



**RAISE YOUR VOICE**

EMPOWERED. ACTIVATED. ENGAGED

# RIGHTS IN THE BALANCE

**An Anthology**



**What does it take to achieve effective reproductive justice in a world full of intersecting inequalities and restrictions?**



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# ACKNOWLEDGMENT

We extend our deepest gratitude to our partners who have contributed to the development and realization of this anthology as part of the project, “Advancing Reproductive Justice: Inclusive Narratives, Voices, and Agency for a Just and Fair Society.” Your financial support has enabled us to amplify the conversation around reproductive justice, gender equality, and non-discrimination. Your commitment to fostering safe spaces, promoting value clarification, and transforming harmful social norms is invaluable in achieving progressive change.

We appreciate the unwavering support from our community members, youth advocates, and grassroots organizations whose lived experiences, insights, and resilience have shaped the core of this initiative. Your voices and stories have illuminated the path toward more inclusive and just SRHR policies.

A special acknowledgment goes to the contributors to the Rights in the Balance anthology, whose powerful reflections on Comprehensive Sexuality Education (CSE), LGBTIQ+ rights, abortion rights, SGBV, and broader SRHR issues have provided a wealth of knowledge and advocacy. Your voices continue to challenge restrictive policies and redefine reproductive justice in Kenya and beyond.

Finally, we recognize the unwavering efforts of the Raise Your Voice team, whose dedication, innovation, and passion have made this initiative possible. Your work is a testament to the power of collective action in advancing reproductive justice for all.

With deep appreciation,  
Raise Your Voice





# SUMMARY



**RIGHTS IN THE BALANCE: Advancing Reproductive Justice** is a thought-provoking collection of articles that delves into the critical issues surrounding Sexual and Reproductive Health and Rights (SRHR). This anthology seeks to amplify diverse voices and perspectives on topics that lie at the heart of achieving reproductive justice in an increasingly complex world.

With this 12 compelling articles, the anthology examines themes such as Comprehensive Sexuality Education (CSE), LGBTIQ+ rights, abortion rights, sexual and gender-based violence (SGBV), and the impact of restrictive policies. It also highlights the challenges of financing SRHR, teenage pregnancy, contraception access, and the role of community-led advocacy in driving meaningful change.

Each piece reflects the lived experiences of individuals and communities, exploring how intersectionality influences the struggle for reproductive justice. The anthology balances scholarly insight with grassroots narratives, offering both analytical depth and human connection.



# THE ANTHOLOGY



Reproductive justice is not a privilege—it is a right. And yet, every day, millions of people, especially young people and marginalized communities, face barriers to accessing the sexual and reproductive health and rights (SRHR) they deserve. With “RIGHTS IN THE BALANCE”, we are taking a bold stand to confront these injustices head-on.

This anthology is not just a collection of stories and research—it is a powerful call for change, a clarion voice for those who have been silenced for far too long. It is time to reframe the narrative, amplify the voices that have been excluded, and demand an equitable future where SRHR is accessible to all, no matter their gender, sexuality, or social status.

As a young person who has been through a myriad of experiences, I am acutely aware of the transformative potential that lies within these pages. For over a decade, I have always championed the rights of young people, particularly marginalized groups, in their pursuit of equitable and accessible Sexual and Reproductive Health and Rights (SRHR).

EXECUTIVE  
DIRECTOR'S  
NOTE



It is with this commitment to advancing reproductive justice that I present this anthology, which will serve as both a tool for advocacy and a call to action.

This anthology explores a spectrum of critical issues in SRHR, diving into the often contentious and misunderstood topics of Comprehensive Sexuality Education (CSE), LGBTIQ+ rights, abortion access, and the pervasive violence that impacts sexual and gender minorities. I am cognizant that these issues are not isolated but are intricately connected to broader societal norms, gendered power dynamics, and restrictive policies that inhibit the full realization of human rights. The voices within this anthology will challenge existing narratives and call for transformative change, ensuring that reproductive justice is not just an ideal, but a lived reality for all individuals.

The themes explored in this anthology reflect the lived experiences of adolescents, young people and women from diverse backgrounds and communities. The aim is to amplify voices that are often silenced, bringing to light the harsh realities faced by those whose rights are too often overlooked or denied. Through the lenses of CSE, abortion rights, SGBV, and LGBTIQ+ advocacy, we hope to inspire not only a change in policy but a shift in collective attitudes and behaviors that are grounded in respect, dignity, and equity.

The importance of this anthology is a direct response to the pressing need for inclusive and transformative SRHR practices. It is a call to action for policymakers, community leaders, and individuals to engage in meaningful dialogues that prioritize the needs and rights of the most vulnerable, ensuring that reproductive justice is realized for all.

I am particularly excited to bring together a diverse range of contributors, each bringing their unique perspectives, expertise, and lived experiences. These voices will not only inform but also inspire the work we do at Raise Your Voice and with our partners. The anthology provides a platform to push the boundaries of conventional discussions around SRHR and to advocate for policies that will make a tangible difference in the lives of those who need it most.

EXECUTIVE  
DIRECTOR'S  
NOTE

As we work to build a future where SRHR is accessible, inclusive, and free from discrimination, “RIGHTS IN THE BALANCE” stands as both a milestone and a guidepost. I invite you to read, reflect, and take action as we continue the fight for a world where reproductive justice is not just an aspiration, but a reality for all.

In Solidarity,  
Doris Kathia,  
Executive Director,  
Raise Your Voice



# THE EDITOR'S



It is a privilege to bring you "RIGHTS IN THE BALANCE: Advancing Reproductive Justice," a powerful exploration of the issues shaping the future of Sexual and Reproductive Health and Rights (SRHR). This anthology is a culmination of countless voices and efforts of advocates, scholars, community leaders, and everyday heroes who daily tirelessly work to create a society free from prejudices to bring reproductive justice home.

In this collection, we are happy to share with you struggles reflecting realities in our communities. We talk about comprehensive sexuality education, LGBTIQ+ rights, abortion access, sexual and gender-based violence, and the impact of restrictive policies. Each story reflects the real and lived experiences and key lessons from, defenders committed to justice.

Our hope is that this anthology will inspire you to reflect on this important work and, importantly, inspire you to take action or actions to push forward the vision of reproductive justice in your communities and space of influence.

**Kind regards,  
Mike**

EDITOR'S  
NOTE





**Now,  
We Read.**

# BRIDGING GAPS IN UNDERSTANDING SEXUALITY EDUCATION

**BY NYIVA NTHIANA**



Sexuality education is one of the many things that most people are yet to grasp properly. This is not because they have no idea what it is, it is because they have not cared to understand. Yet Sexuality education is a crucial part of the education system currently. There is a lot of concern when it comes to sexuality education and especially parents wanting an in-depth explanation. And the explanation is just to tell them that we are not asking to teach their kids about sex but about sexuality.

You See sexuality is not about they act of sex and its constituent's, its learning about the body and the relationships with other people. That said, Comprehensive Sexuality Education (CSE) is a curriculum-based process that aims to equip young people with the knowledge, skills, attitudes, and values necessary to make informed decisions about their sexual and reproductive health. We know that times have changed and many parents are trying to raise their children differently from their times when menstruation was whispered in low tones in the kitchen by the aunties- because God forbid your mother tells you about it, to freely and casually speaking about boyfriends. But some communities are yet to be open in speaking of such matters, Comprehensive sexuality education aims at reaching such children.

In order to understand sexuality education, we have to address misinformation, stigma, cultural resistance, and lack of access to resources.

“ Now I know we wonder how is it going to be taught? Is it one book? Is it a pamphlet?



The answer is, the teachings are curriculum based hence each class gets its own teaching and materials relevant to their age group. It would not make any sense to teach grade 2 kids about menstruation now would it?

Sexuality education is tailored to developmental stages, focusing on health, consent, and self-awareness for younger audiences. There is a lot of misinformation about CSE. One of the main one being that it encourages children to have sex. On the contrary studies have shown that those that have gone through sexuality education tend to wait therefore reducing teenage pregnancy, STIs and GBV.

Many young girls who have had teenage pregnancies will tell you that they were not well informed and that if they knew, their life would have turned out differently. Our culture and religion makes people a bit skeptical on speaking about sexuality making it difficult for young people to get the information they need. The society is not willing to accept that young people are sexually active. In an era where the internet is a source of information especially to teenagers, CSE ensures they get the right information. This information is about healthy relationships, consent, hygiene, contraceptives, HIV, abstinence, menstruation, gender equality and others relevant to sexuality. The information in CSE is broad but very critical. Do not get it wrong, we strongly advocate for abstinence but let us not be ignorant of the fact that someone somewhere will do as they please. We want them to understand protection and safe places when their way backfires or when their safety is compromised. We hope to mold them young to avoid GBV, SGBV, HIV, teenage pregnancy, STI, abortion and all other negative matters relating to sexuality.

In ensuring that CSE uptake is accepted we have to adapt the curricula to local traditions without compromising scientific accuracy and collaborate with cultural and religious leaders to adapt messaging in ways that align with shared values, such as respect and dignity ensuring that knowledge is passed without disregarding the cultural and religious beliefs. Creating forums where key stakeholders are involved and parents can have their concerns addressed and encouraging youth participation will ensure support. The one thing that stands out in CSE is encouraging confidence. When young people are aware of themselves they will not be easily swayed and taken advantage of because they are aware of the power they possess in their decision making. This way they are firm in their NO and will not succumb.



# FACT

**Comprehensive Sexuality Education (CSE) does not lead to increased sexual activity but instead empowers young people to make informed, responsible, and safer choices about their sexual and reproductive health.**

“



# REDEFINING ACCESS TO CONTRACEPTION

**BY SHARON SITATI**



How would you feel if your life entirely depended on someone else's decision? Frustrating, right? Now, you might wonder how this relates to contraception, but let's take a closer look.

Contraception is instrumental in shaping someone's life because it impacts their body, future, and even their family. Having bodily autonomy to decide when to have children puts you in control of your reproductive health. This autonomy allows you to better plan your education,

career, finances, and health outcomes. Unfortunately, many women do not have this control because they lack the bodily autonomy to decide when to have children. While this may not be the case for those from developed countries who enjoy greater access to contraception and autonomy, women in developing countries like Kenya face significant challenges in accessing contraception. These disparities often arise from societal norms, insufficient education, inadequate legal frameworks, and limited access to reproductive health services.

