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Quality Population for a Prosperous Kenya

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1. Population and Development and Youth Bulge

i. Functional Limitations Among Older People 50+ Years in Kenya: The Need for Long Term Care, Mitigation and Prevention Strategies

Authors: Gloria Chepngeno-Langat and Erick Muhuyi

Email address: glangat@aphrc.org & guest437@aphrc.org

Institutional Affiliation: Aging & Development Unit, African Population and Health Research Center

Background: Aging is associated with declines in cognitive and bodily functionality which impacts the ability to undertake activities of daily living and ability to live independently necessitating the need for long term care and support. Having age-related physical and cognitive impairments can impact on the quality of life and ability to age with dignity particularly if there are inadequate social and health infrastructure and support systems to manage and enable living with impairment. The onset of the decline and the number of functions affected, however, varies from one individual to another and across population sub-groups.

Methodology: Using data from the Kenya Demographic and Health Survey, this paper presents the prevalence and correlates associated with functional impairment among the population aged 50 years or older.

Findings: The results demonstrate large disparities and inequalities among older people in Kenya and calls for interventions to manage and support living with impairment and to address the modifiable social, health and environmental risk factors to offset loss or early onset of functional impairment.

ii. Past and Future Population Trends of Older Persons in Kenya

Author: Job Nyandwaki Mose **Email:** jobmose2013@gmail.com

Background: Globally the number of older persons is increasing rapidly in both numbers and proportions and is expected to double by 2050 to 1.6 billion.

Objective: This study aims to present the past and future population trends of older persons in Kenya from 1979 to 2045 while at the same time establishing their current and future distribution across the country. This paper is based on 1979 to 2019 Kenya Population and Housing Census data.

Findings: The proportion of older persons has been increasing over the years from 3.6 per cent in 1979 to 5.8 per cent in 2019 and is currently projected to double by 2045. The proportion of older persons heading households in Kenya increased marginally from 68.9 per cent in 1999 to 71.5 per cent in 2019. The steady increase in females heading households is noted in age group 70-74 and 75-79. There is a steady decline in the number of persons in working age group (15 to 64 years) from 16 in 1999 to about 11 in 2045 for every person age 65 and above. In 2045, Nyeri and Taita-Taveta counties are projected to have the least potential support ratio at 6 persons per every older person. There is a notable increase in the proportion of widowed old persons from 19 per cent in 1999 to 24 per cent in 2019. There is need to enhance health and social systems that aim at meeting the special needs of this population segment taking into consideration the current and projected variations by county.

iii. Social Connections, Skills Gap, Youth, and Industrialization in Kenya

Author: Kefa Simiyu, Beatrice Mbinya and Peter Karisa

Affiliated Institution: 1. University of Nairobi and Johannesburg, School of Economics.

2. Economics and Statistics, University of Nairobi

3. World Bank as Consultant

Email: keffasimiyu@gmail.com; Mbinyabettym@gmail.com; karypeters2018@gmail.com

Manufacturing sector in Kenya employs 20 percent of Kenyan youth. However, underskilling and under-experienced job applicants and employees disincentivize firms from creating high-skill jobs while undermining skills-driven industrial development. We analyze how social connections, and expansion of manufacturing affect firm-specific skills gap among youth in Kenya, and how other factors alter this effect. We utilize STEP and WBES datasets to analyze under-skilling in Kenya in two linear-in-means models. STEP draws from 2016 Employer Satisfaction Survey among 504 enterprises. A balanced panel of sixty firms is drawn from the 2007, 2013, and 2018 Enterprise Surveys (WBES). Social connections is incorporated in analyses, captured by share of firms that experienced under-skilling, at the region and sub-sector levels, excluding focal firm. Social connections is separately given by share of firms with experience gaps. Control variables include: locality, educational attainment for white-collar and blue-collar workers, share of skilled full-time permanent employees, number of hiring sources for white-collar workers, firm size, and sector of the firm. Utilizing STEP, we employ sharp regression discontinuity design. Utilizing WBES, we employ shift-share analysis. Explained variable is change in skills gap at the region and subsector level. Preliminary results suggested that educated blue-collar workers were less likely to be within manufacturing sector, and were more likely to be in firms that had larger shares of educated white-collar workers. Further, under-skilling became increasingly less common as top managers gained additional years of experience. Main results suggested that under-skilling at regional level was driven by under-skilling among related enterprises. In addressing skills gap at the firm level, we establish that within-firm training of full-time production workers was not enough in bridging skills gap. Under-skilling was not also addressed via diversifying sources for new hires. We recommend reevaluating manufacturing sector appeal, training strategies, and inter-firm collaboration policies to address underskilling among youths.

Key words: Human capital; Industrialization; Skills gap; Social interaction

iv. The Demographic dividend and Re-economization of population

Author: Isabel Pike

Affiliated Institution: McGill University

In the past two decades, a new concept has risen to prominence in the population and development policy arena: “the demographic dividend.” Its central idea is that as fertility rates begin to decline, a working-age bulge forms, yielding a potential economic boost. As the demographic dividend policy frame has gained momentum, some scholars have argued that its economic rationale threatens a rights-based approach to reproductive health. In other words, there appear to be two competing frameworks around population, one that foregrounds national development and the economy and another that foregrounds individual choice and well-being. But, how exactly these two policy frames have been reconciled by population and development actors remains unclear. This paper examines this question through a longitudinal content analysis of annual reports published by two population and development institutions; the United Nations Population Fund (UNFPA) and Kenya’s National Council for Population and Development (NCPD). These reports are titled the State of the World Population Report and the State of Kenya Population Report. From preliminary analysis of these cases, it appears that population and development institutions are not replacing reproductive health and women’s empowerment with the demographic dividend, but rather alternating between these different frames. In addition, the demographic dividend frame appears to have expanded population and development institutions’ mandates, most strikingly in the realm of the economy, particularly around employment. In turn, while women have long constituted a focus of population and development policy, the demographic dividend has rendered youth a new key target group.

v. Empowering Kenya's Youth Through Digital Innovation Hubs: Catalysts For Entrepreneurship, Inclusion, And Sustainable Economic Growth

Authors: Chepngeno Brinner, and Wilfred O. Odoyo,

Kenya's youthful population offers immense potential for driving innovation-led economic growth, yet challenges such as unemployment and limited entrepreneurial opportunities hinder progress. Digital innovation hubs have emerged as transformative spaces, equipping individuals with essential skills, resources, and networks needed to navigate and succeed in dynamic economic landscapes.

This study examines the role and impact of these hubs in fostering local entrepreneurship and promoting sustainable development in Kenya among the youth. Employing a mixed-methods approach, the research combines surveys, in-depth interviews, and case studies from a diverse set of innovation hubs across the country. Preliminary findings show that digital hubs are instrumental in building entrepreneurial ecosystems, providing training in digital skills, mentorship, access to funding, while serving as networking opportunities, connecting entrepreneurs with investors and partners. Furthermore, these hubs empower underserved communities, particularly youth and women, by bridging the digital divide, creating pathways for inclusive economic participation, and fostering innovation within various domains including agriculture, technology, and education, while addressing critical challenges in Kenya's economic development and governance.

The study's insights offer evidence-based recommendations for scaling innovation hubs across Kenya and leveraging the country's demographic dividend to drive sustainable development. This research contributes to understanding scalable strategies for empowering local entrepreneurship and achieving economic resilience in Kenya. It also provides actionable insights for policymakers, development practitioners, and stakeholders seeking to advance Kenya's economic resilience through localized entrepreneurship and innovation.

Keywords: Digital Innovation Hubs, Local Entrepreneurship, Sustainable Development, Youth Empowerment, Innovation-Led Economic Growth, Digital Skills Training, Economic Resilience, Entrepreneurial Ecosystems, Inclusive Participation, Digital Transformation, Digital Community Hubs (DCHs), governance.

2. Fertility and Sexual Reproductive Health

- i. Evaluation of Teenage Pregnancy Surveillance System - West Pokot County, Kenya, May 2023 to April 2024

Name: Abel Koech, M. Owiny, C. Wambugu,

1.Kenya Field Epidemiology and Laboratory Training Program, 2 Ministry of Health, Division of Adolescent Health, 3.Moi University

Email: abelkoech@yahoo.com Country: Kenya

Background: Teenage pregnancy remains a significant global public health issue, particularly in Sub-Saharan Africa. In Kenya, although there has been a decline in teenage pregnancy rates, West Pokot

County's prevalence is at 36% against the national 18%. Objective: To assess the performance of the Teenage Pregnancy Surveillance System in West Pokot County, and its role in identifying high-risk areas to inform targeted

public health measures. Methods: Utilising a cross-sectional design, data from sampled health facilities were collected from May 2023 to April 2024. Quantitative data were collected from Antenatal Care Registers and the Kenya Health Information System. Qualitative data was collected through key informant interviews with key stakeholders. Quantitative data was analysed using STATA and Excel, and qualitative data was analysed thematically. Results: A total of 1,016 teenage pregnancy cases were documented, with a prevalence of 93.9% among 15–19-year-olds. Out of this, 85% reside in rural areas and 15% in urban settings. Among the stakeholders interviewed 70% found the surveillance system easy to use, and 62.5% were willing to use it for reporting. However, 45.5% cited system instability challenges, and 60% reported data submission delays. Contributions: The surveillance system is vital for targeted interventions and policy formulation; however, improving data reporting quality is important for reliable public health responses.

ii. Factors associated with teenage pregnancies in Kenya

Name: Bernard Kiprotich, Millicent Oluteyo, Prof. Lawrence Ikamari and Terisia Wairimu

Email: bkiprotich@ncpd.go.ke

Country: Kenya

Background: Teenage pregnancy is a major public health problem worldwide and poses a significant global challenge. Objective: This paper seeks to establish factors associated with teenage pregnancy in Kenya, providing new insights to the current literature and also informing policy and program planning. Method: The 2022 Kenya Demographic and Health Survey (KDHS) data were utilised, and both bivariate and multivariate analyses were undertaken. The study adopted and modified the framework developed by Resnick et al. (1992). Results: At the multivariate level, marital status, age, and contraceptive use were found to be the main contributing factors of teenage pregnancies at both the national level and across the three regions with high, moderate and low teenage pregnancy rates. Recommendation: The study recommends multi-sectoral engagements in advocating for policies that keep girls in school longer; interventions on policies that delay early marriages; eliminate child marriage; and enhance sexual health promotion.

iii. Multilevel Analysis of Factors Influencing Use of Modern Contraceptives by Young Women in Kenya: Evidence from 2022 Kenya Demographic and Health Survey.

Authors: Mr. Bernard Kiprotich¹, Andrew Mutuku², Murungar'u Kimani²

1. National Council for Population and Development
2. University of Nairobi, Population Studies and Research Institute.

The utilization of modern contraceptives is a critical component in improving reproductive health outcomes and achieving sustainable development goals. In Kenya, despite notable progress in contraceptive uptake, young women aged 15–24 still face significant barriers, including sociocultural norms, economic disparities, and limited access to reproductive health services. These barriers contribute to unmet needs for contraception, early childbearing, and adverse reproductive health outcomes. Past studies have attributed the low utilization of modern contraceptive use among young women to barriers related to; cultural norms, misinformation, and inadequate youth-friendly services. While existing studies primarily focus on individual determinants, there is a growing recognition of the importance of contextual influences, such as education levels, healthcare accessibility, and socio-cultural dynamics. This study employs a multilevel analytical approach to explore these factors using data from the 2022 Kenya Demographic and

Health Survey (KDHS). By examining both individual and community-level determinants, the research aims to provide a comprehensive understanding of the drivers and barriers to modern contraceptive use among young women in Kenya, offering insights to guide targeted interventions and policies. The main objective of this research paper is to determine factors influencing the use of modern contraceptives by young women in Kenya. The study applies multilevel analysis using data from the 2022 Kenya Demographic and Health Survey (KDHS) to investigate individual, and community-level factors influencing modern contraceptive use among young women in Kenya. The findings aim to inform targeted interventions and policy reforms to improve contraceptive uptake and reproductive health outcomes in Kenya

iv. Promoting child spacing in Isiolo County using faith leader's approach

Authors: Brian Plimo Plapan¹, James Kamande, Dickson Kinyua, Lillian Ngesa, Janeffer Gakure

Email: bplapan@pskenya.org

1. Population Services Kenya

Background: Religious leaders are vital advocates for contraceptive policy change, funding, and service delivery. Their deep scriptural knowledge and societal influence position them to address cultural and religious misconceptions that hinder the acceptance of family planning and SRHR. Overcoming challenges like patriarchal norms, faith leaders have utilized platforms such as worship places, madrassas, community groups, and media to debunk myths, especially among adolescents and young adults. This paper highlights their role in breaking religious barriers to child spacing and SRH advocacy.

Objectives: Assess the impact of religious leaders as advocates for child spacing and identify strategies employed by religious leaders to promote child spacing.

Methodology/Interventions: Since 2019, Population Services Kenya partnered with Isiolo's Department of Health to engage religious leaders in advocating FP and SRH. Through umbrella bodies, they clarified scriptural texts, creating cohesive messaging. Faith leaders utilized channels like radio shows, household visits, and digital platforms to share FP messages. These interventions promoted broader awareness and acceptance.

