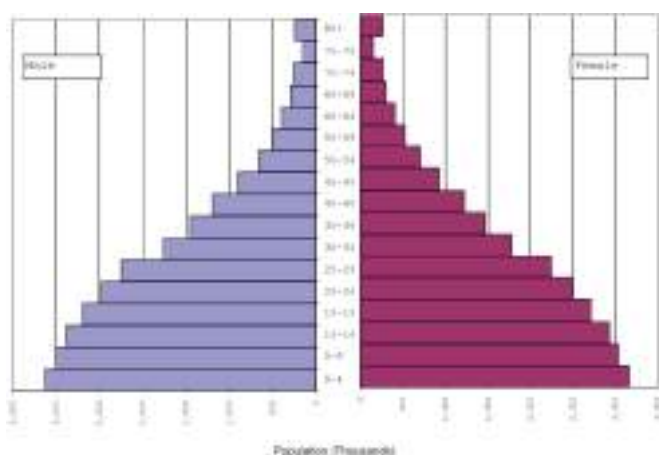


Figure 1.7: (KE) Population Pyramid, 2020 (ES, 2023)

Figure 1.8: (KE) Kenya Population Pyramid, 2045 (ES, 2023)

Figure 1.7 shows a larger proportion at the top of the pyramid is an indication of an increased older population. A trend that is projected to be similar in 2045 as shown in Figure 1.8 above

County / Year	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Kenya	48,818	49,728	50,620	51,498	52,428	53,391	54,381	55,391	56,428	57,498	58,598
Mombasa	1,220	1,230	1,234	1,242	1,248	1,256	1,264	1,272	1,280	1,288	1,296
Kaji	879	881	883	884	886	888	890	892	894	896	898
Tana River	326	326	326	326	326	326	326	326	326	326	326
Lamu	167	167	167	167	167	167	167	167	167	167	167
Taita Taveta	364	364	364	364	364	364	364	364	364	364	364
Garissa	801	803	805	807	809	811	813	815	817	819	821
Wajir	834	836	838	840	842	844	846	848	850	852	854
Mandera	937	941	945	949	953	957	961	965	969	973	977
Marsabit	480	481	482	483	484	485	486	487	488	489	490
Isiolo	316	316	316	316	316	316	316	316	316	316	316
Meru	1,867	1,868	1,869	1,870	1,871	1,872	1,873	1,874	1,875	1,876	1,877
Tharaka-Nithi	403	403	403	403	403	403	403	403	403	403	403
Elgeyo	820	820	820	820	820	820	820	820	820	820	820
Kiuri	1,787	1,787	1,787	1,787	1,787	1,787	1,787	1,787	1,787	1,787	1,787
Machakos	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442	1,442
Makueni	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800	1,800
Kisumu	897	897	897	897	897	897	897	897	897	897	897
Nyeri	810	810	810	810	810	810	810	810	810	810	810
Kisumu	897	897	897	897	897	897	897	897	897	897	897
Muranga	1,277	1,277	1,277	1,277	1,277	1,277	1,277	1,277	1,277	1,277	1,277
Kericho	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031	2,031
Turkana	940	940	940	940	940	940	940	940	940	940	940
West Pokot	831	831	831	831	831	831	831	831	831	831	831
Gemara	320	320	320	320	320	320	320	320	320	320	320
Voi	1,810	1,810	1,810	1,810	1,810	1,810	1,810	1,810	1,810	1,810	1,810
Uasin Gishu	1,955	1,955	1,955	1,955	1,955	1,955	1,955	1,955	1,955	1,955	1,955
Elgeyo/Marakwet	871	871	871	871	871	871	871	871	871	871	871
Nandi	805	805	805	805	805	805	805	805	805	805	805
Baringo	887	887	887	887	887	887	887	887	887	887	887
Lalaha	820	820	820	820	820	820	820	820	820	820	820
Nakuru	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202	2,202
Narok	1,775	1,775	1,775	1,775	1,775	1,775	1,775	1,775	1,775	1,775	1,775
Kajiado	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779	1,779
Karuri	817	817	817	817	817	817	817	817	817	817	817
Bomet	802	802	802	802	802	802	802	802	802	802	802
Vihiga	810	810	810	810	810	810	810	810	810	810	810
Bungoma	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700	1,700
Uasin	814	814	814	814	814	814	814	814	814	814	814
Siaya	1,803	1,803	1,803	1,803	1,803	1,803	1,803	1,803	1,803	1,803	1,803
Kisumu	1,798	1,798	1,798	1,798	1,798	1,798	1,798	1,798	1,798	1,798	1,798
Homa Bay	1,762	1,762	1,762	1,762	1,762	1,762	1,762	1,762	1,762	1,762	1,762
Mogadi	1,747	1,747	1,747	1,747	1,747	1,747	1,747	1,747	1,747	1,747	1,747
Mwai	1,837	1,837	1,837	1,837	1,837	1,837	1,837	1,837	1,837	1,837	1,837

Table 1.8: (KE) Population projections of all counties in Kenya, 2020 – 2045 (ES, 2023)

The Economic Survey projects that the populations of all counties are expected to increase throughout the projection period of 2020 – 2045. The most populous counties (in thousands) are Nairobi (4,750), Kiambu (2,653), Nakuru (2,348), Kakamega (1,867) and Bungoma (1787) and the least populous are Lamu (167), Isiolo (316), Samburu (348), Tana River (353) and Taita Taveta (364).

Conclusion, In summary, the Population Demographics shows that while the population is growing, the growth rate has reduced, thanks to the reduced fertility rates. This is a trend that is witnessed not only in Kenya, but also in Africa and in the World.

Life expectancy, on the other hand, through different across regions and countries, is on the rise.



CHAPTER TWO:

THE LIFE SITUATION IN KENYA

THE LIFE SITUATION IN KENYA

2.1 INTRODUCTION

This chapter focuses on the sanctity of life. It analyzes the legal developments in regards to the promotion and protection of the sanctity of life as enshrined in Article 26. It gives an overview of the situation of life in Kenya and highlights the efforts that KCPF has made in defence of its sanctity.

2.2. Legal Foundations

The right to life is guaranteed and protected by Article 26 of the Constitution of Kenya, which provides that;

- (1) Every person has the right to life
- (2) The life of a person begins at conception
- (3) A person shall not be deprived of life intentionally, except to the extent authorized by this Constitution or other written law
- (4) Abortion is not permitted unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

The right to life is also recognized and protected by international law which find application through Article 2(5) of the Constitution of Kenya, 2010. These international instruments include; the Universal Declaration of Human Rights (UDHR); International Covenant on Civil and Political Rights; African Charter on Human and Peoples' Rights and the Convention on the Rights of a Child.

It is noteworthy that the Kenyan law and the international instruments recognize that all life is important and worthy of protection, including the life of the unborn child which is as important as that of the born child.

Article 2 of the African Charter on Human and Peoples' Rights states that:

"Every individual shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in the present Charter without distinction of any kind such as race, ethnic group, colour, sex, language, religion, political or any other opinion, national and social origin, fortune, birth or any status." [Emphasis added]

Further, in its Article 4, the Charter provides that: *"Human beings are inviolable. Every human being shall be entitled to respect for his life and the integrity of his person. No one may be arbitrarily deprived of this right."*

The Kenyan Penal Code prohibits the taking away of human life; born and unborn.

Section 203 of the Penal Code provides that:

"Any person who is of malice aforethought causes the death of another person by an unlawful act or omission is guilty of murder."

Section 228 of the Penal Code prohibits the killing of an unborn child

"Any person who, when a woman is about to be delivered of a child, prevents the child from being born alive by any act or omission of such a nature that, if the child had been born alive and had then died, he would be deemed to have unlawfully killed the child, is guilty of a felony and is liable to imprisonment for life."

2.3. The Situation of Life in Kenya

2.3.1 Births

There was a slight increase in the number of registered births from 1,200.2 thousand in 2021 to 1,221.4 thousand in 2022 with 99.0% of the births occurring in a health facility. There were slightly more male births registered than female births in 2022, where the male registered births accounted for 50.8% which is a drop from 51.0% in 2021. The sex ratio (males per 100 females) also dropped from 104.0 in 2021 to 103 in 2022.

Year	Male		Female		Total	Sex Ratio
	Number	Per cent	Number	Per cent	Number	Males Per 100 Females
2018	582,895	51.2	555,759	48.8	1,138,654	105
2019	603,774	50.9	582,370	49.1	1,186,144	103
2020	575,657	51.1	551,105	48.9	1,126,762	104
2021	612,097	51.0	588,093	49.0	1,200,190	104
2022*	619,927	50.8	601,517	49.2	1,221,444	103

Table 2.1: (KE) Registered births, 2018 – 2022, (ES, 2023)

In 2022, majority of the births were registered among women aged 20 - 24 years accounting for 29.8%, followed by women aged 25 - 29 years at 25.9%. There was a drop in the share of registered births for adolescents (15-19 years) from 12.3% in 2021 to 11.3% in 2022.

Age of Mother	2018	2019	2020	2021	2022*
Total	1,138,654	1,186,144	1,126,762	1,200,190	1,221,444
<15	0.4	0.2	0.2	0.3	0.2
15 - 19	11.8	11.8	11.0	12.3	11.2
20 - 24	29.0	29.9	30.4	29.4	29.8
25 - 29	26.4	25.4	25.3	25.1	25.9
30 - 34	18.5	18.2	18.7	17.5	17.7
35 - 39	8.9	8.2	8.6	8.6	9.2
40 - 44	2.4	2.4	2.3	2.1	2.1
45 - 49	0.4	0.3	0.2	0.2	0.2
50+	0.1	0.0	0.0	0.0	0.0
Age Not Stated/Unknown	2.1	3.6	3.2	4.5	3.6
Total	100.0	100.0	100.0	100.0	100.0

Table 2.2: (KE) Proportion of Registered Births by Age of the Mother, 2018- 2022, (ES, 2023)

For the period of 2018 – 2022, majority of the births were registered among married women. However, the proportion of registered births by married women decreased to 85.6% in 2022 from 85.9% in 2021 whereas the proportion of registered births by single mothers increased slightly to 13.9% in 2022 from 13.5% in 2021.

Marital Status	2018	2019	2020	2021	2022*
Total	1,138,654	1,186,144	1,126,762	1,200,190	1,221,444
Married	85.4	87.3	86.9	85.9	85.6
Single	13.5	11.9	12.2	13.5	13.9
Divorced	0.1	0.1	0.1	0.1	0.1
Widowed	0.4	0.4	0.4	0.1	0.1
Unknown/ Not Stated	0.5	0.4	0.3	0.4	0.3
Total	100.0	100.0	100.0	100.0	100.0

Table 2.3: (KE) Proportion of Registered Births by Marital Status, 2018 – 2022, (ES, 2023

2.3.2 Fertility Rate

Fertility refers to the actual number of live births a woman would have by the end of her reproductive life which is between 15-49 years (KNBS, 2022). Evidence shows that in 1970s, Kenya’s fertility rate was among the highest in the world, with a fertility (birth) rate of 8 children per woman. The Total fertility rate in Kenya has however recorded a declining trend. The Demographic and Health Survey 2022 reported that a woman in Kenya would bear an average of 3.4 children in her lifetime. Between 1989 and 2022, the Total Fertility Rate has therefore declined by (49%) 3.3 children (from 6.7 children to 3.4 children per woman).

The TFR among women in rural areas declined by 45% from 7.1 children to 3.9 children whereas among urban women, the TFR declined by 38% from 4.5 children to 2.8 children as illustrated in Figure 2.1. The TFR is therefore still higher among women in rural areas than among those in urban areas (3.9 versus 2.8).

The persistent decline in the fertility rate poses an imminent danger of the rates declining below the replacement levels. Replacement fertility level refers to the total fertility rate needed to keep a country’s population constant. It is equivalent to approximately 2.1 children per woman.

Figure 1 Trends in fertility by residence
TFR for the 3 years before each survey

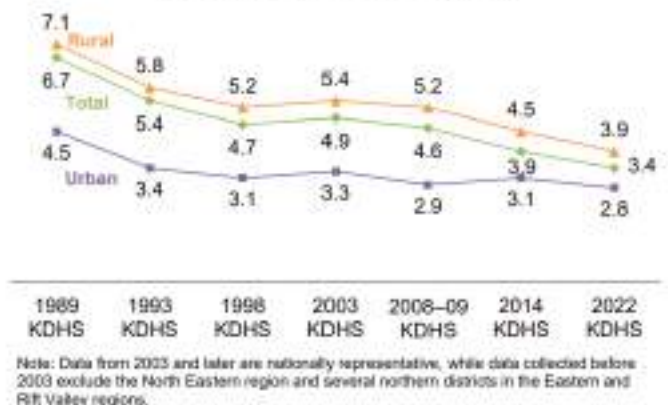


Figure 2.1: (KE) Trends in Fertility by Residence (KDHS,2022)

Further, the declining trend may lead to a rise in the dependency ratio. Population decline caused by reduced fertility rates means that every generation will be smaller than the one before it. Combined with longer life spans the result can be an increase in the dependency ratio which can put increased economic pressure on the work force.

Proposed Policy Interventions

There is need to formulate and implement policies that encourage families to have more than one child such as

- ☑ Laws that guarantee maternity and paternity leave with job security,
- ☑ Provision for flexible hours or part-time work for working parents,
- ☑ Tax incentives to persons with dependent children, among others.

2.3.3 Deaths

The total number of registered deaths in 2022 were 213,210, which is a 8.1% decrease from the 231,944 registered in 2021. According to the Economic Survey, 2023, the number of registered deaths was high among males (56.4%) compared to females (43.6%) across all age groups except for older people (75+ years).

Year	Male		Female		Total	Sex Ratio Males Per 100 Females
	Number	Proportion	Number	Proportion		
2018	106,318	55.5	85,701	44.5	192,019	124
2019	106,315	55.6	85,180	44.4	191,495	125
2020	104,832	56.5	80,553	43.5	185,385	130
2021	131,599	56.7	100,345	43.3	231,944	131
2022*	120,357	56.4	92,853	43.6	213,210	130

Table 2.4: (KE) Number of Registered Deaths by Sex, 2018 – 2022 (ES, 2023)

Year	2021			2022		
	Male	Female	Total	Male	Female	Total
Age group						
Under 1	10,462	9,959	20,421	10,543	9,987	20,530
1 - 4	3,870	3,205	7,075	4,262	3,584	7,846
5 - 14	3,618	2,828	6,446	6,665	3,864	10,529
15 - 24	6,878	4,128	11,006	11,347	6,824	18,171
25 - 34	11,812	7,324	19,136	14,448	8,314	22,762
35 - 44	14,710	8,611	23,321	13,665	8,232	21,897
45 - 54	14,455	8,565	23,020	3,556	2,739	6,295
55 - 74	35,120	23,980	59,100	29,478	20,415	49,893
75+	28,065	29,900	57,965	24,223	27,316	51,539
Age not stated	2,609	1,845	4,454	2,170	1,578	3,748
Total	131,599	100,345	231,944	120,357	92,853	213,210

Table 2.5: (KE) Registered deaths by age and sex in 2022 (ES, 2023)

2.3.4 Infant and Child Mortality Rate

Infant mortality refers to the death of an infant before his or her first birthday. Infant mortality rate is the number of infant deaths for every 1,000 live births. Under 5 mortality refers to the death of children between birth and their fifth birthday.

Mortality rates among infants and under five have improved over time in Kenya. The Kenya Demographic and Health Survey, 2023 reveals that between 2018 to 2022, the under-5 mortality rate was 41 deaths per 1,000 live births and the infant mortality rate was 32 deaths per 1,000 live births. This is a decline from the rate reported in KDHS 2014 which recorded under-5 mortality at 52.0 deaths per 1,000 live births and infant mortality at 35.5 deaths per 1,000 live births. Evidence shows that there has been a steady decline in child mortality since 2003 from 115 deaths per 1,000 live births to the current rate of 41 deaths per 1,000 live births.

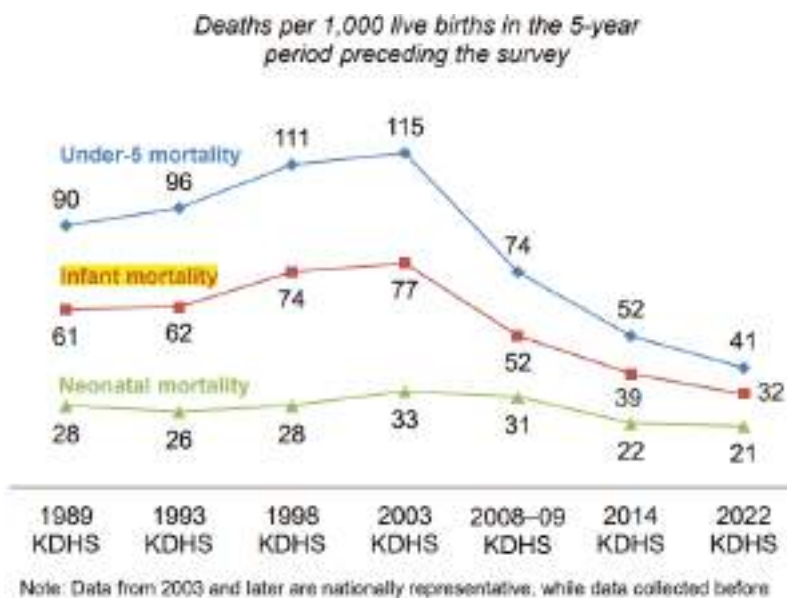


Figure 2.2: (KE) Trends in early childhood mortality rate, 1989 – 2022 (KDHS, 2022)

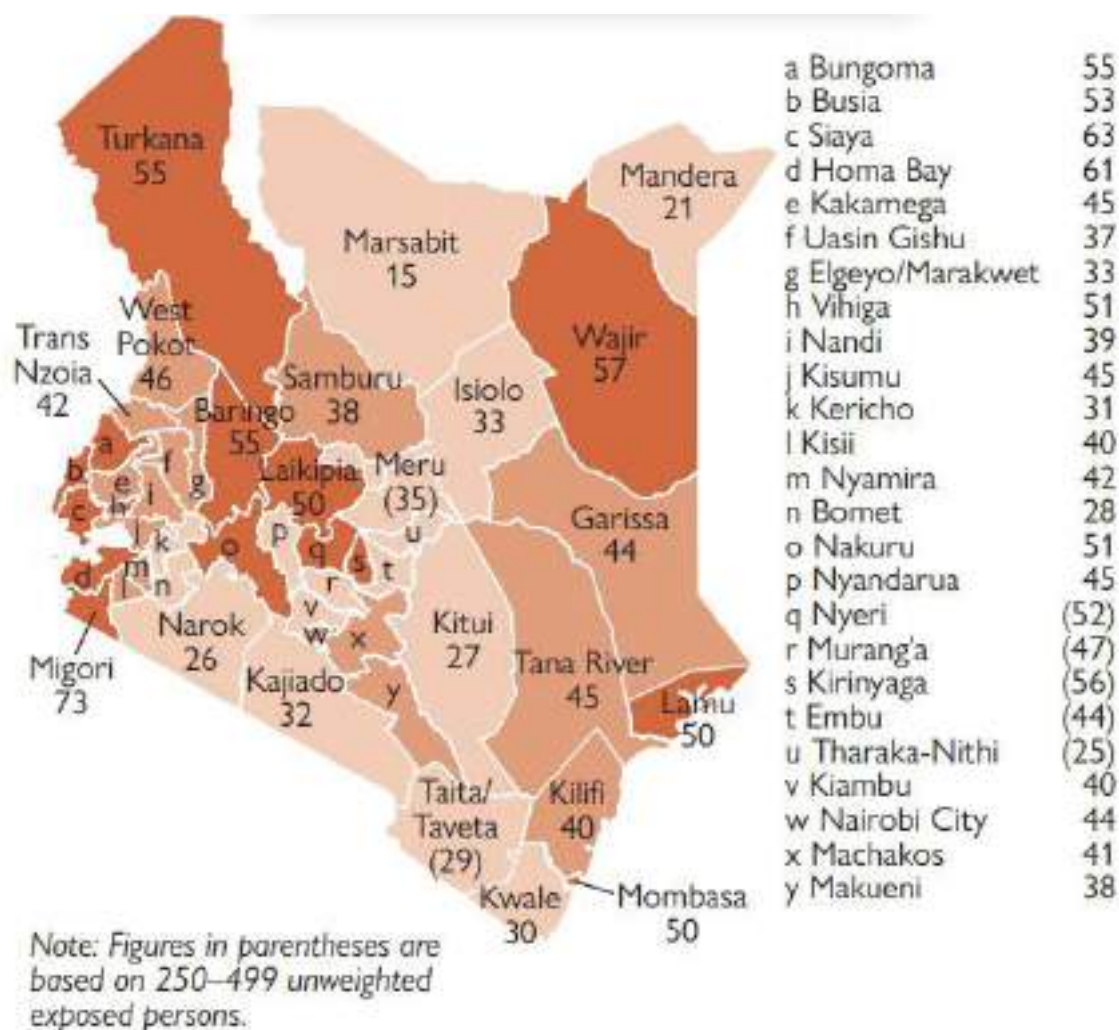
It is noteworthy that there is no major difference between under-5 mortality rate in urban and rural areas. However, the rates are higher for males than females (45 deaths versus 38 deaths per 1,000 live births)

Neonatal, postneonatal, infant, child, and under-5 mortality rates for the 5-year period preceding the survey, according to background characteristics, Kenya DHS 2022

Background characteristic	Neonatal mortality (NN)	Postneonatal mortality (PNN) ¹	Infant mortality (iq ₁)	Child mortality (iq ₂)	Under-5 mortality (iq ₃)
Child's sex					
Male	24	12	36	9	45
Female	19	11	29	9	38
Residence					
Urban	21	12	33	8	41
Rural	22	11	32	9	41
Total	21	11	32	9	41

¹ Computed as the difference between the infant and neonatal mortality rates

Figure 2.3: (KE) Under – 5 mortality rates in all counties (KDHS,2022)



Birth intervals also contribute to the infant and child mortality rate. According to the Economic Survey 2023, spacing between children at least 36 months apart reduces the risk of infant death. Infants born less than 2 years after a previous birth have high under-5 mortality rates. In Kenya, the average birth interval is 42.1 months.