The issue of contraception in Kenya is hindered by several factors that need to be addressed to empower women to take control of their lives. Many women still believe they are ready to have children when their male partners are ready, a belief shaped by societal norms that portray women primarily as "procreators" and caregivers.

Another major challenge especially among adolescent girls and young women is the lack of accurate and timely information about contraception. Many women end up choosing methods based on what works for their peers, without fully understanding how these methods might affect their unique bodies.



Those in marriages and relationships are not exempt from such challenges either, as some women must seek their partner's consent before using contraception. In worse cases, women face abuse if their partner discovers they obtained contraception without approval, forcing many to use it secretly.

This erodes a woman's right to bodily autonomy which is fundamental to make independent decisions about her body. Without this autonomy, women are left vulnerable to control, abuse, unintended pregnancies, and the inability to shape their health, family planning, and future on their own terms.

Additionally, affordability and availability remain significant barriers. Hormonal contraceptives may be more affordable and accessible, than non-hormonal options which might be better suited for some women. Most non hormonal contraceptives, other than condoms, are often out of reach and expensive with many health facilities lacking a variety of contraceptives due to inadequate funding for restocking, leaving women with limited choices.

Policy barriers further complicate access. For example, In Kenya, young women under 18 often require parental consent to access contraception. This requirement discourages many teenagers who are sexually active and need contraceptive services to keep it a secret from parents and guardians, as parents are often unwilling to discuss sexual health due to stigma or cultural beliefs. This has contributed to a high rate of unintended teenage pregnancies in the country .



According to the Kenya Demographic and Health Survey (KDHS2022), 15% of women age 15–19 have ever been pregnant; 12% have had a live birth, 1% have had a pregnancy loss, and 3% are currently pregnant.





Young women and girls also face judgment when seeking contraceptive services. Stigma, often from healthcare providers, discourages them from accessing the care they need, leaving many shying from asking for them

It's important to remember that contraception is not solely a woman's issue. Men have a critical role in supporting their partners to afford contraceptives and break societal norms that limit women's autonomy. Shared responsibility in family planning cremates use mutual respect and eases the burden on women. When men are educated about contraception, they can become advocates within their families and communities, encouraging open conversations and reducing stigma.

Imagine if more men viewed contraception not as a "woman's responsibility" but as a shared decision that benefits the entire family. This would promote healthier relationships and empower women to make choices about their bodies without fear of judgment or coercion.

Kenya still has a long way to go in meeting the contraceptive needs of its population. According to the Kenya Demographic and Health Survey (KDHS2022) ,76% of currently married women and 89% of sexually active unmarried women have a demand for family planning. This means they want to avoid or delay pregnancy but are not using any contraceptive method.

Furthermore,14% of currently married women and 19% of sexually active unmarried women have an unmet need for family planning.The unmet need is even higher among rural women and adolescents, where access to reproductive health services is often limited.

This gap not only leads to unintended pregnancies but also increases the risk of unsafe abortions, maternal mortality, and financial strain on families.If all women who said they want to space or limit their children were to use family planning methods, the contraceptive prevalence rate would increase from 62% to 76% among currently married women and from 70% to 89% among sexually active unmarried women.



We can all agree that access to contraception is not a privilege but a human right. The Universal Declaration of Human Rights and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) advocate for gender equality, access to healthcare, and protection against discrimination.

Additionally article 43 of the Kenyan constitution guarantees the highest attainable standard of health including reproductive health which covers contraception. I believe women and girls have the right to control their reproductive health, which is a critical aspect of personal autonomy, health, and dignity.

So, what can be done to redefine access to contraception in Kenya?

The Kenyan Ministry of Health must eliminate restrictive policies, such as the requirement for parental consent for minors. The current policies that support women's bodily autonomy should be fully implemented, be inclusive, and focus on the needs of marginalized groups, including rural women, adolescents, and differently-abled individuals. Furthermore, policies should prioritize age-appropriate, youth-friendly services.

The government must allocate more resources to restocking a wide variety of contraceptives and subsidizing their costs. At a time when Kenya prioritizes UHC, we can integrate contraception into Universal Health Coverage (UHC) to ensure these services are either free, subsidized and or affordable for all inclusive individuals in need.

Service providers must be trained to offer non-judgmental, youth-friendly services. Since most adolescent girls and young women fear accessing the contraception services for fear of being judged? this will create a safe space for women and girls to seek contraception without fear of stigma or discrimination.

Anchoring on international declaration of human rights, we can tailor our public campaigns and programs to emphasize contraception being a right.

This will challenge cultural norms that stigmatize its use. We must however be strategic to target both men and women, in order to strengthen open discussions, empower them and encourage women to take their reproductive power back. This also means we'll need to conduct strategic community engagement as they shape a lot of our perceptions.

To me contraception is about more than just preventing pregnancy. It's about giving women and girls the freedom to pursue their dreams, improve their health, and build a better future for themselves and their families. It's giving them their power back to control their future and determine their life.

Remember, nobody wants their future controlled by someone else's decisions. Women must be the key decision-makers when it comes to issues concerning them, including contraception. After all, how can someone who has never experienced a toothache truly understand the pain? They might claim it isn't that bad and perhaps they're right, simply because they can't relate. So why aren't women, who live these realities, the ones making decisions about their own bodies?

Every woman, regardless of her background, has the right to access the tools and support necessary to take charge of her reproductive health. It's not just about contraception; it's about her health, autonomy, dignity, and the fundamental right to shape her own future. Let women lead the way in decisions that impact their lives, because no one else can truly understand their lived experiences.



**AT RAISE YOUR VOICE,  
WE STAND  
FOR WOMEN'S RIGHT  
TO  
CHOOSE**

**WE ARE PRO-  
REPRODUCTIVE RIGHTS.**

# QUEER VOICES MATTER: REDEFINING SRHR TO AFFIRM SEXUAL AND GENDER DIVERSITIES

**BY EMMACULATE SHISIA**



Sexual and reproductive health and rights (SRHR ) are essential for human well-being. Yet in Kenya Gender and sexual minorities(GSMs) still face challenges when trying to access these services. The high rate of stigma and discrimination and harmful myths marginalize Gender and sexual minorities restricting their access to comprehensive Sexual and Reproductive Health Services. With the criminalization of same sex relationships and societal discrimination against Gender and Sexual Minorities ,it makes it worse and hard to get SRHR justice.

To challenge this situation and ensure Inclusivity and equality we must first start by challenging harmful cultural beliefs and norms, challenge policies that are not inclusive, gender affirming care for GSMs and fostering an environment where everyone regardless of their sexual orientation or gender identity can access their fundamental reproductive rights.

Late last year 'Amina' not her real name had a pregnancy scare and she didn't know what to do. She identifies as a lesbian and she has sex with men for money. One day when she was working one of her clients sexually assaulted her and didn't use protection. Putting her at risk of getting infections and unwanted pregnancy. She had to seek help from a quack where she lost a lot of blood and almost lost her life.

The misconception that Gender and sexual minorities don't need Sexual and Reproductive Health services overlook the comprehensive Sexual and Reproductive Health and Rights Justice, which includes Healthcare, equality and education. Gender and sexual minorities have diverse needs from cervical cancer screening, HIV services and support, and access to contraceptives. When these needs are ignored Gender and sexual minorities rights are violated and excluded, urgent action is needed for inclusive and equitable healthcare access for all.



Comprehensive Sexuality Education is essential and needs to be integrated in school curriculum, It is not just teaching sex and sexuality it is also teaching children about healthy relationships, safety, consent. This will end prejudice that LGBTQ people face, It will reduce the high rates of new HIV infections among young people Kenya, It will end Sexual and Gender Based Violence(SGBV). It will help children navigate social and health challenges while affirming their basic human rights. Inclusive Comprehensive Sexuality Education.

Kenya has beautiful laws and policies that stand as progressive frameworks, including protections for Sexual and Reproductive Health and Rights. Sadly for Gender and Sexual Minorities, the promise of these laws often fades under a different lens. The stigma and discrimination embedded in the healthcare systems overshadow the legal safeguards, creating barriers that discourage Gender and sexual minorities from accessing vital healthcare services.

The system failure lies not in the absence of good laws but in their implementation. Policies like the Constitution of Kenya 2010 and the Health Act 2017 articulate the right to a highest attainable standard of health, But still Gender sexual minorities face invasive questions, judgment and outright hostility from healthcare providers. Consequently Gender and sexual minorities are left vulnerable to untreated infections, unwanted pregnancies and poor mental health outcomes.

Robust accountability measures for discrimination, capacity building for health care providers on Sexual and Reproductive Health and Rights inclusivity and safe reporting mechanisms for Gender and sexual minorities are measures that the Kenyan Health System can focus and invest on to make sure the policies are working and protecting everyone in all their diversity.

When it comes to mental health, it is something that still not taken seriously in Kenya, making it worse for Minority groups. The intersection of stigma, discrimination and exclusion impacts the mental wellness of Gender and sexual minorities severely.

Addressing mental health for gender and sexual minorities we must first acknowledge the fact that Sexual and Reproductive Health and Rights impacts the mental health of any individual whether positively or negatively. Addressing these intersecting issues is essential to fostering resilience and wellbeing for these communities.

Achieving inclusive Sexual and Reproductive Health and Rights in Kenya is everyone's responsibility to make sure that we work collectively among the government, civil society, educators, health care providers and communities. Collective efforts will allow Gender and sexual minorities to live instead of surviving, it will offer a chance for them to live their lives authentically, participate in society without fear of violence and prejudice. By doing this we will build a Kenya that celebrates diversity and respects everyone's basic human rights.

In conclusion, fighting for Sexual and Reproductive Health and Rights is connected to the broader human rights movement. GSMs have the right to comprehensive education and support that affirms their identities and addresses their challenges. By challenging harmful cultural and social norms and dismantling systemic barriers we can amplify GSMs voices and demand for Justice. It is important to make sure that GSMs lived realities are heard and valued. Everybody deserves an opportunity to thrive and be a good citizen and it is important for the country to provide basic human rights protection for them.



A person is seen from the back, holding a large rainbow flag that stretches across the top of the frame. The background is a clear blue sky. The text is overlaid on a semi-transparent dark grey rectangle.