Results: Initial efforts in 2019 achieved only 1 percent of the targeted 840 CYP. By 2022, incorporating faith leaders resulted in 99 percent achievement of the 7,205 CYP target. Strategies like household visits, humanized FP messages, and radio programs improved male engagement and community acceptance. **Conclusions:** Religious leaders bridge the gap between faith and family planning, dispelling myths and fostering acceptance of SRH services. Their role is critical in driving cultural shifts and promoting health-seeking behaviors.

Recommendations: Streamline bureaucratic processes within umbrella bodies and sustain training and dialogue among religious leaders to maintain advocacy momentum.

v. The role of male engagement and involvement in increasing family planning uptake

Author: Dorothy J. Okemo

coauthor: Access to Medicines

Platform Email:

dorothy@atmplatformkenya.org

Country: Kenya

Background: Social, cultural & gender norms are among the key barriers to access and uptake of FP commodities in Kenya. We undertook a campaign to increase access to FP commodities and services through community dialogues and male engagement forums.

Objective: To identify the barriers and enhance knowledge and uptake of FP information and commodities through male engagement in counties to improve the RMNCAH indicators.

Methodology: FGD's applied to investigate perceptions regarding FP service provision and role of men. 10 interviews, comprising 15 males aged 20 – 60 years old. The sessions incorporated the sub- county RH Coordinators and Community Health Strategy Focal persons as session facilitators.

Findings: These FGDs highlighted the limited engagement of men in FP decision-making and uptake due to socio- cultural norms that confine HCP's to serving women, hindering men's involvement. Despite policy recognition of the importance of male involvement in FP uptake and decision-making, implementation remains inadequate.

Contribution: Bridging men's involvement gap necessitates increased access to information and targeted engagement and sensitization. There needs to be development of FP guidelines at facility level that enhance joint partner decision making on the FP methods. Open days to educate both men and women on methods, side effects, importance of child spacing is another strategy.

Conclusion: There is a need to change perception that contraception is solely the responsibility of women, engaging men can yield positive health and non-health outcomes. Culturally sensitive services, developed with community input using a couple-centered approach, are crucial for equitable FP use, demand generation and enhanced accountability.

vi. The Overlooked Barriers: Impact of Cultural Stigma and Social Norms on Access to FP among Persons with Disability

Authors: Husna Mwaka and Melanie Olum

Affiliated Institution: International center for reproductive health Kenya.

Email: husna@icrhk.org

The Overlooked Barriers: Impact of Cultural Stigma and Social Norms on Access to Family Planning among Persons with Disability Introduction Disability impacts over a billion people worldwide, with challenges to access to reproductive health services, especially in developing countries. Despite progress in disability- inclusive frameworks in Kenya, challenges remain in accessing Reproductive, Maternal, Neonatal, Child, and Adolescent Health (RMNCAH) services, including family planning (FP) for PWDs. This study explores the socio-cultural barriers to FP access and uptake among PWDs in Kwale and Kilifi counties, Kenya.

Methodology The research employed a qualitative exploratory approach and used KIIs, IDIS, and FGDs to explore policy, service delivery, PWDs' FP access, and CHPs' roles. Interviews were anonymized, transcribed, and analyzed for key themes using Dedoose. **Findings** Cultural stigma and societal norms create barriers to family planning for PWDs. Families often do not help PWDs obtain identification documents, limiting their access to services. The community's views of PWDs as incapable and asexual contribute to their isolation often resulting in limited awareness of reproductive health. This stigma dehumanizes PWDs, stripping them of their autonomy and fostering dependence on caregivers for their decisions about family planning. Health workers may also impose their values on PWDs without providing sufficient FP information. The underrepresentation of PWDs in leadership leads to misunderstandings about their needs and ineffective programming. **Contribution** Socio-cultural stigma and discrimination marginalize PWDs, denying them autonomy and reproductive rights. Inclusive community-based strategies are essential to amplify their voices and inform effective policy-making and programming.

vii. Improving adolescents and youth access to best practices for SRH services in Ugunja Sub-county

Name: Isaiah Ochieng, Dorothy Okemo

Email: advocacy@atmplatformkenya.org

Country: Kenya

Background. The Kenya Health Sector Strategic Plan (2018-2023) recognizes adolescent SRH as priority within Kenya Essential Package of Health (KEPH). KEPH further commits itself to establish youth friendly Sexual and Reproductive Health (SRH) services including; counselling, contraceptives and HIV/AIDS related services. To align with the provisions of KEPH, UDI model sought to ensure Youth friendly SRH services are affordable, accessible, acceptable, equitable and appropriate to meet the SRH needs of young people aged between 10–24 years. The program was implemented in Ugunja Sub County which has a high burden of teenage pregnancy, HIV prevalence and Maternal mortality in Siaya County. Objective. To understand the challenges of AYPs in accessing SRHR services within Ugunja Sub County. Methodology. The program was implemented using FGDs, questionnaires and social media interactions. A total of ten FDGs were conducted and questionnaires were administered to adolescents, youths, teachers, parents, healthcare workers. An interactive social media was also used to inform adolescents and youths on SRHR. Data was coded and analyzed using the thematic framework approach. Findings Lack of trust among HCWs, delay in services and lack of YFC for integrated comprehensive SRH services were major challenges in accessing SRHR services. Religious beliefs, socio- economic issues, lack of trained service providers, waiting time, lack of confidentiality and integrated services were also identified as key challenges. Contribution to knowledge. AYP involvement in policy development and implementation is essential for improving inclusive and dynamic service delivery.

viii. Prevalence, trends, and factors associated with non-marital fertility in Kenya

Name: Lawrence Ikamari

Email: likamari@uonbi.ac.ke

Country: Kenya

Background: Worldwide, marriage is considered the foundation for family formation, childbearing, and socialization of children. Consequently, in most societies, childbearing is largely confined to married women. However, notable childbearing among non-married women has been observed in many societies, including those in Sub-Saharan Africa. This study analyzed prevalence, trends, and factors associated with nonmarital fertility in Kenya. Method: The study used a pooled sample of 26,235 never-married women aged 15-49 years drawn from the 2008-09, 2014, and 2022 Kenya Demographic and Health Surveys. Descriptive statistics and logistic regression analysis were used in the study. Results: The findings indicate a prevalence of nonmarital fertility at 35.7% in 2022, 29.9% in 2008-09, and 31.8% in 2014. Notable increases in nonmarital fertility prevalence were observed among urban residents, women with primary or higher education, and women in Nairobi, Eastern, and Central regions. Conversely, declines were observed among Muslim women, women with other religious affiliations, and women in Nyanza and North Eastern regions.

Multivariate analysis results show that nonmarital fertility exhibited statistically significant associations with the woman's current age, cohabitation status, unmet need for family planning, educational attainment, household wealth status, current employment status, religious affiliation, survey period, place, and region of residence. Conclusion:

Nonmarital fertility in Kenya is high, with an upward trend and significant variation. The study recommends interventions to arrest the increase in nonmarital fertility, and for research to explain disparities in nonmarital fertility in the country.

ix. EFFECTS OF WOMEN EMPOWERMENT ON FERTILITY PREFERENCES IN KENYA

Authors: Lekura Shadrack¹ and Prof. Wanjiru Gichuhi²

Email address: slekura@students.uonbi.ac.ke.com¹ & agichuhi@uonbi.ac.ke²

Population Studies Research Institute

Background: Women realisation of their rights in decision making is a precondition for the enhancement of their ability to make critical life-changing decisions about reproductive rights. Despite a wealth of research on the subject, there is still disagreement on the influence of empowerment on women's fertility choices due to variations in the methodology and conceptualisations applied to measure women's empowerment.

Objective: The research examined the effects of women's empowerment on fertility preferences in Kenya while controlling for confounders.

Methodology: Using a sample size of 18,916 women aged 15-49 from the Kenya Demographic and Health Survey 2022 data, the study applied descriptive statistics and multinomial logistic regression to assess the study variables, which included women's economic empowerment, socio-cultural empowerment, interpersonal empowerment and fertility preferences. The women's empowerment index was constructed using principal component analysis.

Findings: The study findings revealed that economically empowered women were approximately 13.2% (OR=0.868) less likely to desire a number of children which was equal to their ideal number of children compared to those with a low level of economic empowerment. This demonstrated that more economically empowered women typically had fewer children than they would desire. Equally, the findings for social cultural empowerment also demonstrated a significant negative relationship on fertility preferences, indicating that women with greater social cultural empowerment were about 9.8% (OR=0.902) less likely to prefer children equal to their ideal family size compared to those with lower social cultural empowerment. The study strengthened the idea that the fertility preferences of women declined based on their socio-cultural empowerment level. The results on women's interpersonal empowerment indicated no significant influence on fertility preferences.

Knowledge Contribution: The study recommends implementations of policies that target economic and socio-cultural empowerment of women as strategies to promote a shift towards sustainable family sizes.

Conclusion: The study recommends that government of Kenya supports programs on women sociocultural empowerment through community engagement and advocacy for women's rights.

x. Exploring Digital Health Platforms in Meeting the Needs of Adolescent Fathers

Name: Loyce Hamba

coauthor: Emmanuel Waleo and Wilfred Odoyo

Email: loycehamba@gmail.com

Country: Kenya

Adolescent fathers in Kenya are often overlooked in reproductive health programs, lacking targeted support and guidance. This study explored the role of digital health platforms, specifically the i-PUSH Initiative, in meeting the unique needs of adolescent fathers by providing reproductive health information and parenting advice. The research had three objectives: to assess how digital health platforms like i-PUSH engage adolescent fathers, to identify gaps in content and outreach strategies aimed at adolescent fathers, and to propose improvements for greater inclusivity for adolescent fathers. The study employed a mixed-methods approach, using questionnaires and interviews to collect data directly from adolescent fathers aged 15–24, who are most impacted by limited access to reproductive health information and parenting support. Data analysis involved thematic analysis for qualitative insights and descriptive statistics for quantitative findings. Preliminary results showed that adolescent fathers often feel excluded from digital health platforms due to content primarily focused on women, a lack of peer support, and limited access to tailored parenting resources. The findings suggested that enhancing these platforms with gender-inclusive content, peer-led engagement models, and real-time interactive features could significantly improve their engagement. This study, therefore, contributed to the field of population and development by addressing the gaps in reproductive health services for adolescent fathers and providing practical recommendations for inclusive digital health strategies. Moreover, the findings could inform policy, practice, and future research aimed at fostering gender equity in healthcare access for young families in Kenya. Keywords: Adolescent fathers, Digital health platforms, Reproductive health, Gender inclusivity, Health equity

xi. Effects of Economic Development on Fertility in Kenya

Name: Maurice Ligulu, Kimani Murungaru and Wanjiru Gichuhi

Email: ligulu2017@gmail.com

Country: Kenya

Kenya has gone through remarkable economic development accompanied by a rapid decline in Total Fertility Rates (TFR) from above 7 in the early 1980s to 3.4 by 2019, to attain the lowest TFR in East Africa.

Despite the significant changes, little is known concerning the effects of economic development indicators on fertility rates in Kenya. The key objective of this study was to explore the effects of economic development variables that included county gross domestic product per capita (GDP), access to information, urbanisation, education, life expectancy and participation in agriculture on the fertility patterns across counties in Kenya.

The study utilised secondary data obtained from the Kenya National Bureau of Statistics publications on CGDP and the 2019 population and housing census. The study applied the demographic transition theory, and the relationship was analysed using the threshold regression analysis. The analysis revealed that CGDP per capita had a negative and significant effect on fertility rates both in low-income and high-income countries. Access to information was also significantly related to the total fertility rate net of the effects of the other variables. Urbanisation and life expectancy were, however, found to have an insignificant effect, but were both negatively related to TFR. In conclusion, policies aimed at improving income and access to information play a critical role in TFR reduction. These findings highlighted how factors related to modernisation are exceptional in TFR reduction in a local context, and that access to information, whether in low-income or

High-income areas were important in influencing fertility decisions.

xii. Facilitators and barriers of adolescent sexual reproductive health in Kenya

Name: Melanie Akoth Olum, Susan Ontiri; Catherine Ndei, Wambui Kungu, Hellen Sidha, Job Arani; Husna Mwaka

Email: akothmelanie@gmail.com

Country: Kenya

Title: Facilitators and Barriers of Adolescent Sexual Reproductive Health in Kenya. **Background:** Adolescent sexual and reproductive health (ASRH) constitutes a significant portion of Kenya's national health burden. The Kenya Demographic and Health Survey (KDHS) offers descriptive estimates of health indicators, but it is essential to contextualise these within Kenya's sociocultural, economic, and political landscape. This study, therefore, aimed to explore the barriers and facilitators of ASRH information and services for adolescent girls in Kenya. **Methods** We used a mixed methods design, analysing quantitative data from the 2014 and 2022 KDHS to compare teenage pregnancy trends. Qualitative data were collected from county leaders, health providers, community influencers, and health promoters in Homa Bay, Marsabit, West Pokot, and Kakamega. Counties were chosen for varying teenage pregnancy prevalence using KDHS findings. The qualitative data were thematically analysed using Dedoose. **Findings** The decline in teenage pregnancies in Homa Bay and Kakamega (10% and 5.1%, respectively) was attributed to increased commitment by county leadership, availability of safe spaces, participatory programming, and supportive policies that fostered multisectoral collaboration. In contrast, West Pokot and Marsabit faced high rates of 36% and 29.4%, respectively due to inadequate policy frameworks, harmful cultural practices, limited health provider capacity, and a perceived lack of political support. **Contribution:** The findings suggest an emerging opportunity to promote political championing of teenage pregnancy mitigation campaigns to navigate policy restrictions. They further highlight the policy and programmatic challenges emerging from inadequate county-specific guidelines, posing the need for devolved ASRH programming at the county administrative level.

xiii. Factors Associated With Contraceptive Non-Use Among Sexually Active Women in Kenya

Author: Maurice Oduor¹, Lawrence Ikamari², Hellen Sidha³, Moses Ouma⁴, Wato Galgalo⁵ & Samuel Kuria⁶

Affiliated Institutions: 1,3, 4, 5& 6-National Council for Population and Development

2- Population Studies and Research Institute (PSRI).