Proposed Policy Interventions

- ☑ Access to high-quality prenatal care including physical exams, laboratory screening tests, nutrition counseling and mental health services for pregnant women.
- ☑ Encourage immunization of children and routine antenatal visits
- ☑ Expanding the health care workforce

2.4. Prevailing Threats to Life

2.4.1 Natural Causes of Death

The World Health Organization (WHO) classifies health problems into three broad categories: Group I includes communicable diseases (including HIV/AIDS) as well as perinatal, maternal, and nutritional diseases; Group II includes noncommunicable diseases; and Group III includes injuries.

Globally, the leading causes of death are non-communicable diseases, accounting for almost 75% of deaths globally, with heart disease and stroke being the biggest killers.

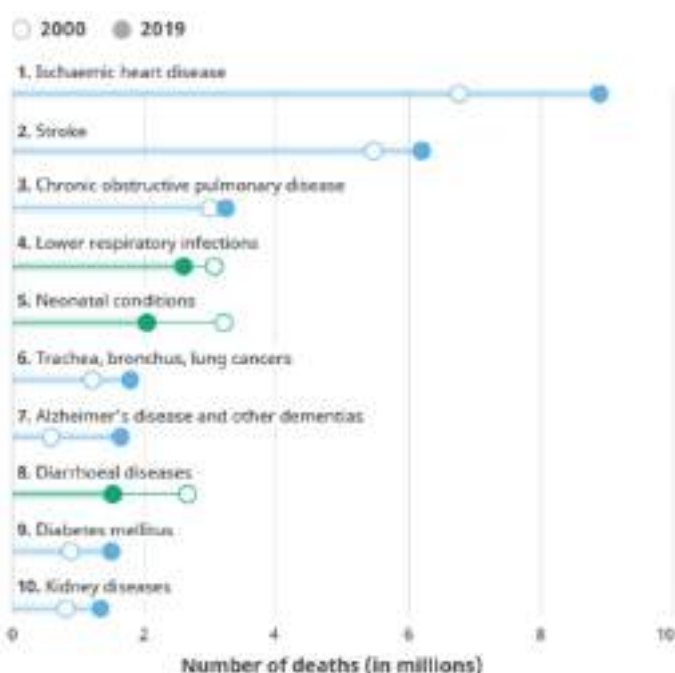


Figure 2.4: Leading Causes of death globally (WHO Global World Estimates)

Notably, people living in low-income countries are far more likely to die of a communicable disease (accounting for about 60%) than a non-communicable disease. Malaria, tuberculosis and HIV/AIDS remain prevalent among low income countries. Deaths due to injuries are still prevalent among low and middle-income countries.

2.4.1.1 Communicable Diseases

In Kenya, more than half of the deaths (54%) are due to communicable diseases including HIV/AIDS, pneumonia, diarrhea, cholera, malaria and other tropical diseases, maternal and neonatal causes. It is unfortunate that sixty years after independence, Kenyans still find themselves in hospitals for diseases that were killing people in the 1960s.

a. Malaria

It is very unfortunate that many people are still dying of preventable diseases. For instance, malaria remains a public health problem in many countries, including Kenya. According to the WHO'S World Malaria Report 2022, published in December 2022, malaria claimed the lives of an estimated 619 000 people in 2021, compared to 625 000 in 2020.

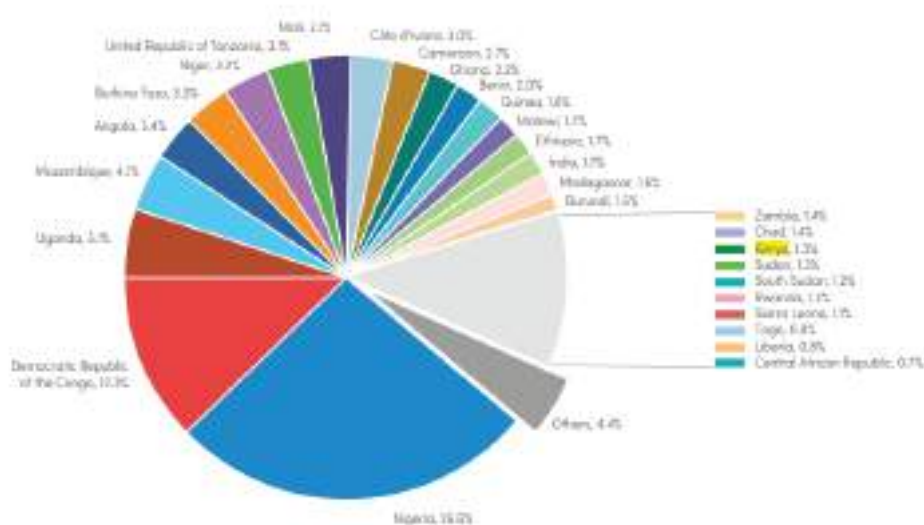


Figure 2.5: Estimated malaria cases globally (WHO, 2022)

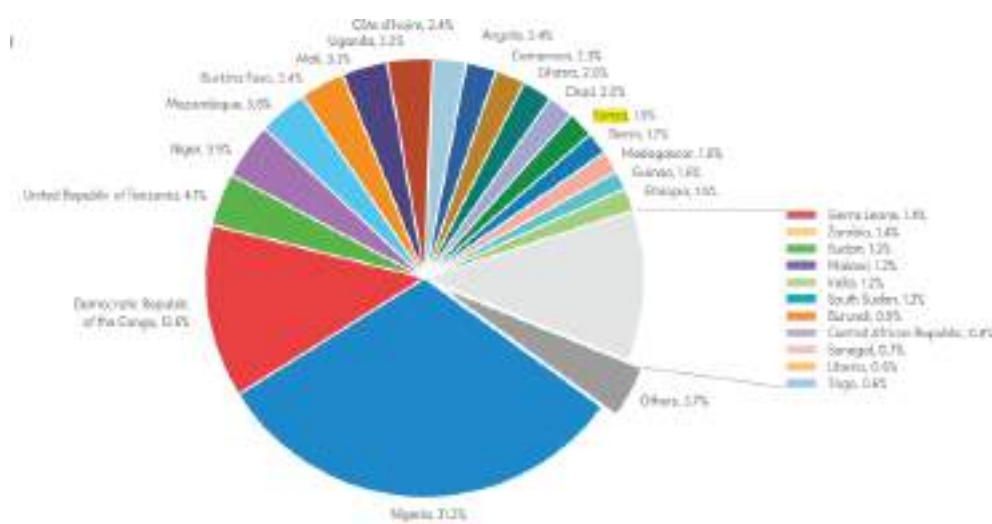


Figure 2.6: Estimated malaria deaths globally (WHO, 2022)

The African Region continues to shoulder the heaviest burden of the disease – accounting, in 2021, for an estimated 95% of all malaria cases (234 million) and 96% of all deaths (593 000). Unfortunately, children under the age of 5 bear the biggest brunt of this disease, accounting for nearly 80% of malaria deaths in the African Region. In 2021, four countries in the African Region – Nigeria (26.6%), the Democratic Republic of the Congo (12.3%), Uganda (5.1%) and Mozambique (4.1%) – accounted for nearly half of all malaria cases globally. Four countries also accounted for just over half of all malaria deaths globally: Nigeria (31.3%), the Democratic Republic of the Congo (12.6%), the United Republic of Tanzania (4.1%) and Niger (3.9%) (Fig. 3.2d).

The 2021 Findings of the World Malaria Report, 2022 stated that Kenya’s Malaria load accounted for 1.3% of all Malaria cases across the globe, an increase from 1.1% in 2020. In 2020 Kenya accounted for 2% of deaths, this decreased to 1.9% in 2021.

Possible Policy Interventions in reducing deaths by communicable diseases

- ☑ Addressing the environmental and social determinants of health such as availability of safe drinking water and basic sanitation, housing conditions, climate change risks, sociocultural factors, poverty, among others.
- ☑ Allocate and/or generate more resources to support health care services including communicable diseases control
- ☑ Access to quality health services by strengthening primary health care and working to achieve universal health care.

2.4.1.2 Non-communicable Diseases

Non-communicable diseases that were in the past labelled Western ailments such as diabetes, cardiovascular diseases and cancer and their related risk factors such as high blood pressure, high cholesterol, and excessive bodyweight are increasing in Kenya. Once considered diseases of industrialized countries or of the affluent in developing countries, they are now recognized as a common problem even among the poor in developing countries.

Approximately 39% of deaths in the country are as a result of NCDs, up from 27% in 2014 (KDHS, 2022) while injuries account for 7% of the deaths. The World Health Organisation (WHO) estimates that in a few years, countries will suffer more from non-communicable diseases than the traditional communicable diseases. In fact, it is projected that deaths from NCDs will increase by 55% while those from injuries will increase by 25% by 2030 (WHO).

The KDHS 2022 report identified the most common risk factors for non-communicable diseases as tobacco use, harmful use of alcohol, physical inactivity, and unhealthy diets. Other risk factors include environmental pollutants, as well overweight and obesity.

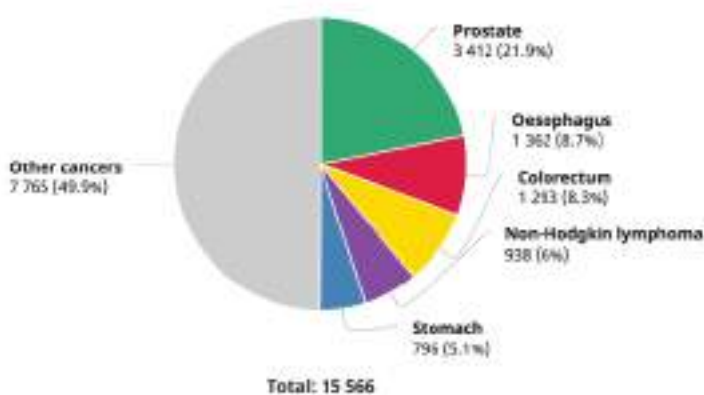


Figure 2.8: (KE) Number of New Cancer cases, males, all ages (WHO GLOBOCA, 2020)

a. Cancer

Cancer is one such non-communicable disease that is rising globally and exerting significant strain on populations and health systems at all income levels. It can no longer be said to be an ailment for the rich. The National Cancer Institute of Kenya reports that cancer is the third leading cause of death after infectious and cardiovascular diseases. In 2020, Kenya reported 42,116 new cancer cases as per the WHO GLOBOCAN 2020 Report, with a mortality of 27,092. Of the 42,116, 63% were females with the highest reported being breast cancer followed by cervical cancer, leading in terms of incidence rates among women in Kenya. Prostate and Oesophagus cancer lead in terms of incidence among men.

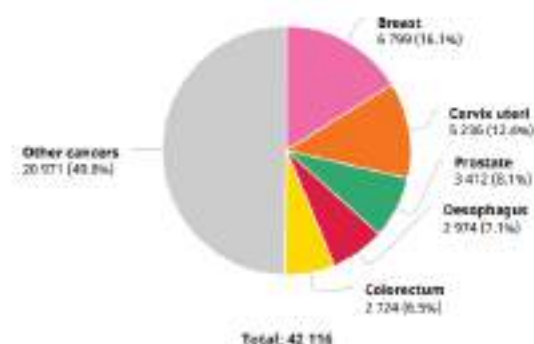


Figure 2.7: (KE) Number of New Cancer cases, both sexes, all ages (WHO GLOBOCA, 2020)

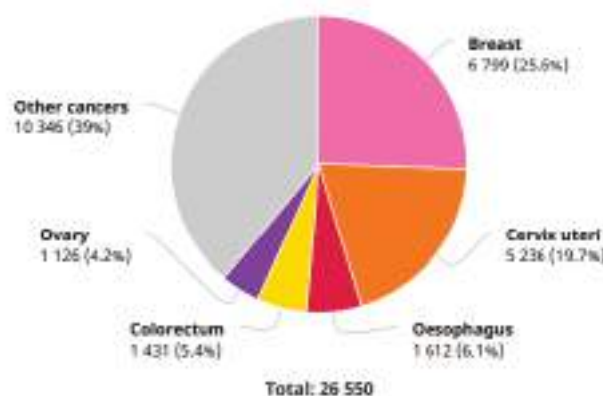


Figure 2.9: (KE) Number of New Cancer cases, females, all ages (WHO GLOBOCA, 2020)

However, there is more to be done as many Kenyans are still dying of preventable causes. For instance, malaria remains a public health problem in Kenya. Every year, nearly 6.7 million clinical cases of malaria are reported in Kenya, with 70% of the population being at risk of malaria. ² It is estimated that approximately 4000 people die from malaria annually.

Millions of lives could be saved each year through resource appropriate strategies for prevention, early detection and timely and quality treatment. Yet, at least one third of cancers can be prevented. This is part of the justification to improve the face of health in our society by creating cancer awareness and early detection through screening and healthy lifestyles modifications towards a cancer free society.

b. Diabetes

Another non-communicable disease that is threatening the lives and livelihood of Kenyans is diabetes. Diabetes is a serious, chronic condition that occurs when the body cannot produce enough insulin or cannot effectively use the insulin it does produce. Diabetes is one of the leading causes of blindness, renal failure and lower limb amputation. It also triggers cardiovascular disease which is the leading cause of deaths in diabetes patients.

The International Diabetes Federation (IDF) reported that more than half a billion people worldwide are living with diabetes and this number is projected to rise to 643 million by 2030 and 783 million by 2045 (46% increase). In Africa, more than 24 million people have diabetes in 2021 and is projected to rise to 55 million in 2045.

Diabetes was responsible for over 6.7 million deaths in the world and 416,000 deaths in Africa. It is estimated that the prevalence of diabetes in Kenya is about 3.3%, that is 821,500 people living with diabetes and is projected to rise to 4.5% by 2023 if this trend is not checked. It is responsible for 15, 285 deaths annually in the country.

Some of the risk factors that come to fore as driving forces of the rising prevalence of diabetes in Kenya are factors associated with urbanization and they include; Unhealthy diets such as consumption of refined carbohydrate, consumption of high-fat diets, obesity and lack of physical activity due to sedentary lifestyles.

The growing prevalence of non-communicable diseases (NCDs) is a major public health concern and a hindrance to long term economic growth. NCDs often result in long standing complications that are usually very costly to treat. NCDs reduce human capital and increasingly divert societal resources. Additionally, NCDs lower economic productivity by shortening life spans and causing illness during an individual's prime working years. This burden is in most cases passed on to families and the community with untold retardation of economic progress and eventually exacerbating poverty.



Table 2.6: Number of People with Diabetes Worldwide, 2021 - 2045 (IDF, 2022)

Possible Policy Interventions for Non-communicable Disease

- ☑ Promote healthy lifestyles and implement interventions to reduce risk factors for NCDs such as tobacco control, alcohol consumption reduction, production and supply of healthy foods, regulation of unhealthy foods and urban planning which promotes physical activity;
- ☑ Empowering communities through health programs which enhance knowledge and skills and in turn foster awareness and adoption of healthy behaviours.
- ☑ Early detection of individuals at high risk, early diagnosis and treatment and effective intervention to decrease those risks
- ☑ Establish mechanisms to raise priority accorded to NCDs at national and county levels

2.4.2 Unnatural Causes of Death

2.4.2.1 Homicide

Homicide refers to the killing of a person by another person, whether intentionally or accidentally. The most common homicides are murders. Other forms of offences classified under homicide in the Economic Survey 2023 include manslaughter, infanticide, procuring abortion, concealing birth and causing death by dangerous driving.

Homicide is among the leading causes of death among young people (aged 15 to 29) in some countries and, in general, results in millions of years of life being lost annually. The latest Global Study on Homicide, 2019 by the United Nations Office on Drugs and Crime reveal that 464,000 people (an increase from 362,000 in 1990) estimated to have been victims of intentional homicide in 2017, amounting to an average global homicide rate of 6.1 victims per 100,000 population. The homicide rate differs per region, with America leading at 17.2 followed by Africa at 13.1.

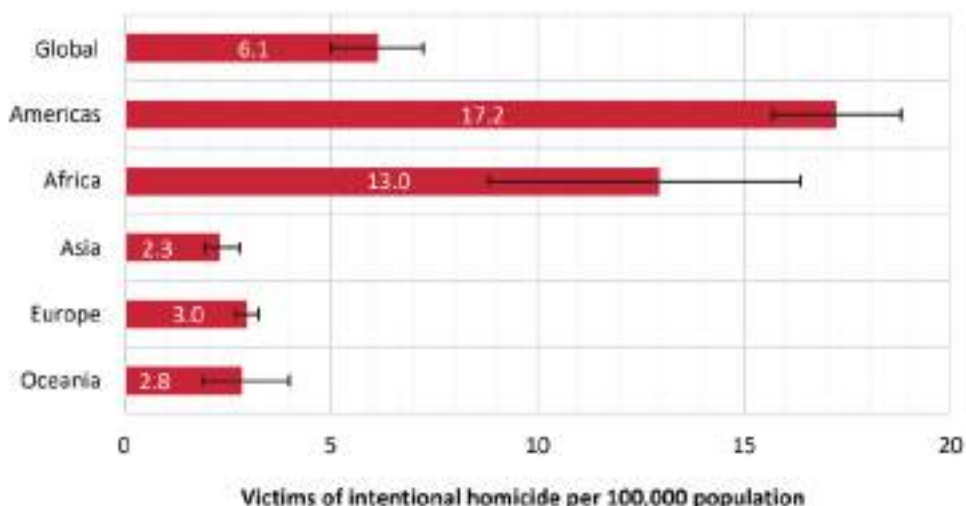


Figure 2.10: Homicide rate (victims of intentional homicide per 100,000 population), by region (UN, 2019)

In Kenya, 3,056 cases of homicide were reported in 2022. This was a decrease from the 3,281 reported in 2021.

Crimes ¹	2018	2019	2020	2021	2022*
Homicide	2,856	2,971	3,111	3,281	3,056

Table 2.7: (KE) Homicide cases reported to the police (ES, 2023)

The Global Study on Homicide, 2019 reported that men make up almost 80 per cent of all homicide victims recorded worldwide. Although women and girls account for a far smaller share of victims of homicide in general than men, they bear by far the greatest burden of intimate partner/family related homicide, and intimate partner homicide.

Asia accounted for the largest number of all women killed worldwide by intimate partners or other family members in 2017, with an estimated 20,000 victims. However, an estimated 19,000 women in Africa also lost their lives in this way. Africa has a much smaller population, meaning that women in Africa run a greater risk of being killed by an intimate partner or other family member than women in Asia.



Figure 2.11: Victims of Homicide in the World (UN, 2019)



Figure 2.12: Proportion of Homicide Victims per Region (UN, 2019)

While men are more likely than women to be victims of homicide, they are even more likely to be the perpetrators. About 90 per cent of all homicides recorded worldwide were committed by male perpetrators. According to the Economic Survey 2023, the male accounted for about 85% of the persons reported to have committed homicide in 2022 (2,122 for male against 369 for women).

Offence	2018			2019			2020			2021			2022*		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Homicide															
Murder	1,120	1,207	2,333	1,276	252	1,527	1,568	223	1,791	1,879	208	2,088	1,744	198	1,942
Manlaughter	31	73	104	80	12	92	83	14	97	71	12	83	65	5	71
Infanticide	11	9	20	9	27	36	9	43	52	8	41	49	3	33	36
Procuring abortion	6	6	12	7	45	52	23	27	50	8	28	36	1	24	25
Concealing birth	22	4	26	4	54	58	7	43	50	10	46	56	0	56	56
Causing death by dangerous driving	171	235	406	257	22	279	264	26	290	350	55	405	302	49	351
Sub-total	1,614	1,689	3,200	1,782	448	2,240	2,062	412	2,494	2,332	384	2,726	2,122	369	2,491

Table 2.8: (KE) Persons reported to have committed homicide by type of offence and sex, 2018- 2022. (ES, 2023)

The total number of persons reported to have committed homicides declined by 8.6 per cent to 2,491 in 2022.

Possible Policy Interventions

- ☑ Scale up Crime and Violence prevention programmes and devoting financial resources and political commitment to combat crimes including organized crimes
- ☑ Interventions within the specific regions, communities and population groups that are most at risk e.g. providing support to young men to prevent them from being lured into a sub-culture of violence.
- ☑ Establishment of programmes to help those in the crime subculture to extricate themselves from it through social work, rehabilitation programmes and raising awareness of non-violent alternatives.
- ☑ Enforcement of the rule of law and governance and combating impunity.

2.4.2.2 Suicide

WHO’s World Mental Health Report, 2022 reveals that suicide accounts for more than one in every 100 deaths globally and for every death by suicide there are more than 20 suicide attempts. Suicide affects people from all countries and contexts. At all ages suicides and suicide attempts have a ripple effect on families, friends, colleagues, communities and societies. It is a major cause of death among young people.