**ONLY 14%**

OF KENYANS, IN A 2020 SURVEY, BELIEVED SEXUAL MINORITIES SHOULD BE ACCEPTED BY SOCIETY, REFLECTING

**DEEP-SEATED CULTURAL AND RELIGIOUS OPPOSITION.**



# ENDING THE EPIDEMIC- VOICES AGAINST SGBV AND GBV

## BY PURITY NTHIANA



The fight against GBV and SGBV has been met with numerous challenges. With the fight being the main agenda in the 16 days of activism this year, we have to unpack why the cases increase as we advocate for change instead of the later. The main and biggest challenge that we have to look at is stigma. I would hope that this is towards the abuser but surprisingly it is towards the victim. As a society we have been wired in such a way that we try to find reasons in places there aren't. We shame the victim and go even further to blame them.

A classic example is when a girl is abused we first have to ask what she was wearing. That is one of the things I personally cannot wrap my head around. "she was asking for it" kind of comments should not have a place when empathizing with victims of violence. Apart from the physical harm that these women go through, the experience takes a toll on their mental health and often traps them in a cycle of poverty. Unfortunately, many cases go unreported or not followed up due to stigma, lack of information and resources. Child marriages and FGM are some of the factors lead to increase in SGBV and GBV.

It takes courage, the unimaginable one I suppose, to call out an abuser. Especially knowing the judgement that comes from it. Questions are going to be asked trying to understand how they got yourself in that situation, when in reality the victim should be the one asked how they planned it all out. Then the reception at the police station. You know our friends the police have a voice that they are taught should come from the stomach, maybe to command authority, and the victim timid and scared is asked what has brought them and to raise their voices in order to be heard in the midst of the drunken man shouting that he has rights and demands a lawyer. And most of them at this point turn back and want to disappear. If this will at all be worth it.



But the courageous ones stand and shout their issue. Relieving their abuse for an OB number that they will probably carry for years as the court case drags in the broken system. Then the evidence. The P3 Form provided to be filled at a health center. The victim presents themselves in the long queue to collect samples and have a doctor look into the private areas for evidence of forceful entry the torture continues. The victim is damned if they took a shower, if they withdrew consent in the middle of the act, if she is married (because married folks have to give it up on demand). Abuse in marriage is very tricky, because after reporting the victim goes back to the abuser and in most cases people want them to patch things up and protect the family. Family is sacred, the irony. If the person is influential well, intimidation and buying out to bury the case will be expected.

Ending Gender-Based Violence (GBV) and Sexual and Gender-Based Violence (SGBV) requires concerted efforts from various sectors. We are aimed to involve the community in ending the cycle of violence. We all know that the perpetrators are our brothers, uncles, fathers and sons. The cycle begins with zero tolerance to any form of violence.

“

I know when men read these they are like” here we go again.” They even ask “what of the men going through violence?”

In this period, we do not forget the men, we however know the magnitude of violence against women is far greater. It is not a competition after all.

Not asking women to lower their voices because politeness is encouraged more than safety. Raising awareness, providing support systems, and enacting stronger laws and policies. The police station and the health center should have a special place for victims of GBV. Where they get empathetic staff that helps and guides them through the entire process. Encouraging survivors to speak out can create an effect therefore encouraging others to share their stories and seek help. Various media platforms can be used to raise awareness about the realities of GBV and SGBV.

These campaigns should include information on how to identify abuse, how to report it, and what support services are available. Survivors' voices in these campaigns help challenge social norms that perpetuate violence. By amplifying the voices of survivors we will make it harder for society to ignore the issue. Finally, the justice System should be the anchor and the last nail in ending GBV and SGBV. Ensuring that survivors have access to justice through legal support and reform of justice systems to handle cases of violence with sensitivity and urgency. We need to be advocating for better laws and policies to protect survivors and punish perpetrators.

*Collectively, The Constitution of Kenya 2010, the Penal Code, the Sexual Offenses Act 2006, and the Children's Act 2001 provide a secure legal framework to prosecute SGBV cases.*

*Although the SOA was a huge positive step towards addressing sexual offences, various challenges still hinder reporting and prosecution of offenders.*



**HEAR SOMETHING?  
SAY SOMETHING.**

**1195**

**KENYA'S NATIONAL GBV  
HOTLINE**





# FINANCING SRHR FOR AN EQUITABLE FUTURE AS PROJECT 2025 COMES INTO PLAY

**BY KELVIN OBEGI MOKAYA**



The United States, which was once called the ‘beacon of democracy’ in the whole world, is now facing a new and dangerous threat of authoritarianism and Christian Nationalism, and, if some of the groups behind this far-right movement have their way, European democracies would be next. The whole world would be next!!!

The far-right Heritage Foundation, with the support of more than 80 influential organizations – many well-known for their extreme positions and pushing hate

– earlier in 2023 published their Presidential Transition Project, otherwise known as Project 2025, intended for the “next conservative president.”

## **What is Project 2025?**

Project 2025 is a plan to reshape the executive branch of the U.S. federal government by the Republicans who recently won the U.S. Elections. Established in 2022, the project seeks to recruit tens of thousands of conservatives to Washington, D.C., to replace existing federal civil service workers it characterizes as the "deep state", to further the objectives of the Republican president. The plan will perform a swift takeover of the entire executive branch under a maximalist version of the unitary executive theory – a theory proposing the president of the United States has absolute power over the executive branch.

The development of the plan is led by the Heritage Foundation, an American conservative think tank, in collaboration with some eighty partners including Turning Point USA led by Charlie Kirk; the Conservative Partnership Institute including former Trump chief of staff Mark Meadows as senior partner;



the Center for Renewing America led by former Trump-appointed Office of Management and Budget director Russell Vought; and America First Legal led by former Trump senior advisor Stephen Miller.

Project 2025 envisions widespread changes across the entire government, particularly with regard to economic and social policy and the role of the federal government and federal agencies. The plan proposes slashing U.S. Department of Justice (DOJ) funding, dismantling the FBI and the Department of Homeland Security, and eliminating the cabinet departments of education and commerce. Citing an anonymous source, The Washington Post reports that Project 2025 includes immediately invoking the Insurrection Act of 1807 to deploy the military for domestic law enforcement and directing the DOJ to pursue Trump adversaries.

Project 2025 consists largely of a book of policy recommendations titled *Mandate for Leadership: The Conservative Promise* and an accompanying personnel database open for submissions. There is also an online course called the Presidential Administration Academy, and a guide to developing transition plans.

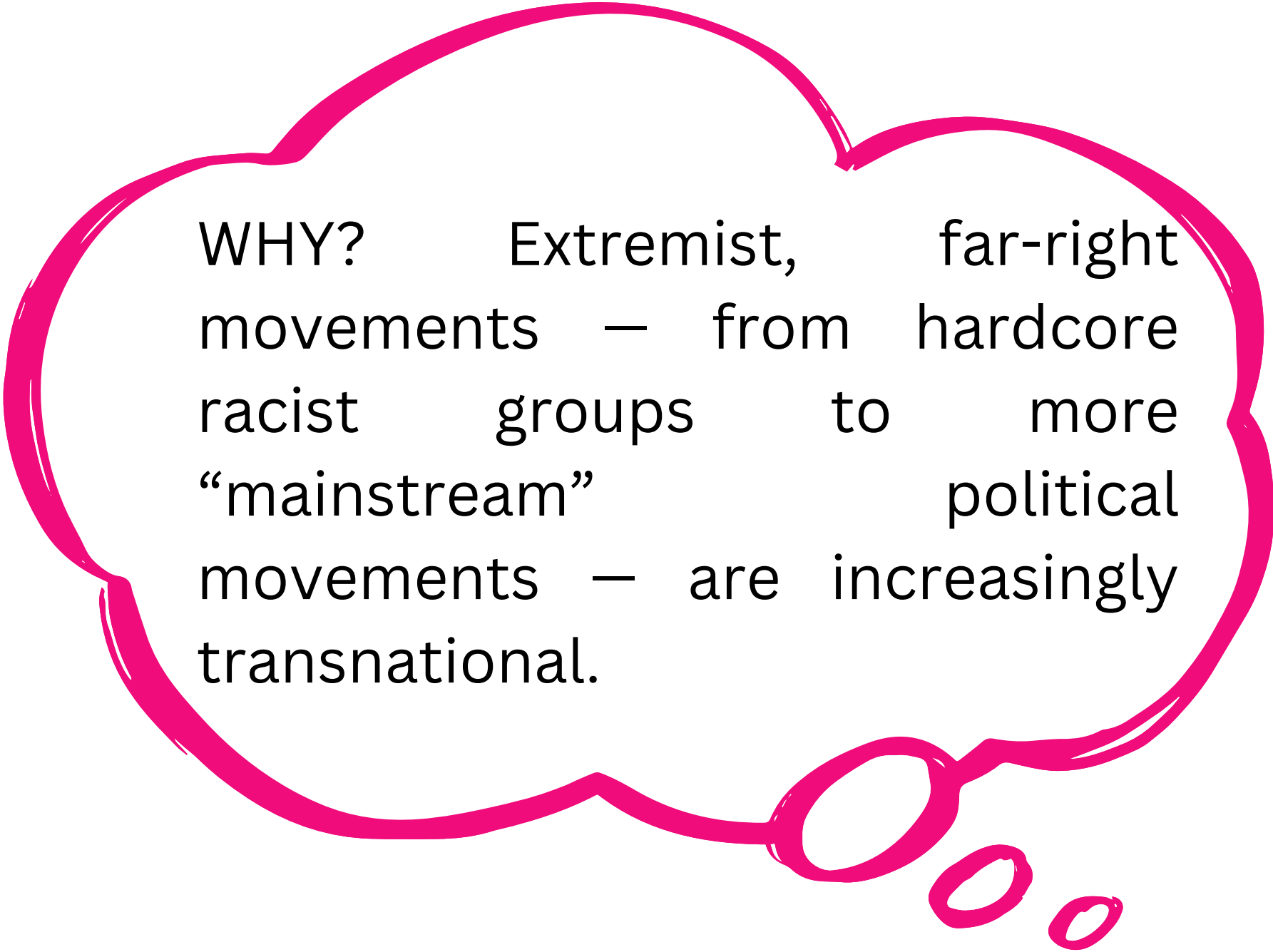
### **What we should know!**

Project 2025, self-described as “building now for a conservative victory through policy, personnel, and training,” is nothing less than a blueprint for authoritarianism not only in the U.S but also globally. The plan threatens peoples’ civil and human rights, and is an attack on our very democracy. The plan, under the guise of religious freedom, will impose on all Americans extreme policies pushed by Christian Nationalists, including draconian and reactionary measures when it comes to sexual health and reproductive rights, LGBTQ+ equality, racial equity, public education, the climate, and will preference an exclusionary interpretation of Christianity, stripping rights from other communities. The more than 80 groups, many with global influence and programs, are supporting this plan to dismantle a thriving, inclusive democracy, including the Alliance Defending Freedom (ADF), where the new U.S. Speaker of the House Mike Johnson cut his teeth on using the courts to marginalize women, LGBTQ+ people, and others and impose his version of Christianity onto all.