Email: moduor@ncpd.go.ke

Introduction: Studies of unmet need as the indicator has served as a key metric informing and guiding family planning programs aiming to reduce fertility, improve reproductive health, and enhance reproductive autonomy. The main objective of the study is to establish factors associated with contraceptive non-use of among sexually active women in Kenya. **Data and Methods:** The study involves further analysis of the 2022 KDHS data focusing on sexually active women aged 15-49. The factors of study are classified as socio- economic factors and reproductive.

Descriptive and logistic regression analysis methods were used. Results: Of the 7,535 women in this study, 41% are aged 35-49 years, 54% have at least secondary education, 59% reside in rural areas, 63% are protestants/evangelical, 89% are married/in union, 50% are from rich households and 87% are working. Bivariate analysis shows that only place of residence and marital status have no association with non-use. In multivariate analysis, age, education, religion, amenorrhea and breastfeeding women statistically predicted the likelihood of non-use. Conclusion: There is strong positive association between non-use of contraception and age; education; religion; wealth; working status; breastfeeding; desire for children; number living children; contact with family planning service provider; decision making on family planning; exposure to family planning messages and husband/partner education. Major reasons for non-use are infrequent sex, menopause, fear of side effects and fatalism. Policies and programmes to be targeted, government to scale up women empowerment programmes to improve contraceptive uptake; and undertake advocacy, public education and research on contraceptive use.

xiv. HUDUMA POA SOCIAL FRANCHISE -FP PROGRAMME BEST PRACTICE

Author: Oscar Okoth¹, Cindy Aketch¹

Affiliation: Kmet

Email: ookoth@kmet.co.ke

Country: Kenya

Huduma Poa social franchise is a network of private health facilities supported by KMET (since 2012) to integrate health service delivery and ensure facilities are a one-stop shop. The franchise collaborates with the county governments department of health to harness skills and energy of the private health sector in delivery of integrated and sustainable health services. The franchise supports 104 facilities in the nine Lake Region Economic Block counties (Siaya, Kisumu, Homa Bay, Migori, Kakamega, Busia, Kisii, Nyamira and Bungoma) to deliver quality FP services through capacity building and adhering to quality assurance guidelines, which ensure standardized services across all facilities. In addition, the franchise increases demand for services through Community Health Promoters and Youth Peer Providers attached to facilities, while also expanding coverage through community integrated outreaches in hard-to-reach areas. The facilities are linked to MOH for FP commodity support. In the period of Jan-Dec 2024, the franchise trained 57 health providers on Modern contraceptive information and services to enhance their capacity of FP service delivery. To support demand creation, a total of 325 Community Health Promoters attached to different facilities were sensitized on community FP modules. As a result, in Jan-Dec 2024 a total of 31, 843 WRA were offered FP methods services (IUCD-529, Implants-11,223, Injections-13,850, and Pills-6,241) through routine service delivery and outreaches amid frequent commodity stock outs across facilities. Private sector, if meaningfully engaged offers a great opportunity to accelerate increase in mCPR, however there is great need for FP commodity support in the private sector.

xv. Factors associated with unmet need for family planning among sexually active women age 15 to 24 years in northern arid and semi-arid counties in Kenya

Authors: Perez Inda, Alfred Otieno and Wanjiru Gichuhi

Email: agutuinda@gmail.com

Country: Kenya

Thematic Area: Fertility & Sexual Reproductive Health

Presentation Format: Oral

Background

The unmet need for family planning among young women aged 15-24 years in Arid and Semi- Arid Lands of Kenya is high and driven by socio-cultural, religious, and economic barriers. Limited access to contraception contributes to unintended pregnancies, increased maternal mortality, and socio-economic disadvantages.

Objective

To identify the factors that drive the unmet need for family planning among sexually active young women in ASAL counties and make evidence-based recommendations for interventions.

Methodology

The data from KDHS 2022 were analyzed using descriptive statistics, bivariate, and multivariate logistic regression to establish the influence of education, religion, marital status, wealth index, and the number of living children on unmet need for contraceptive.

Findings

- Married women have a significantly lower unmet need compared to their unmarried counterparts.
- Education, particularly having primary-level education, reduced unmet need by 34.5%.
- Religious affiliation greatly influenced the use of contraceptives. Women of religions with more restrictive views on contraception had higher unmet need, while those more open to family planning had lower unmet need.
- Women with children were less likely to have an unmet need, an indication that with increased parity, the uptake of contraceptive increases.
- Older women, aged 20-24 years, had a lower unmet need compared to adolescents, aged 15-19 years.

Contribution

This study highlights the inequities that reinforce the need for addressing religious and socio-cultural barriers to reduce unmet needs. It reveals that strengthening youth-friendly Family Planning (FP) services, engaging religious leaders, and expanding contraceptive education are key drivers of achieving Kenya's FP2030 goals.

xvi. Harnessing Faith-Based Approaches to Reduce Adolescent Pregnancy: Lessons from Faith to Action

Name: Scholastica Kaaria

coauthor: Judy Amoke; Ezra

Chitando Email:

scholarkaaria@faithtoactionnetwog

Country: Kenya

Harnessing Faith-Based Approaches to Reduce Adolescent Pregnancy: Lessons from Faith to Action Network. Abstract. The phenomenon of adolescent pregnancy continues to pose a significant challenge to public health and development, as evidenced by Kenya's teenage pregnancy rate, which is currently at 14%. To meet the national objective of decreasing this rate to 10% by 2025, it is essential to employ innovative and interdisciplinary strategies. Faith to Action Network employs a transformative approach that integrates gender perspectives and faith principles in addressing sexual and reproductive health and rights (SRHR). By harnessing the authority of faith leaders and communities, it seeks to challenge detrimental social norms and enhance the well-being of adolescents. This presentation examines the programmatic approach of Faith to Action Network, which integrates faith literacy, community engagement, positive masculinities, and policy advocacy, and its impact on the reduction of adolescent pregnancy. Essential strategies encompass engaging faith leaders to advocate for comprehensive sexuality education (CSE) that is tailored to be age-appropriate and context-sensitive, enhancing

the demand for adolescent-friendly sexual and reproductive health and rights (SRHR) services, and shaping policies that uphold the rights of adolescent girls to education and health. The findings indicate that faith leaders may serve as essential partners in reshaping patriarchal narratives, promoting constructive discussions on adolescent sexuality, and securing community support for evidence-based interventions. The session will illuminate achievements, obstacles, and insights gained, providing valuable perspectives for policymakers, faith-based organisations, and development collaborators aiming to expedite advancements in lowering adolescent pregnancy rates.

xvii. Transforming Social and Gender Norms to Enhance Male Engagement in Family Planning: A Faith-Based Approach

Author: Scholastica Kaaria

Email: scholarkaaria@faithtoactionnetwork.org

Institution Affiliation: **Faith to Action Network**

Country: Kenya

The dynamics of gender and social norms significantly influence attitudes and behaviors regarding family planning, frequently perpetuating male dominance in decision-making and constraining men's active involvement in reproductive health. Socio-cultural impediments—such as erroneous beliefs regarding contraception, misinterpretations of religious doctrines, and entrenched gender norms—persist in obstructing the utilization of family planning services. In response to these challenges, Faith to Action Network utilizes a faith-based, gender-transformative strategy aimed at altering social norms and increasing male participation in family planning. This presentation delves into the ways in which Faith to Action Network engages faith leaders and communities to confront limiting gender norms, advocate for collaborative decision-making in reproductive health, and foster a supportive atmosphere for the uptake of family planning services. By engaging in dialogues that embrace faith, implementing programs that promote positive masculinities, and advocating for policies that are sensitive to faith perspectives, this approach cultivates a communal understanding of family planning as a collective obligation. The session will elucidate optimal methodologies, obstacles encountered, and insights gained from collaborating with faith actors to foster enduring behavioral transformation. The findings indicate that the incorporation of faith-based viewpoints alongside gender-transformative strategies significantly fosters male participation in family planning, diminishes stigma, and enhances the utilization of family planning services. The presentation will offer insightful recommendations for policymakers, religious leaders, and development practitioners aiming to dismantle socio-cultural barriers to family planning and advance gender-equitable reproductive health practices.

xviii. Narratives of Kenyan adolescent fathers: Early fatherhood drivers, reactions, navigation and aspirations

Author: Sheila Mukabana

Background Research on adolescent childbearing and parenthood has primarily focused on adolescent girls' needs and experiences. Adolescent fathers' experiences and needs are rarely investigated. Drawing from qualitative interviews with adolescent fathers in an urban informal settlement in Nairobi, Kenya, this study explored their lived

experiences—drivers of early childbearing, individual, family and community reactions, navigating adolescent fatherhood, as well as aspirations.

Methods: The study adopted an exploratory qualitative design. We used purposive sampling to identify in-depth interview participants (IDIS). In-depth interviews were conducted with adolescent boys (N = 10) aged 17 to 19 to allow for an in-depth understanding of their navigation through early fatherhood. Using a digital recorder, interviews were recorded, then translated and transcribed in English. Data were analysed using inductive thematic analysis.

Results Evidence demonstrated that low contraceptive knowledge, peer pressure, and drug and substance abuse were associated with early childbearing amongst adolescent fathers. Upon impregnating their sexual partners, adolescent fathers experienced mixed reactions, strained relationships with family members, and societal discrimination. Those in school dropped out to take up provision obligations. In consequence, individual expectations and societal pressures predisposed young fathers to mental distress symptoms. Early fatherhood was also coupled with limitations around provision duties and parenting inexperience. Even so, adolescent fathers aspired to adequately support their children's wellbeing. They also desired a rewarding future for their children, and self-improvement opportunities for themselves.

Conclusion Despite its exploratory nature, this study offers insights into adolescent fatherhood among adolescent inhabitants of a low-income urban informal settlement. We recommend that future studies focus on investigating the sexual and reproductive health aspects of adolescent boys, in light of generating evidence to improve their health and wellbeing.

xix. Accelerating Equitable Access to Contraception Using Digital Tools

Author: Telewa Furaha, Naejeria Toweett, Terry Mathenge, Gerald Githinji

Email: telewa.furaha@girleffect.org

Country: Kenya

Teenage pregnancy rates in Kenya declined from 23% in 2003 to 15%. The need for sexual health services for teenagers in Kenya is still significant. Over a third of girls aged 15–19 and 21% of young women aged 20–24 experience unmet contraceptive needs, resulting in unintended pregnancies and abortions. The majority of these young people have access to a smartphone. This study demonstrates the potential of digital platforms to address sexual health needs. Girl Effect launched WAZZII, a digital platform co-designed with youth to address sexual health needs through mobile technology. WAZZII delivers behaviour-change messaging through digital tools. It includes a Sheng-language chatbot and directory. After engagement with Wazzii content, users are directed to the chatbot, where they receive personalised responses and request referrals to partner health providers for support. In 3 months, 300,000 users engaged with WAZZII content, and 42,000 interacted with the chatbot. Of those, 30% used the concierge service, with 5% referred for health services and 4% self-reported accessing services such as HIV and STI testing, counselling and contraception. There was evidence of an increase in awareness of three or more contraceptives from 40% to 61%. STI prevention knowledge with condoms increased from 38% to 46%. Awareness of credible contraception information sources grew from 10% to 19%. WAZZII demonstrated the effectiveness of combining technology with human support to provide accurate health information, strengthen service linkages, and increase access to reproductive health services. Current interventions should leverage digital platforms to reach to young people in addressing health needs.

xx. Helping Parents Navigate Uncomfortable Talks at Home

Name: Terry Gachie, Enow Georges

Email: terry.gachie@lovemattersafrica.com

Country: Kenya

Background: Parents significantly influence their children's understanding of the world, yet cultural taboos, misinformation, and discomfort often hinder Sexual and Reproductive Health (SRH) discussions in Kenya. AMAZE tackles these challenges with short, engaging, evidence-based animated videos, empowering parents to have open, age-appropriate, and judgment-free SRH conversations. **Objective:** AMAZE focuses on developing a series of short animated videos designed to enhance parents' knowledge and communication skills regarding key SRH topics such as puberty, consent, healthy relationships, and prevention of sexually transmitted infections (STIs). The videos are tailored to address common misconceptions, offer practical advice, and model effective communication strategies. The content is presented in culturally sensitive and age-appropriate formats, ensuring relevance for a diverse audience. **Methodology:** The videos are contextualised and disseminated through easy-to-access platforms, including social media, community networks, and parenting forums, to maximise reach and engagement. Multiple language options and visual storytelling techniques further enhance their inclusivity and impact. Parents are encouraged to use these videos as conversation starters and guides to foster a supportive environment for SRH education within the home. **Findings:** Parents' engagement and feedback suggest significant improvements in their confidence and communication abilities. Parents report feeling better equipped to address sensitive topics, correct misinformation, and respond to their children's questions with empathy and clarity. Moreover, children whose parents engaged with the videos demonstrated increased awareness of SRH. **Contribution:** The videos help break the ice and provide critical conversation starters so that your kids get accurate and age-appropriate information from trusted sources.

xxi. A comparative analysis of contraceptive discontinuation between ASAL counties and other regions of Kenya: Further analysis of 2022 Kenya Demographic and Health Survey

AUTHORS: WAMBUI KUNGU¹, ISAAC LAMBA², MOHAMED SHEIKH¹, ALFRED AGWANDA³

1. NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT

2. UNIVERSITY OF NAIROBI CHIROMO CAMPUS

3. UNIVERSITY OF NAIROBI POPULATION STUDIES AND RESEARCH INSTITUTE

Background: Contraceptive discontinuation refers to the practice of beginning to use a contraceptive method or device and then stopping its use. Discontinuation is not inherently negative and for some women, discontinuing a method may lead them to switch to a more convenient or effective method. Data from 2022 Kenya Demographic and Health Survey (KDHS) report show a high discontinuation rate of 35 percent which increased from 31 percent in 2014.