In 2019, an estimated 703 000 people across all ages (or 9 per 100 000 population) lost their life to suicide. Estimates of suicide rates vary significantly across countries – from fewer than two deaths by suicide per 100 000 in some nations to more than 80 per 100 000 in others.

Around three-quarters (77%) of all suicides occur in LMICs, where most of the world's population live. ³ (WHO, 2019)

It is estimated that the African region carries the highest age standardized suicide rate globally (11.2 per 100,000), followed by Europe (10.5 per 100,000) and S. E Asia (10.2 per 100,000) (WHO, 2019). In the Eastern sub-Saharan Africa region, the age standardized mortality rate from suicide in 2016 was 12.5 per 100,000 populations for both sexes, higher in males at 18.7 per 100,000 compared to females at 7.0 per 100,000 populations. Kenya's average crude national suicide death rate is estimated at 6.1 per 100,000 populations with a male to female ratio of 3:1.

Suicide rates also vary between males and females. Globally, women are more likely to attempt suicide than men. And yet twice as many men die by suicide than women do. In highincome countries the male-to-female ratio for death by suicide is even higher, at three men to every woman.

In both males and females, suicide is a major cause of death among young people. In 2019, it was the third leading cause of death in 15–29-year-old females; and the fourth leading cause of death in males in this age group. Overall, it is the fourth leading cause of death among 15– 29-year-olds and accounts for some 8% of all deaths in this age group.⁴ More than half (58%) of suicides happen before the age of 50 years. And suicide rates in people aged over 70 years are more than twice those of working age people.

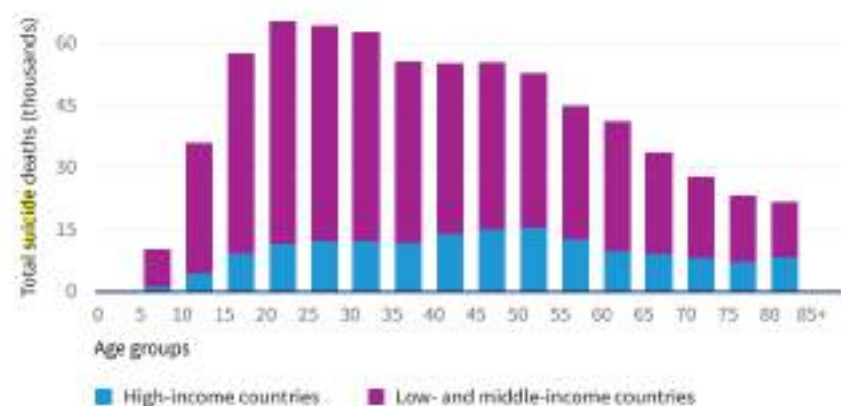


Figure 2.13: Total suicide deaths, all ages (WHO,2022)



Figure 2.14 : Suicidal thoughts among teens (13 -19 years) (Global Youth Culture)

Additionally, a Survey conducted by One Hope dubbed the global Youth Culture revealed that 1 in 4 teens aged 13 to 19 years globally reported having had suicidal thoughts within the last three months preceding the survey.

³ World Health Organization. Suicide worldwide in 2019: global health estimates. Available from: <https://www.who.int/publications/i/item/9789240026643>. [Accessed 13 July 2023]

⁴ World Health Organization. Suicide: key facts. Geneva: World Health Organization; 2021 [cited 2021 July 20]. Available from: <https://www.who.int/news-room/fact-sheets/detail/suicide>

A recent study conducted in the Coastal Region of Kenya (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9970164/#:~:text=Kenya's%20suicide%20rates%20mirror%20the,11.0%20per%20100%20000%20population>) identified the following reasons for suicidal behavior;

Interpersonal and relationship problems such as conflict and violence, loss and separation from loved ones;

financial and economic difficulties such as loss of income, unemployment and debt trap

Mental health conditions such as depression and substance abuses.

The study also identified six key recommendations for suicide prevention in the Coast region including;

- (a)- increasing access to counselling services and support groups,
- (b) improving mental health awareness and skills training,
- (c) restriction of suicide means,
- (d) decriminalisation of suicide,
- (e) economic and education empowerment and
- (f) encouraging religion and spirituality.

Suicide prevention is an international priority, with a Sustainable Development Goal (SDG) target to reduce the suicide mortality rate by one third by 2030. To help countries reach this target, WHO has developed the LIVE LIFE approach to suicide prevention, which prioritizes four interventions with proven efficacy: limiting access to the means of suicide; interacting with the media for responsible reporting on suicide; fostering social and emotional life skills in adolescents; and early intervention for anyone affected by suicidal behaviours.

The need to prevent suicide is recognized and prioritized at the highest international levels. All UN and WHO Member States have committed – through the SDGs and Comprehensive mental health action plan 2013–2030 – to reduce the global suicide mortality rate by one third by 2030. The global age standardized rate dropped 10% between 2013 and 2019, which shows that real progress is feasible. But much more action is needed to ensure that the global target

Possible Policy Interventions

LIVE LIFE approach to suicide prevention:

- limiting access to the means of suicide;
- interacting with the media for responsible reporting on suicide;
- fostering social and emotional life skills in adolescents; and
- early intervention for anyone affected by suicidal behaviours

2.4.2.3 Abortion

According to WHO, millions of induced abortions occur worldwide each year. It estimates that 29% of all pregnancies end with an abortion. Abortion is a great contributor to maternal mortality in a number of countries. In Kenya, the maternal mortality rate stands at 355 death per 100,000 live births according to the Economic Survey 2022. Given the current annual births, this means that there are nearly 4,000 women and girls dying annually due to pregnancy and childbirth complications.

In the Kenyan legal system, abortion is illegal. This is expressly stated in the Constitution of Kenya, 2010 and the Penal Code. Article 26 of the Constitution of Kenya, 2010 provides as follows;

- (1) Every person has the right to life
- (2) The life of a person begins at conception
- (3) A person shall not be deprived of life intentionally, except to the extent authorized by this Constitution or other written law
- (4) **Abortion is not permitted** unless, in the opinion of a trained health professional, there is need for emergency treatment, or the life or health of the mother is in danger, or if permitted by any other written law.

The Kenyan law not only protects the lives of the mother but also the life of the unborn child. Article 26(4) encourages all mothers experiencing complications with their pregnancy to seek the opinion of a trained health professional and not take matters in their own hand. Article 26(1) guarantees the right to every person. This life must be protected and promoted from the point of conception to natural death. The government and the health professionals are mandated by the Constitution in Article 43 to ensure the provision of the highest attainable standard of healthcare to all persons, including pregnant mothers and the unborn child.

Notwithstanding abortion being an offence in Kenya, there are a number of pro-abortion organizations in Kenya that advocate for abortions on demand under the pretext of advocating for sexual reproductive rights. With the high number of abortions conducted, albeit illegally, the country risks losing more lives of women and girls and the unborn child. If this trend continues, we not only risk losing the lives of many pregnant women and girls but to a greater extent, the country will experience the death of thousands of unborn children, whose right to life deserve the protection and promotion by the state and all individuals. It is therefore important that when an opinion is reached to terminate a pregnancy, the method used and place where the deliver is performed must give both the mother and the unborn child the best chance of survival.

KCPF commissioned an IPSOS-KENYA Survey in 2020 on the public perceptions on abortion, homosexuality, parenting, sex education and the then political push to amend the Constitution. On the public perception on abortion, the survey revealed that 85% of Kenyans are against the legalization of abortion in all instances and a further 9% of Kenyans also reject abortion on request, but would allow abortion in some cases such as to protect the life of the mother.

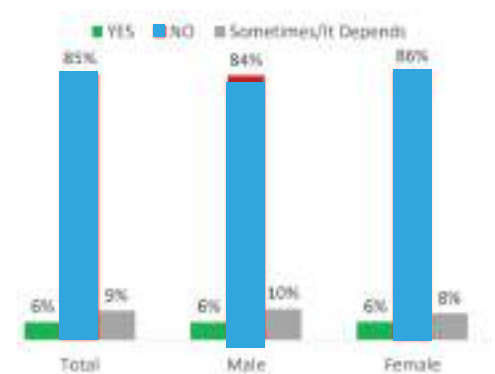


Figure 2.15: (KE) Perception of Kenyans on legalization of abortion (IPSOS -Kenya 2020)

Further, the Survey revealed that a majority of the Kenyans across different religions agree that abortion should not be permitted.

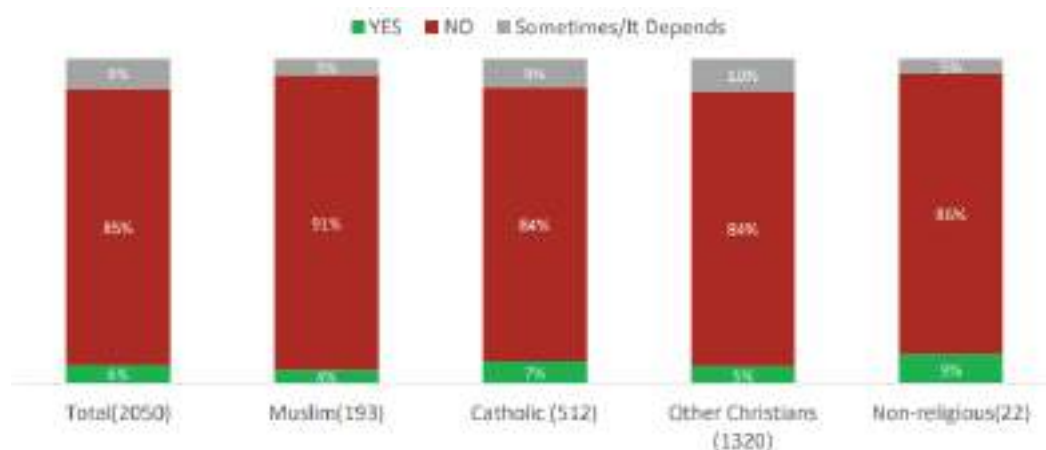


Figure 2.: (KE) Perception of Kenyans across different religions on legalization of abortion (IPSOS- Kenya, 2020)

When it comes to the discourse on abortion, the will of the people of Kenya for the right of the unborn child to be protected as expressed in Article 26 of the Constitution must be upheld and guarded..

Possible Policy Interventions

- ☑ Provide counselling and assistance to young pregnant girls in facilitation of a decision that is pro -life.
- ☑ Establish or vouch for the establishment of grass root pro-life centers and call centers to support and assist those facing temptation to abortion and suicide.
- ☑ Promotion of a culture that recognizes the life and rights of the unborn child as enshrined in Article 26 of the Constitution.

2.4.2.4 Road Accidents

Every year, the lives of approximately about 4,000 people are cut short as a result of road traffic accidents. Thousands more suffer non-fatal injuries, with many incurring a disability as a result of their injury. According to the Economic Survey, 2023, the number of reported road accidents slightly decreased from 10,210 in 2021 to 9,976 in 2022. However, there was a 5.5 percent increase in number of road accident casualties to 21,757 in 2022 from 20,65 in 2021.

	2018	2019	2020
Reported Traffic Accidents	5,158	7,184	8,919
Persons Killed or Injured:- of which:	12,877	15,747	16,970
Killed	3,158	3,586	3,975
Seriously Injured	4,673	6,952	8,026
Slightly Injured	5,046	5,209	4,969

Table 2.9: (KE) Number of Reported Road Accidents and victims, 2018 – 2022 (ES, 2023)

Out of the 21,757 casualties, the number of deaths reported were 4,690 (21%) giving a 2.4% increase during the period of review, with 9,935 others seriously injured and 7,132 slightly injured.

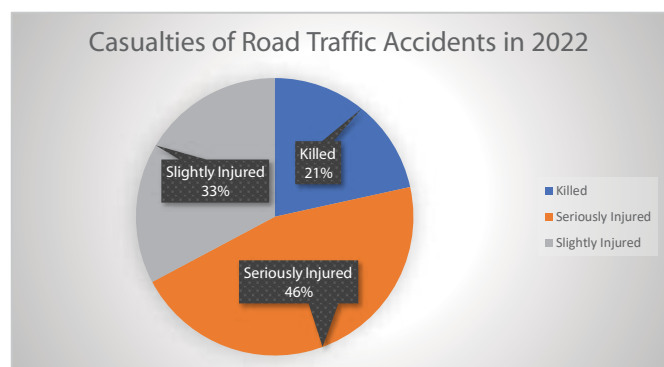


Figure 2.14: (KE) Casualties of Road Traffic Accidents in 2022 (ES, 2023)

The majority of those who succumb to road accidents are pedestrians, followed by motorcyclists and passengers. The least number of those killed in road accidents are pedal cyclists.

Road traffic injuries cause considerable economic losses to individuals, their families, and to nations as a whole. These losses arise from the cost of treatment as well as lost productivity for those killed or disabled by their injuries, and for family members who need to take time off work or school to care for the injured.

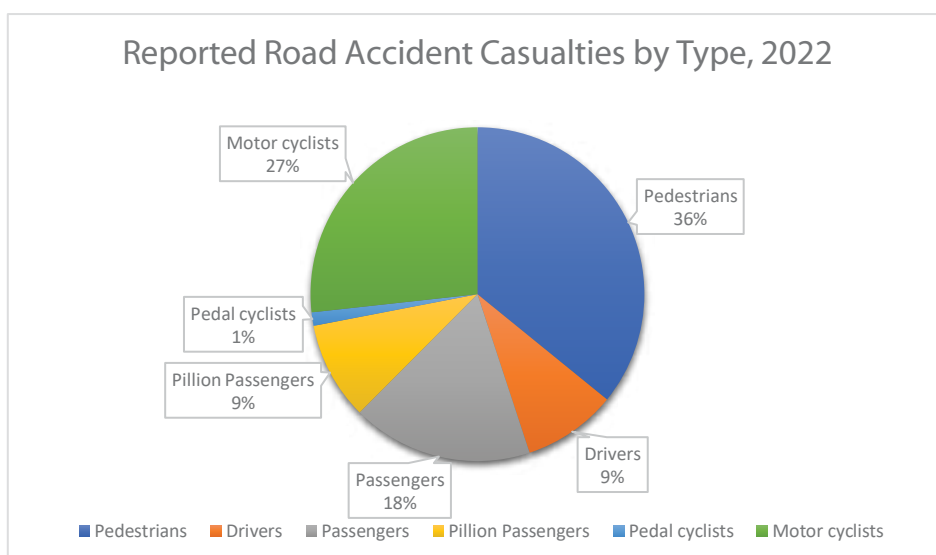


Figure 2.15: (KE) Reported Road Accident Casualties by Type, 2022 (ES, 2023)

Among the factors that contribute to road accidents are driving under the influence of alcohol and other psychoactive substances, non-use of motorcycle helmets, seat-belts and child restraints, distracted driving e.g., using mobile phones, unsafe road infrastructure, unsafe vehicles among others.

Many of these factors can be prevented thus reducing the number of road traffic injuries and deaths.

Possible Policy Interventions

- ☑ Good data management and analytical arrangements that ensure a full understanding of the causes and circumstances of road traffic fatalities
- ☑ Development of a well-planned infrastructure that contributes to the improvement of road safety and thereby reduces the number of deaths on roads, for example; strategic allocation of roadside barriers, creation and improvement of pedestrian walkways and crossings, well planned allocation of traffic signals, road and speed limit signs, among others
- ☑ Education and Training of the public on road safety and promotion of safe driving behavior for example; seat belt and speeding enforcement, no drinking and driving among others
- ☑ Effective enforcement of road safety laws, sanctions and penalties for violations.

2.4.2.5 Extrajudicial Killings

The issue of extrajudicial killings and enforced disappearance is a rife in Kenya and have been of grave concern for quite a while.

Extrajudicial killing refers to the arbitrary deprivation of life by government authorities or individuals without the sanction of any judicial proceeding or legal process. These executions include deaths resulting from torture or ill-treatment in prison or detention; death resulting from enforced disappearances, death resulting from the excessive use of force by lawenforcement officials, among others.

Kenya's police force is often accused by rights groups of using excessive force and carrying out unlawful killings, especially in poor neighbourhoods.

On average, extrajudicial killings run into hundreds of people very year. (HRW 2019). Missing Voices, a campaign group focused on extrajudicial killings in Kenya, has been collecting information about police killings and enforced disappearances since 2019. In 2022, Missing Voices documented 130 cases of police killings and 22 cases of enforced disappearances, bringing the total number to 152. In 2021, 186 cases of police killings and 36 cases of enforced disappearances were documented, an indication that police killings dropped by 30.1% and disappearances by 38%. This is a total drop of 31.5%.

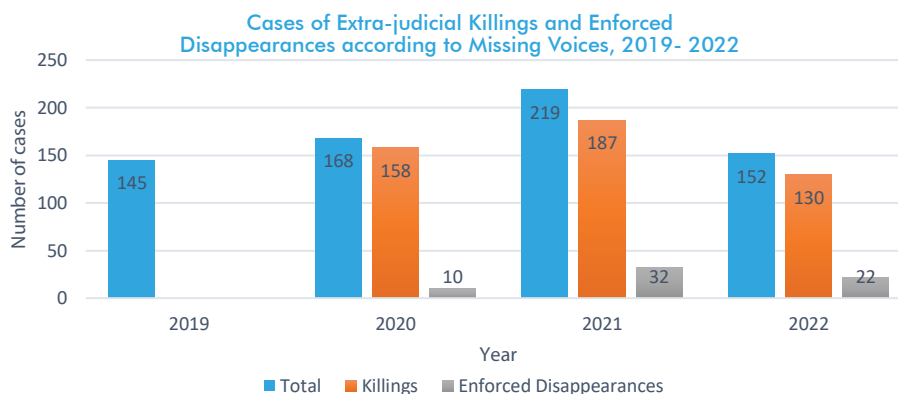
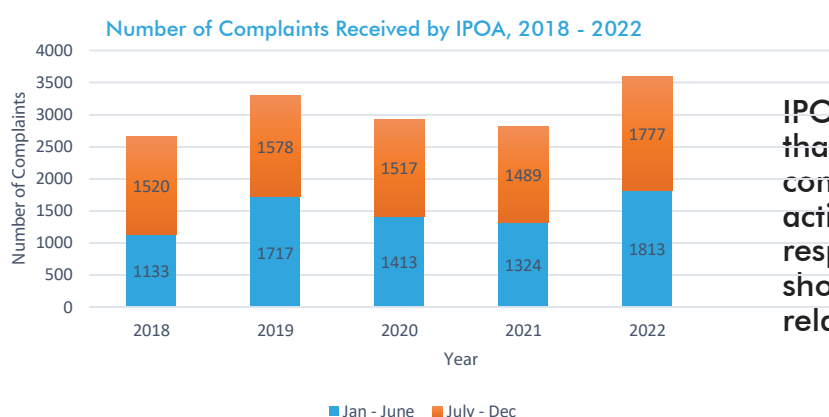


Figure 2.16: (KE) Cases of Extra-judicial Killings and Enforced Disappearances according to Missing Voices, 2019-2022

In a bid to address the issue of extrajudicial killings, the Independent Policing Oversight Authority (IPOA) was established pursuant to the Independent Policing Oversight Authority Act (No. 35 of 2011) whose main function is to provide for civilian oversight over the work of the Police. IPOA is mandated to hold the police accountable to the public in the performance of their functions.

In accordance with section 30 of the IPOA Act No.35 of 2011, the Authority should submit to the Cabinet Secretary, at least once in every six months, a report of the performance of the functions of the Authority, making such recommendations as it may consider necessary, and the Cabinet Secretary should, within 14 days after receiving such report, cause it to be published and laid before the National Assembly.

In its report published in 2022, IPOA reported that it received and processed 1,813 and 1,777 complaints in the period of January to June 2022 and July to December 2022 respectively (totaling to 3,590 for the year 2022) This was an increase from the 2,813 complaints received in 2021. The complaints relate to disciplinary or criminal offences committed by the members of the Police Service ranging from death from police action, enforced disappearance, sexual offences, abuse of office, physical assault, arbitrary arrests, among others.



IPOA Performance Report, 2022 reveals that they received 117 and 43 complaints relating to death from police action and enforced disappearance respectively; 79 complaints involved shooting causing injuries and 462 related to physical assault by the police.

Figure 2.17: (KE) Number of Complaints Received by IPOA, 2018 - 2022

Nature of Complaints	2018	2019	2020	2021	2022
Death from Police Action (Shooting, Physical Assault, Traffic Accidents)	143	128	157	123	117
Death in Custody	51	35	35	46	59
Physical Assault	419	360	493	362	462
Shooting Causing Injuries	218	52	56	35	79
Enforced Disappearance	17	27	31	28	43
Sexual Offences	43	34	41	32	38
Others	1,762	2,659	2,117	2,187	2,792
Total	2,653	3,295	2,930	2,813	3,590

Table 2.10: (KE) Nature of Complaints reported to IPOA 2018 - 2022

Missing Voices 2022 Report reveals that in the 2022 data, just like in previous years, men have predominantly been victims, accounting for more than 90% of enforced disappearances and police killings. The data further shows that out of the out of the 130 cases of police killings, the youth aged between 19 to 35 account for the most victims of police killings.