ADF was instrumental in recent U.S. court cases that denied women a right to their own bodies and secured the right to discriminate based on one's religion. One of their clients even denied adoption to a couple because they were Jewish. Many other Project 2025 supporters are also well-known for their extreme positions and for pushing hate and Christian Nationalism.

This plan will dangerously expand the executive branch's powers including stripping the independence of the Department of Justice and FBI and politicizing their investigations by placing them in the hands of the president. This is a staggering threat as illustrated by Trump's Nazi-inspired words, "we pledge to you that we will root out the Communists, Marxists, Fascists, and Radical Left Thugs that live like vermin within the confines of our country, lie, steal, and cheat on Elections, and will do anything possible, whether legally or illegally, to destroy America, and the American dream."

This authoritarian plan should concern those outside the US as well.



WHY? Extremist, far-right movements — from hardcore racist groups to more “mainstream” political movements — are increasingly transnational.

For example, CPAC events, a U.S.-based organization of which many of Project 2025's supporters are sponsors, are well-known gatherings of global far-right players who push anti-LGBTQ+, anti-woman, and anti-immigrant agendas.

Project 2025 supporter ADF and its global arm, Alliance Defending Freedom International (ADFI), has strong international ties and is well known for exporting their **anti-reproductive freedom and anti-LGBTQ+ equality agenda** from the U.S. to countries across Europe and Africa and using the courts to push its agenda.



Despite its hateful platforms, ADFI is accredited and uses its collective influence at the United Nations, European Union, Council of Europe, OSCE, European Court of Human Rights, and other international bodies. Another supporter of Project 2025, Family Research Council, has resources for “international religious freedom,” on their website.

And the Institute for Women’s Health is committed to the global promotion of the anti-woman, anti-LGBTQ+ Geneva Consensus Declaration introduced by the Trump administration and forged between primarily authoritarian states that seek to undermine sexual and reproductive health and rights. The Geneva Consensus is not legally binding, and the U.S. and others have since withdrawn, however Project 2025 will see a return to the Trump administration’s focus on forging consensus “among like-minded countries in support of human life, women’s health, support of the family as the basic unit of human society, and defense of national sovereignty.”

Project 2025 will also have a profound effect on international organizations they view as “used to promote radical social policies as if they were human rights priorities,” and that the next administration

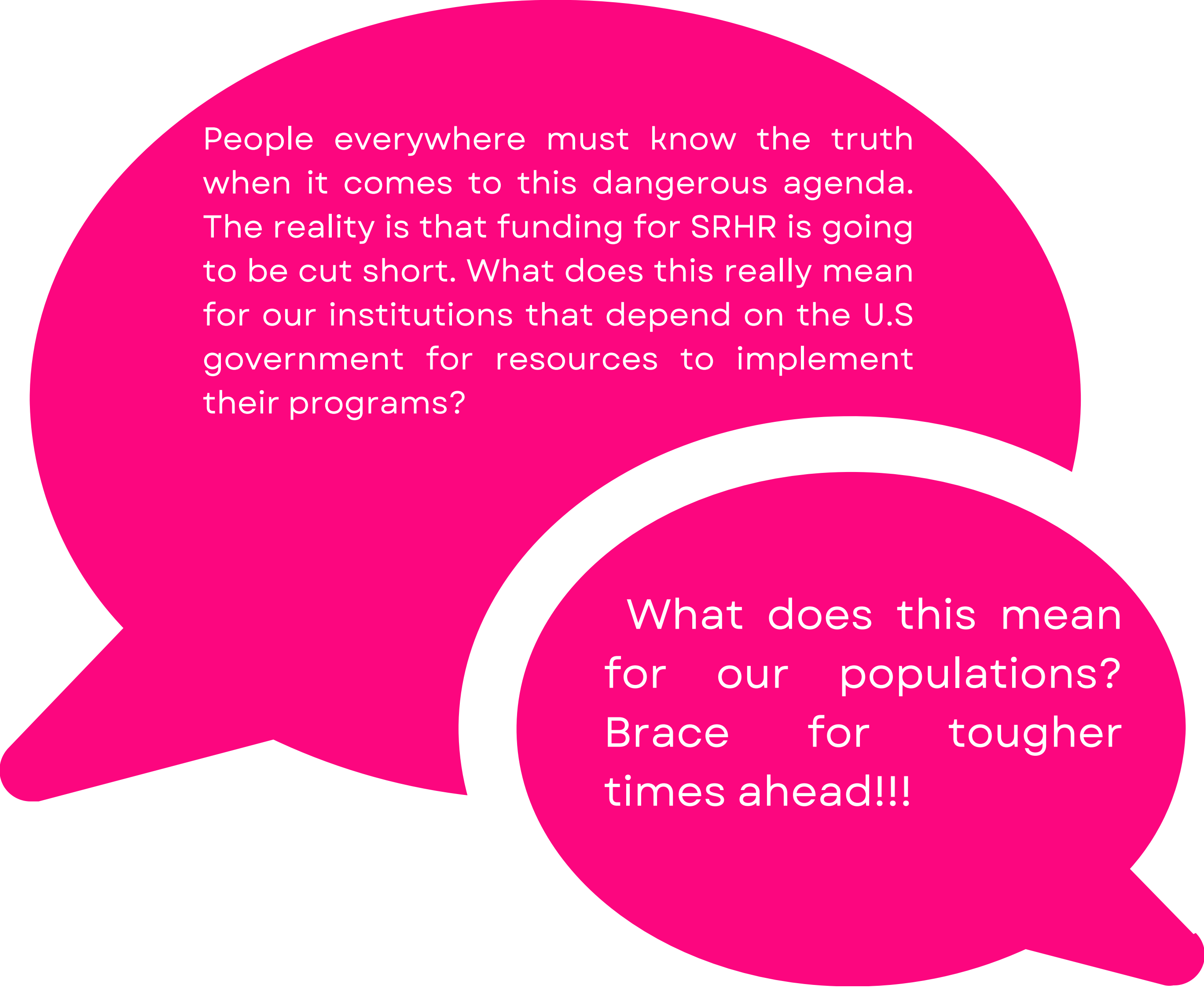
“

must promote a strict text-based interpretation of treaty obligations that does not consider human rights treaties as ‘living instruments.’

”

Project 2025 also suggests the U.S. resign from the UN, the World Trade Organization, the International Monetary Fund and the Organization for Economic Cooperation and Development, which could greatly undermine these international institutions.

Project 2025 is not a traditional ‘conservative’ plan. It is a threat to democracy, and we must treat it as such. We ask political leaders and the media, both in the U.S. and abroad, to accurately describe Project 2025 as a far-right, anti-democratic plan to implement authoritarianism guided by Christian Nationalism.



People everywhere must know the truth when it comes to this dangerous agenda. The reality is that funding for SRHR is going to be cut short. What does this really mean for our institutions that depend on the U.S government for resources to implement their programs?

What does this mean for our populations? Brace for tougher times ahead!!!