Objective: The study objective was to establish the differences in contraceptive discontinuation and reasons for discontinuation among women living in ASAL regions and women living in other regions of Kenya.

Methodology and Data Sources: The study used contraceptive calendar data from 2022 KDHS which provides a detailed retrospective historical data on contraceptive use and is recorded month by month for the five years preceding the survey for each interviewed woman. Life Tables and Cox Proportional Hazards Analyses were employed.

Results: ASAL region had significantly higher discontinuation rates than other regions for all methods (44% vs 34%). The most cited reason for discontinuation was other reasons for both regions while the highest method specific discontinuation was Lactational Amenorrhea/ Emergency Contraception for all the regions (68% ASAL vs 61% Other

regions). The propensity to discontinue contraceptive use when other factors were controlled for did not differ by region; whether the individual lived in the ASAL region or not except those who did not need any method.

Conclusions and Recommendations: The patterns of contraceptive discontinuation are almost similar between ASAL regions and other regions. Public health programs should strengthen service quality and enhance the provision of information that is client-centered as part of a rights-based approach for family planning services

3. Population Health and Wellbeing

i. Prevalence and Patterns of multi-morbidity of adults age 60 and above living in Nairobi.

Author: Alfred Agwanda, Population Studies and Research Institute, University of Nairobi
ataotieno@uonbi.ac.ke

Multi-morbidity is an increasing public health concern and is associated with a range of further adverse outcomes among older people. This study examines the prevalence and patterns of multi-morbidity of adults age 60 and above living in Nairobi. Data came from a longitudinal study conducted between March 2020 and June 2022 in Dagoretti North, Dagoretti South, and Kibra sub-counties of Nairobi County, Kenya. The study was based on 2609 older persons age 60 and over. Latent Class Analysis and ordered logit model were used to explore multi-morbidity patterns. The results show that if the multi-morbidity is defined as co-occurrence of 2 or more illness, the prevalence multi-morbidity would be 47 percent among the survey respondents age 60 and over. If the definition is limited to the co-occurrence of 3 or more conditions, the prevalence would be 19 percent. The most common multi-morbidity condition is the combination of blood pressure, arthritis and diabetes. As is found in other studies, chances of having multi-morbidity condition increase with age and higher for women than men who are 60 years or older. The other factor is re work status but not education and marital status.

ii. Facilitating factors and barriers to healthcare access, based on findings from focus group discussions (FGDs) conducted in four counties in Kenya

Authors: Anne Akoya Khasakhala, PhD Alfred Agwanda Otieno, PhD; Lydia Micheni Makena and Rose Taka Bwire
akoyaanne@gmail.com

Background: Access to healthcare is a fundamental right, yet older persons in Kenya face significant challenges in obtaining quality and timely medical services. Access to healthcare for older adults is influenced by a complex interplay of social, economic, systemic, and personal factors. Addressing these factors through targeted policies and interventions is essential for improving healthcare access and outcomes for the aging population. Objective: This study explored facilitating factors and barriers to healthcare access, based on findings from focus group discussions (FGDs) conducted in four counties in Kenya. Methodology: This was a cross-sectional qualitative study carried out in four Counties: Embu, Kisii, Kwale and Siaya. The study collected data using Focus group discussions (FGDs) among others. NVIVO software was used for analysis. Findings: The results show that the facilitating factors that improve access to healthcare for older people include good reception and polite staff (especially in private hospitals), access to qualified personnel in public hospitals, government recognition of older people through programs like Inua Jamii, improved services under devolution, availability of specialized diagnostics in public hospitals, and health insurance for those who can afford it. Conversely, barriers include financial constraints, systemic inefficiencies, infrastructural challenges, and negative sociocultural attitudes. The FGDs highlight the urgent need for targeted interventions to improve healthcare access for older people in Kenya. Addressing financial, infrastructural, and sociocultural barriers will require collaborative efforts between government, healthcare providers, and civil society to ensure a more inclusive and equitable healthcare system that respects the dignity and rights of older persons

iii. Addressing Dual Stigma: Integrating Mental Health and Harm Reduction Strategies for PWIDs in Marginalized Regions of Kenya (Marsabit and Isiolo)

Author: Antline Kerubo

Email: kantline78@gmail.com

Background: People Who Inject Drugs (PWIDs) in Kenya’s marginalized regions, particularly Marsabit and Isiolo, experience dual stigma—one stemming from substance use and the other from mental health conditions. This stigma creates significant barriers to accessing healthcare, especially in remote ASAL regions with limited infrastructure. Despite national efforts to integrate mental health into Universal Health Coverage (UHC), targeted interventions for PWIDs remain inadequate.

Objective: This study explores community-driven approaches by the Kenya Red Cross Society and Bar Hostess Empowerment and Support Programme to address mental health and substance use disorders among PWIDs in these regions, particularly through harm reduction strategies.

Methodology: A mixed-methods approach was used: Quantitative Data: Health records, service utilization, and substance use patterns among PWIDs. Qualitative Insights: Focus group discussions and interviews with PWIDs, peer educators, and healthcare providers. Program Review: Evaluation of harm reduction strategies integrated with mental health services.

Findings: Over 500 PWIDs accessed integrated mental health and harm reduction services over 18 months. Peer-led interventions reduced self-reported stigma by 50%. Mental health screenings showed a 35% improvement in depression and anxiety outcomes. A 25% decrease in unsafe injection practices reduced HIV and Hepatitis C risks. Contribution: This study demonstrates the effectiveness of integrating mental health and harm reduction strategies in reducing stigma and improving health outcomes for PWIDs. The findings offer valuable insights for shaping national healthcare policies and contributing to achieving UHC goals.

iv. Building Community Resilience Through Positive Deviant Hearth Model: A Sustainable, Culturally Aligned Approach to Malnutrition Rehabilitation in Samburu Subcounty, Kwale County

Authors Burhaan Bakari & Suleiman Chang'oka

Email: burhaanbakari@gmail.com

Background: Malnutrition remains a challenge in Kwale County with 23 percent of children under-five years being stunted, 14percent being underweight and 6.2 percent wasted (KDHS, 2022). The 2022 standardized Monitoring and Assessment of Relief and Transition (SMART) Survey also showed malnutrition prevalence among sub counties in Kwale County with Samburu subcounty having 39.2 percent and 19.9 percent stunting and underweight prevalence respectively. This is attributed to lack of information on maternal and child feeding practices, poverty, food insecurity and poor hygiene and sanitation.

Objective: To establish how children under five years with malnutrition can be rehabilitated sustainably using peer learned practices within the same setting.

Methodology: Kwale County in partnership with USAID Stawisha Pwani trained 12 Health care workers on Positive Deviant Hearth Model for malnutrition rehabilitation. Two villages were mapped, and rapid nutrition assessment was

conducted.

The assessment established that 25 children were moderately underweight and prioritized for intervention. The project supported 14-day Hearth sessions on Maternal and child nutrition and the children were followed up on a monthly basis for one year. Results: After 14 days, 22 children (88%) gained between 100-1400g, 1 child (4.0%) maintained, while 2 children (8.0%) lost between 100-300g. The average weight gain after one year was 1,632g with 16 children having attained normal nutrition status.

Conclusion: The PD Hearth model has the potential to build resilience, reduce reliance on external resources and empower communities to address malnutrition.

v. Comorbidity Occurrence of Life-Threatening Chronic Non-Communicable Diseases and Associated Factors among Women aged 15-49 years in Kenya: Insights from the 2022 KDHS

Authors: Charity Wamwea, Millicent Oluteyo, Caneble Oganga and Samuel Wakibi

Email: cwamwea@jkuat.ac.ke

Background: Chronic Non-Communicable Diseases (NCDs) such as heart disease and stroke (cardiovascular disease), chronic respiratory disease (lung disease), cancers and diabetes globally contribute to 74 percent of all deaths. It is assumed that 80 percent of all NCD deaths occur in low-and-middle-income-countries (LMIC). NCD accounts for 50 percent of all hospital admissions and 55 percent of all hospital deaths. Therefore, to reduce the number of NCD deaths and disabilities, early detection, screening, treatment and palliative care are key.

Objective: To determine the risk factors associated with co-occurrence of multiple chronic NCDs among men and women aged 15-49 years in Kenya.

Methodology: This study used the 2022 KDHS data utilizing responses from 13669 men and 16901 women screened for NCDs. The data showed that 3.2 percent women and 2.8 percent men had been diagnosed with one or more chronic NCD. Ordinal logistic regression and chi-square test was used for analysis and results analyzed at 5percent level of significance.

Results: Men and women diagnosed with hypertension, arthritis, depression or anxiety, increases in age, bad or moderate self-reported health status were found to be significant risk factors associated with positive diagnosis of chronic NCDs. **Knowledge Contribution:** Early detection and NCD prevention can easily be achieved when the significant risk factors associated with them are known. This study will enable health providers and the government know where to target their different interventions to achieve this. **Significance:** Very few studies have been performed on this topic and no study has been found to utilize the Kenyan data, specifically the 2022 KDHS.

vi. Analysis of Factors Associated with Breast Cancer Awareness, Uptake of Screening Services and Diagnosis among Women of Reproductive Age in Kenya

Authors: Charity Wamwea, Millicent Oluteyo, Lawrence Ikamari, Francis Kundu, Samuel Wakibi, Joshua Musyimi

Email: cwamwea@jkuat.ac.ke

Background: Breast cancer (BC) in Kenya affects 34 per 100,000 populations. Fourteen Percent of women have ever been examined/tested, Nyeri (25%) and Murang'a (23%) leading.

Objective: Analyze factors associated with BC awareness, screening services uptake, and diagnosis among women of reproductive age in Kenya using 2022 KDHS.

Methodology: Univariate, bivariate, and multivariate analyses were undertaken using SPSS. Independent variables: Age (years), age at first sex, parity, marital status, religion, ethnicity, occupation, education, wealth index, region, residence, tobacco use, alcohol consumption, physical activity, healthy diet, obesity, diabetes, hypertension, osteoarthritis, BMI, abortion, contraceptive use, HIV status, currently pregnant, and media exposure. **Dependent variables:** BC awareness; Uptake of screening services; and Diagnosis Results: BC self-examination awareness increased with increase in age, education, wealth, age at first sex, and BMI. Uptake of screening services increased with decrement in self-reported health status; Increase in age, age at first sex and education. Women with diabetes, arthritis, HIV; Ever aborted; Employed; Exposed to mass/social media; Used tobacco; Consumed unhealthy diet were more likely to be screened. BC diagnosis decreased with increase in age and education. Women ever in union; With HIV; from middle income households; Engaged in sub-optimal physical activity; Used tobacco; and sat 9-11 hours daily were more likely to be diagnosed with BC. Implications: Mandatory BC screening at health facilities for early detection and prevention; Multi-sectoral BC campaigns for sensitization and raising awareness and knowledge on importance of frequent screening, self-breast examination, and early detection; Provision of relevant infrastructure to improve access to mass/social media services

vii. Factors Associated with Stunting among Children Under-five in Kenya: Evidence from the 2022 Kenya Demographic and Health Survey

Author(s) John Anampiu; Janet Lunayo, and Rachael Githiomi

1.National Council for Population and Development, 2.Ministry of Health, Kenya Corresponding Author: John Anampiu; Email: janampiu@ncpd.go.ke Phone: +254 701858463

Background: Although stunting among Kenyan children under-five has progressively declined over the last three decades, it remains unacceptably high.