THE AGE OF VICTIMS OF POLICE KILLINGS

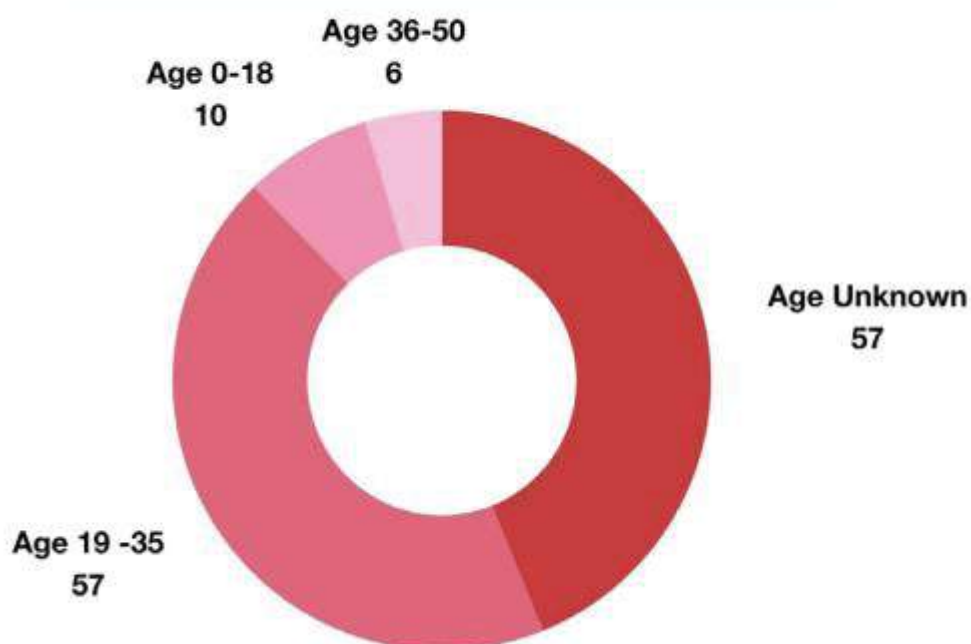


Figure 2.18: (KE) The Age of Victims of Police Killings (Missing Voices, 2022)

The Report also shows that as opposed to men, most police killings of women resulted from gender-based violence. In 2022, the media was filled with cases of women killed by their partners who are police officers. In Migori, a lady named Maureen Moraa was shot by her husband on February 20, 2022. On September 5, 2022, Janet Chebet was shot and killed by her boyfriend, a police officer, in Kuresoi, Nakuru County. Emily Musita was shot dead on December 6, 2022, by her husband, a police officer, in Mombasa County.

Cases of missing persons found dead have been on the rise in the country. In January 2022, the Independent Policing Oversight Authority launched investigations into the incidents in which 22 dead bodies were recovered from River Yala in Siaya County on diverse dates after HAKI Africa brought the issue to light. In September 2022, 7 more bodies were recovered bringing the tally to 39. The investigations to ascertain the perpetrators are still ongoing. However, human rights groups have expressed suspicions that the police had a hand in those killings.

Despite the mounting number of extra-judicial killings, only a small fraction of the documented cases reach the courts. For those that reach the courts, there is usually not enough evidence or the witnesses fail to come forward. Even in cases where there is ample evidence, “killer cops” are rarely prosecuted. This leaves the families affected with no relief or justice and the perpetrators are left with no accountability for their heinous crimes.

Possible Policy Interventions

- ☑ Enhanced Prosecution Accountability by requiring prosecutors to provide written justification for not investigating or prosecution a case. These reasons should be further subjected to judicial review and/or public oversight for their justifiability.

2.5

KCPF in Defence of Life

Guided by Article 26(1) of the Constitution of Kenya, KCPF believes that every person has the right to life and inherent dignity. Further to that, Article 26(2) adds that “the life of a person begins at conception”. In recognition of these articles and the mission of Jesus in John 10:10: “...I have come so that they may have life and have it in abundance”, KCPF continues to work tirelessly to defend the sanctity of life. As such, life is the first of its core pillars, driven by the Life Committee in collaboration with other pro-life organizations under Linda Uhai Consortium to promote and protect human life and dignity. KCPF has made significant contributions towards the defence of life through advocacy and clamour for reform, among other measures. Enumeration of a few of activities in this respect deserve mention:

2.5.1 Policy Engagements**a. Position Paper on the Right to Life and Championing Reforms**

KCPF has adopted a position paper on the right to life. Dubbed the ‘Position on Human Life for the Body of Christ in Kenya,’ this paper guides KCPF on its agenda for defence of the sanctity of life. It addresses issues of the worth of the human life, the self-contradicting right to life provision in the Constitution and the problematic abortion clause, and champion for reform in this regard, and flags the perils posed by the Reproductive Health Bill

b. National Reproductive Health Policy (2022 – 2032)

KCPF participated in the drafting of the National Reproductive Health Policy (2022-2032), which was launched by the Ministry of Health in 2022. The policy addresses age specific needs of the entire life spectrum of the Kenyan population including maternal health, family planning, adolescence and young adults’ reproductive health; reproductive health needs of persons with disability and reproductive health of the older persons such as menopause and andropause. It contains the steps meant to achieve universal quality reproductive health care and services in line with the right to the highest standards of health as enshrined in Article 43 of the Constitution

2.5.2 Annual Life Week

KCPF conducts an annual Life Week on the fourth week of March around the time when we commemorate the conception of Jesus, nine (9) months before his birth. During this week, we raise awareness on the sanctity of life and rally various players on the need to cherish and uphold life. The week of awareness is concluded with a March for Life where KCPF and the Linda Uhai Consortium march in the streets of Nairobi CBD. Through the annual March for Life, KCPF has managed to mobilise churches and pro-life organisations on the need to raise voices in support of life and counter movements that seek to undermine life through abortion and similar practices.

2.5.3 Intervention in Court Cases

In Federation of Women Lawyers (FIDA – Kenya) & 3others v Attorney General & 2 Others; Court Appeal No. 594 of 2019,

KCPF filed an appeal challenging a High Court judgement that allowed the use of health guidelines that were being to train health professionals on abortion. The matter is still ongoing in Court.

In Network for Adolescents and Youth of Africa & Another (High Court Constitutional Petition No.428 of 2018),

KCPF participated as an Interested Party in the Constitutional petition supporting Kenya Film Classification Board's (KFCB) decision that banned the airing of an advert promoting abortion.

In 2018, Marie Stopes Kenya embarked on a radio campaign on offering abortion on demand services to members of the public. KFCB banned the said radio adverts but Marie Stopes continued with its radio adverts, prompting the members of the public to raise a complaint with the Kenya Medical Practitioners & Dentists Council (KMPDC). KMPDC conducted a hearing of the complaint and upon hearing of the parties, made a determination that Marie Stopes Kenya was offering abortions and running an advocacy for abortions in contravention of the Constitution, Penal Code and the Medical Practitioners and Dentists (Practitioners and Health Facilities (Advertisement) Rules, 2016. Subsequently, the Director of Medical Services, Ministry of Health addressed a letter to Marie Stopes Kenya directing to immediately stop offering any form of post-abortion care services in all its facilities within the Republic of Kenya. It is against this background that this Petition was filed challenging the decisions of the Director of Medical Services, Ministry of Health, KMPDU and KFCB to stop Marie Stopes Kenya from offering abortion services within the Republic of Kenya. We await the Court's determination on this matter.

In PAK & Another vs AG & Others (Malindi Case)

KCPF filed an appeal against the decision of the High Court of Malindi that sought to legalise abortion. The High Court held that the right to abortion is a fundamental right, without recognizing that abortion exceptions in Article 26(4) of the Constitution of Kenya amount to limitations to the underlying right to life of the unborn and that should be interpreted narrowly and strictly in accordance with the widest possible enjoyment of the right to life by the unborn child.

2.6 What Needs to be Done

The future is still fraught with perils as far as life is concerned. The threats to life such as abortion, homicide, suicide, preventable deaths caused by accidents and curable diseases, among others are bound to rise. Thus, the Christian community must arise and play its part in defending the sanctity of life, inculcating a culture of responsibility among all players, and assuaging the psychological, social and economic crises that are the root cause of many of these perils. In this regard, KCPF will do the following:

- ☑ Widen the engagement with churches and pro-life institutions and people to raise awareness of the perils that the sanctity of life faces and evoke action.
- ☑ Raise the profile of the Annual March for Life to become a nationwide event with significant impact in shifting the attitude of various players in the pro-life direction. This includes training and equipping of Linda Uhai Ambassadors.
- ☑ Use print media and social media to engage and mobilise support for pro-life laws, policies, attitudes and practices.
- ☑ Provide counseling and assistance of young pregnant girls in facilitation of a decision that is pro -life.
- ☑ Carry out (or intervene and participate in) strategic litigation in support of life and against laws, policies and decisions that undermine the sanctity of life.
- ☑ Participate through the public participation avenue to influence policies and legislation in a pro-life direction.
- ☑ Establish or vouch for the establishment of grass root Pro- Life Centers and call centers to support and assist those facing temptation to abortion and suicide.
- ☑ Work with other players to decrease unnatural causes of death such as accidents, ethnic and political violence, among others.
- ☑ Work with the Government (NTSA) to reform driving instruction curriculum to include content on the need for drivers to respect and focus on human dignity and life.
- ☑ Support family stability as a way of reducing domestic violence that often lead to homicide.
- ☑ Work with the Government to separate children from adults in data reporting as per the Reproductive Health Policy.



CHAPTER THREE:

THE FAMILY SPHERE

THE FAMILY SPHERE

3.1 Introduction

The family is an important basic unit society and the building block, without which, there can be no society and nation. It is universally recognized as an institution where reproduction, socialization patterns, and organization of roles and relations in the community are to a greater or lesser extent determined (WHO, 2001). It plays a critical role in the development and daily lives of individuals in shaping who they are and instilling values in them. Because of the key role that the family plays in the society, it deserves comprehensive protection and support.

The United Nations defines family as members of the household who are related to a specified degree, through blood, adoption or marriage. In Kenya, National Policy on Family Promotion and Protection defines the family as; a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious) of two persons of opposite sex.

3.2 Legal Foundations

The Global community recognizes the crucial role of the family and the need to protect the family and its members and has therefore attracted the attention of law and policy at the international and domestic level. At the international level, the legal instruments that address family concerns are; the Universal Declaration of Human Rights (1948), the Programme of Action of the International Conference on Population and Development (ICPD 1994), the United Nations (UN) 2030 Agenda for Sustainable Development, International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) among others.

The [Geneva Consensus Declaration, 2021](#) on promoting Women's Health and Strengthening the Family promotes an approach to human rights that affirms motherhood, life and family and has been signed by 36 states, 17 of which are African States.

At the continental front, the [African Charter on Human and People's Rights \(ACHPR\)](#) recognizes the family as the natural unit and basis of society therefore deserving the protection by the State.

Article 18 of the African Charter on Human and People's Rights (ACHPR) provides that;

1. [The family shall be the natural unit and basis of society. It shall be protected by the State which shall take care of its physical health and moral.](#)
2. [The State shall have the duty to assist the family which is the custodian of morals and traditional values recognized by the community](#)

Other regional instruments include the African Charter for Social Action, the African Charter on the Rights and Welfare of the Child, the African Common Position on Human and Social Development in Africa, the African Union Plan of Action on the Family in Africa (2004) whose goal is to improve the quality of life of all families in Africa.

The government of Kenya recognizes the family as the natural and basic unit of the society and the necessary basis of social order that should enjoy the recognition and protection of the State. This is enshrined in Article 45 of the Constitution of Kenya, 2010 which further acknowledges that every adult has the right to marry a person of the opposite sex, based on the free consent of the parties.

Various legislations relevant to the family and issues affecting them have also been put in place and they include;

the Marriage Act 2014, the Matrimonial Properties Act 2014, the Protection Against Domestic Violence Act, 2015, the Children’s Act, 2021, the Social Assistance Act, 2014, the Persons with Disabilities Act 2003, the Sexual Offences Act, 2006, National Policy on Family Promotion and Protection The among others.

3.3 The Status of the Family in Kenya

3.3.1 Size and Nature of Household.

A household refers to a person or group of persons, related or unrelated, who usually live together, who acknowledge one adult member as the head of the household, and who have common cooking arrangements. (KDHS, 2014).

Nuclear households contribute the highest percentage of family types nationally, with a proportion of 28.5% of the total households. Nuclear households are dominant in rural areas (30.8%) compared to urban areas.

The average size of households has been on the decline over the years. The last census report in 2019 revealed that the average household size is 3.8, a decline from 4.2 in 2009 and 5.7 in 1969. Rural households are relatively larger (4.4 people) than those in urban areas (3.2 people). This can be attributed to the disparity in fertility rate in rural and urban areas. Women in rural areas have almost 1.5 more children, on average, than women in urban areas (4.5 versus 3.1) (KDHS,2014).

Nationally, about a fifth of the households are single member households while 5% have nine or more members. Urban areas have twice as much single member households, compared to rural areas. Nairobi County recorded the highest share of single member households (30.7%), whereas, the lowest proportion at 4.1% was recorded in Mandera County. On the other hand, larger households, with nine or more people, are common in rural areas than in urban areas. North Eastern region has the highest proportion of large households (23.7%) while Central and Nairobi regions having the lowest proportions, at about 1% each.

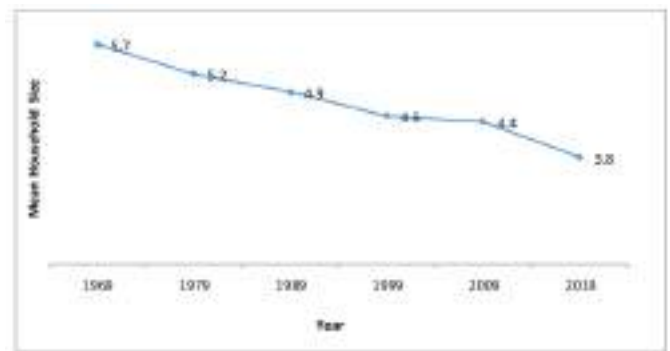


Figure 3.1: (KE) Trends in Average Household Size, 1969 – 2019(KDHS, 2022)

	Number of Households	Household Size									
		1	2	3	4	5	6	7	8	9	10+
KENYA	12,004,581	20.2	13.5	15.1	15.3	12.7	8.8	5.6	3.5	2.1	3.1
Residence											
Rural	7,357,391	14.6	11.2	14.1	15.8	14.3	10.9	7.3	4.7	2.8	4.2
Urban	4,647,190	29.1	17.3	16.6	14.7	10.1	5.6	2.9	1.5	0.8	1.4
Region											
Coast	1,039,518	21.8	13.9	14.2	13.2	10.7	8.0	5.9	4.1	2.8	5.4
North Eastern	388,869	5.1	5.5	9.1	11.5	13.6	13.2	9.6	8.6	6.2	17.5
Eastern	1,744,653	18.6	13.5	16.2	16.9	13.4	8.8	5.3	3.1	1.7	2.4
Central	1,729,400	27.1	16.4	17.0	16.5	11.8	5.9	2.7	1.3	0.6	0.7
Rift Valley	2,986,956	17.7	11.7	14.1	15.0	13.4	10.2	7.0	4.5	2.7	3.7
Western	1,128,504	14.3	11.3	14.1	15.3	14.2	11.4	8.0	5.0	2.9	3.6
Nyanza	1,498,153	16.0	12.4	14.5	16.0	14.6	10.9	6.9	4.0	2.1	2.5
Nairobi City	1,488,528	30.7	18.7	17.2	14.8	9.6	4.8	2.2	1.0	0.5	0.6

Table 3.1: (KE) Percentage Distribution of Household Size by Area of Residence and Region, 2019 (KNBS, 2019)

Top 5

No.	County	Household Size
1.	Mandera	6.9
2	Wajir	6.0
3.	Garissa	5.9
4.	Marsabit	5.7
5.	Turkana	5.6

Least 5

No.	County	Household Size
1.	Nairobi	2.8
2	Nyeri	2.9
3.	Kirinyaga	2.9
4.	Kiambu	2.9
5.	Mombasa	3.1

Table 3.2: Average Household Size per County; top 5 and least 5 (KDHS, 2022)

Nationally, men head about 62% of the total households, while female head about 38% of the total households. A higher proportion of female headed households is recorded in rural areas (36%) compared to 28.7% in urban areas. North Eastern has the highest proportion of femaleheaded households at 49.1%, followed by Nyanza and Western regions with 42.6% and 39.6% respectively. Children under 18 years head 0.5% of the total households.

Household Headship

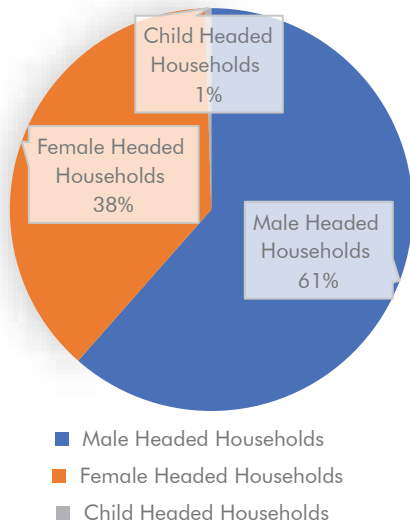


Figure 3.2: (KE) Distribution of Households by Headship, KNBS, 2023

	Child Headed Households	Male Headed Households	Female Headed Households
KENYA	0.5	61.8	38.2
Residence			
Rural	0.5	60.8	39.2
Urban	0.4	63.3	36.7
Region			
Coast	0.5	63.4	36.6
North Eastern	1.6	50.9	49.1
Eastern	0.5	61.6	38.4
Central	0.3	65.5	34.5
Rift Valley	0.5	61.3	38.7
Western	0.4	60.4	39.6
Nyanza	0.5	57.4	42.6
Nairobi City	0.4	65.8	34.2

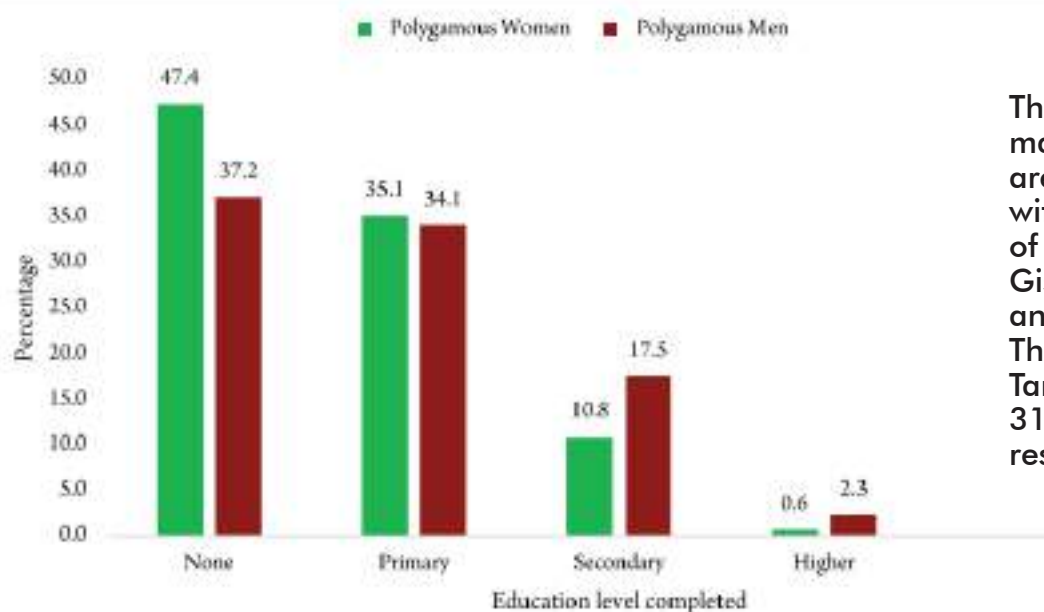
Table 3.3: Household Headship by Sex, Area of Residence and Region (KNBS,2019)

3.3.2 Marriage Statistics in Kenya

The Analytical Report on Population Projections by KNBS, 2022 shows that the proportion of married women (12-49 years) (monogamous and polygamous) at the national level is 51.1%, while for the never-married women is 39.2%. Married men account for 48.4% with those unmarried at 48.2%. The percentage of unmarried men is higher in rural areas than in urban at 50.2% and 44% respectively. For the women, it is different as the percentage of unmarried women is higher in urban areas than rural at 42.2% and 37.7% respectively.

The Report also shows that both men and women in rural areas are more likely to be polygamous compared to those in urban areas. Counties with the highest prevalence of polygamous marriages are mostly those in the ASAL areas; Mandera, West Pokot and Samburu whereas the lowest prevalence is in Nyeri, Kirinyaga, Kiambu and Murang’a.

Figure 3.3 below shows that the proportion of both polygamous men and women decreases with the level of education. A higher proportion of women (47.4%) with no education compared to men (37.2%) are in polygamous union. However, at the higher level of education, more men than women are in a polygamous union. This difference can be attributed to the effect of schooling in that staying longer in school decreases the chances of early marriage.



The prevalence of the never married is higher in urban areas than rural. Counties with the highest percentage of never married are Uasin Gishu (45.0%), Nandi (44.5%) and Nairobi City (43.5%). Those with the lowest are Tana River and Kirinyaga at 31.5% and 32.2% respectively.