# WHAT MY LOCAL MAMA MBOGA AND BODA BODA RIDER REALLY THINK ABOUT COMPREHENSIVE SEXUALITY EDUCATION

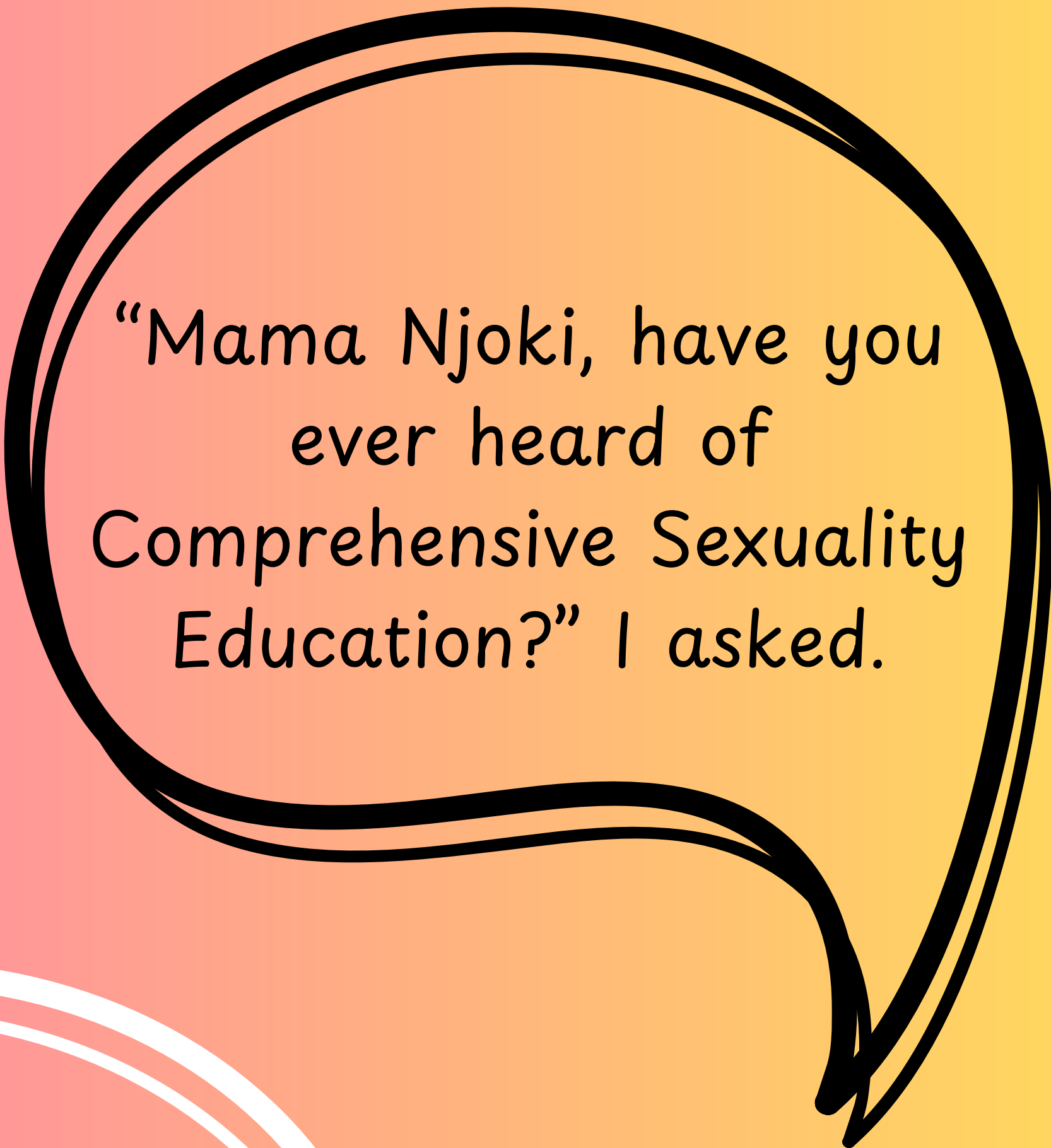
**BY CIRYAN ACHOLA**



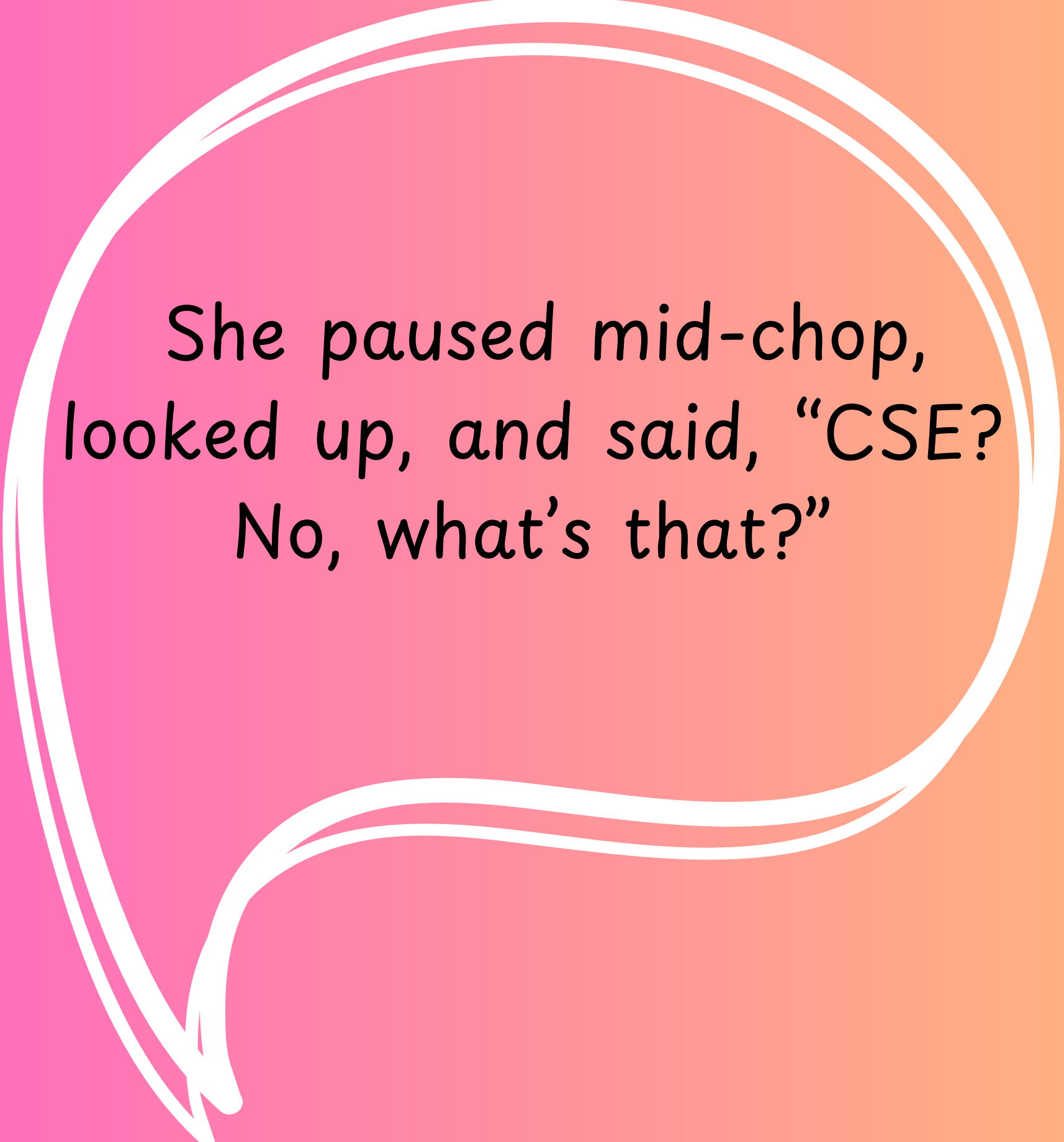
This year, I've sat in some of the most stunning conference rooms, from high-end hotels in the heart of the city to luxurious resorts out of town, discussing among other pertinent SRHR topics, Comprehensive Sexuality Education (CSE). The conversations have been enlightening, the data compelling, and the strategies ambitious. Yet, every time I returned home to the familiar streets of my neighborhood, a nagging thought followed me:

Do the people who matter most—those at the grassroots—know anything about this? Does my mama mboga, who always greets me with a smile as she weighs my vegetables, or my boda boda rider, who weaves through traffic with unmatched skill, even understand what CSE is or why it's important? The more these questions gnawed at me, the more I realized it was time to step outside the polished settings of conferences and into the reality of the people we aim to serve.

Mama Njoki has been my go-to for sukuma wiki ever since I moved to this neighborhood. There's something comforting about the routine—picking the freshest bunches, watching her expertly chop them, and heading home to cook the classic bachelor's meal of sukuma wiki and eggs. It's quick, cheap, and, let's be honest, foolproof. But beyond her skilled hands and the lively banter that makes every visit delightful, Mama Njoki is a storyteller. Recently, as I waited for her to serve me, I decided to steer our usual talk about Nairobi weather and rising vegetable prices into a different direction.



“Mama Njoki, have you ever heard of Comprehensive Sexuality Education?” I asked.



She paused mid-chop, looked up, and said, “CSE? No, what’s that?”



After a quick explanation—that it’s about teaching young people how to make informed decisions about relationships, their bodies, and health—Mama Njoki shook her head. She told me that growing up in rural Kenya, conversations like this simply didn’t exist. “The only thing my mother taught me,” she said with a mix of nostalgia and resignation, “was how to take care of a husband and children. As girls, we learned how to cook, clean, and be good wives. That’s it.” She had never been taught about her own body, let alone topics like reproductive health or boundaries. I couldn’t help but wonder how many women like Mama Njoki had grown up navigating life without such knowledge.

Knowing she has two teenage daughters, I asked if she’s ever considered discussing these topics with them. Her response was firm. “No, no, no,” she said, slicing another leafy bunch. “You see what happened to Mama Wekesa’s daughter? She got pregnant after people started filling her head with all these ideas about boys and relationships. I don’t want that for my girls.” To her, CSE seemed less like education and more like a dangerous path to rebellion. It struck me how deeply ingrained these fears were—fears rooted in misinformation, generational silence, and cautionary tales from the community. Yet, as I listened, I realized just how crucial it is to bridge the gap between what we discuss in conferences and what people like Mama Njoki understand about the world their children are growing up in.

My boda boda guy is the definition of reliable. Rain or shine, he’s there to zip me through traffic to the bus stop each morning. I don’t know his name—our relationship hasn’t needed that formality. What I do know is that his wife, Sarah, handles the money. Every time I send him fare via mobile money, it’s her name that pops up. We always laugh about it. “Ah, wacha bibi achunge nyumba,” he jokes. “She’s the accountant. If the money goes to her, the house will run smoothly.” It’s a partnership I’ve come to admire—simple yet grounded in mutual trust.

One recent morning, as we maneuvered through the chaotic Nairobi traffic, I decided to bring up CSE. “Have you ever heard of Comprehensive Sexuality Education?” I asked. He turned his head slightly, careful to keep his eyes on the road, and replied, “Ah, no, boss. What’s that?” I broke it down for him—how it’s about teaching young people how to understand their bodies, make informed decisions, and navigate relationships responsibly.

What surprised me most wasn't that he hadn't heard of it, but how quickly he grasped its importance. "This thing makes sense," he said, nodding thoughtfully. "Girls back home in the village, they really need this. Most of them end up... you know, in the trap. And that's how school ends for them."

It was a sobering moment. Here was someone who hadn't sat in fancy workshops or heard polished presentations but immediately understood what was at stake. For him, the connection was clear: lack of knowledge leads to vulnerability, and vulnerability often derails futures. "If they knew about this early," he continued,

"maybe they'd finish school.  
Maybe life would be  
different."



As we reached my bus stop, I couldn't help but think about how much potential is lost because conversations like these never reach the boda riders, the Mama Njokis, and the communities they come from. Yet here was a man who saw the value of CSE not as an abstract concept, but as a lifeline for the girls in his village—a reminder of why this work matters.

As we step into 2025, it's clear that the future of Comprehensive Sexuality Education lies not in the conference halls, but in the hearts of our communities. Mama Njoki and my boda guy have reminded me of an undeniable truth: without grassroots understanding and acceptance, our efforts risk becoming echo chambers—ambitious but detached. It's not enough to craft policies or hold high-level discussions; we must break through the barriers of misinformation, cultural resistance, and silence to ensure that CSE reaches every corner of Kenya. This isn't just about education—it's about empowerment, choice, and the right to a better future. If we, as CBOs, CSOs, and activists, truly believe in the transformative power of CSE, our mission for 2025 must be singular and resolute: getting this knowledge into the hands of the people who need it most. Only then can we create the generational change we all envision—a society where every child, regardless of where they're born, has the tools to dream, decide, and thrive.



## Early Sexual Debut

Approximately 21.5% of young people in Kenya report engaging in sexual intercourse before the age of 15, with higher rates among boys (30.3%) compared to girls (12.6%).

## Unintended Pregnancies

A study conducted in Western Kenya in 2018 estimated that among 2.8 million girls aged 15–19 years, 24% (665,000) were sexually active and did not want a child but were not using a modern contraceptive method. This age group accounted for 86% of all unintended pregnancies in the country.