Overall, 18% of children under-five are stunted or too short for their age. This study aims to examine factors associated with stunting among children under-five in Kenya. Methods: The study used data from the 2022 Kenya Demographic and Health Survey (KDHS). Data regarding the height/length and weight for children below 59 months of age were analyzed. Height-for-age index was calculated according to WHO child growth standards. A Z-score of height-for-age index (HAZ) -2SD is defined as stunted. Data analysis was undertaken using logistic regression. Results: Region of residence, place of residence, maternal education, household wealth, birth order, preceding birth interval, sex of child, source of drinking water, and sanitation were associated with stunting among children under-five. Conclusion and Policy Implications: Childhood stunting is unacceptably high in Kenya and is associated several modifiable factors namely education, household wealth, preceding birth interval, source of drinking water, and type of sanitation. The findings indicate that childhood nutrition interventions in Kenya should adopt a multi-sectoral approach. Policy and programmes should seek ways and means to enhance maternal education, household wealth, birth spacing, and access to basic water and sanitation services.

viii. Factors Associated with Hypertension among HIV-Positive Women on Antiretroviral Therapy in Meru County, Kenya

Author(s): John Mwondo Anampiu; Jacqueline Chesang; Peter Njoroge

Background: The introduction of antiretroviral therapy (ART) in Kenya has improved the life expectancy for persons living with HIV. Hypertension and associated health outcomes is common among HIV-infected adults on ART in Kenya. This study seeks to identify risk factors for hypertension among HIV-positive women ART, in Meru County in Kenya. Methods: We used a health facility-based cross-sectional study design. The study applied logistic regression

data-analysis techniques. Results: Prevalence of hypertension was 23.9% (95% CI: 19.2 – 29.0; p 0.001). Bivariate analysis shows that older age (cOR=2.84, 95%CI: 1.53- 5.30), ever use of contraceptives (cOR=3.05, 95%CI: 1.05- 8.88), a family history of hypertension (cOR=3.29, 95%CI: 1.92-5.65), and abdominal obesity (WHR?0.85): cOR=1.77, 95%CI: 1.01-3.09) were

significantly associated with hypertension. At multivariable level of analysis, cigarette smoking (adjusted odds ratio [aOR] = 12.537, 95% CI: 2.369-66.344); being overweight (BMI = 25.0-29.9 kg/m²) (aOR = 6.69, 95% CI: 2.78-16.09); and a family history of hypertension (aOR = 4.46, 95% CI: 2.04 – 9.75) were associated with hypertension. Conclusion and policy implications: Our findings show that the prevalence of hypertension among WRA on ART in Meru County is high and comparable to the general population. The study identified a number of modifiable risk factors for hypertension among the study population. HIV and AIDS policies and programmes should prioritize regular screening of hypertension and associated factors for optimal health benefits to patients.

ix. Factors Associated with Depression among Older Persons Aged 60 and Over in Nairobi

Author: Mary Muyonga

mary.kalerwa@gmail.com

Background Depression is a significant concern, particularly in low and middle-income countries (LMIC), where a large percentage of the elderly population experiences depressive symptoms without access to treatment. This study explores the association between physical multi-morbidity, social exclusion, and depression among older persons living in Nairobi, Kenya. Objective: This study sought to identify population groups vulnerable to depression and understand the interplay of factors contributing to its prevalence.

Methodology: We used data from the first wave of a longitudinal study carried out by Health Age International and the Population Studies and Research Institute of the University of Nairobi that was conducted in selected Nairobi communities that host populations in lower- and middle-class areas in March 2021. A total of 7,819 household members were listed with 2,609 being eligible older persons age 60 years and above who had lived in the sub-counties for at least 6 months. The analysis involved bivariate and multivariate approaches to identify factors associated with depression. Results: Results indicate that being in a marital union, engagement in social activities, and having access to mass media are protective factors against depression. Conversely, the presence of chronic illnesses, extreme difficulties in daily living, and loneliness significantly increase the likelihood of depression. Knowledge Contribution: The findings underscore the importance of addressing social isolation and loneliness as crucial factors contributing to depression in older populations. Conclusion: This study concludes that loneliness is strongly associated with depression in older persons.

x. Factors associated with Hypertension, Arthritis, Diabetes, and Depression/Anxiety among women aged 15-49 years in Kenya

Coauthor: Millicent Oluteyo, Charity Wamwea, Samuel Wakibi, Joshua Musyimi, and Lawrence Ikamari

National Council for Population and Development (NCPD) Kenya; Jomo Kenyatta University of Agriculture and Technology (JKUAT) Nairobi; University of Nairobi, Population Studies and Research Institute (UoN, PSRI) Nairobi; UNWOMEN Kenya Office

Background: Kenya is experiencing an epidemiological transition from predominantly communicable diseases to a rising burden of Non-Communicable Diseases (NCDs). About 39% of deaths in Kenya are from NCDs increasingly straining the health system. Data on prevalence and determinants of NCDs risk factors among women of reproductive age in Kenya is wanting. Objective: Investigate factors associated with Hypertension, Arthritis, Diabetes, and

Depression/Anxiety among women aged 15-49 years in Kenya. Methodology: 2022 KDHS weighted data of 53% women screened for NCDs was used. Univariate, bivariate, and multivariate analyses were undertaken using SPSS. Independent variables (Risk factors) were age, current employment status, education level, wealth index, marital status, household size, BMI, physical activity, alcohol use frequency, mass media/internet exposure, contraceptive use, unhealthy diets consumption. Dependent variables were 5 selected NCDs coded as binary units: “Diagnosed with “Hypertension”, “Arthritis”, “Diabetes”, and “Depression/Anxiety”. Results: Bivariate analysis revealed highest level of education, age, wealth index, household size, BMI levels, sedentary behavior, alcohol use, media/internet exposure, contraceptive use, diet, and place of residence were significantly associated with presence of an NCD. Multivariate analysis showed current employment status, age, wealth index, marital status, BMI, alcoholic use, diet, and place of residence were joint significant factors associated with acquiring at least one NCD Implications: Sustained public awareness campaigns and interventions; Early detection and treatment channels; Effective and sustainable strategy for prevention of chronic diseases; A comprehensive and integrated action in response to comorbidity of NCDs employing integrated care approach across NCDs as opposed to single-disease package approach are recommended.

xi. Evaluating the Effectiveness of Social Media as Tool for Mental Health Awareness and advocacy in the Current Information Age

Authors: Samuel Owino, Lidoros Lordlaro
owinosam99@gmail.com

Background: "Long stigmatized in numerous societies" MH has increased visibility on these platforms shifting public attitudes and fostering online communities for support and information. The research delves into the effectiveness of social media in promoting mental health awareness, combating stigma and facilitating individual access to resources. Description Utilized mixed-methods approach, merging quantitative analysis of social media engagement with qualitative evaluations of user-generated content. Over a four-month period, 150 social media platform users each from Kisumu, Nairobi, Kakamega and Nakuru purposively sampled with 15 FDGs to quantify the frequency and nature of posts related to mental health.

Content analysis is conducted to explore hashtags, keywords and viral campaigns pertinent to mental health advocacy. Results Social media has heightened mental health awareness through hashtags like #MentalHealthMatters and #EndTheStigma . Influencers campaigns have amassed millions of interactions, fostering an environment conducive to open dialogue. Experiencing a sense of community support through their involvement in online discussions was at 75% while 40% accounted for proliferation of misinformation and 52 % to cyberbullying and content regulation. MH professionals recognized the positive role social media plays in diminishing stigma and advocating for self-help strategies. Conclusions: Social media, a formidable tool for advancing mental health awareness and advocacy through avenues for crucial diverse perspectives of individuals' need for resources . There's need for content regulation to limit misinformation and harmful interactions. Promising to reshape public attitudes and stigma reduction, social Mental health campaigns' success depends on fair moderation and collaboration between mental health experts and online platforms.

xii. Socio-demographic and Child-related factors associated with NEBF in Kenya, using the 2022 Kenya Demographic and Health Survey

Authors: Scholastica Kingi Kongo, Wambui Kungu, Lawrence Ikamari, Hellen Sidha, Stanley Wambua

Email: skongo@knbs.or.ke

Background: The first six months of a child’s life are critical for healthy growth and development, and therefore, being put on exclusive breastfeeding (EBF) is very important for infants. However, the rates of EBF in Kenya

remain below the World Health Organization's target due to various socio-economic and cultural barriers associated with NEBF. Objective: This study aims to identify the socio-demographic and child-related factors associated with NEBF in Kenya, using the 2022 Kenya Demographic and Health Survey. Methodology: The 2022 Kenya Demographic and Health Survey data set was analysed to address the objectives of the study focusing on 810 children aged 0–5 months. To find any associations between NEBF and variables of interest such as maternal education, wealth status of the family, and child age, descriptive statistics and binary logistic regression methods were used. Findings: The likelihood of NEBF increased significantly as children aged, particularly between 2–5 months (Odds Ratio [OR]: 2.63–6.05). Wealthier mothers (OR: 0.59, p0.05) and urban residents (OR: 0.46, p0.01) were more likely to practice NEBF. Children not weighed at birth were also at higher risk (OR: 2.91, p0.05). While maternal age, education, and work status exhibited trends, they were not consistently significant predictors. Contribution: These findings underscore the need for targeted interventions, such as workplace breastfeeding policies, urban-focused campaigns, and improved postnatal care. Addressing barriers to EBF can enhance child health outcomes and support Kenya's progress toward global breastfeeding goals.

xiii. A Trauma-Transformative Approach for Kenya's Wellbeing

Authors: Steven Lichty & Wanjiku Waibochi

Email: steven@green-tring.org

Background: The Kumekucha Quest (KQ) Programme addresses the interlinkages between mental health, resilience, economic empowerment, conflict transformation, and community well-being among Kenyan youth aged 10- 24 years. Green String Network, a community-based organisation in Nairobi, implemented the programme in Nairobi and Kwale Counties using peer-facilitated support circles to mitigate the impacts of trauma and promote mental and emotional well-being. This initiative bridged a critical gap between individual and collective trauma healing through a trauma-transformative, community-centered, participatory approach.

Methodology: The research employed a mixed-methods design including baseline/endline surveys, foresight workshops, and Outcome Harvesting, engaging 193 participants. Key measures evaluated included trauma awareness, emotional regulation, resilience, and futures consciousness.

Findings: Findings indicate substantial improvements in trauma recognition (100% of participants at endline), emotional regulation practices (72% adopted the Emotional Thermometer), and self-awareness. Significant reductions in post-traumatic stress disorder (PTSD) levels were observed, with 83 percent showing improvement, and 17 percent moving below clinical PTSD thresholds. Futures consciousness increased across all dimensions, with participants exhibiting enhanced agency, systemic thinking, concern for others, and long-term planning. Key lessons highlight the transformative potential of safe, structured peer learning and healing spaces. The programme demonstrates scalability and sustainability, as participants express eagerness to extend impacts within their communities. Its holistic framework addresses critical gaps in youth health strategies by fostering relational well-being, resilience, and proactive engagement with personal and communal futures. These findings affirm the KQ Programme's relevance to achieving Sustainable Development Goal 3 and underscore its potential for adaptation across similar socio-cultural contexts in Kenya and across Africa.

4. Mobility, Migration and Urbanization

i. Impact of rural-urban migration on indirect child mortality estimation in Kenya

Author and Email: Alfred Kathare (kathare2005@yahoo.co.uk), Alfred O.T. Agwanda and Kimani Murungaru

Affiliation: PSRI

Background: Child mortality is a measure of the performance of the health systems and the socio-economic conditions of a country. On the other hand, migration is mostly motivated by the need to improve the well-being of the household members economically or through access and utilization of basic services.

Objective: The objective of this study was to establish the role of rural-urban migration on child survival in Kenya. **Methodology:** A sample of 156,977 children pooled from six Demographic and Health Surveys conducted in Kenya between 1989 and 2014 was used. These children were categorized by migration status of their mothers. Then, the survival chances of children for paired migration statuses were compared using odds ratios.

Results: The composite results show that children born to rural non-migrants, rural-to-urban migrants and urban-to-rural migrants were 31 percent, 15 percent and 33 percent respectively more likely to die compared to those born to urban non-migrants. Children born to rural-to-urban migrants were 12 percent less likely to die compared to those born to rural non-migrant women while survival chances were similar for children born to urban-to-rural migrants and rural non-migrants. When odd ratios were decomposed by socio-economic and health characteristics, the results suggest that most of the rural-to-urban migrants face adaptability challenges in urban region.