Figure 3.3(KE) Proportion of Men and Women in Polygamious Union by education level (KNBS, 2022)

The data further shows that divorce and separation are higher in urban areas compared to rural areas. Counties with the highest number of women divorced and separated are Kirinyaga (7.5%), Lamu (7.2%), Kiambu (6.2%) and Mombasa (6.0%). Generally, the proportion of widowed men is smaller compared to that of women. This is because men are more likely to remarry after death of a spouse or divorce compared with women. Further, widows are more in rural areas than urban. Widowed women are higher in Western and Nyanza regions compared to other regions. Siaya County was leading with the percentage of widows at 13.9%, followed by Homabay at 11.55, Vihiga at 11.3% and Kisumu at 10.1%.

Sex		Number	Never Married	Married Monogamous	Married Polygamious	Widowed	Divorced	Separated	DK
Women	Total	16,570,847	39.2	48.1	3.0	6.0	1.1	2.5	0.1
	Rural	11,167,587	37.7	48.4	3.8	7.2	0.8	1.8	0.1
	Urban	5,403,260	42.2	47.5	1.2	3.6	1.6	3.9	0.2
Men	Total	15,936,903	48.2	45.6	2.8	0.9	0.6	1.7	0.1
	Rural	10,736,319	50.2	42.9	3.3	1.1	0.6	1.8	0.2
	Urban	5,200,584	44.0	51.0	1.9	0.6	0.7	1.6	0.1

Table 3.4: (KE) Marital Status of Men and Women (above 18 years) by Rural – Urban (KNBS, 2019)

Table 3.5 shows that overall, the proportion of the married has been declining since 1989. According to the 2019 Census, all age groups recorded decline in proportions married except the males in the adolescent group 15 -19 years.

Age Group	Male				Female			
	1989	1999	2009	2019	1989	1999	2009	2019
15-19	2.1	2.9	3.2	4.2	18.8	18.8	15.4	10.8
20-24	20.0	22.2	19.7	18.5	61.2	58.9	55.7	48.2
25-29	60.3	57.0	56.5	53.2	76.7	73.7	74.2	71.0
30-34	83.7	80.8	78.7	74.3	84.5	80.5	79.6	77.3
35-39	88.8	88.0	86.4	80.9	85.7	82.1	80.2	76.9
40-44	89.9	90.5	88.9	84.7	84.0	81.8	78.6	76.2
45-49	90.2	90.9	90.2	86.8	82.9	80.8	77.7	74.6

Table 3.5: (KE) Married Males and Females by Age Group, 1989 – 2019 (KNBS, 2019)

The table and Figure 3.4 show that the proportion of married females at a young age (less than 29 years) is higher than that of married males. This is because most women marry at a median age of 20.2 while men marry about 5 years later, at a median age of 25.3 (KDHS, 2014), an indication that men are more likely than women to postpone entry into marriage.

Between ages 30-34, the proportion of the married among men increase to almost the same level as the females and at age 35 and above, a higher proportion of males remain married compared to females. This could be attributed to the fact that unmarried males, widowed and divorced/separated males are more likely to marry/remarry at an older age compared to females.

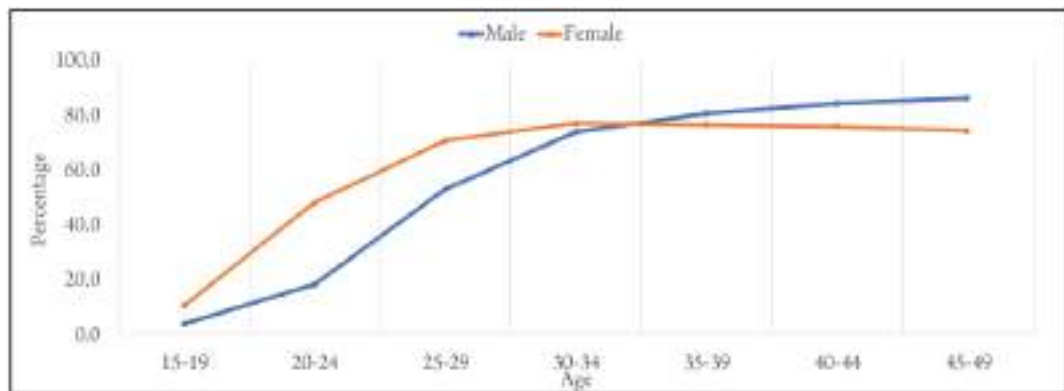


Figure 3.4: (KE) Proportion of Males and Married Women (KNBS,2019)

3.4 Prevailing Threats to Marriage and Family

Family is the cornerstone of our society, providing a nurturing and supportive environment for individuals to grow, learn, and thrive. However, families are not immune to challenges that shake their foundation. These threats include; infidelity, drug and substance abuse, divorce and separation, child marriage, teenage pregnancy, and domestic violence.

3.4.1 Infidelity

Early 2023, the Kenya National Bureau of Statistics released a report on the extent of extramarital affairs in the county. According to the Report, 35% of men reported having sex with a person who was neither their wife nor lived with them and 19% of women had sex with a person who was neither their husband or lived with them. 15.1% and 2.7% of married men and women respectively reported having extramarital affairs.

The report shows that the Kenyan men have an average of seven sexual partners and women have 2 sexual partners in their lifetime.

More than half of the men aged 20-24 have engaged in sexual activities with persons who neither live with them nor are their spouses. Demographically, wealthier, educated men and women and those living in urban areas reported having more than 2 sexual partners in the past year.

Background Characteristic	Men	Women
Age		
15 - 24	40.8	24.2
15 - 19	25.2	17.5
20 - 24	61.3	31.1
25 - 29	48.6	19.9
30 - 39	27.7	14.8
40 - 49	17.5	12.4
Marital Status		
Never Married	48.9	35.8
Married/living together	15.1	2.7
Divorced/Separated/Widowed	26.7	47.1
Residence		
Urban	37.0	22.5
Rural	33.2	16.1
Education		
No education	19.5	7.0
Primary	29.7	16.3
Secondary	35.2	18.4
More than Secondary	43.4	27.2
Wealth Quintile		
Lowest	32.2	13.7
Second	33.5	16.6
Middle	33.4	18.4
Fourth	36.9	20.1
Highest	35.4	22.3
Total	34.7	18.7

Table 3.6: (KE) Percentage of men and women who had intercourse in the last 12 months with a person who was neither their wife/ husband or lived with them (KDHS, 2023)

Infidelity has devastating effects that extend far beyond the individuals directly involved, seeping into the very fabric of the family unit. Infidelity erodes trust, which is the foundation of any healthy relationship, leading to feelings of betrayal, anger and despair. For children, witnessing the breakdown of their parents' relationship can have long-lasting psychological and emotional effects. Witnessing their parents' pain and discord can cause confusion, feelings of guilt, blaming themselves for the affair, anxiety, a loss of faith in the stability and security of their family. Their academic performance and general well-being may be affected.

3.4.2 Divorce and Separation

For many decades, divorce was considered a foreign concept and the rates were low. However, the Kenya National Bureau of Statistics (KNBS) has been recording a steady rise in divorce rates over the last five years; and in 2020, it reported that 17% of marriages had ended in divorce.

The KNBS 2023 Report shows that at least one in every 18 households (5.5%) in Kenya is headed by someone who has been divorced or separated. These are 661,628 households. A higher proportion of these households are female-headed at 61.3% compared to the male-headed that account for 38.7%.

Kenya, unlike many Western countries, has a fault-based divorce system. This means that the law allows for divorce only if the person seeking the divorce can demonstrate that their partner/spouse committed a matrimonial offence. Some of the reasons for divorce provided by the Marriage Act, 2014 include; infidelity/ adultery, cruelty, abandonment, imprisonment for life or more than seven years and severe mental illness which must be certified by two doctors, one being a psychiatrist.

Divorce and separation can have multiple disruptive and lasting consequences not only for both partners, but also for the children and other dependent family members.

Divorce and separation deny the children the privilege of staying with their parents, especially the fathers. KNBS 2023 Report reveals that in most divorce/ separation cases, children are more likely to stay with their mothers and their fathers. Table 3.7. shows that among the 256,074 clusters of divorced/separated men, a higher percentage of 70.6% end up living alone while only 17.4% stay with their children. For the women, 79.8% end up staying with their children while only 20.2% live alone.

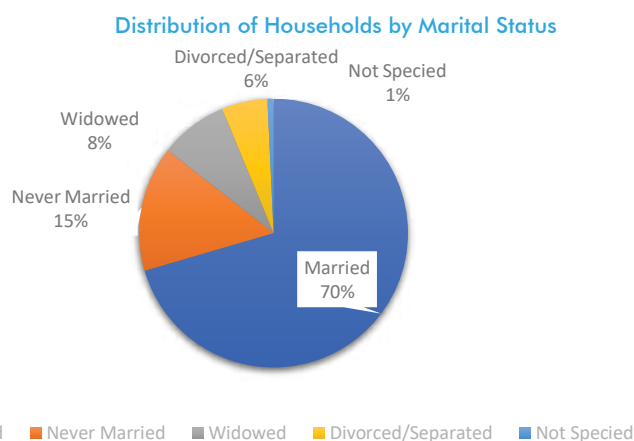


Figure 3.5: (KE) Percentage Distribution of Households by Marital Status (KNBS 2023)

Sex of Household Head	No. of Households	Percentage	Living Alone	Living with Children	Living with Grandchildren	None Relative Household	Relatives Household
Male	256,074	38.7	70.6	17.4	0.3	2.4	8.2
Female	405,515	61.3	22.0	47.7	2.9	0.8	22.8

Table 3.7: (KE) Percentage Distribution of Households headed by Divorced/ Separated Men and Women (KNBS, 2023)

Possible Policy Interventions

- ☑ Marriage mentoring, education and counselling- teaching couples communication and conflict resolution skills before they are married and during the marriage.
- ☑ Educate couples on the effects of divorce on children
- ☑ Promote professional development of marriage and family therapists
- ☑ Enforcement and implementation of laws that limit the easiness of divorce
- ☑ Provision an enforcement of minimum period before a divorce is granted

3.4.3 Child Marriage

Child marriage is a marriage in which one or both spouses are under 18 years old. Child marriage has been illegal in Kenya since 2001 when the Children’s Act was enacted. Other laws such as the Sexual Offences Act, 2006, the Prohibition of Female Genital Mutilation Act, 2011 and the Marriage Act, 2014, which sets the age of marriage at 18 years, also protect children from these practices.

The 2019 Census shows that child marriage is still prevalent in Kenya. Slightly more than half a million adolescents age 12-19 are either in a monogamous or polygamous marriage. 73% of them are adolescents age 15-19 with 4% in a polygamous marriage. More girls are more affected in comparison to boys, in that there are more girls (10.8%) age 15 -19 compared to boys (4.2%) of the same age, who are married.

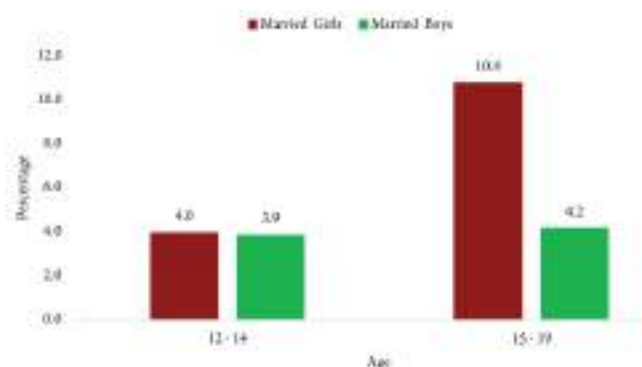


Figure 3.6: (KE) Proportion of married adolescents by sex (KDHS, 2023)

Child marriage is higher in rural than urban areas and also varies across the counties. Counties with the highest prevalence of child marriages are West Pokot, Samburu, Mandera, Wajir, and Garissa and Marsabit. There are many factors that fuel child marriage. These include poverty, illiteracy, pregnancy or cultural practices.

In communities where child marriage is prevalent, girls are viewed as a source of wealth thereby encouraging early marriage so that the bride- price paid can be used to improve the family’s economic status.

Child marriages may bring early parenthood and result in additional economic pressure in the form of providing for the household. It also constrains the children’s access to education, opportunities for career advancement (UNICEF, 2020) and their effective contribution to the future wellbeing of their family and society.

Possible Policy Interventions

- ☑ Ensuring school institutions support teenagers to continue their education in any condition.
- ☑ Enforcement of laws that prohibit child marriages by bringing to book the offenders
- ☑ Improving coordination with relevant ministries/institutions and regional governments to provide guidance and skills training and fulfill children's rights
- ☑ Providing shelters for children who are victims of child marriages.
- ☑ Providing assistance, rehabilitation and social reintegration for children who are victims of child marriages.
- ☑ Public education campaigns or education about marriage age maturity.

3.4.4 Teenage Pregnancy

The Kenya Demographic and Health Survey (KDHS) 2022 reveals that teenage pregnancy is still prevalent in Kenya, however, it has been on the decline. The Survey shows that 15% of women age 15 -19 have ever been pregnant. This is a decline from 18% reported in 2014.

Further, the Report shows that the prevalence of teenage pregnancy decreases with increase in the level of education and wealth quantile, an indication that poverty and About 4 in 10 women age 15–19 who have no education have ever been pregnant, as compared with only 5% of women who have more than secondary education. Teenage women in the lowest wealth quintile are more likely to have ever been pregnant than women in the highest wealth quintile.

The percentage of women age 15–19 who have ever been pregnant are highest in Samburu (18%), Migori (17.9%), Narok (17.5%), Mandera (16.8%), West Pokot (16.7%), Homabay (16%), Tana River (15.7%) and lowest in Nyeri and Nyandarua at below 5%.

Possible Policy Interventions

- ☑ Implementation of existing laws and policies on prevention of teenage pregnancies such as the National Reproductive Health Policy
- ☑ Equipping parents / caregivers, religious leaders and cultural leaders with knowledge and skills for protection of girls from Adolescent and teenage Pregnancies.
- ☑ Equipping children/ teenagers with knowledge and skills for protecting themselves against abuse, exploitation and any other forms of violence
- ☑ Develop and disseminate age appropriate information, education and communication
- ☑ (IEC) materials on teenage pregnancy,
- ☑ Implementation of the Ministry of education School Re-entry Guidelines for pregnant school going teens.

3.4.5 Drug and Substance Abuse

Drug and Substance Abuse (DSA) is a major threat to the well being of its citizens, the family and national development. The National Authority for the Campaign Against Alcohol and Drug Abuse (NACADA) conducted a survey targeting persons aged 15 to 65 years, and released a report on the Status of Drugs and Substance Use in Kenya, 2022 to assess the prevalence of Drugs and Substance Use.

According to the Report, one in every 6 Kenyans aged 15-65 years (4,733,152) are currently using at least one drug or substance of abuse. Majority of them are males at almost 80% compared to females at 20%. This implies that one in every 3 males aged 15 – 65 years (3,783,854) and 1 in every 16 females (949,298) are currently using at least one drug or substance of abuse. The Region that recorded the highest prevalence of at least one drug or substance of abuse was Western Region (26.4%) followed by Eastern (20.7%) and Nairobi (19.1%).

The Report addressed the prevalence of the different drugs and substances including, alcohol, tobacco, khat, cannabis, prescription drugs and narcotics. From the Report, Alcohol is the most consumed drug, followed by tobacco and then Khat (Miraa/Muguka).

Substance	Prevalence	Population affected
Alcohol	11.8	3,199,119
Tobacco	8.5	2,305,929
Khat	3.6	964,737
Cannabis	1.9	518,307
Prescription drugs	0.2	60,407
Polydrugs (multiple drugs)	6.5	1,766,583
At least one substance	17.5	4,733,152

Table 3.8: (KE) Prevalence of use of drugs and substance use among the population aged 15 – 65 years in Kenya (NACADA, 2022)

Drug and substance abuse have diverse effects on the family and the society. First, it causes negative health effects on the abusers. Most of these substances contain narcotic which attack the vital body organs causing diseases such as cancer, heart ailments, liver cirrhosis, kidney complications, mental retardation, learning disabilities, memory loss and ultimately death.

Further, a lot of family resources that could be used to meet the basic needs of the family are used in purchasing alcohol and drugs, paying hospital bills and rehabilitation programmes for those affected.

Another effect of effect of alcoholism and drug abuse is aggravation of violence. According to the survey conducted by NACADA, drug and substance use increases the risk of the user to become violence towards a spouse/partner or family member.

Possible Policy Interventions

- ☑ Sustained public education and awareness including mass media campaigns, targeting youth in school and out of school
- ☑ Integrating alcohol drug abuse education into the school curriculum for elementary, primary, secondary, tertiary and university levels
- ☑ Implementation of life skills programs mainly for the youth and vulnerable groups in institutions and amongst communities
- ☑ To raise public awareness on harmful substances by use of internet and social media, mobile apps recreational activities and peer to peer engagement and screening to create awareness on ADA
- ☑ Enhancing the capacity of health professionals on drug dependency to increase access to affordable evidence-based drug addiction treatment services through sustainable funding mechanisms, including medical insurance and taxation policies.

3.4.6 Domestic Violence

Domestic violence has been acknowledged internationally as a persistent human rights violation and an urgent global health issue. Domestic violence has been aligned with numerous adverse health outcomes, including not only physical injuries, sexual, reproductive and mental health problems, but also maternal and infant death, homicide and suicide.

The KNBS, 2022 Report shows the prevalence of violence in the form of physical and sexual violence. Reports show that while both men and women experience domestic violence, women bear the greatest brunt.

The Government Statistics reveals that 34% of women in Kenya have experienced physical violence since the age of 15. Slightly lower proportions of 27% were recorded for their male counterparts.

The Report shows that experience of violence among women increases with age and marital status. 20% of women age 15–19 have experienced physical violence since age 15, as compared with 42% of women age 45–49. Women who have ever been married are much more likely to have experienced violence since age 15 than those who have never been married (41% versus 20%). Similarly, a higher proportion of divorced/ separated/widowed women (26.5%) have experienced sexual violence compared to the ones who have never married (8.4%).

Further, physical and sexual violence among women is more prevalent in rural areas than urban. However, among the men, the prevalence is higher in urban areas than rural areas.

By county, the highest prevalence of physical violence among women was recorded in Bungoma County (62%) and the lowest in Mandera County (9%).

Background Characteristic	Physical Violence		Sexual Violence	
	Women	Men	Women	Men
Age				
15 - 19	19.5	29.2	7.2	4.8
20 - 24	29.0	26.6	11.3	8.1
25 - 29	36.9	28.3	13.1	7.6
30 - 39	40.2	25.3	15.2	8.0
40 - 49	41.7	26.1	17.5	6.7
Residence				
Urban	31.6	29.1	12.8	8.5
Rural	35.5	25.8	13.1	6.1
Marital Status				
Never Married	19.8	12.0	8.4	5.2
Never ever had intimate partner	12.3	14.5	3.0	1.7
Ever had intimate partner	25.2	9.8	12.3	8.4
Ever married	40.7	6.9	15.2	8.5
Married/living together	37.0	5.9	12.9	6.9
Divorced/separated/widowed	58.4	14.3	26.5	21.1
Education				
No education	35.9	11.5	8.0	5.3
Primary	42.7	26.3	16.2	7.0
Secondary	30.9	29.5	11.7	7.0
More than secondary	23.3	25.9	11.2	6.6
Wealth quintile				
Lowest	36.9	23.0	12.7	5.6
Second	36.7	27.2	14.8	7.4
Middle	36.8	28.6	12.9	7.2
Fourth	33.6	27.4	13.7	7.2
Highest	28.1	27.9	11.3	7.1
TOTAL	33.9	27.0	13.0	7.0

Table 3.9: (KE) Percentage of men and women who have experienced physical and sexual violence since age 15 (KDHS, 2023)

The data also shows that the commonly reported perpetrator of physical and sexual violence among women who have ever been married or ever had an intimate partner was their current husband or intimate partner, followed by a former husband/intimate partner whereas among men, the commonly reported perpetrator of physical violence were teachers (28%), followed by current wives/intimate partners (20%) and former wives/intimate partners (19%).

It is worth noting that domestic violence, including sexual violence is a leading precursor of family breakdown and divorce. Thus, any intervention to help families resolve conflicts amicably is essential in reducing domestic violence and forestalling consequent social crises.

There has been establishment of rescue centres for victims of abuse in the different parts of the country. A sample of the Rescue Centres are listed under Table 3.10 below.

No.	Rescue Centre	Helpline/ Contact
1.	Gender Violence and Recovery Centre (Nairobi Women’s Hospital)	+254709667000 or +254719638006
2.	Tumaini Girls Rescue Centre (Meru County)	+254724370653
3.	Wangu Kanja Foundation	+254722790404
4.	SOLWODI (Solidarity with Women in Distress) Mombasa	+254739422422
5.	Medicins Sans Frontieres (MSF’s Lavender House Clinic- Mathare, Nairobi)	020 2400330
6.	Rescue Dada Centre (Ngara, Nairobi).	0725 694 624

Table 3.10: (KE) Sample Rescue Centres in Kenya

3.4.7 Homosexuality

The Constitution of Kenya and the Marriage Act, 2014 is clear that marriage can only be contracted between people of the opposite sex. Article 45 (2) of the Constitution states that:

(2) Every adult has the right to marry a person of the opposite sex, based on the free consent of the parties.