**THIS IS  
WHY WE  
NEED CSE  
ASAP**

## HIV and STI Prevalence

Adolescents and young people (15–24 years) account for approximately 42% of new HIV infections in Kenya, with adolescent girls and young women being disproportionately affected.

## Access to Contraceptives

While 62% of sexually active unmarried adolescent girls in Kenya report wanting to use contraception, only 49% have access to modern contraceptive methods.



# DELIVERING EFFECTIVE REPRODUCTIVE JUSTICE: UNMASKING THE EDUCATION ROLE

**BY DAMBALASH ERMIYAS**

My own journey as an advocate for women's and girls' rights has underscored a belief that education is the pillar of reproductive justice. Seeing empowerment of young people, especially in sexual and reproductive health outcomes, has continued to inform me around the importance of informed decision-making when confronting the biological and future decisions that makeup youth. Access to services is not the path to reproductive justice; it's access to information and resources to help people make informed choices regarding their health and well being.



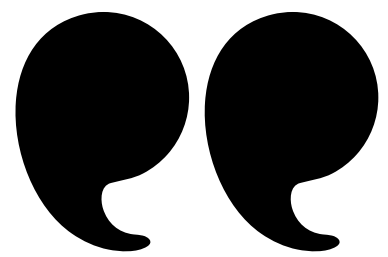
From the beginning of my advocacy work I knew the power of education as a tool for empowerment. Education does not just mean getting knowledge in us; it's about enabling us to think critically, encourage good discussions, and tear down the social barriers that shadow our choices. I have found that Art in my experience is the medium most useful for engagement with education. Through platforms like acting, I have been involved in a team of actors where acting was used as a tool to mobilize communities, to both impact and raise awareness about sexual and reproductive health. Using this method, we managed to be able to reach heterogeneous audiences, making sure that the information that matters reaches the right people.

One example involves a play that we were a part of. Once during a community theater project, we staged a play that talks about issues like consent, contraception and why reproductive services are important. It inspired audience conversations, and sparks in the lives of Audience/attendees who had never openly talked about such issues before. Right there, I saw art break down barriers, start conversations, and challenge dangerous narratives regarding reproductive health. This confirmed my faith in the fact that for education to be effective it has to be so engaging and so relatable such that it sticks.



One of the central parts of my mission has been to give youth the information and tools they need to confidently walk their sexual and reproductive health journey. I have taught numerous educators and peer advocates on matters of age-appropriate comprehensive sexuality education in schools and in the community. With this inclusive approach, young people are provided with information in an age-appropriate way, aiming to empower them to make informed choices and advocate for themselves and their peers.

Comprehensive sexuality education involves biological, emotional, social, and ethical. It talks about relationships, consent, STIs, gender identity, and sexual orientation, allowing young people to gain an understanding of sexuality, so that they have the foundation to make the choices that support their values and their circumstances.



I stress the need for creating safe spaces where young people can ask questions, without the fear of judgment. This open dialogue environment allows future participants to share their experiences within the process of learning. I have witnessed how this way not only informs but develops confidence in young people to speak up and speak out for their rights and the rights of their peers.

In my work as an advocate, I have also done a lot to demonstrate the value of research in the understanding of the particular difficulties experienced by women and girls. The studies on, for example, I worked with a research team investigating how access to education and reproductive health services varies by socio-economic factor for girls. The findings showed that a lot of the girls had to go through very many hindrances such as financial constraints, cultural stigma, and no supporting infrastructures. Based on these insights they have devised targeted interventions that target specific needs and help dismantle the systemic obstacles that frequently block the road to gender equality.

The second major focus of my work has been the challenge to societal stigmas surrounding reproductive health. I've also been leading capacity building initiatives, and encouraging open discussions in topics as delicate as abortion and contraception. I have created an environment where girls can speak freely, equipping them with information they need, to empower them to make informed decisions. It is an enabling dialogue that prompts them to question their society's halting of their choice and opportunities and land them on the path of culture of informed decision making.

A series of community workshops on reproductive health hands down one of the most impactful initiatives I have been involved in. The workshops gave young youths a chance to speak up about their experiences and concerns on reproductive health services. Second, many participants spoke of feeling shame on topics of contraception and abortion due to societal stigmas, and fears of what those around them would think of them if they availed themselves of such aspects. We helped turn these discussions into actions to challenge harmful narratives about young women's reproductive health and to empower women to take control of their reproductive health.

I end by stating that education is at the crux of reproductive justice in Kenya. Education is a beacon, a beacon of hope for a world where every person is able to choose the kinds of bodies and futures that are respected and valued. Together we can continue to make a just and equal society, one conversation at a time, through collaboration, creativity and commitment.



# SEXUAL AND GENDER-BASED VIOLENCE: THE COST OF SILENCE ON GENDER VIOLENCE

**BY FAITH WANJIRU MWANGI**



Sexual and gender-based violence (SGBV) is a multifaceted and challenging issue which exist in all regions of the world.(Aura, 2017) It refers to any harmful act committed against an individual's will, driven by socially constructed distinctions between men and women. It includes physical, mental, or sexual harm, threats, coercion, and deprivation of liberty, whether in public or private life.(Bikundo, 2023). Spanning borders, race, class, nationality, and religion, gender violence is one of the most pervasive human rights violations.

Often overlooked due to stigma and silence, it is far from unique to Kenya. (Djamba, 2019). From quiet rural villages to busy city centers, countless stories of pain remain untold, leaving survivors to suffer in silence.

The Kenya National Bureau of Statistics (KNBS) reports that 47% of women between the ages of 15 and 49 had been the victims of physical or sexual abuse at some point in their lives. (KNBS, 2023) Many remain silent due to fear of criticism or blame, with societal norms discouraging open discussion of abuse. Survivors are urged to endure, hoping time will heal all wounds.(Chagemu, 2023). But how can a wound heal when it is constantly reopened by the weight of unspoken trauma?

## **Personal Narrative**

The subject of gender violence reminds me of Mary, a family friend and church mate whose story still troubles me. During choir practice, Mary's smile was the brightest, but her journey mirrored many others: love turned to control, then violence. At first, we thought she was simply worn out from juggling her roles as a wife and mother. But soon, the signs became unmistakable. Mary started wearing oversized scarves, even on the hottest days, and her once-bright eyes darted nervously during Sunday fellowship.

Mary's husband, a respected church elder, was known for his eloquence and charisma, often preaching forgiveness, humility, and patience. Yet behind closed doors, he was a man of rage. The bruises Mary tried to conceal spoke volumes her lips could not. She confided in a church elder about her fear of being late.

"Nikichelewa, hiyo ni vita" (If I'm late, there will be a fight), she said.

Humiliated, she hid her bruises while her husband was praised in church. The elder told her to "vumilia" (endure), saying, "Unajua ndoa ni kuvumilia" (Marriage is about endurance).

Her husband's violence escalated, culminating in him stabbing her during a heated argument. Mary's silence, fueled by fear and societal pressure, nearly cost her life. Her experience revealed a painful truth for many women: silence, often seen as virtue, is a prison.

Mary's story, though heartbreaking, is not unique. CREAM-Kenya's research revealed over 3,762 incidents of gender-based violence in 2022, with 2,985 involving women. Many more go unreported due to stigma and fear of retaliation.(NGEC, 2016)

## **Impact of Silence**

The lack of disclosure around SGBV is more than simply personal; it affects families and communities. Survivors frequently deal with mental health difficulties, such as sadness, anxiety, and PTSD.(Anderson et al., 2022). These conditions may limit their capacity to work, care for their families, or fully participate in society. GBV has a significant economic impact on society.



According to UN Women, healthcare and legal costs related to gender-based violence in Kenya exceed KSH 46 billion annually. (UN Women, 2024)

Additionally, the long-term impact on children who witness violence can perpetuate cycles of abuse by normalizing it as a way to resolve conflicts. Communities that neglect to address GBV lose the potential contributions of survivors who are silenced or marginalized (Ng'ang'a, 2023). Imagine the missed opportunities when survivors are unable to pursue education, employment, or leadership roles due to the long-term effects of trauma.

## Root Causes of Silence

What fuels this silence? Cultural norms often glorify the subjugation of women. Phrases like “wanawake ni kuolewa na kuishi kwa heshima” (a woman’s place is marriage and respectful submission) are deeply ingrained. These beliefs discourage women from speaking out and, in turn, empower perpetrators by excusing their actions.

**Legal systems are also complicit. As of 2023, the conviction rate for sexual offenses in Kenya remains below 10%, due in part to survivors' reluctance to report crimes and the slow pace of judicial proceedings. (Gachoki, 2023) Fear of retaliation, public ridicule, and lack of faith in justice systems further compound the problem.**



In many rural areas, cultural practices like forced marriage and female genital mutilation (FGM) persist, despite being illegal. These practices sustain cycles of abuse, often silencing victims before they even recognize their rights.

## Breaking the Silence

Breaking the silence on gender-based violence (GBV) requires both personal bravery and collective action. Organizations like FIDA Kenya offer survivors safe spaces, legal aid, and empowerment.

Grassroots movements like Usikimye provide crucial support through anonymous helplines and rescue missions..(Chagemma, 2023)

Recent amendments to the Sexual Offenses Act increased penalties, but enforcement is weak. Education through schools and community workshops is key to changing societal attitudes and challenging harmful norms.(Ebron et al., 2024)

Breaking the silence goes beyond amplifying survivors' voices; it's about ensuring those voices lead to real change. From educating the next generation to holding abusers accountable, every effort matters in the fight for a violence-free society.

### Call to Action

Silence on gender violence is a choice we cannot afford to make. As Kenyans, we must confront the toxic narratives that perpetuate abuse. We must hold our leaders accountable, provide survivors with assistance, and educate young people on gender equality.

It is time for every Mary to discover her voice, and for the entire community to listen. Together, we can break the cycle of silence and create a culture in which survivors are not only heard, but also supported and empowered.

“

In the words of Wangari Maathai, it's the little things citizens do that will make a difference.

Let us make a difference by speaking out, standing together, and building a future in which no one suffers in silence.