Conclusion: From these results, we conclude that migration can affect child survival through the socio-economic and environmental adaptability capability of the migrant households. **Contribution:** This is call for development policies to aim at bridging the geographical socio-economic disparities

ii. The return and reintegration Experiences of Kenyan women migrant domestic workers from Gulf Cooperation Council Countries

Authors and Email: Anne Stella Mulama (asm.mulama@gmail.com), Florence Kyoheirwe-Muhanguzi

In Kenya, labour migration estimates indicate a triple increase from 60,000 in 2014/5 to 300,000 by 2024 to Gulf Cooperation Council [GCC] countries, with the upsurge being attributed to migrant domestic workers [MDWs]. This study was part of an assessment in the project ‘Shaping a positive narrative and removing barriers to mobility’ by UNECA and AUC. Purposive sampling using social media, personal and organizational contacts were utilized. Quantitative data using an administered Google Form structured questionnaire and qualitative data by way of in-depth interviews and key informant interviews were collected. Results show that MDWs to GCC countries in Kenya are generally aged 20-40 years, from urban slums or rural areas, belong to low-to-middle wealth quintiles, and with primary to secondary school levels of education. Their remittances were mainly used support parents, spouses, children and/or siblings through school, buying land/property, upgrading/building homes. Regular returns and positive reintegration experiences were found to be marginal. Return journeys for many MDWs were characterized by difficulties in getting exit visas, imprisonment before deportation, unwillingly leaving children behind, lost/unpaid wages and exacerbated vulnerabilities due to COVID-19. Upon return, many MDWs had to deal with changes in family structure and the after effects of overwork, rape, physical and sexual assault amidst hostility from family and friends. This study underlies the importance of gender as the organizing principle in labour migration in research, policy and programmes, as it determines the push factors, sector of employment, effects of migration on children/family, labour migration vulnerabilities, return and reintegration outcomes.

iii. Exploring the role of mobile and internet access in rural-to-urban migration decisions

Authors and Email: John Kariuki (john.wambui@students.piu.ac.ke), Dr. Wilfred O. Odoyo

Rural-to-urban migration is a key factor in shaping the demographic, social, and economic landscapes across the world. This movement is mainly driven by the search for better opportunities in cities. In this context, access to mobile phones and the internet has become crucial, as it allows people in rural areas to gather important information and maintain connections with others. This study examines how digital connectivity affects migration choices of individuals from rural backgrounds. It highlights how mobile and internet access helps them learn about urban opportunities, build social networks that connect rural and urban communities, and access essential resources. Using secondary data from migration studies and reports on digital access in sub-Saharan Africa, the analysis shows that areas with better mobile and internet coverage lead to more informed migration decisions. Findings indicate that improved digital connectivity reduces information gaps, strengthens social networks, facilitates easy financial support back home, thus making migration more feasible. The findings also emphasize on the need for fair development of digital infrastructure to ensure balanced growth between rural and urban areas. It points out the significant impact of digital connectivity on migration trends. These findings are important for policy discussions about using technology to effectively manage migration and support sustainable development. In summary, this study not only sheds light on current trends but also offers valuable insights for future strategies in migration and connectivity.

iv. Challenges Faced by Refugees in Accessing Health Services in Kakuma Refugee Camp and Kalobeyi Settlement

Author: Yusuf Diba (dibayusuf3@gmail.com)

Refugee welfare management is bound to pose some challenges especially in provision of health services in camps and surrounding environments. This study aimed to investigate the challenges faced in the provision of health services to refugees in the Kakuma Refugee Camp (KRC) and Kalobeyi Settlement (KS). The study had two objectives: to find out the challenges faced by state and non-state actors in the provisions of health services to the refugees in the (KRC) and (KS). Secondly the study aimed to find out how the state and non-state actors are addressing the challenges encountered in provisions of health services to Refugees in (KRC) and (KS). The study adopted a descriptive case study design. The target population was 289,386 (UNHCR, 2024) refugees, 30 Government officials and 50 non- state actors at (KRC) and (KS). Cluster and simple random sampling were applied to select respondents for the study. The refugees were clustered by sex. The sample size is 45 which comprise of 40 refugees, 2 State and 3 non-state officials. On provision of health services, the study revealed challenges such as inadequate health facilities, inadequate staff, and shortage of medicines, inadequate in-patient services, cultural barriers, language barriers, and ignorance. The study recommends to policy makers and to everyone including refugees to make reforms in the provisions of health services to refugees and also to fully implement refugee law. The researcher recommends similar study in different camps being conducted, for generalization purpose.

5. Environment and Climate Change

i. Integration of mixed crop livestock systems among smallholder farmers: A case study of Luwero District Uganda.

Authors: Doreen Kerubo Kennedy and Prof. John Tabuti

Mixed crop-livestock systems are critical for enhancing agricultural sustainability, especially in Sub-Saharan Africa, by integrating crop and livestock production. These systems optimize resource use, improve productivity, and build resilience against climate change. However, limited integration among smallholder farmers undermines their potential,

often due to resource constraints and knowledge gaps. This study aimed at assessing the integration of crop and livestock components among smallholder farmers in Luwero District, Uganda, to inform strategies for sustainable agricultural development. A cross-sectional research design was adopted, involving 182 smallholder farmers practicing mixed crop-livestock farming. Data were collected through structured interviews to examine agronomic practices, crop diversity, and crop residue utilization. Chi-square tests explored associations between socio-demographic factors and adoption of specific practices. Results showed high crop diversity, with 69% of farmers intercropping long- and short-root crops and 81% mixing annual and perennial crops. However, only 18% used crop residues as livestock feed, predominantly among older, educated farmers. Crop waste management practices included burning (18%) and burying (24%). Significant associations were found between gender, education level, and agronomic practices, highlighting socio-demographic influences on integration. The findings reveal partial integration in mixed crop-livestock systems, with missed opportunities to enhance synergies between components. Targeted interventions addressing knowledge and resource gaps were recommended to improve productivity, resilience, and sustainability. By enhancing integration, these systems have a great potential to align with sustainable development goals and support smallholder farmers in mitigating climate change and food security challenges in Uganda and East African Community at large.

ii. Factors Associated with Primary Reliance on Unclean Fuels for Cooking in Kenya

Authors: Stephen Mulinge Ndambuki¹, Francis W. Kundu², Pius K. Kibet³, Job M. Arani⁴, Rosemary C. Bowen⁵ and Kevin Nyawade⁶

Affiliated Institutions: 1 & 4 National Council for Population and Development

2,3,5 &6- Kenya National Bureau of Statistics

Fuels for cooking in households remain some of the significant contributors of climate change across the globe. Overreliance on solid fuels for cooking contributes to deforestation with consequent reduction in carbon uptake by forests. It is estimated that burning of solid fuels to meet household energy needs contribute up to 25 percent of global black carbon emissions. The Kenya Demographic and Health Survey (KDHS) data from 2003 to 2022 presents significant insights into the evolving patterns of household cooking fuel use in Kenya, illustrating a gradual shift towards cleaner fuels, though with persistent urban-rural disparities. Despite the progress towards adoption of clean cooking fuels, the proportion of households that rely on unclean fuels and technology remain high (67%). Therefore, there is need to identify factors associated with the use of unclean fuels for cooking in the country to provide the much needed research based evidence to guide policy formulation and inform programmatic interventions aimed at transition from unclean cooking fuels to clean cooking fuels. Preliminary findings from further analysis of the KDHS 2022 data show education, income, household size, housing conditions, and geographical location. By integrating these factors into targeted policies and programs, the Government of Kenya can effectively reduce the reliance on unclean fuels and promote sustainable energy use. A multi-dimensional approach that includes education, poverty alleviation, housing improvements, and localized clean energy solutions is essential to achieving a comprehensive energy transition and improving the quality of life for Kenyan households.

iii. State of intervention implementation at the intersection between CC and SRH in African region

Author and Email: Jacinter Aluoch Amadi (jacinteramadi@popcouncil.org), George Odwe and Beth Kangwanaa

Affiliation: Population Council

Sub-Saharan Africa (SSA) is faced with triple challenges of high vulnerability to climate change (CC) impacts, high levels of inequality, and poor sexual and reproductive, and health (SRH) outcomes. Climate change impacts can worsen the SRH situation for high-risk groups such as women, children, adolescent girls, and people living with HIV. This scoping review examined the state of intervention implementation at the intersection between CC and SRH in the region to identify barriers to and facilitators of effective integration. The review followed the Arksey and O'Malley framework. Data charting was conducted using Population, Intervention, Comparator, Outcome (PICO) tool in Covidence. There is limited evidence on interventions at the intersection of CC and SRHR, with only seven (7) documents included in the review. Maternal and Child Health (MCH), HIV prevention, and a combination of MCH and family planning (FP) were the SRHR components addressed. Other SRHR components like Gender-Based Violence, harmful practices, FP, and abortion care do not have targeted interventions. A siloed approach to SRHR and CC programming impedes intervention integration. Documented interventions are implicit about CC hazards, focus on impact pathways, and do not directly target SRHR. There are no interventions targeting vulnerable and marginalized groups.

Limited policy integration, financial constraints, and poor SRHR recognition limit CC-SRHR integration. Effective and equitable integration requires recognizing population growth impacts and SRHR issues, and deliberate investments (research, policies, programs, interventions, and financing) put in place to address critical SRHR gaps and climate vulnerabilities in the region to enhance resilience.

iv. Intersections of Climate Change, Child Rights, and Environmental Stewardship in Kwale County, Kenya: A qualitative study

Authors: Evans Mwema, Norah Mwangi, Abigael Sidi, Abel Mokua, Mary Thiongo, Dismas C. Ouma

Institution: International Centre for Reproductive Health Kenya, ICRHK.

Introduction: Climate change presents significant threats to human well-being, disproportionately affecting vulnerable populations, particularly children. Object of this study was to explore the intersections between climate change, child rights, and environmental stewardship, emphasizing the need for integrated solutions to secure a sustainable future.

Method: Conducted in Kwale County, Kenya, from November to December 2024, this qualitative study included 15 Key Informant Interviews (KIIs) with teachers, healthcare workers, police officers, and children's officers, 11 In-Depth Interviews (IDIs) with caregivers, adolescents (13–17 years), and adolescent girls with disabilities, and 3 Focus Group Discussions (FGDs) with adolescent boys and girls. Using purposive sampling, data were analyzed thematically in NVIVO v.15, guided by a thematic coding framework with predefined and emerging codes.

Results: Findings reveal that climate change exacerbates vulnerabilities to child sexual abuse and teenage pregnancies by disrupting education, healthcare, and protection systems. Extreme weather events, resource scarcity, and displacement heighten economic pressures, forcing children into unsafe environments where exploitation, including sexual abuse and early marriages, is prevalent. Adolescent girls from displaced or impoverished households are disproportionately affected, resulting in higher rates of teenage pregnancies and long-term developmental challenges.

Community-driven environmental stewardship initiatives, such as tree planting, waste management, and water conservation, emerged as critical strategies for mitigating environmental harm and protecting child well-being.

Conclusion: This research underscores the urgency of collaborative efforts among governments, NGOs, and communities to integrate climate resilience into child protection systems. The findings serve as a roadmap for fostering environmental stewardship while safeguarding children's rights and dignity for future generations.

v. **Population Health and Environment
Integration**

Author: Susan Sindani

Background: Kenya faces critical challenges in balancing population dynamics, health outcomes, and environmental conservation, particularly in wildlife-rich regions where traditional communities experience complex demographic, health, and ecological pressures, intensified by cultural barriers to health service utilization, family planning adoption, and gender disparities in reproductive health decision-making within marginalized communities.

Objective: To implement and evaluate a culturally-responsive community engagement program integrating population awareness, health services, and environmental conservation through transformative theatre methodologies, focusing on gender-responsive approaches and youth SRH in Kenya's conservation areas.

Methodology: The Critical Conversations Association implemented a pilot program in Maasai Mara in 2024, engaging 770 participants through mobile outreach teams. The program utilized interactive creative approaches including theatre, music, and storytelling to address interconnected population, health, and environmental challenges. Through partnerships with 23 organizations, the initiative established comprehensive support systems for health services and family planning. Data collection employed mixed methods, including gender-disaggregated participant feedback and cultural storytelling sessions.

Findings: The program achieved significant outcomes in health and population indicators, including increased male involvement in family planning discussions (45% to 75%), reduction in desired family size (5.7 to 3.7 children), and complete acceptance of planned pregnancies among youth (80% to 100%). The initiative successfully developed 30 gender-balanced youth champions as peer educators and effectively integrated traditional knowledge in reproductive health and family planning discussions.

Contribution

The program demonstrated effective gender-responsive and culturally sensitive approaches to PHE integration. The multi-stakeholder model offers a replicable framework for conservation areas, providing insights for scaling integrated programs while maintaining cultural integrity.

vi. **Walking in the heat: A qualitative study of heat stress in community health workers in Kenya**

Authors and Email: Teresia Wamuyu Maina (teresia.maina@uni-heidelberg.de), Chelsea Williams, Thomas Jaenisch, Till Bärnighausen, Astrid Berner-Rodoreda and Kate Bärnighausen

Background: Climate change is reshaping work environments globally, with extreme heat posing risks to workers' health, productivity, and safety. In Kenya, community healthcare workers (CHWs) and Community Health Promoters (CHPs) play a crucial role in delivering approximately 50% of healthcare services, 80% of which require time outside, moving from one location to another. However, there is a lack of insight into how they experience and manage heat during their work. This exploratory qualitative study used shared walks to understand their experiences of heat during community field and household visits.

Methods: We conducted 28 shared walks with CHWs and CHPs in Mombasa and Tana River County, purposefully selecting participants by age and experience. Data were analysed using reflexive thematic analysis (RTA).