Section 3 of the Marriage Act, 2014 provides that;

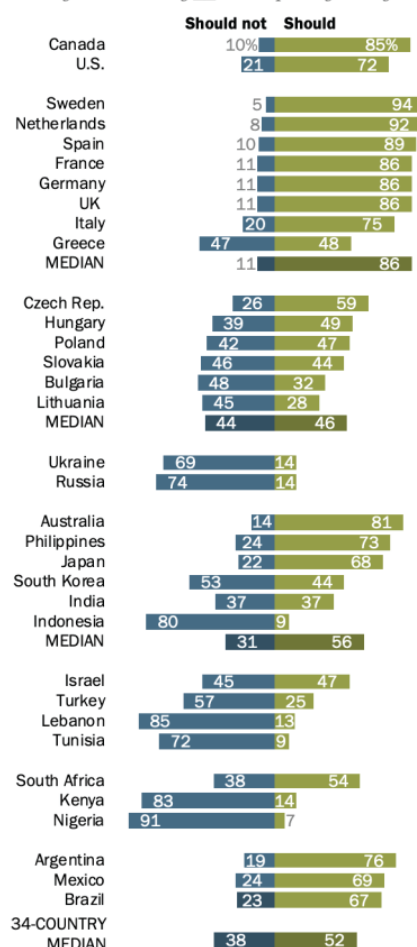
(1) Marriage is the voluntary union of a man and a woman whether in a monogamous or polygamous union and registered in accordance with this Act.

While the law is categorical that the right to marry extends to people intending to marry persons of the opposite gender, there has been a push for the recognition of same sex marriages by the LGBTQ community. However, a survey by the Pew Research Center reveals that more than 80% of Kenyans are against the recognition of homosexuality in the country.

In Kenya, according to the IPSOS- Kenya Survey conducted in 2020 on the public perception on homosexuality 90% of the Kenyans are of the opinion that homosexual behavior should not be allowed.

Acceptance of homosexuality varies across the globe

% who say homosexuality ___ be accepted by society



Note: Those who did not answer are not shown. Source: Spring 2019 Global Attitudes Survey, Q31.

PEW RESEARCH CENTER

Figure 3.7: Acceptance of Homosexuality across the Globe, Pew Research Centre

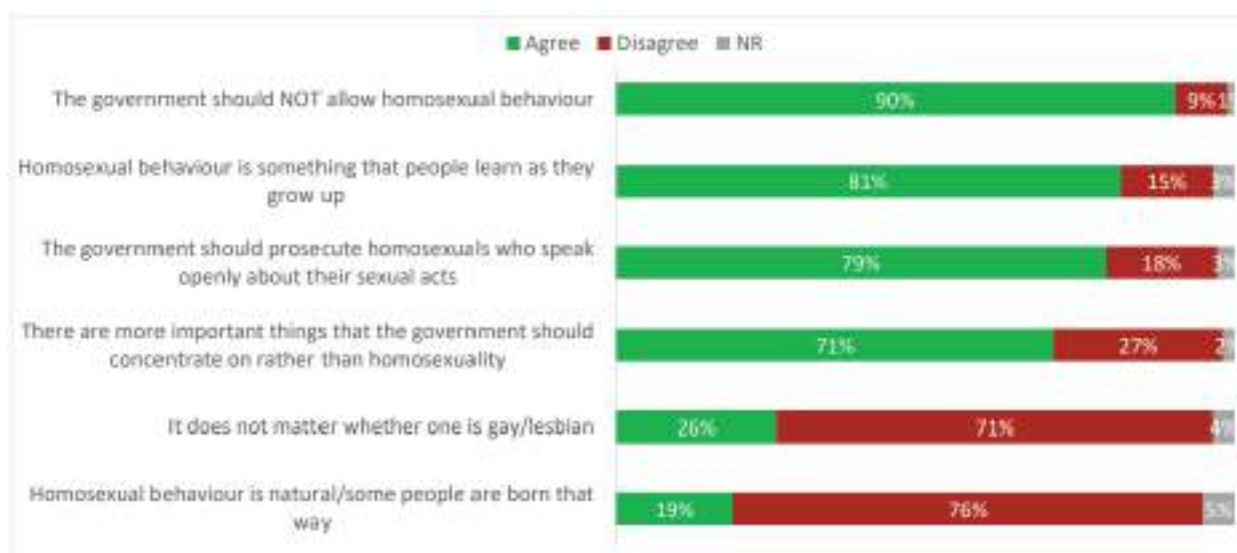


Figure 3.8: (KE) Perception of Kenyans on Recognition of Homosexuality (IPSOS, Kenya, 2020)

Notably, there has been constant pressure mounted on African Countries including Kenya to redefine the natural family and marriage to include other forms of unions such as those between person of the same sex. Foreign actors are using “comprehensive sexuality education” and sexual reproductive and health rights” to change the worldview of Africa’s children, youth and adults with regard to human sexuality, family, sex and gender and are promoting and implementing CSE through numerous initiatives, policies and programmes including the Sexual and Reproductive Health and Rights Bill of the East African Legislative Assembly, the UN’s “family planning” initiatives including “Family Planning 2030, the ACP-EU Partnership Agreement among others.

The ACP-EU treaty refers to the Post-Cotonou partnership agreement between the African Caribbean and Pacific states on one hand and the European Union on the other. It breaks up the united bloc of Organisation of African, Caribbean and Pacific States (OACPS) comprised of 79-member States into three separate protocols (African, Caribbean, Pacific) and establishes the EU as a co-chair of each, weakening the collective bargaining power of the OACPS while strengthening the EU.

The ACP-EU treaty violates cultural and religious values and undermines the integrity of the African family and African family values by mandating implementation of sexual and reproductive health services and “sexual and reproductive health and rights” (SRHR), thus, deceptively requiring the legalization of abortion, prostitution, same-sex marriage, special LGBT “rights,” and child sexualization.

3.4.7.1 Supreme Court Ruling on LGBTQ

This pressure by foreign actors can be associated by the increased agitation by the LGBTQ community for recognition of their interests and rights. On 24th February 2023, the Supreme Court of Kenya delivered a ruling stating that the LGBTQ community have a right to form an association. This case begun way in 2012 when one Eric Gitaru sought to reserve for registration of an NGO in any of the following names;

- Gay and Lesbian Human Rights Council
- Gay and Lesbian Human Rights Observatory
- Gay and Lesbian Human Rights Organization
- Gay and Lesbian Human Rights Commission
- Gay and Lesbian Human Rights Council
- Gay and Lesbian Human Rights Collective

The NGO Co-ordination Board refused to reserve any of the proposed names on grounds that Sections 162, 163 and 165 of the Penal Code criminalizes Gay and Lesbian liaisons. This prompted Eric Gitari to file a petition in the High Court alleging that the appellant’s refusal to register the intended NGO contravened some provisions in the Constitution and those of the NGO Coordination Act.

The High Court faulted the decision of the NGO coordination Board in that the Penal Code does not criminalize the right to freedom of association of people based on their sexual orientation, nor does it contain any provision that limits the freedom of association of persons based on their sexual orientation. The Court found the petition had merit and declared the words 'every person' in Article 36 (freedom of association) of the Constitution to include all persons living within the Republic of Kenya despite their sexual orientation.

Subsequently the NGO Coordination Board lodged an appeal at the Court of Appeal challenging the whole judgement and decree of the High Court. On 22nd March 2019, by a majority decision of 3-2, the CoA dismissed the appeal, affirming the judgment of the High Court. The judges noted that there was no contestation from any side that there are people in this country who answer to the description in the acronym LGBTQ; these are 'persons' and are therefore protected under Article 36 of the Constitution. Just like everyone else, they have a right to freedom of association which includes the right to form an association of any kind.

The minority found that Article 27 (4) prohibits discrimination on the basis of a person's sex (gender) and not sexual orientation. They observed that the law, as it currently stands, does not permit homosexual and lesbian sexual practices, and the freedom of association of gays and lesbians in Kenya may lawfully be limited by rejecting registration of a proposed NGO, if the country's laws do not permit their sexual practice.

The Appellant, the NGO Coordination Board, filed an appeal at the Supreme Court. On 24th February delivered its ruling dismissing the appeal from the judgment of the Court of Appeal. The Court agreed that the right to freedom of Association under Article 36 is not absolute, but is subject to the limitations of Article 24. The right is inherent in every person irrespective of whether the views they are seeking to promote are popular or not. The right includes the right to form an association of any kind. By refusing to register the NGO, the persons were convicted on contravening the Penal sections 162, 163 and 165 before they contravened the law.

As to whether the appellant violated Article 27(4) for being discriminatory against the 1st Respondent: Even though Article 27 makes reference to sex, the list is not exhaustive and from the use of the word 'including' it encompasses 'freedom from discrimination based on a person's sexual orientation'.

Studies have shown that same-sex sexual practices have negative health consequences on the homosexuals. These include lower life expectancy, higher rates of HIV/AIDS, alcohol and substance abuse, depression/anxiety, sexually transmitted infections and contracting certain cancers

Possible Policy Interventions

- Regulation of content aired on the media platform and ban of content that promoted the LGBT agenda
- Sensitizing the public on the effects of the LGBT behavior and practices to the individuals and the society
- Review and amendment of laws and policies that may be used to promote the LGBT agenda
- Promotion and implementation of the National Family Promotion and Protection Policy
- Establishment of counselling and rehabilitation centres for those who have been lured into the LGBT agenda

3.4.8 Pornography and Explicit Sex Education

Pornography is defined as “printed or visual material containing the explicit description or display of sexual organs or activity, intended to stimulate erotic feelings.” A significant number of people consider porn a harmless entertainment especially with some blogs and articles making awkward attempts to frame pornography as a ‘good thing’ touting it as a stress reliver and a way to educate the public about sex. Although more accepted in today's culture, the actual effects of pornography are catastrophic – especially on families.

Pornography has led our society to over-sexualization and gender objectification, often creating addictions and dysfunction in real-life relationships, marriages, and families. Exposure to pornography often leads to decreased relationship satisfaction between spouses and a lack of intimacy and emotional connection between family members.

Relationships require effort, time, and care in order to thrive. Porn, however, can easily distract consumers from meaningful relationships, which can put a wedge between consumers and their families. Instead of spending quality time with those they love, many porn consumers find themselves withdrawing mentally, emotionally, and physically from their real-life relationships by turning to a habit that thrives in isolation.

In addition, pornography consumption is linked to increased risk of infidelity, and greater likelihood of divorce. It can lead to a decrease in sexual stimulation and an overall loss of interest in intimate contact between spouses. There is a decrease in sexual desire, a warped perception of human sexuality and resentment and suspicion among mates.

For young people and children, pornography exposes them to a wrong view of sex and marriage at such an early age can lead to promiscuity and hedonistic behavior later. Pornography often portrays an unrealistic, and sometimes even violent, version of sex that can be exponentially damaging to young, impressionable minds.

Porn is like a drug to the brain. Long term watching of pornography can lead to desensitization and a craving for more perverse content. Porn addicts are more likely to engage in abnormal and even deviant sexual behaviors: sexual aggression, loose sexual activity and even criminal activity such as prostitution and rape. These activities can lead to the spread of sexually transmitted diseases, out-of-wedlock pregnancies and abortions. In summary, it is undeniable that pornography is a destructive force and a prevailing threat to the family.

Possible Policy Interventions

- ☑ Prohibition of the sale and distribution of pornographic materials
- ☑ Creation of public awareness on the impact of pornography
- ☑ Equipping parents/guardians and children with the skills required for navigating the digital space safely and responsibly;
- ☑ Supporting further research on the impact of exposure to pornography and means to prevent and end exposure, as well as on means to combat harmful effects of such exposure;
- ☑ ensure that hotlines, helplines, and contact persons (including in schools) are available and accessible, where persons experiencing problems related to exposure to pornography can seek advice and assistance.

3.4.8 Explicit Sex Education

Our culture today is saturated with sexual content that was once considered too risqué for children. Children are increasingly targeted for sexual messages, images and themes at younger ages, robbing them of their innocence. Children as young as pre-school level are being introduced to explicit sex materials under the disguise of Comprehensive Sexuality Education (CSE). CSE materials glamorize sex, use graphic materials, teach explicit sexual vocabulary and/or encourage discussion of sexual experiences, fantasies or desires. All these are aimed at normalizing child sex and desensitizing children to sexual things.

Exposing children to explicit sex content presents to them a wrong view of sex. It sells sex as a commodity and is rarely portrayed as associated with intimacy. Furthermore, CSE promoted gender confusion that encourages affirmation and/or exploration of diverse gender identities and promotion of homosexual and bisexual behavior in violation of our country's laws. Additionally, children are encouraged and taught how to access sexual materials and services without parental consent thus undermining parental rights and their roles in the formation of children.

There is need to protect the children from the effects of exposure to sexual content at an early age. When we harm children, we also harm families. And when this happens, society suffers. Combating the premature sexualization of children by adults requires focused attention from vigilant citizens, lawmakers and courageous parents and educators

Possible Policy Interventions

- ☑ All explicit sex materials and programs should be banned from the school curriculum
- ☑ Parents and caregivers to be enlightened on the age-appropriate content on sexuality that they can share with their children depending on their ages.
- ☑ Parents and caregivers should not shy away from talking to their children

3.4.10 Fatherlessness

Families are the building blocks of the society. Strong and stable families contribute to social flourishing, while dysfunctional families push the society in the direction of breakdown. One factor that creates dysfunctional families is fatherlessness. Fatherlessness is a reality in Kenya as a number of children are growing up without a father. Fathers play very crucial role in children's physical and psychological development. A father establishes authority, confers identity, provides security and affirms potential in a child. With the absence of the father, the children and the family are affected negatively.

In some instances, some fathers are present physically but their presence causes more harm than good. These are the kind who verbally, emotionally and physically abuse their spouse and children with the effect of damaging their self-esteem and sense of worthiness. In other families, some fathers are always present but not actively involved in their children's day-to-day activities. For some, it is because they are forced to work long hours, or multiple jobs, to provide for their family in the face of the ever-declining purchasing power of money while for others, it is their unintentionality and unavailability to spend time with their children.

Consequently, the children often find themselves seeking validation from father figures around them some of whom are likely to mislead them. Whether emotionally or physically absent, the problem of absent fathers has reached endemic proportions and a mother cannot fill a fatherless void.

The impact of absent fathers has heavily contributed to dysfunctional childhood leading to delinquency. The result of father absenteeism can be seen and experienced through high levels of indiscipline, immorality and psychopathological behaviour among children.

3 in 4 inmates grew up in fatherless homes

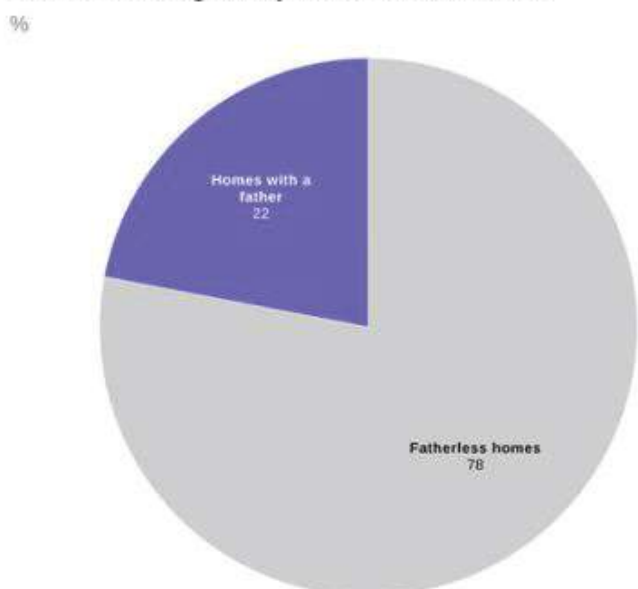


Figure 3.9: (KE) Percentage of inmates who grew up in fatherless homes (Transform Nations)

Fatherlessness is a contributing factor to crime involvement and incarceration among young people in prison systems. According to a report by Ndirangu Ngunjiri, a PHD student at the University of Nairobi on Kenyan Prisons and police stations found that 70% of the prisoners from Industrial area prison and 60% of the prisoners from Nairobi West prison come from families with no father., 60% of juvenile inmates come from fatherless homes and 90% of convicted rapists come from fatherless homes (Ngunjiri, 2019). The Report was a result of a study conducted among a sample of 350 inmates in the Kenyan prison system between April and September 2019.

The Report reveals that the impact of fatherlessness on adolescent include, adolescent and juvenile delinquency, drug and substance abuse, challenges in educational progress as well as psychosocial and mental health well-being in Kenya. Further, the Report found that 85% of children with behavioural problems come from fatherless homes and 71% of children who do not finish school come from fatherless homes.

Increased numbers of children born outside marriage, poverty, death of the father and increase in divorce rate have contributed a proportional increase in fatherless children. Other causes of fatherlessness in the society include early teenage pregnancies and the inability to take paternal responsibility and socio-economic settings that push fathers away from their homes to earn a living.

Our nation can no longer ignore the social dynamite of fatherlessness, and the reconstruction of a broken society rests on the value men place on fathering. It is time for a national discourse on the value of fatherhood. In order to curb this menace of fatherlessness, there is need for society to change the dominant notions of fathers as financial or material providers. Fathers need to ritually spend quality time with their children and get involved in their children's day-to-day activities.

3.4.11 Prostitution

Prostitution refers to the practice of engaging in sexual activity with someone for payment either in form of money or other kinds of favors. The Kenyan law prohibits prostitution in its Penal Code and the Sexual Offences Act.

Section 154 of the Penal Code provides that:

“Every woman who knowingly lives wholly or in part on the earnings of prostitution, or who is proved to have, for the purpose of gain, exercised control, direction or influence over the movements of a prostitute in such a manner as to show that she is aiding, abetting or compelling her prostitution with any person, or generally, is guilty of a felony.”

Section 17 of the Sexual Offences Act provides that:

Any person who—

- (a) Intentionally causes or incites another person to become a prostitute; and
- (b) Intentionally controls any of the activities of another person relating to that person’s prostitution,

and does so for or in expectation of gain for him or herself or a third person, is guilty of an offence.

It is noteworthy that the Kenyan law does not expressly prohibit prostitution but does prohibit living from the proceeds of prostitution. These loopholes have been used to advocate for legalization of prostitution.

Prostitution has negative effects on the prostitutes, the family and the society at large. It runs the opposite to what relationships are supposed to be. In prostitution, intimacy and love are not involved, it’s just a purely physical act. Further it violates the right to physical and moral integrity by the alienation of women’s sexuality that is appropriated and reduced to a commodity to be bought and sold.

It violates the right to enjoy the highest standard of physical and mental health because violence, disease, abortions and HIV/AIDS present a constant and grave risk for women, girls and men in prostitution.

Legalization of prostitution poses more harm than good to the prostitutes and the society. Legalization/decriminalization of prostitution increases the demand for prostitution. It encourages men to buy women for sex in a wider and more permissible range of socially acceptable settings. Further, it poses a great threat of increased child prostitution and sex trafficking to meet the demands of buyers of sex and to generate profits for the capitalists of sex.

This act of prostitution must be discouraged by not only prohibiting the living by proceeds of prostitution but also prohibiting the purchase of sexual services.

Possible Policy Interventions

- ☑ Government should address the socio-economic factors influencing prostitution such as poverty, unemployment and low wages. This can be done by investing more in the creation of jobs particularly for females
- ☑ There should be campaign against prostitution by both the Government and Non-Governmental Organizations (NGOs) educating the people on the negative effects of prostitution on health and the general welfare of the society at large.
- ☑ Enactment and enforcement of laws and policies that prohibit the purchase of sexual services.

3.5 KCPF in Defence of Family

Through the Family Committee, KCPF has been on the forefront championing family. It has done this through the promotion of family values, uncovering the LGBTQ agenda as a compromise of the family institution, engaging in strategic litigation and through rewarding institutions that promote family values.

3.5.1 Family Policy Engagement

a. National Family Promotion and Protection Policy

KCPF and its National Family Consortium played a key role in developing the National Family and Protection Policy under the leadership of the Ministry of Labour and Social Protection. The aim of the policy is to provide coherent and comprehensive framework for the implementation and monitoring of policies and programmes to ensure that the protection and support of the family is engraved in them.

On 3rd October 2023, the Cabinet considered and approved the National Family Protection and Promotion Policy. The approval of this policy demonstrates the state's duty and commitment to protect the family as the fundamental unit of the society and the necessary basis of social order. The Policy identifies challenges affecting the family and undertakes to address them by providing guidelines on what the Government in collaboration with stakeholders will do to realize the policy goal.

The Policy intends to realize the vision of "happy and stable families for a strong society" with the associated positive outcomes. These include higher levels of self-esteem; lower levels of antisocial behaviour such as crime, violence and substance abuse; higher levels of work productivity; lower levels of stress; and more self-efficacy to deal with socioeconomic hardships.

The overall goal of this Policy is to provide an environment that recognizes and facilitates family well-being, and empowers families to participate in the socio-economic development of the country.

The specific objectives of the Policy are to:

1. Enhance the caring, nurturing and supporting capabilities of families so that their members are able to contribute effectively to the overall development of the country;
2. Develop the capacities of families to establish social interactions that contribute towards promoting a sense of community, cohesion and national solidarity;
3. Empower families and their members by enabling them to identify, negotiate and maximize socio-economic and other opportunities available in the country for sustainable development;
4. Enhance programs that support families with persons with disabilities and other vulnerable family members to participate in every sphere of society;
5. Monitor and evaluate the State of the Family periodically through research; Mainstream interventions that promote and protect the family in all policies, strategies, programmes and projects.
6. To promote intergenerational transfer of societal knowledge, norms, taboos etc

Further, the Policy is founded on key guiding principles which include: stable marriages, responsible parenting, family diversity, family resilience, community participation, human rights and partnerships.