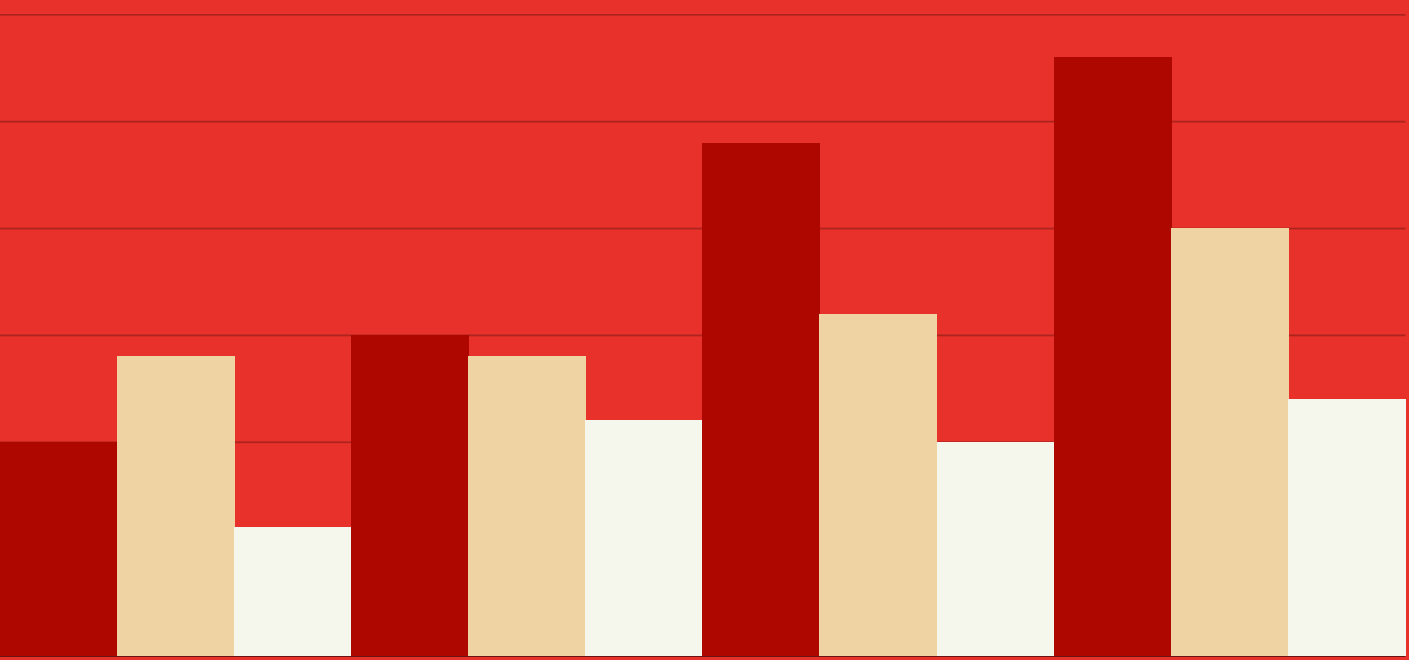
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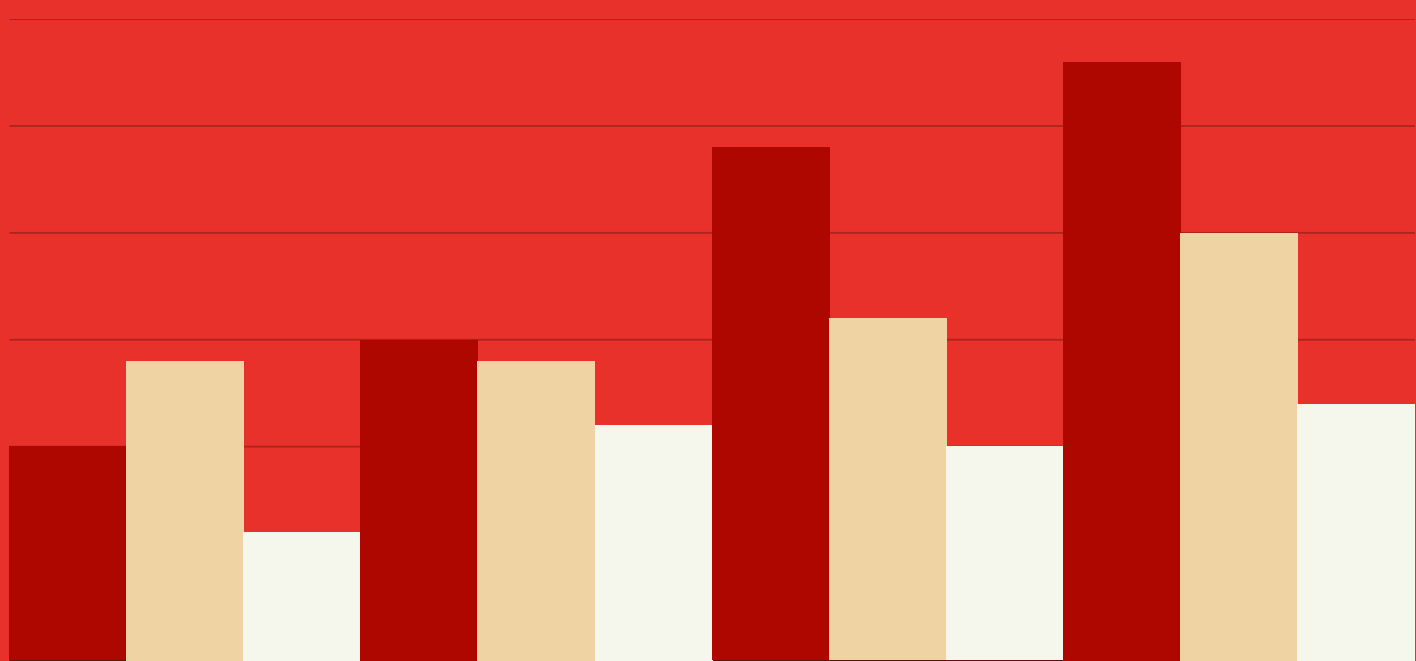
# +34%

of women have experienced physical violence since age 15 and 13 per cent of women have experienced sexual violence at some point in their lives (KNBS, 2022).



# +92%

of victims of sexual and gender-based violence (SGBV) crimes in Kenya in 2021, were female and 8 per cent were male (National Police Service, 2021).



# BREAKING DOWN STIGMA FOR SEXUALITY IN ADOLESCENTS AND YOUNG PEOPLE IN KENYA.

**BY TABITHA GATHIMA**



Sexuality is an expression of who we are as human beings. Sexuality includes all feelings, thoughts and behaviors of being male or female, being attractive and being in love, as well as being in relationships that include intimacy and physical sexual activity. Sexuality begins before birth and lasts throughout the course of the life span. A person's sexuality is shaped by his or her values, attitudes, behaviors, physical appearance, beliefs, emotions, personality, likes and dislikes, spiritual selves and all the ways in which he or she has been socialized.

The four dimensions of human sexuality entails the biological, psychological, ethical and cultural interrelationship of these dimensions results in an individual's total sexuality. Sexual diversity is a variation in people's sexual desires, behaviors and identities. People may experience feelings of love, attraction and sexual desire for the other sex or both. This variation has always been true throughout history, whether or not the society accepts same-sex attraction. People may be labelled with sexual identity that they do not claim for themselves. Some people do not want to be labelled or categorized in terms of their desires. It is important to note that sexual desires cannot be changed by religion, therapy or medical intervention.

A person's desires, behavior, or identity may shift over time and from situation to situation. People who are heterosexual, homosexual, bisexual or transgender may be found in every kind of family, community, religion and profession. In every society, individual's feelings about sexual diversity and homosexuality vary. Some people are comfortable with and celebrate sexual diversity, others may experience fear or even hatred toward people who are homosexual and some have mixed feelings.



People's feelings often reflect local norms, this may cause stigma and discrimination or rejection as such norms vary across a continuum. Unfortunately, rejection, stigma and discrimination towards people who desire or engage in same-sex experiences or relationships is widespread and may cause harm and violate their human rights.

19 year old Kata (not their real name) went to a mixed boarding school, Kata was a top achiever at school and had many friends. At puberty he started to feel different, he realized he had a sexual attraction to both girls and boys who were in his school. When at home he realized he wanted to put on his elder sisters shoes, jeans and apply some lip gloss while going out. The sister would be against sharing her girl stuff with the brother. Kata was unable to express his feelings to the sister and also to his close friends, because he was afraid of how they would react.

During a guidance and counselling session, Kata opened up his feelings to the life coach, and got aware of his sexuality as a bisexual. He was more confident and aware of himself and would express himself more freely when it came to his emotions, feelings and sexual desires. The school principal got to know of the occurrences from a prefect and summoned Kata to come with his parents to school. His mother fainted upon the news, the father slapped him hard and the principal gave Kata an expulsion. Kata's feelings were hurt, he felt like an outcast due to how his family and the school treated him. Kata ended up in the streets as a school dropout, separated with his family, humiliated, distanced and hurt. He became a drug addict, lived on the streets for two years but got rehabilitated from addiction and through his story he is able to get up and speak out against stigma and discrimination towards people who desire or engage in same-sex experiences or relationships.

All people should be able to participate in political, professional and civic life without discrimination. We need to feel safe when it comes to sex and our sexuality, have access to services related to sex and sexual health. The ability to express one's feelings and desires regardless of one's identity, gender, orientation or sexual preferences.

Statistics from World Health Organization (WHO) estimates Kenya crude suicide rate at 6.1 per 100,000 population with age standardized suicide rate 11.0 per 100,000 population which translated to about 4 suicide deaths per day. This estimates that 703,300 people die by suicide each year, making it the fourth leading cause of death among young people aged 15-29 years. As suicide rates rise, Kenya National Commission on Human Rights (KNCHR) urges the government to improve access to high quality health services and encourages communities to create safe, judgment-free spaces for those affected.

Article 27 of the constitution of Kenya 2010, states every person is equal before the law and has the right to equal protection and equal benefit of the law.



**However persons from the LGBTQ+ community are afraid of accessing sexual reproductive health services at public health facilities due to the nature of rejection, stigma and discrimination they face.**

As Kenyans, in order to avoid suicidal cases, mental health illness, shame, confusion or any sort of harm among our youths and adolescents due to their sexuality, we should have a multi-faceted approach that involves Comprehensive Sexuality Education. The government and partnering stakeholders should be holistic in its approach in solving Sexual Reproductive Health problems. There is a strong and vital need to extend towards passing education and information to all adolescents and young people in school and out of school settings. When we offer a supportive environment, societal changes through this measures, our adolescents and young people become empowered with knowledge, compassion and acceptance. We aim at reducing harmful stigma and create a healthier and more inclusive society.