Findings: We identified three overarching themes: navigating challenging environments, which describes working in extreme weather and environmental risks; feeling pressurised to conform, which highlights workplace and community pressures; and overcoming challenges, which explores their adaptation to working in difficult conditions. Conclusion: The demanding nature of CHWs' and CHPs' work exposes them to heat stress. Drawing from our adapted framework, we highlight the importance of addressing context-specific sensitivities such as the intersection of environmental exposures and structural challenges like inadequate transportation and low wages to design interventions that enhance resilience among CHWs and CHPs. Our research calls for countries in which the workers play a pivotal role in considering occupational heat-related health programmes that would promote health workers' wellbeing and sustainably strengthen national health care in the era of climate change.

vii. The Effects of Climate Change on Women's Reproductive Health in LMICs

Authors: Grace Mugo

Affiliated Institution: Regional Institute for Population Studies, University of Ghana

Climate change remains one of the most significant global health threats in the 21st century. Currently, close to half of the world's population, (3.3 to 3.6) billion live in countries with low resilience to the impacts of climate change, more specifically, Low and Middle Income Countries (LMICs). Despite the widespread and disproportionate effects of climate change on health, its effects on women's sexual and reproductive health (SRH) in LMICs, has received limited attention. This review paper examines existing literature on the effects of climate change on women's reproductive health in LMICs. Nine studies comprising of journal articles and discussion papers that met the set inclusion criteria were analyzed. Five key themes emerged, highlighting both direct and indirect effects. Direct effects include disruptions of healthcare service provision during extreme weather events, curtailing access to SRH services by vulnerable populations such as women and girls. Indirect effects arise from exacerbated vulnerabilities such as gender inequalities, economic instability, shifts in fertility intentions, increased prevalence of sexual and gender-based violence including already income-constrained households resorting to early marriage among girls as a coping strategy to the negative effects of climate change. The findings underscore the need for further research to better understand and address the intersection of climate change and women's SRH in LMICs. In addition, policy interventions must prioritize the SRH needs of women and girls, particularly during and after extreme climate events, to enhance resilience and equity.

Key words: climate change, extreme climate events, sexual and reproductive health, women's reproductive health, LMICs

6. Population Data, Research and Innovation

- i. Title: Value of service statistics data in understanding the patterns of Impants use at the Su-national level
Author: Hellen Sidha.

Background: This analysis shows the value of service statistics data in understanding the patterns of implants use at the sub national level that will contribute to the development of county specific interventions to promote increased uptake of Long Acting Reversible Contraceptive (LARC) methods including implants. Since the 1990s when the implants program began in Kenya, there has been focused strategies by the government and development partners to promote access and uptake of implants in the country. The investments were followed by significant expansion in method mix, from short-term methods to greater use of LARC, with the uptake for implants increasing from 5% in 2008-09 to 19 % of the method mix in 2022 (KDHS,2022). The Government of Kenya is interested in understanding how implant use has changed over time and if trends from service statistics provide reliable signals on implant use at the county level in the years post-DHS surveys.

Main Question: From the Kenya Demographic and Health surveys, between 1993 through 2022 by region, classified by their distribution along the family planning “S” curve. The highest increases in mCPR were seen in Rapid-Growth and Low-Prevalence counties. The highest rates of increases in implant prevalence are also seen in regions with counties with rapid-growth potential in the S- Curve. This analysis seeks to evaluate the reliability and interpretation of the changing trends in implants insertions from the Kenya Health Information (KHIS) post-survey and explain what is expected in terms of patterns of uptake at different levels of mCPR growth.

Methodology: Service statistics data from the Kenya Health Information (FP clients visits data) at the county level was compiled and compared based on distribution along the S-Curve using county level modern contraceptive prevalence rate (mCPR) estimates from the 2022 KDHS. Counties were split into three groups; high prevalence counties (top of the S-Curve), counties in the rapid growth stage(middle of the S-Curve) and counties with low prevalence/slow growth stage (bottom of the S-Curve). Patterns among counties at each stage was observed and explained based on general characteristics of growth during the identified S- Curve stage. Two comparisons were made for implant uptake and changes in prevalence from surveys with DHIS2 trends to understand how implant use has changed over time and if trends from service statistics provide reliable signals on implant use in the years post the 2014 KDHS.

Results: County level mCPR comparisons were done by group for changes in overall prevalence and prevalence of implants between two surveys (KDHS 2014 and 2022). The results showed that the highest increases in mCPR were seen in Rapid-Growth and Low-Prevalence counties. The highest rates of increases in implant prevalence are seen in regions with counties with rapid-growth potential. Since 2018, service statistics data shows a declining trend in implants insertions for most of the counties at high mCPR levels. At these high levels of prevalence it appears that counties may have reached saturation with only a few counties continuing to show modest expansion in implants. Substitution of implants for other methods rather than growth in overall use is anticipated. For the counties in the second group : rapid growth potential counties, service statistics trend show that implants insertion grew only in a few counties although we had expected growth in most of these counties. The counties that continue to have an increased use implants include: Bungoma, Migori, and Tana River, a more in-depth analysis show that these counties have a lot of implementing partners, the results therefore shows a mixed pattern in terms of use.

Knowledge and Contribution of the Analysis: The analysis found out that implants trends from Kenya service statistics data are similar to survey trends and can be relied upon post-survey. Declining trends in high prevalence counties may be as much a function of saturation of the market, to supply side constraints. Additional data from the Health Facility Assessment report showed that Stockouts of Implants and inadequate training of service providers on insertion and removal of implants may have constrain growth in “Rapid-growth” counties. There is need to address declining trends in counties with potential for rapid growth where uptake is slowing or declining. Issues relating to stockouts and availability of trained providers need to be addressed to support potential for growth.

7. Population Policy and Programme Implementation

i. Empowering Male Engagement to Expand FP Access in Trans Nzoia County

Authors: LevisOtondi, Peter Kagwe and Kirole Ruto

Email:

Levis.Onsase@Jhpiego.org

Institution Affiliation:

Jhpiego Country: Kenya

Background:

Male Engagement in Family Planning: Inclusion of men and boys, supportive partners and contraceptive users as agents of change in gender norms and advocates for reproductive health rights is Critical for global FP goals ensuring no one is left behind

Objectives: Sensitize men on reproductive health roles, Dispel myths through open dialogues, Assess impact through quarterly reviews.

Methodology:

Sensitization workshops for >150 men, Clarified roles in reproductive health, Demystified FP myths and misconceptions, Quarterly review meetings for updates, Involved in community mobilization for FP outreach, Ongoing monitoring and evaluation efforts.

Findings:

80% of men engaged, Amplified advocacy for Reproductive Health, FP client volume increased by 26%, FP concerns & misconceptions addressed; "Understanding and supporting family planning is not just about women's health; it's about the well-being of our entire community". "When men step up as partners and advocates, we create a healthier environment for our families and set a positive example for future generations." (Male community leader) "By actively participating and encouraging open discussions, I've realized that family planning benefits both my partner and me." (Participant in the male engagement program)

Conclusion:

Engaging men in FP programs is critical. Engaging men as partners, advocates and users of FP complements existing programs, fosters gender equality, enhances community health and reproductive right

Recommendations:

Expand outreach to educate more men. Tailor FP services for men. Integrate male involvement in existing programs. Monitor and evaluate male engagement. Highlight men's role in gender equality.

ii. Implementation of the Local Innovation Spread Through Enterprise Network Model; Lessons Learned from Male Champions as a Community of Practice

Authors: Irene Kittur and Kibe Ranji

Institution Affiliation: NCPD

Email:

ikitur@ncpd.go.ke

Background

Male engagement and involvement is a programmatic approach that involves men and boys as clients, beneficiaries, partners and agents of change, in actively promoting population programmes.

Objective

The goal is to involve and engage men in population and development programmes. Social norms give men more power and autonomy than women, and the cultural expectations around masculinity shape men's decisions and behaviours.

Methodology

The Male Champions were first trained as a channel to target men in all places they are found mostly in non- health settings to respond to their health needs including HIV guided by the following principles: advocating for increased male engagement in health and addressing men's vulnerabilities by challenging societal perceptions of masculinity

that hinder their responsiveness to health service

Result/ Findings

Male Engagement has the potential to drive the population programme response agenda through advocacy, raising awareness and reducing stigma. Man-to-man talk enhances positive health-seeking behaviours among the male. Additionally, use of family planning methods such as condoms is more readily accepted when introduced by male peers.

Implication of the programme as best practice

These findings provide valuable insights for organization and government agencies in Kenya seeking to enhance male involvement in population programmes. A peer-to-peer approach targeting men has significantly improved population programme implementation and positively influenced men's health seeking behaviors.

iii. Population Policy Development; Integrating Population Issues into Development Planning

Authors: Irene Muhunzu and Catherine Ndei

Email: imuhunzu@ncpd.go.ke, cndei@ncpd.go.ke

Institution Affiliation: National Council for Population and Development (NCPD)

Country: Kenya

Background

Since independence, Kenya has implemented three explicit population policies aimed at managing population for sustainable development; Population Policy Guidelines, National Population Policy for Sustainable Development and Population Policy for National Development (PPND). The government revised the PPND to address emerging Population and development issues.

Objectives

Policy concerns that necessitated the revision of the Policy; to incorporate changes in socio-economic development landscapes, align with new researches and changes in population dynamics.

Methodology

The policy revision was a multi-sectoral, multi-disciplinary and participatory process that involved extensive and intensive review of relevant information and data, public participation in all the 47 counties in Kenya including consultation with leaders and policy makers at national level. The policy was validated by stakeholders, endorsed by relevant approving authorities including Cabinet and Parliament.

Results

Findings from the consultations and dialogues were incorporated into the policy document which resulted to an all-inclusive Kenya National Population Policy for Sustainable Development. This policy covers 7 population broad thematic areas: Population Size, Growth and Age Structure; Family Planning and Fertility; Morbidity and Mortality; Mobility, Migration and Urbanization; Population, Human Settlement, Environment and Disasters; Data, Research and Innovation; Resource Mobilization.

Policy lessons

The goal of the revised population policy is to attain a high quality of life for the population of Kenya that is secure, healthy, broadly educated, trained and empowered for sustainable development. The policy is designed to provide a responsive harmonized direction to address population and development issues for the achievement of Kenya's development goals through multisectoral integrated approaches.

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v. The Global Health Promoting Schools (GHPS) Programme

Authors: Margaret Mwaila, C Wambugu, F Musalia, E Otieno, J Wanjaria, M Sheikh, L Kimondo, J Kamau

Email: mmwaila@ncpd.go.ke

Institution Affiliation: NCPD

The Global Health Promoting Schools (GHPS) was conceptualized by WHO, UNICEF and UNESCO in the 90s. In Kenya, the initiative was adapted and adopted in 2023 to enhance enrolment in basic education, resuscitate dwindling and stagnated transition rates and eliminate NEET. Under the coordination of NCPD supported by UNESCO, GHPS was field-tested by MoE and MoH in three schools from Murang'a, Nairobi and Kajiado counties. At national level, GHPS is premised on improving enrolment, retention, completion and transition rates per ICPD25 Country Commitments; Promoting a sustainable and adaptive whole school approach to health and wellbeing; and Enhancing equity in education. At school level, GHPS objectives are: to develop, manage and sustain a safe, healthy, friendly, culturally diverse and disability inclusive learning environment; and build effective partnerships with learners, teachers, community & partners in promoting good health. A selection criterion was developed and used to identify three schools.

GHPS was introduced by a team from MoE, MoH and NCPD who conducted pre-intervention assessments. School principals and deputies, health/guidance and counselling teachers, BoM and PA representatives, county and sub county health and education officers were sensitized. Each school identified challenges and developed action plans. Success: Enrolment: Isinya Primary, Kajiado – 13%; Kilimani Primary, Nairobi – 19%; Gititu Secondary, Murang'a – more than doubled Form 1 intake; Partnerships: improved water supply; improved physical environment; promotion of WaSH; improved health and nutrition. Challenges: Training of teachers; financial resources; school fencing. GHPS is the magic bullet for basic human capital development.

vi. National Positive Parenting Programme

Authors: Jacinta Mwendu and Lynette Ochuma

Institution Affiliation: State Department for Social Protection and Citizen Affairs

Email: mwendemutuku52@gmail.com, lodida70@yahoo.com

The Constitution of Kenya (2010) recognizes the centrality of the family as the fundamental unit of society and mandates its protection by the State. As a signatory to several international and regional frameworks including the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child, Kenya underscores its commitment to promoting family well-being. In 2024, the Government of Kenya launched the National Policy on Family Promotion and Protection (NPFPP), with vision of realizing “*Happy and Stable Families for a Strong Society*.” This Policy seeks to create an enabling environment that supports family well-being, social order, and empowers families to contribute meaningfully to national development. One of the key interventions under this Policy is the National Positive Parenting Programme (NPPP). Anchored under the Social Pillar of Vision 2030, the NPPP aims to strengthen family capacities to foster healthy relationships, support mental health, promote child development, and reduce family separation. It provides parents and caregivers with essential knowledge, skills, and resources to create nurturing environments for children to thrive. Amid growing social challenges ranging from violence, job loss, and family breakdown to the lasting impacts of HIV/AIDS and COVID-19 the NPPP offers an evidence-based response to build resilience within families. The Directorate of Social Development is leading the development of a National Action Plan for effective implementation of the NPFPP.