The implementation of the Policy will involve a multi-sectoral approach, that is, the involvement of the Ministry of Labour and Social Protection in collaboration with other Ministries, Departments and Agencies, County Governments, Civil Society Organizations, Private Sector, Faith-based Organizations and Development Partners

b. International Conference on Population and Development, ICPD+25 Nairobi Summit

In 2019, Kenya hosted the International Conference on Population and Development, dubbed ICPD+25, to celebrate the 25th Anniversary since the first conference held in Cairo, Egypt in 1994.

During this Summit, KCPF together with other pro-life and pro-family organizations signed the Nairobi Declaration on Life and Family, November, 14, 2019, committing to the following;

- A world where everyone has the Right to Life
- A world where the family is protected as the fundamental unit of society
- A world where the rights of parents are respected, valued and affirmed
- A world where human trafficking and prostitution are non-existent
- A world where every girl is valued and protected
- Respect for National Sovereignty and Religious and Cultural Values of Countries
- A world free of preventable Maternal mortality
- A world where health is defined, understood and implemented holistically

They also called upon governments to implement the ICPD commitments made in Cairo, including;

- i. Respect Sovereignty and Religious and Cultural Values
- ii. Protect and Strengthen the Family
- iii. Respect
- iv. the Rights of Parents
- v. End Abortion

c. African Parliamentary Conference on Family Values and Sovereignty

KCPF participated in the 1st African Parliamentary Conference on Family Values and Sovereignty, an inter-parliamentary dialogue on "Global to the Protection of the African Child, the African Family, and African Culture and Values" that was held in Entebbe, Uganda on 31st March to 1st April, 2023. The Parliamentarians issued a joint Communiqué to chart a new course to;

1. Strongly tackle the pervasive forms of emerging threats to national sovereignty and the cherished cultural values of our African countries.
2. Foster dialogue with additional parliamentarians, legal experts, and scholars on policies and programmes which African countries are being pressured to implement that negatively impact our national sovereignty, cultural heritage, family, and our children.

The Conference called upon African heads of State, Government ministers and other government officials to do the following;

1. To consistently register objections in international and regional for a to invasive “sexual and reproductive health” provisions which are defined by the United Nations system to encompass abortion, the LGBT agenda, and harmful “comprehensive sexuality education (CSE).
2. To defend natural marriage between a man and a woman and to assist the family institution in Africa in accordance with Article 18 of the African Charter on Human and People’s Rights.
3. To halt the implementation of anti-life and anti-family legislation, policies, and programmes couched in expressions such as “sexual and reproductive health and rights” (SRHR), “family planning services,” or “termination of pregnancy” (on demand), and/or so-called sexual and gender-based violence programming that are antithetical to African cultural heritage.
4. To uphold and respect the rights of parents to guide the upbringing, education, and health of their children and identify and stop all foreign actors interfering with and undermining parental rights and disregarding parental consent requirements; among others

3.5.2 Uncovering the LGBTQ Agenda

On 24th February 2023, the Supreme Court of Kenya delivered a ruling that granted the members of the LGBTQ community the right to form an association. Following this ruling:

KCPF organized two consultative meetings on the 3rd and 10th of March 2023, with the clergy and other leaders in the faith community to discuss and explore the effective response that the Church should take and a way forward to protect the family values in the society. From the two meeting, the following strategies were crafted to address the LGBT ideology;

1. Power of Prayer. Prayers can move mountains
2. Power of the Podium. We need to speak out publicly and boldly
3. Power of the People: We need to mobilise people to manifest support through signatures to make and amend laws, marches and other manifestations
4. Power of the Pen: We need to write clearly with intellectual & evidence- based argument.
5. Power of the Purse: Financial & other resources needed to mobilise the advocacy & engagement.

3.5.3 Annual Family Week

To mark the UN International Day of Families (IDOF), KCPF Family Committee and its Consortium organizes a Family Week every year with an aim to equip Christian professionals and church leaders with relevant knowledge on challenges facing Church and Family, as a fundamental unit of the society and craft a common strategy and give them a platform to voice their concerns. In 2023, the Family Symposium was held on 12th May 2023 under the theme “Protecting Family Values amidst Changing Demographics”.

We also held a March for Family on the 13th May 2023 where the members of the churches, universities pro-family organizations to marched in the streets of Nairobi CBD and raise their voices in support of the institution of family and counter movements that seek to undermine family such as the LGBTQ agenda

3.5.4 National Positive Parenting Program

On 15th May 2023, KCPF participated in the International Day of Families Celebrations organized by the Directorate of Social Development, Ministry of Labour and Social Protection. During the 2023 Celebrations, the government through the Ministry of Labour and Social Protection launched the National Positive Parenting Program. The essential documents of the program that were launched are; the National Positive Parenting Guidelines, National Positive Parenting Manual and the National Positive Parenting Training Manual Implementation Guide and 5- year road map. The program provides parenting education and family support services to enable families to create a safe and stable environment for children to thrive.

The objectives of the Program are to increase the use of developmentally appropriate nurturing and stimulation parenting practices; to improve positive communication and adultchild relationships; to increase male involvement in parenting and family commitments; to reduce gender-based and gender-inequitable practices within the family; to improve parent and caregiver wellbeing; and to increase access to and use of health, economic and family strengthening services.

The Investing in Children and their Societies (ICS-SP) in collaboration with the Directorate of Social Development conducted a pilot project of the programme in Garissa and Kilifi Counties.

3.5.5 Christian Counselling and Dispute Resolution Center (CCDRC)

CCDRC brings together professionals with skills and experience in the field of counselling and alternative dispute resolution mechanisms such as arbitration, mediation and negotiation. The Counselling Center offers counselling services in matters related family health care and welfare, mental health, gender-based violence, crisis pregnancy and related causes. The Center operates through a Virtual Call Center and in some cases, physical counselling sessions and production of counselling resources to the public.

3.5.6 Intervention in Court Cases

EG & 7 others v Attorney General; DKM & 9 others (Interested Parties); Katiba Institute & another (Amicus Curiae) (HC Petition 160 of 2016).

KCPF was as an interested party in this case. The petitioner wanted sections 162(a), 162(c) and 165 of the Penal Code declared unconstitutional on grounds of violating the right to privacy, equality and dignity of gay people. These sections criminalize homosexual conduct. While dismissing the petition, the court noted that these provisions do not offend the Constitution. In so opining, the court invoked article 45 (2) which protect the right of persons of opposite sex to marry. Although the issue of marriage was not in issue, the court invoked the marriage design as per article 45.

In Peter Solomon Gichira & Others, High Court Constitutional Petition No. 397 of 2018,

KCPF was an Interested Party in a Constitutional petition where the Petitioners sought the Court to order the Kenya Institute for Curriculum Development to develop, approve and implement a comprehensive sexual and reproductive health program in the primary and secondary school curricula. This case is ongoing.

In Wanuri Kahiu & another v CEO - Kenya Film Classification Board Ezekiel Mutua & 2 others [2020] eKLR Nairobi High Court Constitutional Petition No. 313 of 2018,

KCPF was an Interested Party. The Petitioner challenged the 2nd Respondent's (Kenya Film Classification Board) decision to ban the film "Rafiki", which had been submitted for examination and approval. The 2nd Respondent opined that the film in question had classifiable elements of homosexuality and directed the Petitioner to edit the film and remove the offensive classifiable elements before resubmission for classification. However, the petitioner declined to edit the film. KFCB wrote a letter to the Petitioner indicating that the film had been classified as RESTRICTED since it contained classifiable elements such as homosexuality which run a foul Kenyan laws as well as the culture of the Kenyan people. The letter also warned against the exhibition or distribution of the film 'Rafiki' anywhere within the Republic of Kenya. It is against this background that the Petitioner instituted a Petition seeking inter alia a declaration that the restriction on the film Rafiki violated the Petitioners' right to artistic creativity and compensation for such restriction.

Supreme Court Petition No. 16 of 2019: NGO Board vs Eric Gitari & Others

KCPF was an interested party and subsequently respondent on appeal. In this case the Non-Governmental Co-ordination Board appealed against the decision of the Court of Appeal that granted the LGBTQ community the right to form an association. This case was brought after the NGO's Board decline to register the community as an association. Details of the case are as highlighted in 3.3.7 above.

3.5.7 Kaluma Bill

Following the Supreme Court decision on LGBTQ, Hon. Peter Kaluma, Member of Parliament for Homabay Town, proposed a Family Protection Bill dubbed the Kaluma Bill, seeking to criminalize homosexuality, same-sex marriages, and LGBTQ behaviors with hefty penalties of up to 10 years imprisonment. The Bill further prohibits adoption by homosexuals and proscribes sex acts on animals. It also seeks to ban Comprehensive Sexuality Education (CSE) in Pre-primary, Primary and Secondary Schools education programs. It defines sex as the biological state of being male and female observed and assigned at birth and not an identity that one is free to choose and assign themselves.

The Kaluma Bill is a positive step towards preserving the moral and cultural values of Kenya and protecting the institution of family.

3.5.8 Establishment of the Linda Jamii Initiative

During the Family Symposium on 12th May 2023, KCPF launched the Linda Jamii Initiative which is aimed at addressing the perils that the institution of family is facing. Spearheaded by the Family Consortium, KCPF drafted the Linda Jamii (Constitution of Kenya Amendment) Bill, 2023 that proposes some amendments to some provisions of the Constitution of Kenya, 2010 that may be misinterpreted or deliberately used to promote anti-family activities and behavior.

3.6 What Needs to be Done

It is evident that family is critical in the socio-economic development of the society and the nation. The threats identified above will continue to grow if not addressed. Thus, deliberate action needs to be taken to secure the stability of family. As already mentioned, instability in family means instability in the society at large. The converse is also true. Family stability contributes significantly to social stability. The implication of this is that family welfare is not just a matter of private concern, it is also public, and the state ought to be involved. As a result, the following needs to be done in this regard:

- a. Engage the government to adopt policies and action to support families in accordance with article 45(1) of the Constitution. Article 45 (1) provides thus: “the family is the natural and fundamental unit of society and the necessary basis of social order, and shall enjoy the recognition and protection of the State.” This provision underscores the importance of family as a contributor to social order and individual success. While the supreme law calls for the involvement of the state in protecting family, there isn’t much to show in government action in this regard. Thus, it is essential that government takes deliberate steps to support and encourage family stability. In this regard, the following suggestions are made:
 - i. Establish a state department dedicated to supporting families. Families need support such as pre-marital and marital counseling and support services to ensure stability and reduction of family breakdown.
 - ii. Introduce Tax (and other) incentives for couples who choose to formalize marriages. This will encourage couples to marry, which in turn increase stability and reduce breakdowns and the perils that follow children following family breakdown
- b. KCPF, the Church and other like-minded organisations should continue to promote family virtues and uphold family.
- c. Strengthen morals among the youth through value-based education and mentorship.
- d. Prevent teenage (and other pre-marital) pregnancies through training and support towards responsible sexual behaviour.
- e. Promote adoption as a pro-life option in dealing with crisis pregnancy. In this regard, promote a culture that accepts adoption and work with the government and other stakeholders to streamline adoption procedures in Kenya.
- f. Reform the Marriage Act to support marital stability.
- g. Initiate (and strengthen existing) family dispute resolution mechanisms.
- h. Encourage a culture of adoption and streamline adoption procedures in Kenya to facilitate more adoption of children. This will help increase the number of children growing up within families.
- i. Mainstream family values in Government policies and operations.
- j. Develop a Charter on the Rights of the Family.
- k. Educate the society on family values.

CHAPTER FOUR:

TALKING AND WALKING THE FAITH



TALKING AND WALKING THE FAITH

4.1 INTRODUCTION

Faith is an important aspect of many people's lives. According to Pew Research Center, 84% of the world's population identify with a religious group. Faith offers avenues through which people can connect to their creator and is a major contributor to people's moral convictions.

Religious beliefs have a major impact on worldviews and the choices people make. This chapter address religious freedom and the practice of faith.

4.2 Legal Foundations

Religious freedom has a bearing on law, both locally and internationally. Article 18 of the UDHR guarantees everyone the right to freedom of thought, conscience and religion and it obligates the states to respect and protect religious freedom and belief.

Article 32 of the Constitution of Kenya, 2010 is also clear on the right to religious freedom and belief. It states thus,

- (1) Every person has the right to freedom of conscience, religion, thought, belief and opinion.
- (2) Every person has the right, either individually or in community with others, in public or in private, to manifest any religion or belief through worship, practice, teaching or observance, including observance of a day of worship.
- (3) A person may not be denied access to any institution, employment or facility, or the enjoyment of any right, because of the person's belief or religion.
- (4) A person shall not be compelled to act, or engage in any act, that is contrary to the person's belief or religion

4.3 Faith Situation In Kenya

4.3.1 Prevalence of Religion in Kenya

Christianity is the most dominant religion among Kenyans with more than 85% of the population identifying as Christians. Islam follows as the second largest religion practiced by 10.9% of the population. Among Christians, the most predominant denominations are the Protestants who make up about 34%, followed by the Catholics at 20%. The non-Protestant and non-Catholic groups make up about 11.8% of the population.

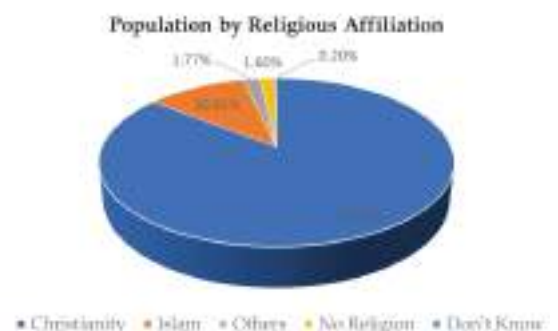


Figure 4.1: (KE) Distribution of Population of Kenya by Religious Affiliation, KNBS 2019

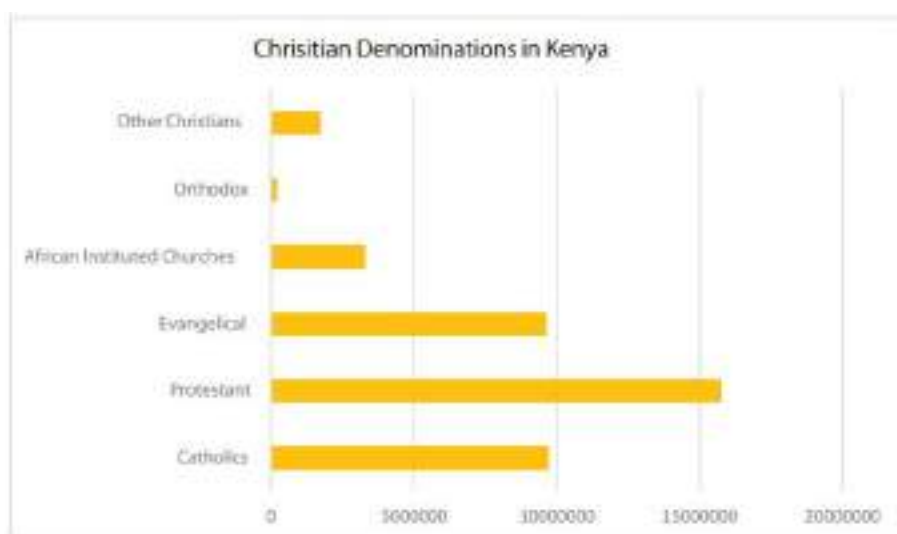


Figure 4.2: (KE) Percentage of Christian Denominations in Kenya (KNBS 2019)

The practice of faith is evident in different sectors of the country. It is not uncommon for public events including official state functions to begin with prayers. The existence of many church-sponsored education and health institutions cannot be denied. Additionally, Religious education has for years been part and parcel of education curriculum in Kenya with Christian Religious Education (CRE), Islamic Religious Education (IRE) and Hindu Religious Education (HRE) as available options, and compulsory subjects at lower levels

4.4 Threats to Faith

4.4.1 Cultism and Religious Extremism

Religious extremism is not a new concept in Kenya. In Kenya, this concept has found expression in different forms such as terrorism and cultism.

When religion is related and tied to terrorism, it is dragged into a dirty war which is contrary to the basic tenets of religion itself. Terrorists often use the spirit and symbols of religion and hence the suspicion that members of a specific faith are more likely to espouse terrorist ideologies. This has been the case in Kenya. Most of the terrorist groups that have attacked different parts of this country have been associated with the Islam faith. These terrorists attach an extreme interpretation and violence response to its doctrine. They give a misconceived perception of Islam as a religion of war and the sword. The effect of this is that it causes a strain in the relations between Muslims and Christians in Kenya and increasing the level of mistrust and mutual suspicions between the two groups.

Cultism has also caught the attention of the citizens and the government of Kenya in the recent past. A cult is a group of people inspired – or brainwashed – by a charismatic leader to follow religious beliefs or practices considered to be extreme or deviant, at any cost to themselves. Such beliefs and practices rarely resemble those of established faiths. Most of the cultic groups and practices have been associated with the Christian faith.

Cultism has far-reaching effects on individuals and society as a whole. The members of these cults are often brainwashed and indoctrinated to the extent that they become willing to carry out acts of violence, including murder, in the name of their cult. The Shakahola Tragedy is a good example.

4.4.1.1 Shakahola Tragedy

Early 2023, more than 400 men, women and children lost their lives after a Kenyan charismatic church pastor encouraged his followers to fast to death to “meet Jesus’ in the afterlife. Bodies of the dead were recovered from numerous mass graves on a farm at Shakahola, a village on Kenya’s south-east coast, where Pastor Paul Mackenzie had his Good News International Church. Autopsies revealed that most had starved to death. But a small number, some children, had been strangled or suffocated to death. The victims came from all corners of the country, drawn to Pastor Mackenzie’s controversial teachings.

Mackenzie's apocalyptic narratives focused on the end of times, and were against the modern or western ways of life such as seeking medical services, education or music. His conspiracy theories emphasized the Catholic Church, the US and the United Nations as "agents of Satan".

There is need to develop countermeasures to religious extremism and cultism in the country. They not only breed a wrong perception about the religion but also, many lives and great potentials are lost.

In relation to this, several committees and a taskforce have been formed to investigate the Shakahola incidence and forge a way forward to prevent and handle such incidences in the future. Two such committees are the Taskforce on the Legislative Regulatory Framework for Religious Organisations and the Senate Ad hoc Committee.

i. Taskforce on the Legislative Regulatory Framework for Religious Organisations

President, H.E William Ruto, appointed a 17- member Taskforce on the Legislative Regulatory Framework for Religious Organisations to review and develop the legal and regulatory framework governing religious organisations in Kenya. The Taskforce responsibilities include identifying gaps that have allowed extremist religious organisations to spring up in Kenya, as well as formulate a legal framework preventing radical religious entities from operating locally. It was also tasked to formulate proposals on amendments to various laws so as to enable the State to effectively tackle religious cults; recommend mechanisms for the public to report religious extremists in their local communities and also come up with standards and minimum certification requirements for religious organisations to be registered and to operate in Kenya. The Taskforce was also mandated to recommend actions that the State may take against individuals and organisations suspected of engaging in extremist religious practices. The Taskforce has been conducting public hearings in different counties and we expect a Report from them soon.

ii. Senate Ad Hoc Committee to investigate the Proliferation of Religious Organisations

The Senate formed an Ad Hoc Committee to investigate the proliferation of religious organizations and circumstances leading to more than 95 deaths in Shakahola, Kilifi County. The Committee was mandated to investigate the circumstances leading to the death of the followers of the Good News International Church and the role played by Paul Mackenzie and his team in aiding and abetting the deaths of the followers, audit the legal and registration framework for religious organizations in the country, develop a legislative proposal on regulation of religious activities in the country among others and make any other recommendation that will prevent religious organizations from extreme indoctrination of their followers.

The Committee held several public hearings with various stakeholders and conducted visits to Kilifi, Kisumu and Vihiga Counties and subsequently released a report on 19th October 2023 detailing the Committee's findings and recommendations.

The Report provides the definition of a cult as a system of belief directed towards a particular figure or object, for example, a self-appointed leader, prophet or someone with lofty titles and that of religious extremism as A radicalized viewpoint that appropriates the use of violence to force, promote, perpetuate defined ideologies, for example, Al Shabab, Boko Haram, ISIS. Further, it highlights the characteristics of a cult leader to include charismatic persona, exceptional persuasion skills, need for control, adoration and following among others. It also highlights the characteristics of a cult as illustrated in figure 4.4.



Figure 4.3: Characteristics of a Cult Leader (Senate Ad Hoc Committee, 2023)



Figure 4.4: Characteristics of Cults (Senate Ad Hoc Committee, 2023)

The Committee made the following recommendations, among others;

- Facilitation of recovery of vital documents including National Identity cards, birth certificates and title deeds to the survivors in the next 30 days
- Formation of a multi-sectoral committee to conduct counselling and prepare the survivors for reintegration in the society.
- Shutting down of social media pages associated with Mackenzie, and the arrest of any individual found to be propagating the doctrine advanced by Good News International Ministry.
- Prosecution of the existing charges against Mackenzie by the Director of Public Prosecution (DPP) as well as lodge fresh formal charges against him and other persons found guilty.
- Streamlining of the operations of religious organisations by having systems of governance and financial accountability in place for example having management boards.
- Enactment of the Religious Organisation Bill that will among other things set up a separate office exclusively dedicated to registration and oversight of religious organisations.
- Enactment of the proposed Religious Organisations Bill of 2023, which will establish the Office of the Registrar of Religious Organizations and develop an exclusive framework of registration, laser eye scrutiny of the qualifications of religious leaders as well as revising the offences and penalties for non-compliance.