# Constitution of Kenya

## 27. EQUALITY AND FREEDOM FROM DISCRIMINATION

(4) The State shall not discriminate directly or indirectly against any person on any ground, including race, **sex**, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.



# AMPLIFYING VOICES, DEMANDING JUSTICE

**BY MERCY MWENDWA**



Sexual and gender minorities in Kenya have long faced systemic barriers to accessing Sexual and Reproductive Health and Rights (SRHR) services. These barriers are deeply rooted in stigma, discrimination, and restrictive policies, resulting in a public health crisis that disproportionately affects marginalized groups such as the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ).

Kenya's legal and cultural framework perpetuates significant challenges for sexual and gender minorities. Homosexuality remains criminalized under Sections 162 and 165 of the Penal Code, a colonial relic that has promoted a climate of fear and exclusion. This legal discrimination surges in healthcare settings, where stigma hinders individuals from seeking necessary SRHR services. Healthcare workers often lack training in offering inclusive care to sexual and gender minorities, leading to judgmental attitudes and, at times, outright denial of services. For instance, transgender individuals face unique challenges such as accessing gender-affirming care, yet few Kenyan facilities offer these services. Consequently, many sexual and gender minorities are forced to navigate a hostile system, compounding their vulnerability to poor health outcomes.

The SRHR needs of sexual and gender minorities are multifaceted. These include access to contraception, treatment for sexually transmitted infections (STIs), safe abortion services, and mental health support. However, intersecting barriers have perpetuated unmet needs in these areas. For example, despite advancements in HIV prevention, such as pre-exposure prophylaxis (PrEP), access remains limited for sexual and gender minorities.



Many fear seeking these services due to societal stigma and a lack of confidentiality within healthcare settings. Condoms and lubricants, essential for safe sex practices among men who have sex with men (MSM), are often unavailable or inaccessible in community health facilities.

Notably, while abortion in Kenya is permitted under specific circumstances, accessing these services is filled with challenges.

For sexual and gender minorities, particularly lesbians and bisexual women, the situation is worse due to the compounded stigma around their sexual orientation. Even in cases of sexual violence, survivors often lack the safe spaces needed to seek post-abortion care.

Additionally, sexual and gender minorities are immensely face with high rates of depression, anxiety, and suicidal ideation are reported within this group. However, the limited availability of mental health professionals trained in LGBTQI+-inclusive care leaves many without support. Finally, the existing curricula in Kenya largely ignore or stigmatize these groups, denying young people essential knowledge about diverse identities, sexual health, and gender rights.

Harmful narratives, often perpetuated by conservative religious and cultural institutions, frame sexual and gender minorities as deviant or un-African. Such rhetoric not only denies individuals their dignity but also undermines public health efforts. Sexual and gender minorities in Kenya are not a homogenous group; their needs and experiences are as diverse as the identities they embody. Amplifying their voices and demanding justice requires a collective effort from individuals, organizations, and policymakers. It is time to create a future where everyone, regardless of their sexual orientation or gender identity, can access the SRHR services they need without fear or prejudice.

In the words of Audre Lorde, "Your silence will not protect you." To remain silent in the face of injustice is to perpetuate it. To demonstrate solidarity Community-based organizations (CBOs) and advocacy groups, such as Raise Your Voice CBO, have been at the forefront of championing SRHR for this demographic.

Through grassroots mobilization, these organizations have created safe spaces for engagement, provided critical services, and built networks of solidarity. Advocacy must focus on shifting societal perceptions through storytelling, media campaigns, and inclusive policy dialogue. Lived experiences of sexual and gender minorities should be at the forefront of these efforts to humanize their struggles and highlight the urgency of addressing their needs.

Secondly, decriminalizing homosexuality is a crucial step toward ensuring that sexual and gender minorities can access SRHR services without fear of prosecution. Beyond this, policies must explicitly address their unique health needs, such as gender-affirming care and inclusive mental health services. In addition, reliable data on the SRHR needs of sexual and gender minorities is scarce in Kenya. Investing in research will provide evidence for advocacy and inform policy decisions that address existing gaps.

Further, sensitization programs should address unconscious biases and equip providers with the skills to deliver inclusive care in order to create a welcoming and nonjudgmental environment. It is also very crucial for a reformed CSE curriculum that includes diverse sexual orientations and gender identities. This education should challenge harmful stereotypes and equip young people with the knowledge to make informed decisions about their health and relationships.

Finally, partnerships and collaboration with government sectors and the donors is key to empowering community-based organizations through funding and technical support to lead SRHR initiatives ensures that interventions are contextually relevant and sustainable.



AUDRE LORDE

“YOUR  
SILENCE  
WILL NOT  
PROTECT  
YOU.”

# RECLAIMING ABORTION AS A RIGHT, NOT A DEBATE

**BY KAVUTHA MUTUA**



The road to realizing safe and accessible abortion in Kenya is as long and winding as it is fraught with contradictions. A colleague recently described this journey as “long and meandering” during a meeting forum, and those words perfectly capture the complex and often frustrating legal environment surrounding abortion access. While there have been some strides forward, the setbacks have been significant, creating a cycle of progress and regression.

For every progressive law or policy introduced, there seems to be another that undermines it, leaving women, healthcare providers, and advocates navigating an environment rife with uncertainty and fear.

Article 26(4) of Kenya’s Constitution explicitly permits abortion under specific circumstances: when the life or health of the mother is in danger, or in cases where a trained health professional deems it necessary under any other written law. Court rulings have repeatedly reaffirmed that access to abortion is a constitutional right. Yet, access remains a significant challenge. One glaring example of this contradiction is the withdrawal of the 2014 abortion guidelines, which were meant to provide a clear framework for healthcare providers. Despite court orders directing the government to reinstate these guidelines, no action has been taken. This inaction speaks volumes about the lack of political will to address the issue. The absence of comprehensive guidelines leaves many healthcare providers hesitant to offer abortion services, fearing legal repercussions. Meanwhile, women and girls are left vulnerable, forced to seek unsafe alternatives.



Kenya's Constitution recognizes international treaties as part of domestic law under Article 2(6). The country is a signatory to the Maputo Protocol, widely regarded as one of the most progressive instruments for women's rights in Africa. Article 14(2)(c) of the protocol explicitly calls for the provision of safe abortion services in cases of sexual assault, rape, incest, or where the pregnancy endangers the physical or mental health of the woman. Ironically, Kenya placed a reservation on this specific provision when ratifying the protocol, effectively undermining its commitment to the protocol's principles. This reservation contrasts with the constitutional promise of the right to the highest attainable standard of healthcare, enshrined in Article 43. Such contradictions dilute Kenya's obligations and send mixed signals about its stance on reproductive health rights.

At the regional level, the proposed East African Community (EAC) Sexual and Reproductive Health Bill remains in limbo. If passed, it could provide a unified framework for the region, strengthening the implementation of the Maputo Protocol. However, deeply entrenched cultural and religious beliefs continue to obstruct progress. These societal barriers not only shape policy but also perpetuate stigma, making it even more challenging to advocate for abortion as a right. Further complicating matters is Kenya's endorsement of the Geneva Consensus Declaration, a global policy document that opposes abortion and emphasizes traditional family values.

This declaration directly undermines efforts to advance sexual and reproductive health and rights, highlighting the influence of conservative global politics on Kenya's domestic policies. Economic inequality compounds the problem, particularly for young women and girls. Unable to afford safe abortion services, many are forced to turn to unsafe, clandestine alternatives. The consequences are devastating: preventable deaths, long-term health complications, and psychological trauma. During a recent forum with university students, I posed a hypothetical question: Would they opt to pay for safe abortion services or choose cheaper, unsafe alternatives? The majority shockingly admitted they would choose the latter. This reality highlights the urgent need for awareness campaigns and accessible, affordable reproductive healthcare services.

Working with an organization dedicated to empowering communities through rights awareness has given me firsthand insight into the grim realities faced by women and girls. Many are unaware of their right to access safe abortion services. The stigma surrounding abortion, coupled with a lack of information, drives them into the shadows, where they risk their lives seeking unsafe procedures. Advocating for abortion rights can be an exhausting and often disheartening journey. The backlash from conservative factions, the slow pace of policy change, and the persistent stigma can make progress seem elusive. However, the fight is not just necessary, it is non-negotiable!

The path to safe abortion access is undoubtedly long and riddled with obstacles, but it is one we must continue to tread with unwavering determination.

Advocacy must go beyond policy change to include robust public education campaigns that dispel myths, challenge stigma, and inform women of their rights. Policymakers, healthcare providers, and civil society must work collaboratively to address the systemic barriers that hinder access to safe abortion.

At its core, this is a fight for human rights-the right to bodily autonomy, the right to healthcare, and the right to life. It is a fight to ensure that no woman or girl loses her life because she sought to exercise her constitutional and human rights. Indeed, there is no debate about it: abortion is a right, not a privilege, and certainly not a matter for contention. As advocates, we must remain steadfast, ensuring that the journey toward safe and accessible abortion is not just about legal frameworks but also about societal transformation. The bumps on this road are many, but the destination, a Kenya where reproductive rights are fully realized, is worth every step.







# CONCLUSION

In closing, the voices you have just read call upon us to be more vigilant in our everyday. To look out and call out the injustices that so casually occur around us, within us, or by us. If we are to realize a world where reproductive justice is a reality, then we can't do that without the following:

Bring the conversation about safe abortion to as close to the people as possible. Let's make it ok to hold difficult and controversial viewpoints because if we do so, we will be creating room and expanding the seating space with whom we need to engage with with the sole purpose of understanding one another on the road to a reproductively just future.

Adjust the narratives of rights. The adjustment should take us to the direction where we start to consider rights as a wholistically. This is to recognize that one right cannot be effectively realized if all other rights are suppressed or undermined.

The demand for constitutional rights should be accompanied by demand for social-cultural progressive and responsive actions and reactions to as to accord all the safe space. Highlight with more rigor the damage gender-based violence continues to bear on bodies. We should push for more progressive policy landscapes to punish anyone.



Engage in rigorous documentation for ourselves now and for those who will come after us in the next generation. A history of struggles can inspire, start, and fuel the fire needed to burn barriers to progress.

This anthology you have just read will outlive you, your thoughts, and those who have contributed to it. Whenever you are, write the story now; we shall read it tomorrow when you can't tell the story.



# LET'S CONNECT



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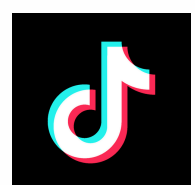
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