8. Gender and Population Dynamics

i. Social Interaction, Skills Gap and Industrialization in Kenya

Authors: Beatrice Mbinya, **coauthor:** Kefa Simiyu

Email: mbinyabettym@gmail.com

Labor market participants face certain constraints and opportunities that are deeply entrenched in social processes, thus an understanding of social interactions role in addressing the stratification of the labor market is vital. Theoretically, we follow that labor markets outcomes are based on friendship nominations and those that match educational attainment with a woman’s position on the dating world. We analyze how labor market participation and labor income among 15-49-year-old women in Kenya is affected by the number of sexual partners, marital status, post-secondary school training, and benefiting directly from Free Elementary School Education (the Program) that was launched in 2003. We utilize the 2022 Kenya Demographic and Health Survey and employ fuzzy regression discontinuity design. We test for robustness using quantile regression at the 10th, 50th, and 90th labor income quantile. We document that the Program raises single years of schooling by 4-5months but does not affect labor incomes significantly. Similarly, women’s labor incomes declined significantly among women in the 50th labor income quantile. Post-secondary training significantly raised labor incomes whereas the longer the period a woman spent furthering studies beyond grade 12, the fewer the sexual partners she had on average. We recommend that the Government of Kenya and its development partners invest in enhancing the enrolment and completion of further studies. The study contributes to deeper understanding of the complex interplay between social factors, education, and labor market outcomes in context of sustainable development in Kenya, especially sexual partnerships, female labor force participation, social connections, and education.

ii. Spatial Distribution and Predictors of GBV Among Women Currently In Union in Kenya

Authors: Charity Wamwea, Paul Kuria, Caneble Oganga, Miriam Mwaura, Baldwin Anyiga, Kirimi Mugambi, Caroline Gatwiri, Joshua Musyimi, Beatrice Alukhoya, Stephen Ndambuki

Email: cwamwea@jkuat.ac.ke

Background: About 736 women experience sexual, psychological or physical gender-based violence (GBV) at least once in their life. IPV is a form of GBV meted by a current or former partner. Globally, IPV is the third highest cause of death among people aged between 15 and 49 years. According to the 2022 KDHS, 42.9% of women currently in union have ever experienced GBV from their current or former intimate partner. **Objective:** This study identifies the significant factors associated with IPV among women in union and its spatial distribution in Kenya by county including the classification of hotspot and cold-spot areas.

Methodology: The study considers 9,492 women currently in union aged 15-49 years who were interviewed for domestic violence. Statistical models and methods considered for analysis were the binary logistic regression model, odds ratios, global Moran I and Gi* statistics.

Results: Control over woman's earnings, male headed households, non-Muslims, inter-generational violence experience, alcoholic partners, controlling partners, and those from Kirinyaga Bungoma, Kakamega, Busia, Siaya, Migori and Kisii have the highest risk of IPV. Increase in age at first cohabitation, partner's education level, fewer number of living children and those from Wajir and Mandera counties were associated with lower risk. Knowledge Contribution: No study has examined the spatial distribution of IPV or its predictors among women in Kenya using the 2022 KDHS.

Conclusion/Significance: Several interventions on IPV based on the outcomes of this study can be used to re-educate the public and administrative officers on the negative impact of IPV.

iii. Women Empowerment And Fertility Outcomes In Kenya

Authors: Caneble Oganga¹, Bernard Kiprotich², Alfred Agwanda³, Charity Wamwea⁴, Paul Waweru⁵, Caroline Mutwiri⁵, Wato Galgallo² and Baldwin Anyiga⁶

Institution/Affiliation: ¹UN Women ²National Council for Population and Development ³University of Nairobi ⁴Jomo Kenya University of Agriculture and Technology ⁵Kenya National Bureau of Statistics ⁶State Department for Gender and Affirmative Action

Email: caneble.oganga@unwomen.org

Women's empowerment refers to women's ability to make strategic life choices that were previously denied. Thus empowerment of women is a means to achieve sustainable development with emphasis on promoting women's sense of worth, their ability to make their own choices, and their right to have the power to control their own lives. Women's empowerment therefore plays a key role in women's control of their fertility and provides them with the opportunity to make decisions about reproduction, such as contraception, deciding the number, timing and spacing of their children. The study sought to find out if there is an association between women's empowerment and fertility-related outcomes in Kenya to inform targeted interventions and policies that promote women's rights, improve reproductive health, and support sustainable development. The study utilised data from the 2022 Kenya Demographic and Health Survey (KDHS), a nationally representative survey providing comprehensive information on various demographic, health, and social factors, including women's empowerment, fertility outcomes, and reproductive health. Results indicated that women's empowerment is associated with recent fertility. Women with medium or high empowerment indices are less likely to have had a child in the recent past compared to low empowered women. The findings indicated that higher levels of women's empowerment are associated with reduced fertility, affirming that women's autonomy in reproductive decision-making can effectively lower fertility rates.

iv. Disregarded abuse “Examining Economic Abuse Among Young Women in Intimate Partnerships in Nairobi, Kenya”

Authors: Agnes Rinyiru, Mary Thiong’o

Email: agnesrinyiru@icrhk.org

Background: This study examines the prevalence and forms of economic abuse experienced by young women in intimate partnerships in Nairobi, Kenya, a form of gender-based violence (GBV) that has received “silent” or limited attention. While most GBV research focuses on physical, sexual, and emotional abuse, economic abuse often exacerbates other forms of violence.

Aim: This paper aims to fill the gap in understanding economic abuse among young women aged 15-28.

Methodology: Using a mixed-methods design, primary data was collected from June to August 2023 as part of PMA Agile YRDS study. The study focused on partnered adolescent girls and young women (AGYW), with 831 participants surveyed and 15 in-depth interviews conducted. Consent and guardian approval were obtained for minors, and statistical adjustments were made for the RDS design. Results: 831 young women were surveyed and 15 in-depth interviews done.

Results: Overall, 45.0% of young women experienced any form of economic abuse by their partner. Specifically, 26.0% reported their partners denied them money for food, 18.6% were prevented from working, 13.4% were pressured to give money without reimbursement, and 9.4% were restricted from taking out loans or opening a bank account. Qualitative findings supported these quantitative results.

Conclusion: The findings shows that nearly half of young women with a partner experience economic abuse, highlighting the need for comprehensive interventions. Strategies which include economic empowerment, gender equity promotion, and cultural shifts to address economic violence and its significant consequences.

v. Forms Of Sexual Harassment Among Young People Aged 15 -29 In Nairobi Kenya

Author: Grace Ngare, , Mercy Kamau, Regina Mwatha, Peter Gichangi, Shannon Wood, Michele Decker

Email: wamue.grace@ku.ac.ke

Background: Sexual harassment is a major global vice with serious consequences at the individual, family, community, and national levels. Though often taken casually by offenders and society at large, it is a serious offense with short and long-term negative health impacts on the survivors.

Objectives: To determine the prevalence of different forms of sexual harassment among young people aged 15-29 in Nairobi Kenya.

Methodology: This was a longitudinal cohort study of adolescents and youth ages 15-24 in Nairobi, Kenya. Respondent-driven sampling from June-August 2019 (n=690 young men, n=664 young women) and replenishment sampling for youth ages 15-19 to account for attrition and aging was done in 2023. Quantitative and qualitative data were collected.

Results: Approximately three-quarters (71.7%) experienced sexual harassment in the past year compared to non-

partner sexual violence (4.5%) and intimate partner violence (28.1%). Sexual violence varied by age cohort: 15-17 yrs. (21.8%), 18-20 (34%), 21-24 yrs. (41.5%) and 25-29 yrs. (31.8%). Young women (4.5%) reported being forced to have sex by someone other than their partner. The most common type of sexual harassment was being stared at or leered at 57.7%, followed by unwanted sexual comments, jokes, or gestures at 54.6%. Qualitative findings confirmed quantitative results.

Recommendations: There is a dire need to address sexual harassment in both public and private places. A policy framework that recognizes various forms of sexual harassment in public and private spaces as a criminal offense is required.

vi. Intimate partner violence (IPV)

Author: Maurice Oduor

Email: moduor@ncpd.go.ke

Institution/Affiliation: NCPD

Background: Intimate partner violence (IPV) is a severe public health concern. In Kenya, 28 percent of women experience intimate partner violence (IPV). One of the 17 commitments Kenya made at the Nairobi Summit on ICPD25 was to eliminate all forms of gender-based violence by 2030.

Methods: Data derived from 2022 Kenya Demographic and Health Survey focusing on counties with high prevalence of IPV (Tana River, Embu, Muranga, Bungoma and Migori) and low prevalence (Taita/Taveta, Wajir, Mandera, Kitui and Nyandarua). Descriptive and multivariate analysis used.

Results: There is some statistically significant association between women's education, religion, number of living children, husband working, decision making on use of FP, husband/partner education, husband/partner drinking alcohol; and experiencing any form of intimate partner violence (physical/sexual/emotional). However, most of these factors do not contribute to the likelihood of intimate partner violence in low and high prevalence counties at $p=0.05$.

Conclusion: Although there are huge variations in the rates of intimate partner violence between low and high prevalence counties, most of the effects of predictor factors are not statistically significant and therefore cannot explain the variations with the exception of number of living children and somehow the age of the women particularly in high prevalence counties. There is need to implement the RESPECT framework developed by World Health Organization, United Nations Women, other United Nations and Bilateral agencies as well as applicable policies and legislation.

vii. Technology-Facilitated Abuse: A Cross-Sectional Analysis Among Youth Aged 19-29 In Kenya

Author: Mercy Muthoni Kamau, Grace Ngare, Regina Mwatha

Email: mrckamau@gmail.com

Background: Technology has significantly increased connectivity globally, particularly among youth. Despite many advantages, rising access to technology brings technology-facilitated abuse (TFA) to the forefront. Kenya is technologically advanced, yet little is known about the TFA that comes with it.

Objective: To assess the magnitude and nature of TFA, by gender, among youth in Nairobi, Kenya. **Methodology:** The cross-sectional analysis used data from surveys and in-depth interviews with a cohort of young men and women recruited via respondent-driven sampling from June to August 2023. The cohort comprised 863 men and 819 women ages 19-29. Bivariate and multivariate analysis explored risk factors for TFA by gender.

Results: Across the full sample, 51.6% and 57.7% experienced any-perpetrator TFA and 29.5% and 39.0% experienced partner-perpetrator TFA in the past year, for young women and young men, respectively. Current or former intimate partners were the most frequent perpetrators (young men 67.0% and young women (57.0%). In multivariable regression, living alone was significantly protective for young women (aOR 0.53; 95% CI 0.33, 0.85), whereas for young men, living alone conferred risk (aOR 1.82; 95% CI 1.10, 3.02). Qualitative findings highlighted expectations and fear surrounding partner monitoring and control via technology.

Conclusion: Technology-facilitated abuse (TFA) is a significant issue among youth in Nairobi, Kenya. While prevalence rates appear similar across genders, the study highlights gender-specific factors driving TFA. This underscores the need to expand Gender-Based Violence (GBV) policy guidelines to explicitly address and include TFA.

viii. Unpaid Care Work in Kenya

Author: Dr Ben Jarabi

Email: objarabi.1954@gmail.com

Institution/Affiliation: University of Nairobi

Care work is indispensable to the functioning of Kenya's economy, yet it remains invisible in Gross Domestic Product (GDP) calculations and undervalued in national policies. Due to negative perceptions, attitudes and beliefs associated with men and boys performing unpaid care work, women and girls typically shoulder the primary responsibility. The objectives of the paper were to: identify gender differences in time use patterns related to unpaid care work in Kenya; estimate the gender gap in unpaid care work in Kenya; establish any relationship between unpaid care work and labour force participation in Kenya; and assess the policy environment within which unpaid care work is performed in Kenya. The paper used data from the 2021 Kenya Time Use Survey that provides information on time spent on unpaid care work. The sample was 24,004 participants age 15 years and above from all the 47 counties. Evidently, women in Kenya spend more time on unpaid care work daily than men, given that women outperform men by five times. Women spend an average of four hours and 38 minutes daily on unpaid care work, compared to just over one hour for men. Women in counties such as Marsabit spend as much as seven hours daily on unpaid care work – double the national average. There is a 40 percent average gender gap at the national level that requires action. Counties whose performance comes closest to gender parity, still have at least one third of the gender gap to be closed. This imbalance robs women opportunities for formal employment and personal development, hence perpetuating a cycle of gender-based economic disparity. The unequal distribution of unpaid care work restricts women's potential for financial independence and limits Kenya's economic growth. Though the Kenya National Care Policy is in place, it is yet to be operationalized. The paper offers four recommendations: the State Department for Gender and Affirmative Action should liaise with county governments to enhance advocacy campaigns to change existing attitudes to socio-cultural norms and beliefs; the same Department should liaise with the Ministry of Education to incorporate care work in school curriculum as a mechanism for changing attitudes of youngsters to socio-cultural norms and beliefs; the Ministry of Gender should explore how the national and county governments can invest in quality, affordable care-related infrastructure, public services and social protection to reduce long and arduous hours of unpaid care work for

women; and the State Department for Gender and Affirmative Action should liaise with Kenya National Bureau of Statistics to ensure evidence on unpaid care work is generated on a regular basis for informed decisions.