The key highlights of the proposed Bill include;

- Religious organizations must be members of a consortium or religious umbrella body.
- Religious organization leaders must possess a degree in religious studies to operate
- Establishment of the Office of the Registrar of Religious Organizations
- Religious organizations must submit theological training curricula to the Registrar
- Registrar to set registration framework
- Introduction of offences and penalties for non-compliance, among other provisions

4.4.2 Secularism

Secularism refers to the system of doctrines and practices that seeks to conduct human affairs on naturalistic considerations without the involvement of religion and faith. It seeks to interpret life based on the principles derived solely from the material world, without recourse to religion.

It means that people do not refer to religion to make decisions, to adopt policies, to run their lives, to order their relationships, or to impel their activities and may be broadened to a position of seeking to remove or to minimize the role of religion in any public sphere.

Secularism has led to a shift in religion from being objective to being subjective. Therefore, every individual has the right to make their own decisions about how they practice their religion. This leads to religion being less influential as well as a plurality of religions in society. Secularism not only minimizes the importance of religion but also tends to exclude God's guidance almost completely in the daily affairs of man's life, people are therefore free to engage in wrongdoing, and thus, immoral acts keep increasing from day to day. This has led to the rise of immoral activities such as homosexuality, adultery, abortion, pornography, etc. The media is been used to introduce such values that are alien to Christian values through some of the programs shown on TV are highly detrimental to the development of a person's good character as they contain a lot of unethical entertainments, violence, and sex scenes.

Due to secularism, religions have almost become institutionalized and marketed as a business would market a product. Religions become more flexible, and less attached to their roots, as they try to attract people. It is almost as if people were customers and the religion was the product being marketed to them. This way, religion loses its essence and it stops becoming about the religion and starts becoming simply about attracting people to it. The basic foundations of a religion might fade away as compromises are made in order to make it attractive to the masses.

Possible Policy Interventions

- Promotion the practice of faith even in public spaces
- Religious education should be offered in education institutions from pre-primary level to institutions of higher learning.

4.4.3 State Regulation

Freedom of religion is one of the most fundamental rights in the Constitution of Kenya 2010 which bears two limbs. First, Article 32 guarantees all persons the freedom to practice their religion and secondly, Article 8 provides that the government should not establish any religion.

The Constitution and other laws and policies prohibit religious discrimination and protect religious freedom, including the freedom to practice any religion or belief through worship, teaching, or observance and to debate religious questions. The constitution also states individuals shall not be compelled to act or engage in any act contrary to their belief or religion. These rights shall not be limited except by law, and then only to the extent that the limitation is "reasonable and justifiable in an open and democratic society."

The society has an enjoyed the freedom of religion with relatively few hindrances and/or limitations from the government. As a result, we have had exponential growth, particularly in evangelical churches, owing to a relatively free operating environment. These has unfortunately seen the sprouting of unregulated churches in virtually every corner of the country, some of which have had persons of questionable morals and ethics appear and claim the mantle of pastoral authority.

In recent times, we have witnessed incidences of pastors and other religious leaders take advantage of the church members to not only enrich themselves but also promote outrageous religious practices, cultic in nature, that harm individuals, especially vulnerable citizens, and the society at large.

These unfortunate incidents, such as the Shakahola Tragedy, have been associated with the deficient regulatory structure governing churches. This has heightened the conversation on the need to regulate religious practices. Indeed, the realities of life today call for the regulation of churches and indeed all faith institutions in some form. The Constitution certainly expects state intervention in its protective capacity whenever the life and health of persons are at risk.

Balancing the need for regulation with constitutional provisions for freedom of expression is essential to protect the populace while respecting individual liberties. While regulating religion can have its advantages, such as protecting citizens and ensuring accountability, it can also have its disadvantages, such as violating religious freedom and leading to government interference.

To this regard, the church has been working towards self-regulation through the umbrella church bodies and other para-church organizations and establish commitment of its members to minimum code of conduct instead of waiting for government intervention.

Church leaders must join hands with the state in tackling the challenges presented by the rogue individuals within their ranks. The burden is on the church leaders to ensure that the image and the true doctrines of faith are not jeopardized by few individuals.

To this regard, HESABIKA Trust in collaboration with Church umbrella bodies developed a Code of Conduct for Churches to facilitate and promote self-regulation of Churches.

Possible Policy Interventions

- Implementation of the Code of Conduct for Churches in Kenya
- Encourage dialogue between the state and church leaders on issues affecting the church
- Establishment faith-based oversight bodies that enable self-regulation of churches and other faith-based organizations

4.4.3 Restriction on Interfaith Relation and Practices

In the recent past, there has been a number of court decisions that speak to the right of students to exercise their freedom of religion by not adhering to the set down rules and regulations of the schools in respect to practice of religious faith.

The most recent decision is the case of Phillip Okoth and LSK v BOM, St Anne's Primary Ahero (Civil Appeal No. 173 of 2020) in which the Court of Appeal at Kisumu held that subjecting learners to strict attendance and adherence to religious activities that are against their religion and belief is against their right to freedom of religion and worship as enshrined in Article 32 of the Constitution of Kenya, 2010.

While we appreciate the jurisprudential progression in the exercise and enforcement of the right to freedom of religion, it is important to note that this could pose a threat to recognition and acceptance of interfaith practices in public institutions and spaces.

Interfaith practices foster unity among the believers irrespective of their denominations and allows believers to explore the diversity of religious beliefs.

Conversely, the creation of stringent restrictions on interfaith practices in public institutions may limit the autonomy of the faith-based organizations and institutions, such as schools, to exercise their belief and practices upon which they are based. Furthermore, if all denominations were to demand strict observance of their religious practices and beliefs in schools, then it might pose a challenge of maintaining order in the schools. Further, there is a danger of opening a Pandora box for cultic and extremist religious groups to demand for the practice of their beliefs in public spaces and institutions without any restrictions.

4.4.4 Changing Attitudes and Engagements of Teens and the Youth towards Religion and the Church

A Survey conducted by One Hope dubbed Global Youth Culture among 13-19 years olds around the world on their belief and practice of faith reveals that there has been a changing attitude towards religion and church among the teenagers and the youth. Kenya, Nigeria and South Africa were among the African countries sampled in the survey.

Notably, the survey revealed that two in three teens globally say that their faith beliefs or spiritual journey are important part of their identity. Of the teens that took part in the survey, 43% of teens self-identified as Christian, other religion accounted for 23% and no religion accounted for 34%.

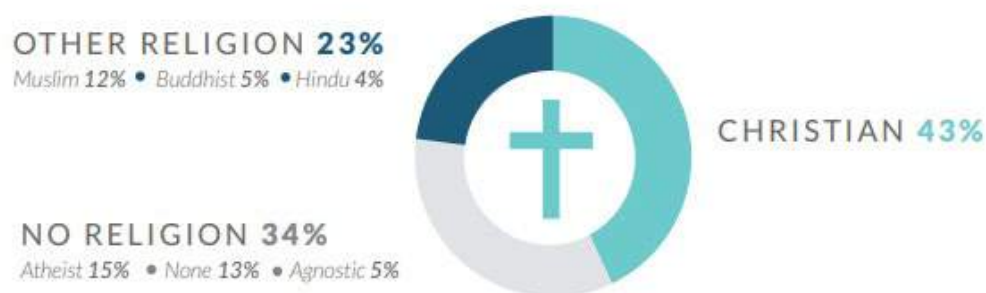


Figure 4.5: Global Religious Identity among teens (Global Youth Culture Report)

However, of the 43% who identified as Christians, only 7% display the beliefs and habits of a Committed Christian. These habits include believing that God exists and that they can have a personal relationship with Him, believing that Jesus is the son of God, believing the Bible is the Word of God, praying at least weekly, reading Scripture on their own at least weekly and believing that forgiveness of sins is only possible through faith in Jesus Christ. Further the Survey revealed that many teens shy away from sharing their faith or discussing spiritual matters with others. It revealed that only 44% of Christian teens disagree that they even have a responsibility to share their faith with others. On Scripture Engagement, it was reported that more than half (52%) of teens never read scripture on their own and even their commitment to church attendance is wanting. Figure 4. reveals the percentage of church attendance globally.

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The Survey shows that across the globe, the commitment of teenagers and they youth to religion is slowly fading. If the youth in increasing number withdraw from the church, it will become an institution of the middle-age and the old. This will cause the church to lose its vitality and aggressiveness and cease to be a dynamic factor in the community.

As discussed earlier in this report, faith is an important aspect of the human life. The survey shows that teens who are committed in living out their faith are at lower rates of at-risk behaviours and mental health issues. There is need for the church, parents and the society at large to address this growing concern of the changing attitudes of teens and the youth towards religion and the Church.



Figure 4.6: Church attendance among teens globally (Global Youth Culture Report)



Figure 4.7: Prevalence of Depression, Anxiety and Suicide among teens (Global Youth Culture Report)

Possible Policy Interventions

- ☑ Building relationships with the youth by knowing their interests, organizing and attending events there are interested in and creating opportunities for one-on-one conversations.
- ☑ Empowering young people to take ownership of their ministry involvement and develop their leadership skills.
- ☑ Entrusting young people with leadership roles within church community

4.5 KCPF in Defence of Faith

4.5.1 Proposed Code of Conduct for Churches in Kenya

KCPF collaborated with HESABIKA Trust and other umbrella church bodies to develop a Code of Conduct for Churches in Kenya. The government has from time to time indicated the need to regulate the Church however, church leaders have often stated that they can self-regulate but currently have nothing in place that binds churches of different denominations and/or umbrella bodies. It was for this reason that these umbrella bodies, led by HESABIKA Trust, offered to support churches in drafting a Code of Conduct and Governance Guidelines for the Church in Kenya which they can use for their own self-regulation. This Code of Conduct and Governance Guidelines for the Church in Kenya was launched on 30th August 2023.

The Code of Conduct recognizes the Bible as the principle rule of faith, the Supremacy of the Constitution and also the laws of the land. It applies to churches and church institutions, church leaders, para-church organizations and umbrella bodies including apex bodies.

The guiding principles and values contained in the Code of Conduct include the following;

1. Integrity and ethical conduct are central to Biblical teaching and practice.
2. The church shall promote and enhance the wellbeing of the brethren and of society as a whole in accordance with Christian beliefs and convictions, and refrain from any conduct that undermines the constructive role that churches play in the society.
3. The church shall respect, protect and preserve life and shall refrain from any conduct that devalues, dehumanizes or destroys life.
The church shall endeavor to uphold the sanctity of life.
4. The church individually and collectively, shall respect and uphold the dignity of every person and shall not abuse or exploit any person, or do anything to violate or degrade that person.
5. The church values children, born and unborn, and shall act in their best interest when under their care by protecting them.
6. The church shall respect the right of every person to join any faith or religion of other choice without bullying, harassment, intimidation or victimization.

It encourages the churches to set up a leadership and governance structure to ensure accountability, policies and an annual forum for reporting the affairs of the Church to its members.

On stewardship of finances and assets of the Church, the Code of Conduct states that the assets belonging to the Church or institution should be registered the name of that Church or institution and its trustees, except where the asset is meant as a gift to an individual Church leader. The Church also have a duty to keep accurate financial statements in accordance with accepted financial practices and shall subject it accounts to an audit as required by each Church's registration.

Further, the Code of Conduct is in line with Article 159 of the Constitution, which recognizes the role of alternative dispute resolution mechanisms and their enforceability

4.5.2 Advocacy for Religious Freedom & Practice

KCPF encourages the members to boldly express their faith rather than hide their belief. KCPF advocates for the expression of religious values in decision making and in determining moral questions in court cases.

4.5.3 Promotion of Religious Identity & Witness of Living Faith

The name KCPF, Kenya Christian Professionals Forum, recognizes that our identity as Christians. One of the ways through which KCPF advances its cause of advancing biblical values in the society is through witnessing. Witnessing is done through holding events e.g. Match for Life, Family symposium etc. and webinars that seek to enlighten members of the public on the need to contend for the Christian faith in the marketplace. In this way we achieve a community of Christians who are consistent in living out their faith and not promote religious hypocrisy. To achieve this, KCPF is in collaboration with churches and para church organizations and also seeks to initiate KCPF Chapters in each of the Professional bodies and Churches through the Christian Professionals Formation Program.

a. Christian Professionals Formation Program

This year, 2023 KCPF launched the Christian Professionals Formation Program. This program is aimed at equipping and challenging the Christian professionals to use their abilities and competencies to champion biblical values and faith both in the market place and in the church. The program runs for about 6 months, with one session of one-hour 30 minutes (1hr 30 mins) per month. In each session we handle the emerging issues in our society in areas of Life, Family and Faith and a Christian Professional's response to those issues.

During the sessions, there is a Soko session where the professionals are given an opportunity to share what they do and market the services or products they offer.

The program also encompasses a Transformation Project where each professional is required to initiate a project/activity or event at their workplace, church or community in line with what they have learnt and then evaluate the impact or contribution of their project in three months.

The pilot program was launched at the Consolata Shrine with the Consolata Shrine Professionals Group.

b. Week of Prayer for Christian Unity

At least once a year, Christians are reminded of, and move towards fulfilment of Jesus' prayer for his disciples at the Last Supper that "they may be one so that the world may believe" (John 17.21). The event that touches on this special experience is the Week of Prayer for Christian Unity (WPCU). Traditionally the WPCU is celebrated between 18th -25th January. The WPCU has a history of over 100 years, in which Christians around the world have taken part in an octave of prayer for visible Christian unity.

Since 2013, KCPF holds Annual Ecumenical Prayer Breakfast in observance of the WPCU. The leadership and members of KCPF together with other invited guests gather to pray for different personal and corporate needs.

4.6 What Needs to be Done in Faith

- The government should continue to deal with cultism and the threat of terrorism motivated by religious extremism.
- Churches and other religious institutions should develop administrative structures and mechanisms for dispute resolution among their members and between the institutions.
- Protecting and maintaining religious freedom, fostering the role of churches in society and safeguarding it against prosecution.



CHAPTER FIVE:

**MOVING FORWARD:
CONSERVING THE
GAINS AND IMAGINING
THE FUTURE**

MOVING FORWARD: CONSERVING THE GAINS AND IMAGINING THE FUTURE

5.1 Introduction

It is clear that as far as life, family and faith is concerned, Kenya has a fairly favourable foundation in law. It is gratifying that the right to life is protected under the Constitution, and the supreme law attempts to address controversies on this issue, albeit imperfectly. The same spirit of upholding the sanctity of human life can be seen in other laws through efforts to discourage suicide and punish homicide, abortion and infanticide, among other violations.

We have also seen that family enjoys the attention of the Constitution and other laws. It is clear, however, that this strong protection of family under the constitution is not matched by policy and governmental action so as to give it effect. This implementation gap calls for urgent redress because as we have seen, family failure undermines the ability of individuals to realize their full potential, and has wide ranging repercussions such as poverty, delinquency, and social instability. To this end, it is necessary that the government should create a state department responsible for family affairs. As a state department, family matters will be elevated in importance as the family agenda will be directed by a Principal Secretary and represented in the cabinet by the responsible Cabinet Secretary. The adoption of the National Family Promotion and Protection Policy sets a good momentum for promotion and protection of family and giving it the attention, it deserves.

Religious freedom is essential to any society. It protects people's right to live, speak and act according to their beliefs peacefully and publicly. It benefits everyone and preserves a nation's diversity where people of different faiths, worldviews and beliefs can peacefully live together without fear of punishment from the government. Any effort to repress the freedom of worship, teach and live out their beliefs in public is an attack not just on the human dignity but on the very foundation of a society. The church has seen the need for self-regulation and acted on it. The launch of the Code of Conduct for the Church in Kenya sets a good momentum for the promotion and protection of religious freedom.

5.2 KCPF's Agenda in Conversing the Gains

5.2.1 Advocacy and Resourcing

KCPF shall continue to advance its cause through advocacy by drafting bills, policies and guidelines and challenging court cases in contentious matters that are related to the five priority areas, that is, the right to life, promotion and protection of families, religious freedom, values-based education and good governance.

KCPF shall continue to educate its members on emerging issues relating to the five thematic areas and on how to respond to such issues by providing resources and data such as the Journal on Family, Law and Religion, weekly newsletters and periodic report on the State of Life, Family and Faith in Kenya.

5.2.2 Witnessing and Networking

KCPF shall seek partnerships with like-minded organizations and churches to build an impactful community advancing Biblical values in the society. It seeks to have more organizations and individuals join the existing consortiums like the Linda Uhai Consortium for Pro-Life Organizations and Family Consortium for Pro-Family organizations.

In a bid to grow the network, KCPF will continue to grow its presence in the Universities through the KCPF Students' Chapters; in the counties through KCPF County Chapters and the international network through the Africa Christian Professionals Forum (ACPF). ACPF brings together African Christian Professionals from various denominations sharing the common values on life, family, Education, Religious Freedom and Governance.

5.2.3 Leadership and Counselling

KCPF offers training and development opportunities for its members in leadership in partnership with institutions that offer such services. Through the Christian Counselling and Dispute Resolution Center, KCPF brings together Counsellors, Mediators and Arbitrators who offer counselling and Alternative Dispute Resolution (ADR) Services from a Christian Perspective. The Center is working to be the go-to place for dispute resolution among churches and the Christian community in Kenya.

The Christian Professionals Formation Program is also a great platform for training of professionals from different churches and institutions on the KCPF Thematic areas, leadership and Counselling. It also gives them an opportunity to give back to the society.

5.2.4 A call to KCPF Membership

KCPF has for the past decade endeavored to achieve its mission of advancing biblical values in the society through advocacy, law and policy making initiatives carried out at the national level. As part from of its Version 2.0 Initiatives, KCPF seeks to expand its membership and grant many people the opportunity to join hands with like-minded professionals and promote and protect godly values in the legal-social framework and speaking against moral corruption of our society.

In light of its Ecumenical nature, KCPF's membership is open to all Christian professionals from all denominations. The membership is open to individuals or to corporate, effected by payment of a registration fee and an annual subscription fee.

5.2.4 Resource Mobilization

Since its inception, KCPF has been financing its programs and activities through donations, membership subscription fees and fundraising. KCPF is keen on raising more money to enable it achieve its mandate of advancing biblical values in the society.

To support KCPF's agenda, kindly send your contribution to;

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Protection of life, family and the freedom of religion requires the intervention and collaboration of various stakeholders including, the government, civil society, professional bodies, academic institutions, business and private sector organizations, families and citizens.

5.3.1 Government

The Constitution guarantees every person the right to life, the protection of the institution of family and the right to religious freedom. The state has the responsibility of ensuring that these rights and freedoms are enjoyed by all persons without discrimination.

There is need for enactment and implementation of laws, policies and other regulations that enable a progressive realization of the rights and freedoms enshrined in the Constitution of Kenya, 2010. The Judiciary in its interpretation of the law must also be guided by the will of the people of Kenya as documented in the Constitution. The Government – Legislature, Executive and the Judiciary, has a mandate of protecting and affirming our cultural and family values as a nation, while guiding against undue influence from other nations.

5.3.2 Churches and Para-church Organizations

The position of the church has been firmly entrenched in the society. The church has been deeply involved in the spheres of education, health-care, social welfare and economic and vocational training and development which are executed through thousands of local and specific church organisations throughout the country.

Further, the Church has assumed the role of being the conscience of the society and championing the course of national moral issues. It is the obligation of the church to constantly remind people of the standard of righteousness and justice, which alone exalts a nation', and its duty to morally and practically support the state when 'it upholds that standard' while responsibly criticizing it or those in authority 'when they depart from it'. The church must therefore work side by side with the State without losing sight of its mission, vision and credibility. The credibility of church's involvement in State affairs or politics hangs on church's consistency in pointing out error and providing worthy example in leadership.

The Church has an obligation to participate in the building of the nation on the principles of genuine freedom, justice, peace and reconciliation. The 2019 Census reveals that Christians make up 85% of the population. It therefore goes without saying that the Church has an influence on the majority of the population and this influence should be used to impact the society positively.

The Church has been at the forefront in realization of the rights and freedoms enshrined in the Constitution in collaboration with the State, including the right to life, education, highest attainable standard of health, economic and social rights among others

5.3.3 Professional Bodies

Professional bodies are responsible for the advancement of the knowledge and practice of professions through developing, supporting, regulating and promoting professional standards for technical and ethical competence.

From its inception, KCPF has been keen in collaborating with professionals in advancing its mission of advancing biblical values in the society through advocacy and policy making initiatives. The professionals have the technical expertise needed to clearly articulate the issues affecting the society. It is therefore important that the professional bodies take a keen interest in understanding the prevailing threats to life, family and faith and build the capacity its members how to advocate effectively for the right to life, family and religious freedom. Much more can be done with the collaboration of different professional bodies possessing the same agenda and priorities in regards to the three areas.

5.3.4 Families

Families are a fundamental unit of the society and the first social structure that human beings interact with. Family serves as our first role model, teaching us social skills and crucial role values. The values of protection of life, family and religious freedom advocated extensively in this report should be instilled in the citizens from an early age. This responsibility falls on the parents and guardians. Children should first learn the value for life, family and faith from their parents and families.

It therefore goes without saying that parents and guardians must be aware of the current and emerging issues in the society to enable them teach and guide the children and family members in the right way. Additionally, families should thrive to be a safe haven for all the members to thrive in other aspects of their lives

